

## **HEALTH AND WELLBEING BOARD**

**Venue: Town Hall, Moorgate  
Street, Rotherham S60  
2TH**

**Date: Wednesday 22 November 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 3 - 20)
8. Change of Date of March 2024 Meeting  
Currently scheduled for Wednesday, 27<sup>th</sup> March, 2024
9. Rotherham Place Winter Plan (Pages 21 - 31)  
Claire Smith to present
10. Voluntary and Community Service - Support for Right Care Right Time Right Place (Pages 33 - 51)  
Steph Watt to present
11. Aim 1 update by Board Sponsors (Pages 53 - 63)  
Nicola Curley and Jason Page to present
12. Family Hubs Progress Update (Pages 65 - 71)  
Susan Claydon and Alex Hawley to present
13. Update on Health and Wellbeing Strategy Action Plan (Pages 73 - 113)  
Leonie Wieser to present
14. Rotherham School Lifestyle Survey (Pages 115 - 168)  
Lorna Quinn, Public Health intelligence, to present
15. Health and Wellbeing Strategy Aims alignment with ICP Strategy (Pages 169 - 181)  
Board Sponsors/Policy Officer to report

16. Briefing on proposed extension of the Suicide Prevention and Self-Harm Action Plan (Pages 183 - 185)  
Ben Anderson to present
17. Rotherham Food Network (Pages 187 - 211)  
Gilly Brenner and Kelsey Broomhead to report

**For Information**

18. Items escalated from Place Board
19. Better Care Fund (Pages 213 - 243)
  - BCF Covering Report and Quarter 2 Template 2023/24
  - Finance and Risk Monitoring Report Q2 2023/24
  - BCF Metrics Report and Scorecard Q2 2023/24
20. Minutes of the Rotherham Place Board ICB Business (Pages 245 - 254)  
Minutes of meetings held on 19<sup>th</sup> July and 20<sup>th</sup> September, 2023
21. Minutes of the Rotherham Place Board (Pages 255 - 265)  
Minutes of meetings held on 19<sup>th</sup> July and 20<sup>th</sup> September, 2023
22. Date and time of next meeting  
Wednesday, 24<sup>th</sup> January, 2024, commencing at 9.00 a.m. venue to be agreed

**HEALTH AND WELLBEING BOARD**  
**Wednesday 27 September 2023**

**Present:-**

Councillor Roche	Cabinet Member, Adult Social Care and Health <b>(IN THE CHAIR)</b>
Ben Anderson	Director of Public Health
Chris Edwards	Executive Place Director, SYICB
Polly Hamilton	Assistant Director, Culture, Sport and Tourism (substitute for Paul Woodcock)
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, RMBC
Laura Kosciwicz	District Commander, South Yorkshire Police
Toby Lewis	Chief Executive, RDaSH
Jason Page	Medical Director, Rotherham Place
Eldo Rajan	Healthwatch Rotherham
Helen Sweatton	Joint Asst. Director Commissioning & Performance (substitute for Nicola Curley)
Ian Spicer	Strategic Director, Adult Social Care
Michael Wright	Deputy Chief Executive, TRFT (substitute for Richard Jenkins)

**Report Presenters:-**

Helen Barker	Head of Customer Service, RMBC
Ruth Fletcher Brown	Public Health, Specialist, RMBC
Andrew Clayton	Head of Digital, NHS SY (Rotherham Place)
Katy Lewis	Carers Strategy Manager, RMBC
Amanda Marklew	Lead Transformation Nurse, Alcohol Liaison Service
Claire Smith	Deputy Director, SYICB

**Observers:-**

Alexandra Hart	Public Health Practitioner
Rachel Copley	Public Health Practitioner
Amelia Thorp	Public Health Specialist

**Also Present:-**

Leonie Wieser	Policy Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC
Apologies for absence were received from Councillor Cusworth, Nicola Curley and Paul Woodcock.	

**25. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

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

There were no members of the public or press present at the meeting.

**27. APPOINTMENT OF SUBSTITUTE ELECTED MEMBER/OBSERVER**

The Chair reported that discussions were taking place with regard to the internal Council arrangements for the appointment of Members to the Board in a substitute capacity and/or observer.

**28. COMMUNICATIONS**

The Chair welcomed Toby Lewis, Chief Executive, RDaSH, to his first meeting of the Board.

It was noted that, following the meeting to be held on 22<sup>nd</sup> November, 2023, there would be a one hour development session for Board Members in the John Smith Room.

**29. MINUTES OF THE PREVIOUS MEETING**

Resolved:- That the minutes of the previous meeting held on 28<sup>th</sup> June, 2023, be approved as a true record.

**30. AIM 2 UPDATE BY BOARD SPONSORS**

The Chair reported that work towards sign up of the Prevention Concordat on Better Mental Health was now complete, the application signed by Board partners and submitted in August. The Chair, Director of Public Health and officers had attended the panel meeting on 20<sup>th</sup> September where the submission had been successful. Excellent feedback had been received on the submission.

Claire Smith, ICB, and Toby Lewis, RDaSH, gave the following powerpoint presentation:-

Priority 1 – Promote better mental health and wellbeing for all Rotherham people

Key areas of progress included

- The Board has signed up to the Prevention Concordat on Better Mental Health. The application was successful and excellent feedback received

- Some of the actions that would support prevention for this next year included:-

- Mental Health Assets would be mapped and launched (this would be available on the JSNA)

- Partners were working collaboratively to pull together a mental health data report which would inform pathway development work and transformation of mental health provision

- Delivery of the Mental Health Pathway Review

- Further roll out of Making Every Contact Count sessions on loneliness and mental health

Priority 2 – Take action to prevent suicide and self-harm

Key areas of progress included



- Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications. Training sessions had been held with partners, sharing learning from real time surveillance system, postvention support including input from a family member who had been bereaved by suicide
- Promote postvention support for adults, children and young people bereaved, affected and exposed to suicide and monitor referrals to services including staff affected

Priority 3 – Promote positive workplace wellbeing for staff across the partnership

Key areas of progress included:-

- Promote the BeWell@Work award to Health and Wellbeing Board partners and support sign up
- Ensure partners were engaged in Employment is for Everyone Programme promoting employment opportunities to those with SEND and improved wellbeing at work
- Individual Placement and Support Services (IPS) supports people with severe mental health difficulties into employment

Priority 4 – Enhance access to Mental Health Services

- Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation.

This included:-

Implementation of Mental Health ARRS roles – 16/17 roles currently in post

Long term plan eating disorders, IPS and EIP targets by March 2024 – early intervention in Psychosis Service now well established

Implementation of Community Mental Integrated Primary/Secondary Care Transformation Programme – development of a primary care hub was underway, opportunities for co-location were being explored following a Hub and Spoke model

- To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care and crisis). This required:- Partnership working was underway to ensure an early intervention and crisis prevention model was developed

Mobilisation of the Touchstone Safe Space (alternative to crisis) provision. Since the Service was launched in September 2022, significant outreach, engagement and promotion had taken place to integrate the Service and develop the pathways with existing Rotherham services. The number of people accessing the Service continued to grow month on month

<https://touchstonesupport.org.uk/intensive-community-support/rotherham-safe-space>

Mobilisation of social care pathways – a review was underway to develop a revised Mental Health model, the main emphasis was to

enhance the early intervention and prevention offer and to ensure that people of Rotherham had an effective service offer and pathway

Issues to address

- Most actions on the action plan were currently on track
- Refresh and deliver Better Mental Health for All action plan focussed on early intervention and prevention. This action had been delayed due to changes in national policy direction:-  
Delay was due to policy change on National 10 Year Mental Health Plan (the update of the local plan was to be aligned to this national plan)  
The actions within the Prevention Concordat application would form the basis of the new Better Mental Health for All action plan. Once the Prevention Concordat had been approved by OHID at the September panel meeting. The submitted action plan would be further developed with partners

Next Steps

- Suicide prevention  
A new suicide prevention pilot service was being mobilised which would support people who had attempted suicide due to life events, build their emotional resilience, look at coping strategies and connect them to local support within their communities
- Partnership work to enhance the Mental Health Crisis Pathway  
Social care pathways - A review was underway which aimed to improve each customer's journey through Mental Health Services to ensure that people who used the services received the right care at the right time and in the right places  
The aim for the revised pathway was to increase the focus on early intervention and prevention, a strength-based approach that would focus on making the most out of the person's lived experience, maximise information support and community connections and to support personal resilience  
The revised Service offer and model was in development and this would go through the Council's governance in December 2023 prior to implementation

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

- Mental Health Assets would be mapped and launched and display Mental Health Services throughout the Borough including dementia cafes, carers support groups, physical activities and social groups. It would also be available on the JSNA
- Partners were working collaboratively to pull together a mental health data report which would inform pathway development work and transformation of Mental Health provision
- 
- Delivery of the Mental Health Pathway Review to improve the journey and outcomes for people with mental ill health

- Further roll out of Making Every Contact Count sessions on loneliness and mental health. This would increase awareness of the impact of loneliness and help practitioners to spot the signs and guide the person towards appropriate support
- Campaigns such as Five Ways to Wellbeing were used to help destigmatise loneliness and enable the wider communities to understand their role in supporting people
- Rotherham's suicide figures were significantly higher than England – 13.2 compared to 10.4. However, rates had dropped from 14.6 in the 2017-19 period and remained at 13.2 for 2018-2020 and 2019-2021
- A training session had been held with RDaSH on suicide prevention activity in Rotherham, sharing findings from the Real Time Surveillance system and postvention support
- 3 training sessions delivered to SYP sergeants in September covering suicide prevention activity, sharing findings from the Real Time Surveillance system, postvention support for CYP and adults and input with a family member who had been bereaved by suicide
- The Zero Suicide Alliance training was being promoted as part of World Suicide Prevention Day
- Employment for Everyone – a partnership created in Rotherham across a number of community based organisations. A successful joint South Yorkshire bid had been made to the DWP that would bring additional resources to the initiative. The programme was linked into all 5 regional SEND forums and was working with a number of regional employers to promote the benefits of employing people with SEND
- Individual Placement and Support Service (IPS) supported people with severe mental health difficulties into employment and continued to work with partners to increase the number of people accessing the Service. RDaSH/South Yorkshire Housing Association had recently established a joint steering group to drive this work forward
- Work was ongoing to try and improve access to services to ensure they were easily accessible
- Rotherham Safe Space was launched in September 2022. It supported anyone experiencing a mental health crisis and provided a safe place during the weekend evenings and was designed for people in crisis to go for support/prevent avoidable attendances at A&E
- A new Suicide Prevention Pilot would commence at the end of October 2023 in Rotherham. It would have links through the Hospital Liaison Service and Crisis to ensure clinical mental health and physical needs had been met
- Digital solutions needed to be inclusive realising that not all of the population had digital access to services
- Many people were facing issues in terms of the cost of living increase and debt. Work was taking place with partners to look at increasing advice provision for those who were in debt and access to benefits and wrap around support in terms of resilience work
- The cost of living increase was having the knock on affect of people's ability to travel to medical appointments and purchase prescriptions

Claire and Toby were thanked for their presentation.

### 31. LONELINESS ACTION PLAN

Ruth Fletcher-Brown, Public Health Specialist, presented an update on the loneliness action plan with the aid of the following powerpoint presentation:-

National Picture – Office of National Statistics, public opinions and social trends Great Britain 27<sup>th</sup> April-8<sup>th</sup> May, 2022

- Around 1 in 20 (6%) of adults reported feeling lonely always or often in the latest period (5% in the previous period)
- This increased to around a quarter of adults (25%) reporting feeling lonely always, often or some of the time in the latest period (23% in the previous period)
- This proportion appeared to vary slightly by age with 26% of those aged 16-29 years, 30% of those aged 30-49 years, 23% of those aged 50-69 years and 19% of those aged 70 years and above, reporting feeling lonely always, often or some of the time in the latest period

Rotherham Picture

- 19.01% of adults felt lonely often or always or some of the time (2019-2020 OHID Fingertips)
- 4.8% of Rotherham residents had a poor life satisfaction score (5.0% for England) according to the annual population survey, 2021/22 (lower value was better)
- 7.2% of Rotherham residents had a poor happiness score (8.4% for England) according to the annual population survey 2021/22 (lower value was better)
- The estimated prevalence of common mental health disorders for Rotherham was 18.6%, this was higher than that for Yorkshire and the Humber and England (2017)
- Social isolation and loneliness was experienced by individuals/communities during the pandemic and for some individuals increasing anxiety was now about being around people (DPH Annual Report 2023)
- In the 2022 School Lifestyle survey, 29% of students who identified themselves as a young carer felt the caring role stopped them seeing their friends
- The Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Survey of Adult Carers showed only 30.2% of adult carers had as much social contact as they would like

Partnership Working

- The loneliness action plan was delivered by partners of the Health

and Wellbeing Board. Implementation was overseen by the Better Mental Health Group:  
Children, Young People and Families Consortium  
Crossroads  
Healthwatch Rotherham  
NHS South Yorkshire  
RDaSH (mental health provider)  
Rotherham NHS Foundation Hospital Trust  
RMBC – Adult Care, Housing and Public Health (including Neighbourhoods)  
RMBC Children and Young People's Services  
RMBC Communications  
RMBC Culture, Sport and Tourism Service, Regeneration and Environment  
RDaSH  
Rotherham Federation  
Rotherham United Community Sports Trust (RUCST)  
South Yorkshire Police

#### Rotherham Loneliness Action Plan

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

#### What's working well – Rotherham

- Open Arms Community Support Hubs in areas of deprivation (sites in libraries and community centres)
- Library cafes e.g. Menopause Cafes
- New welcome pack being trialled with Adult Care staff
- Links between loneliness, poor mental health and suicide – explored within training for Place staff using case studies
- Children's Capital of Culture – Year 1 engagement plan complete
- Rotherham was the highest investor in South Yorkshire for social prescribing
- Community assets – mapping of services/organisations/groups which were available to support Rotherham residents
- Refreshed Ward priorities published in June 2023
- Place-based working – mapping of assets taking place as part of the Early Intervention and Prevention work in the north locality
- Age UK participated in national pilot for MECC and loneliness
- Smiles for Miles project (Children, Young People and Families Consortium Project) had supported 1800+ young people
- Crossroads funding bid was successful in supporting carers which included therapy in people's homes

- 3 sessions within Rotherham libraries for gentle exercise linked to the Women's Euro 22 Legacy
- The Rotherham 10K took place in May raising awareness and funds for Age UK Rotherham

What are we worried about

- Reduced funding for Befriending projects. The Befriending project ran for less than one year but evidenced significant improvements in mental wellbeing
- Recruitment and retention of volunteers
- Reporting from frontline services about the number of clients presenting who were lonely and isolated
- Reported levels of anxiety, physical and mental deconditioning of some groups
- Cost of living – communities raising concerns about cost of transport
- Public transport – influencing decisions about transport at a South Yorkshire level and the impact it could have on addressing loneliness
- Tackling loneliness was a collective responsibility not just the remit of the voluntary and community sector

What needs to happen next and when

- Making Every Contact Count – these sessions would also be offered to partner organisations (October 2023)
- Community engagement with some inclusion groups (from September/October 2023)
- Strengths-based approaches – e-learning for Council staff to be launched in September 2023. This would include identification and building on local assets
- Launch of the community asset mapping. This was currently being tested by Link Workers and would then be available on the Rotherham Health Data Hub (September 2023)
- Connectedness considered in planning and commissioning processes. Guidance steps produced (September 2023)
- Opportunities within Town Centre planning – safe and inclusive spaces
- Exploring opportunities to use the DHSC Suicide Prevention Fund for voluntary and community sector to address loneliness (September 2023)

Discussion ensued with the following issues raised/clarified:-

- Children's Capital of Culture – Year 1 Engagement Programme completed. The Manifesto for Year 2 and 3 Design and Development phase was launched in January 2023 and to date the programme had attracted in excess of £3M in revenue investment and had supported 75 young people, employed part-time, as trainee creative producers, 14 of which were care experienced
- Different presentation of loneliness in different groups of ethnicity – some of the focus groups would look at vulnerable groups. The Better

Mental Health Befriending Project had targeted those communities and had been successful. Some of the challenges would be around crime/hate crime and feeling safe in their community

- The Project had used the Warwick Edinburgh Mental Wellbeing scale. There had been 835 people on the scheme in the beginning and had ran from September until the end of April at which point 815 remained. It was held up as good practice. Going forward other measures had been explored and felt that it was still the best fit

Ruth was thanked for her presentation.

### **32. NHSE FUNDED PILOT TO SUPPORT FREQUENT ATTENDERS TO ED WITH COMPLEX ALCOHOL AND MENTAL HEALTH NEEDS**

Amanda Marklew, Lead Transformation Nurse Alcohol Liaison Service, gave the following powerpoint presentation:-

- Rotherham was identified as a national optimum treatment site and the only one of the of 4 eligible sites to apply for NHS funding, The brief was non-nursing, specified patient group who had alcohol and mental health problems and model to evidence some positive patient outcomes and showcase same

#### Identifying patients

- All patients would consent when offered the extended care option
- Identified current patients known to be high users of services and frequent attenders to A&E
- Patients in crisis
- In-patients as assessed for need

#### Community Based Approach

- Patients identified
- Patient assessment by Specialist Nurse
- Patient discharged with option of Community support

#### Community Outreach and Support Team for Alcohol and Mental Health

- Acute Alcohol Care and Mental Health Services identify caseload via HIUG and FF forms
- COAST consists of 4 x non-Nursing Community and Lifeskills Mentors
- Multi-disciplinary approach out into community
- All relevant services involved in care planned approach

#### Results for Rotherham patients who engagement with Outreach Team

- 29 patients have completed care under the Outreach Team during this time period
- 2 patients (7%) had no admissions or attendances in the 6 months period before discharge
- Ambulance use 64 pre/26 post
- UECC attendances 85 pre/64 post

— Admissions 37 pre/21 post

Improved Outcomes

- Community partnership approach
- Joint initiatives and a shared vision – no longer standalone including commissioning
- Greater understanding of the 'bigger picture'
- Shared investment and collaborative multi-disciplinary working
- Consideration to improvements within the wider community
- 'Living well for longer' – Harm to Hope and Suicide Prevention

Discussion ensued with the following issues raised/clarified:-

- A huge reduction had been seen in the number of A&E attendances. This would be replicated by South Yorkshire Police and South Yorkshire Ambulance Service
- The Service was available 7 days a week unlike many services
- Every patient was assessed by a nurse specialist. They were discharged with community support
- A large number of patients were of the older generation/housebound/had learning disabilities or several disabilities
- Cases were becoming much more complex and the numbers increasing
- Funding secured for a Drugs Nurse so the project would now cover both drugs and alcohol
- Hull University had selected the project to carry out research on the model
- The average cost of 1 frequent attender was £32,000 a year. The project was stopping that attendance and improving their lives
- Not all participants were successful in stopping their alcohol dependency but had had a better death from living well for longer. A typical caseload was 40 patients with most stopping drinking within 6-8 weeks. Only 5 patients had been referred to Mental Health Services in 10 years

Amanda emphasised that the funding would end in March 2024. Discussion ensued on the anticipated savings that would have been achieved by the project in relation to the reduced number of frequent attenders at A&E, the use of Police time/ambulances and reduced number of referrals to other service providers. If there was the evidence basis, it was possible that consideration could be given to options available to continue the Service.

Amanda was thanked for her presentation.

**Resolved:-** That the financial information requested be submitted to Leonie Wieser as soon as possible to assist further discussions with



partners.

**ACTION:- (1) Leonie Wieser to follow up with Amanda Marklew**

**(2) Chris Edwards and Sharon Kemp, as Chairs of the Place Board, to consider the evidence and future of the project.**

### **33. OUTCOMES FROM THE CO-PRODUCTION WORK TO DELIVER ON THE CARERS STRATEGIC FRAMEWORK**

Katy Lewis, Carers Strategy Manager, presented an update on the achievements of the Carers Strategic Framework October, 2022-September, 2023, with the aid of the following powerpoint presentation:-

#### Improved Outcomes

- Community partnership approach
- Joint initiatives and a shared vision – no longer stand alone including commissioning
- Greater understanding of the “bigger picture”
- Shared investment and collaborative MDT working
- Consideration to improvements within the wider community
- ‘Living well for longer’ – Harm to Hope and Suicide Prevention

#### Achievements

- Permanent Carers Strategy Manager in post from July, 2023
- Achievements against the strategic framework
- Focus 1 Carers Cornerstones
- Focus 2 Creating Communities of Support

#### Carers Strategy Manager

- Initial focus on:-
  - Networking/identifying stakeholders
    - Joined the Yorkshire and Humber Carers Lead Group
    - Joined the South Yorkshire Integrated Care Partnership
    - Commitment to Carers Group
  - Securing provision of the current Carers Emergency Service until end of March, 2024
  - Undertaking a programme of carers workshops during August/September – ‘Carers Conversations’ to be completed in October
  - Updating the Council website Carers Information pages – further work ongoing

#### Focus 1 – Carer Cornerstones

- Better Care Fund underspend of £100,000 allocated to the provision of small grants up to £5,000 each to small voluntary and community organisations for projects to improve the health and wellbeing of carers
  - 19 grants awarded
  - Carers to be supported included those caring for people with

dementia, mental ill health, parent carers and carers from minority communities

- Projects funded included physical activity, art therapy, mindfulness and creative craft skills
- Projects funded will run from August 2023 to the end of March, 2024
- Borough that Cares Strategic Group
  - Continued to meet regularly to share best practice and information
- Advice and Information
  - First carers newsletter published in Spring 2023
  - Electronic version available on the Council website Carers pages
  - Intelligence gathering on user experience of existing advice and information offering
  - Programme of events delivered for Carers Week across the Borough

#### Focus 2 – Creating Communities of Support

- Worked collaboratively with South Yorkshire Integrated Care Partnership – contributed to version 2 of the Practitioners Guide to Carers Support
- Worked with RMBC Digital Inclusion Strategy Group to reduce digital exclusion for carers – including carer webpages in RMBC's customer portal design
- Carers Conversations Co-production Programme (August-October, 2023)
  - 14 co-production events (as at September 2023) completed in partnership with locality-based support groups
  - Focus on the themes of accessing advice and information and support services and improved health and wellbeing
  - Outcomes would inform future commissioning decisions

#### Next Steps

- November 2023 – produce report on the outcomes and commissioning proposals following the engagement work being undertaken to include
  - Results of survey undertaken by Healthwatch – due October 2023
  - Outcomes of the Carers Conversations
  - Feedback gathered at Rotherham Show
  - Feedback from social care and health professionals
  - Proposals for the ongoing provision of a Carers Emergency Service
- Encourage unpaid carers in Rotherham to take part in the national Survey of Adult Carers in England 2023-24 administered by NHS England
- Agree terms of reference and commence the Borough That Cares Network Group

Discussion ensued with the following issues raised/clarified:-

- Really pleasing work that had taken place engaging with carers and

the Carers Strategy produced. The next step was to produce an action plan from the Strategy

- Recognition of the diversity of carers and getting their voice out
- The parent carers group worked with children and young people
- A visit to be made to the Young Carers Council in October

Katy was thanked for her presentation.

**Resolved:-** That the presentation be noted and a further report be submitted to the January Board meeting on the outcomes from the co-production work to deliver on the Carers Strategic Framework.

**ACTION:- Leonie Wieser/Katy Lewis**

### 34. THE ROTHERHAM PLACE DIGITAL INCLUSION STRATEGY

Helen Barker, Head of Customer Service, gave the following powerpoint presentation focussing on health aspects, together with Andrew Clayton, Head of Digital NHS South Yorkshire):-

#### Timeline

- Digital Inclusion Programme established June 2021
- Stakeholder group/governance in place September 2021
- 'Digital Inclusion Review – Rotherham Place'  
Requirements signed off by stakeholder group October 2021  
Consultation started with residents and organisations January 2022  
Report finalised May 2022
- Development of the Digital Inclusion Strategy and Action Plan  
Findings of review shared with key stakeholders June-August 2021  
Initial draft strategy complete November 2022  
Action plan workshop held December 2022  
Action plan finalised February 2023
- Endorsement and Support  
Rotherham Place Board April 2023  
Rotherham Together Partnership Board May 2023  
Health and Wellbeing Board September 2023

#### Digital Inclusion Review – Rotherham Place

##### Key Findings

- Groups most at high risk of digital inclusion  
Older people  
Deprivation  
LTD/Learning Disability  
Disadvantaged young people
- Areas considered to be most high risk  
East Herringthorpe  
Rotherham Central  
Maltby East
- Common barriers to digital inclusion  
Internet availability

Device availability  
Language barriers  
Lack of digital skills  
Worried about being safe online

#### Digital Inclusion Rotherham Place Strategy

##### Purpose

- A Digital Inclusion Strategy that delivers outcomes which target Rotherham's most digitally excluded

##### Underlying Principles

- Person centric  
Focus on the things that matter to people who live, work and do business in Rotherham
- Easy for people to understand and relate to  
Clear, simple, accessible and jargon free
- Mobilise and empower people and communities  
Inform, educate, support, volunteer, keep safe
- Target intervention  
Embed across the Rotherham Place to reduce risk of digital exclusion

#### Digital Inclusion Action Plan

##### Objectives

- Target priority areas and communities to maximise impact
- Implement actions that reduce/remove barriers to digital inclusion
- Use a framework for evaluating and measuring impact and outcomes

##### Activities already underway

- RNN Digital Champions
- Good Things Databank Pilot
- ICT Classes and Employability classes for residents
- Rotherham Digital website

##### Planned Activities

- Appoint 2 FTE Digital Inclusion Support Officers
- Communication and engagement
- Create 'digital surgeries' in libraries and community centres in East Herringthorpe, Rotherham Central, Thrybergh and Maltby East
- Work with partners to expand resident access to technology – wifi, devices, assistive technology

#### Communications and Engagement

##### Key Messages

- We are putting communities at the heart of everything we do
- We have listened to what you told us – Digital Inclusion Strategy focussing on the things that mattered to local people
- Everyone should be able to benefit from technology – this was what was being done to help those who were most at risk from feeling

digitally excluded/isolated

#### Engagement

- Make best use of already established stakeholder relationships/community-based initiatives
- Use both printed and digital materials to promote the offer
- Target people already digitally active via social media, website information, email subscriber lists – with information they could share with family/friends who were not online
- Include information in community/sector based newsletters
- Promote digital inclusion organisationally
- Use the 'Rotherham Digital' website as the source of information for digital inclusion help, advice, details of event/activities and practical information such as where to access free wifi
- Make use of all media outlets to promote initiatives that we are involved in

Discussion ensued with the following issues raised/clarified:-

- The Programme's overarching objective was to deliver strategies, governance and operational practices that maximised access to technology, training and support for the people, small businesses and organisations across the Rotherham Borough
- It was very much a collaborative and partnership initiative. A cross organisational stakeholder working group had been established to jointly input into and shape the aims and outcomes of the Digital Inclusion Programme ensuring the needs of all customer and communities within the Rotherham place were fully considered and represented in all digital inclusion activities and reflected within a future co-designed Digital Inclusion Strategy
- 18 student volunteers, recruited from Rotherham College, had been matched to a group local to where they lived to gain experience of working with local people and help them make better use of technology
- Good Things Databank Pilot – the Good Things Foundation offered free sim cards to organisations through their Databank programme. It was a national programme designed to support people on low income who had limited/no access to online services. The scheme was being piloted from Riverside House library

**Resolved:-** (1) That the progress of the Rotherham Digital Inclusion Programme to date be noted.

(2) That the programme and the approach being taken to improve digital inclusion across the Borough of Rotherham continue to be supported.

(3) That the intention of the Rotherham Digital Inclusion Stakeholder Group to deliver the actions outlined in the action plan be noted.

(4) That the intention of the Rotherham Digital Inclusion Stakeholder Group to keep the Health and Wellbeing Board, Place Board and Rotherham Together Partnership Board informed of progress on a periodic basis be noted.

**35. ROTHERHAM PLACE PARTNERSHIP HEALTH AND CARE PLAN 2023-25**

Claire Smith, Deputy Place Director Rotherham Place, presented the 4<sup>th</sup> edition of the refreshed Rotherham Place Partnership Health and Care Plan.

The refreshed document took account of the changed landscape following the Health and Care Act 2022 and the establishment of a statutory Integrated Care System (ICS) from 1st July, 2022. The Plan also continued to align with the Rotherham Health and Wellbeing Strategy (refreshed in 2022) for delivery on the health and social care elements of the Strategy. The Rotherham Prevention and Health Inequalities Strategy was also a key local driver for the Place Plan.

The 2023-25 Place Plan built on the previous plans and took into account the expectations set out in the NHS Long Term Plan as well as the new NHS landscape, therefore, aligned with the South Yorkshire Joint Forward Plan and through the Health and Wellbeing Strategy, aligned to the South Yorkshire Integrated Care Strategy.

The chapters within the previous Plan remained in the refreshed version i.e. Best Start in Life (maternity/children and young people), improving mental health and wellbeing, support people with learning disabilities and autism and urgent, emergency and community care.

New chapters had been influenced by recent guidance and as a result of the outcomes from the Place Board development session in January i.e. live well for longer (prevention, self-care and long term conditions) and palliative and end of life care.

As with previous Plans, a performance report would be developed to enable members to be assured on delivery against the priorities and actions within the Plan.

**Resolved:-** That the final version of the refreshed Rotherham Partnership Health and Care Place Plan 2023-25, together with the accompanying summary version, be endorsed.

**36. LAUNCH OF SAFE PLACE TO SLEEP**

Chris Edwards, Executive Place Director, gave a verbal update on the above.

Early years development was an emerging key priority emerging from the Integrated Care Partnership across South Yorkshire and Early Years Development funding agreed. Work would be co-ordinated with the existing family hubs and different approaches/interventions tried. In Rotherham the Swinton family hub had been selected for the initiative.

**37. UPDATE ON HEALTH AND WELLBEING BOARD STRATEGY ACTION PLAN**

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

**38. ITEMS ESCALATED FROM THE PLACE BOARD**

There were no items to report.

**39. BETTER CARE FUND**

Consideration was given to a report confirming that Rotherham Metropolitan Borough Council (RMBC) and the South Yorkshire Integrated Care Board (Rotherham Place) had jointly developed a new Better Care Fund Call-Off Partnership/Work Order in 2023/24 which reflected local need and priorities.

The Department of Health and Social Care and Department for Levelling Up, Housing and Communities, had published a BCF Policy Framework for the implementation of the Better Care Fund (BCF) for 2023-25.

The BCF Policy Framework supported 2 key priorities for the health and care system that aligned with the 2 existing BCF objectives:-

- Improving overall quality of life for people and reducing pressure on UEC, acute and social care services through investing in preventative services
- Tackling delayed discharge and bringing about sustained improvements in discharge outcomes and wider system flow, as set out in the BCF objectives and priorities for 2023-25

NHS England and the Government had published the 2023-25 BCF Planning Requirements, the BCF vision being 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 was underpinned by the 2 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

Also submitted was a report confirming that the financial framework was agreed as part of the BCF governance processes including the in-year assessment of expenditure against the schemes. It also highlighted risks emerging in-year as set out in the risk share section of the Section 75 Agreement.

**Resolved:-** (1) That the Better Care Fund Call-Off Partnership/Work Order for 2023/24 be approved.

(2) That the areas of risks, underspends and explanations and the Quarter 1 position be noted.

(3) That, in principle, the carry over of any underspend into 2024/25 be approved in respect of capital expenditure against the Disabled Facilities Grant.

**40. ICB JOINT FORWARD PLAN**

The ICB Joint Forward Plan was submitted for information.

**41. PUBLIC ROTHERHAM PLACE BOARD MINUTES**

The minutes of the Rotherham Place Board held on 19<sup>th</sup> April and 17<sup>th</sup> May, 2023, were submitted for information and noted.

**42. ROTHERHAM PLACE BOARD - ICB BUSINESS**

The minutes of the meeting of the Rotherham Place Board ICB Business held on 19<sup>th</sup> April and 17<sup>th</sup> May, 2023, were submitted for information and noted.

**43. DATE AND TIME OF NEXT MEETING**

**Resolved:-** That a further meeting be held on Wednesday, 22<sup>nd</sup> November, 2023, commencing at 10.00 a.m. to be held in Rotherham Town Hall.

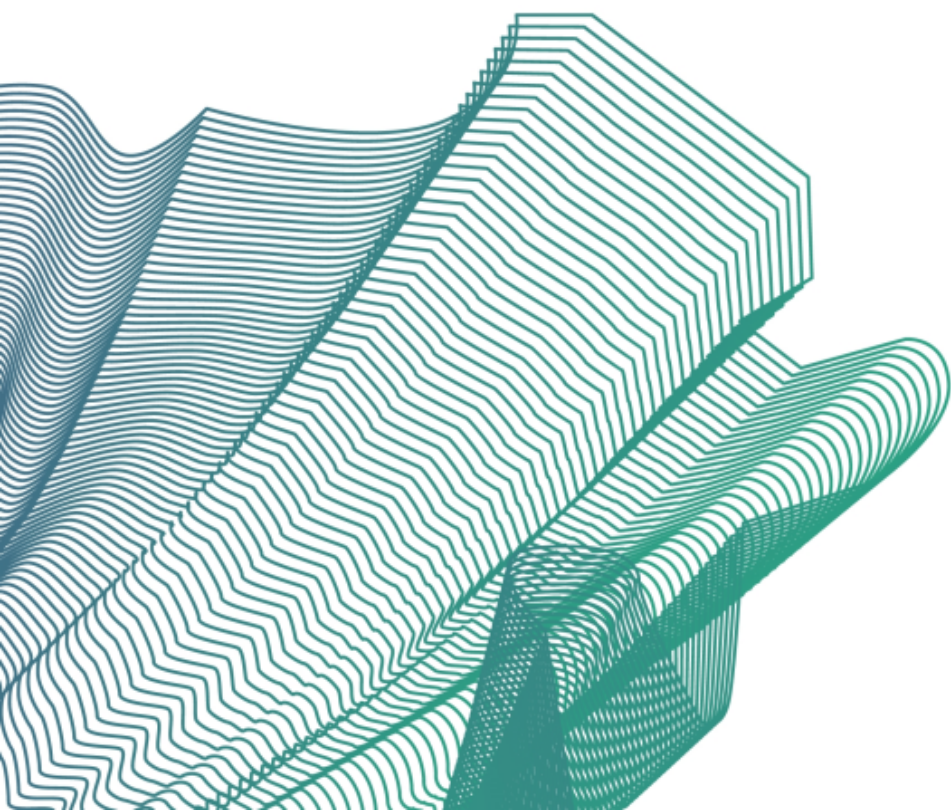


# ROTHERHAM

ROTHERHAM PLACE PARTNERSHIP | HEALTH AND SOCIAL CARE

## Health and Wellbeing Board Rotherham Place Winter Plan

November 2023



South Yorkshire  
Integrated Care Board

Rotherham, Doncaster  
and South Humber  
NHS Foundation Trust

The Rotherham  
NHS Foundation Trust

Rotherham  
Metropolitan  
Borough Council



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Agenda Item 9

# Introduction

- Developed in collaboration with all Place partners
- Builds on learning from previous years
- Approval and assurance through the Urgent Emergency Care (UEC) Board in September and taken through UEC Alliance, Place Leadership Board to Health and Well Being Board
- Additional resources prioritised, allocated and assured through the Better Care Fund supporting integrated working across health and social care



# Summary of Learning

## Key Themes

- **Key pressure points:** Primary care, Urgent & Emergency Care Centre (UECC), Discharge including access to community services impacting on system flow
- **Winter came early:** pre Christmas 2022, acute respiratory infections/Covid
- **Impact of industrial action and cost of living** will continue to be a factor

## What Worked Well

- Whole system approach
- Strong partnership working
- Targeted schemes
- Additional senior management support at key pressure points
- Acute escalation framework & command centre

## Challenges

- Short term funding schemes/recruitment challenges
- Unprecedented pressures Nov & Dec 2022, including paediatric acute respiratory
- Pressure on general and acute beds
- Barriers to timely discharge and decision making
- Communication challenges in fast changing context

## Strategy

- National funding 2023-5, enables longer term planning
- Winter schemes starting before Christmas
- Target key themes:
  - Access to primary care
  - Alternative pathways to UECC
  - New ways of working/investment in community
- Right size general and acute bed base
- Review escalation framework and access to information to provide whole system overview

# This year in primary care

- Primary care hub delivered by the GP Federation, Dec-Feb to support acute respiratory infections and seasonal variations (national forecasts suggest flu peak Jan - Feb)
- Additional clinical capacity
- Additional reception capacity and hosted (cloud) telephony in place in all practices, call back functionality, without losing place in the queue
- Community teams linked to all practices
- All CQC registered care homes have an aligned GP practice with specific responsibilities to provide continuity of care and avoid admission to hospital
- Flu and Covid Vaccinations delivered as a system using PCN/practice footprint, including residents and staff in care homes



# This year: alternative pathways to the emergency department

## **Virtual ward (hospital at home)**

- 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)**

- 2 hour response standard – 70% of the time
- 9 clinical conditions

## **Yorkshire Ambulance Service (YAS) PUSH model**

- Where 999 called, but does not require an emergency response
- Calls 'pushed' to Rothercare for falls with no injury and UCR for minor injuries and illness

## **Same Day Emergency Care**

- Medicine, surgery and gynae
- Direct access for YAS, avoiding UECC/admission

# This year: in the acute hospital

## **Urgent & Emergency Care Centre (UECC)**

- Appointment of 7 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**

- 24 additional beds and 15 surge
- Surge plans for paediatrics – beds & staffing
- Plans to protect electives, SDEC and orthopaedics from bedding/outliers

## **Cancer**

- New senior role to oversee cancer and elective care
- Additional MRI scanner has improved MRI waiting times
- Breast pain pathway to filter non 2 week wait patients to the right clinic and improve 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
- 15 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 You Asked We Responded community group

# This year in mental health

- Increase in the mental health workforce within primary care with the introduction of Mental Health ARRS (additional roles re-imbursement scheme), psychology post and community connectors
- Joint working between Well@work and Rotherhive (working well) to support employers and employees.
- The rollout of more mental health awareness training
- Expansion of the Rotherham Safe Space to four nights a week
- Launch of a new service to support people who have attempted suicide
- Support will be available from the
  - RDaSH /Samaritan Wellbeing Check Pathway.
  - Peer support groups, such as Andy's Man Club, S62, Parent Carers Forum, Survivors of Bereavement by Suicide , Women A.S.K (Acceptance, Support, Kindness mental health support group).
  - A range of community mental health initiatives funded by the BAME Crisis and mental health grant schemes
- Mental health digital resources including Rotherhive and Kooth & Qwell



# This year for Children & Young People

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

# This year for improved cross system communication & decision making

## Community Transfer of Care Hub

- Multi-disciplinary team for referral, triage and assessment of step up and step down patients
- For admission avoidance and discharge, ensuring right level of care according to need
- 24 hour response service / core offer 7 days a week
- Includes nursing, therapy, social workers, reablement co-ordinators, wellbeing/call handlers, pharmacy technician and voluntary & community sector

## New escalation framework

- New Place escalation wheel providing holistic view of whole system flow for the first time
- Aligned to national operational pressures escalation levels (OPEL), action cards for each level
- Feeding into team, organisation, Place, South Yorkshire, regional and national framework
- South Yorkshire ICB and Place communications plan
- New operational and performance reports

## SY ICB/Place winter communication campaign

**Support with Cost of Living** – promotion of support schemes

# Next steps

- Place workshop to scenario test plans
- Continue to plan for industrial action
- Complete outstanding recruitment
- Launch schemes



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**ROTHERHAM**

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

# Rotherham Health & Well Being Board

## Voluntary and Community Sector

### Support for right care, right time, right place



South Yorkshire  
Integrated Care Board

Rotherham, Doncaster  
and South Humber  
NHS Foundation Trust

The Rotherham  
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Rotherham  
Metropolitan  
Borough Council



# Context

- Base on Rotherham's commitment to supporting people to remain independent at home for as long as possible and home first ethos
- Building on strong tradition of partnership working & Voluntary Action Rotherham's early pioneering of social prescribing
- Highlighting 3 services which support admission avoidance and discharge, ensuring people receive the right level of care according to their needs

Supported by Better Care Fund/discharge monies



# ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

# Urgent and Emergency Care Social Prescribing Pilot



Rotherham  
Clinical Commissioning Group

Rotherham, Doncaster  
and South Humber  
NHS Foundation Trust

The Rotherham  
NHS Foundation Trust

Rotherham  
Metropolitan  
Borough Council



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ROTHERHAM CIC

# Rotherham Urgent & 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 & discharge
- Provides holistic, wrap-around support for patients
- Utilising wider voluntary and community sector services
- Helping to ensure a safe home environment & build independence, confidence and resilience

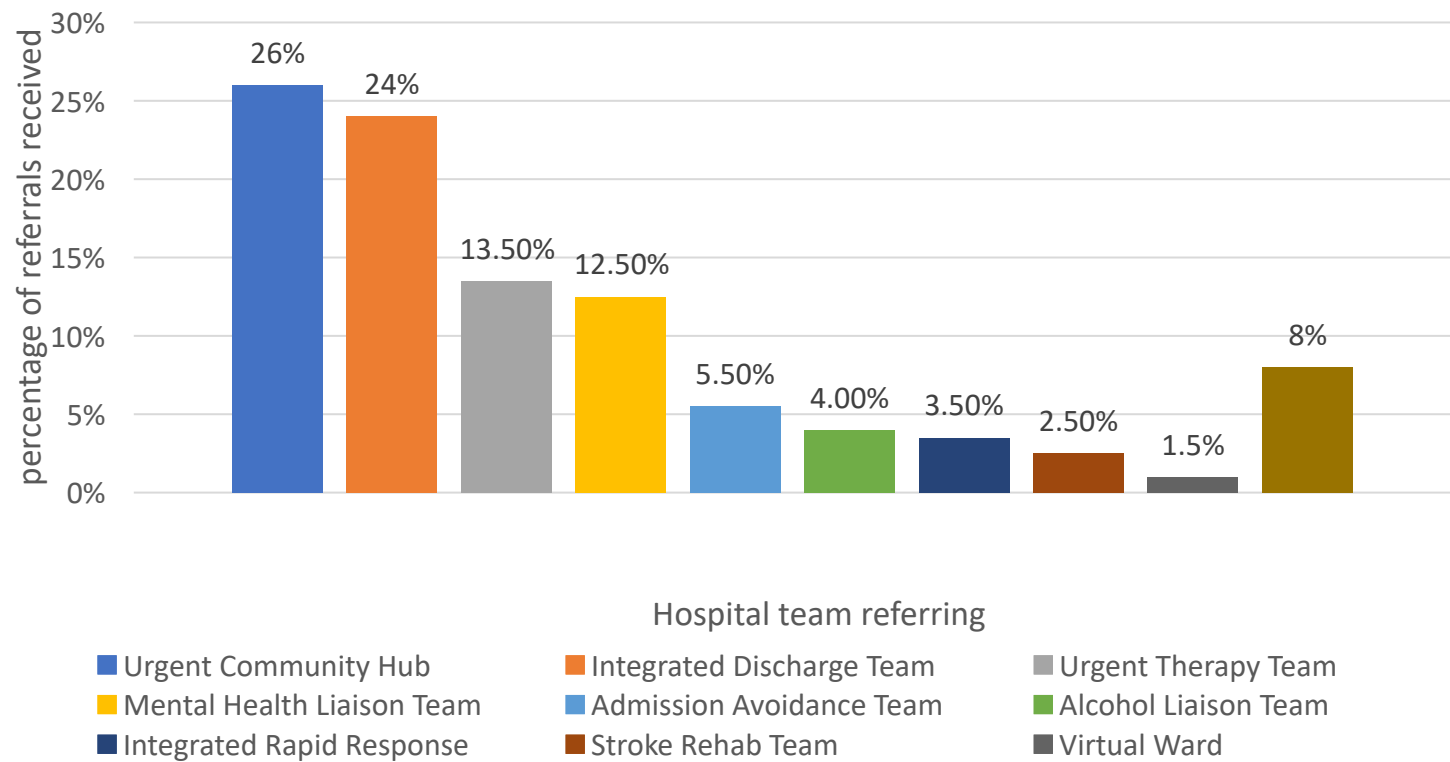
## The Service

- Monday – Friday, 18+
- Receive referrals & assess discharged patients
- Develop a support plan
- Onward referrals
- Ongoing, short-term support
- Follow-up and closure of case

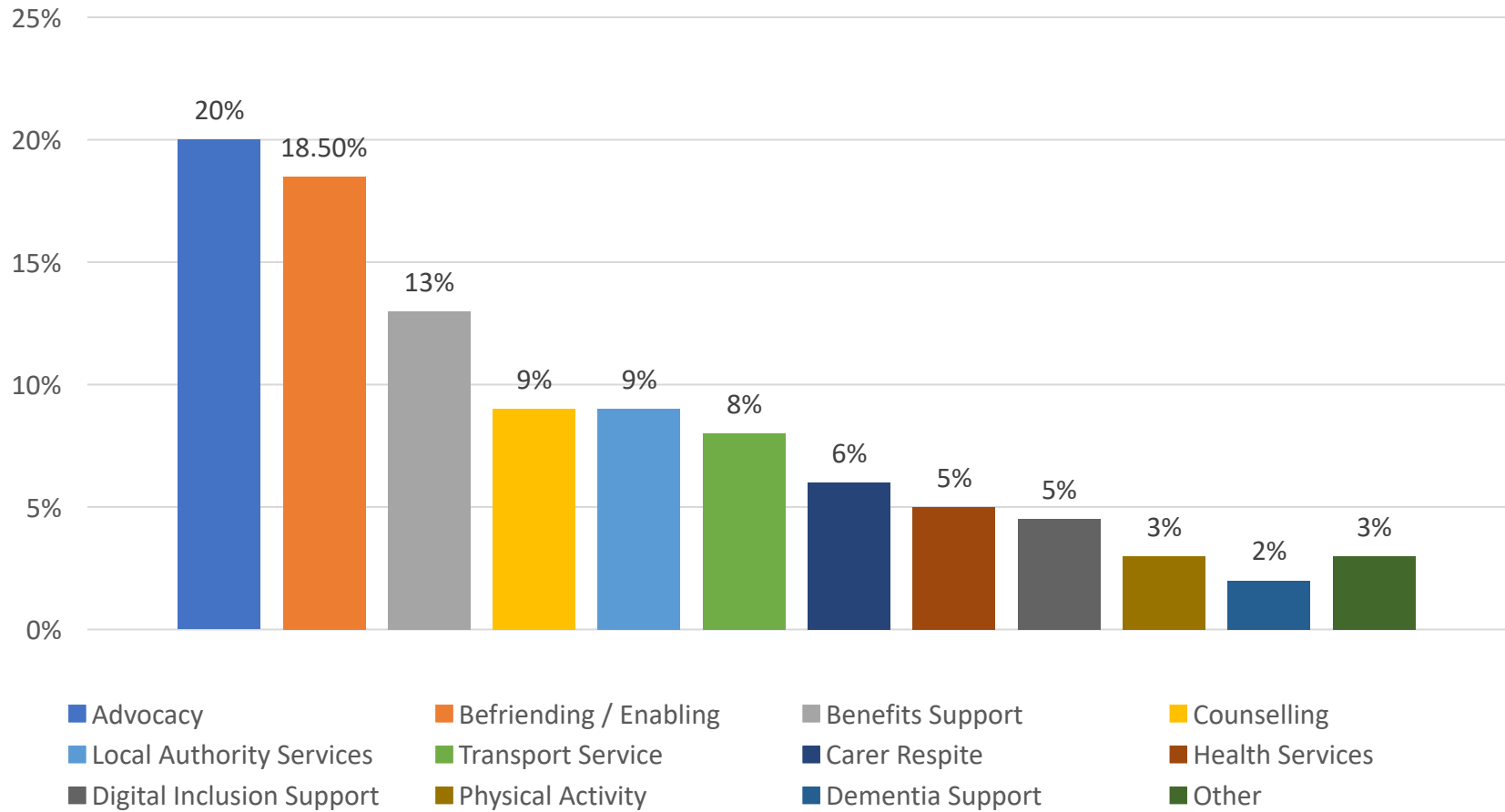


# Hospital teams referring to Social Prescribing

Based on 293 referrals Nov 22 – Oct 23



# Onward referrals to voluntary and community services



# UEC social prescribing in practice

## 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
- Lost job and home

*I am delighted with Paul's progress, socially and psychologically. He told me he cannot thank us enough for helping him recover from being bedbound to living independently' – Social Prescriber*



*All the services I received from Social Prescribing helped me mentally and physically. Combined, they helped me get to where I am now – looking forward, not back*

## Paul's experience:

- Spent 9 months in hospital and step-down beds
- Referred to: Befriending/enabling, Advocacy, benefits support
- Since discharge, Paul has progressed from a bed space to independent living within supported housing
- Now feeling positive, and is aiming to walk independently and return to work in the future

# Impact

## For Paul

- Improved wellbeing (outcomes measures)
- Improved mental health and physical health
- Improved social connections
- Maximised finances
- Greater independence / resilience

## For the System

- Bridging gap from acute back into the community
- Linking in with ED high intensity user group
- Improved co-ordination of care between health, social care and voluntary sectors
- Reduction in likelihood of readmissions



# ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

## You Asked We Responded (YAWR) Personal Health Budget Pilot



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Clinical Commissioning Group

Rotherham, Doncaster  
and South Humber  
NHS Foundation Trust

The Rotherham  
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Rotherham  
Metropolitan  
Borough Council



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# YAWR Services

## Personal Health Budget (PHB)

### The Need

- To remove barriers to allow early and safe discharge 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

- **Visit patients on the ward prior to discharge** to discuss and assess their needs to facilitate discharge from hospital.
- **Pre discharge** – initial assessment to discuss support needs and action plan.
- **Post discharge** – Visit the patient to address additional needs including benefits support.

### Barriers to Discharge

- Housing - Priority Applications
- Equipment and Adaptations
- Property – Cluttered and Infestation
- Referral Pathways



# Personal Health Budgets in Practice

## Marcia's story

- Patient is aged 59 years and admitted to RGDH in June 22 following a stroke, loss of sight, property no longer suitable
- Support with priority housing application, bidding, liaison with eye clinic & Rotherham Sight & Sound, referral for wheelchair access, review of 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

I was not mentally prepared to lose my independence and go into a care home. My MH went downhill which impacted my recovery with therapy. Support from Sophia improved my MH, I felt I was finally listened to and overwhelmed when I finally had a home to go to



Wow I've come this far with the support from Sophia, who made sure all my needs were fully met. I have gained some independence and have regular contact with family and friends. I am no longer in a prison and love my home environment

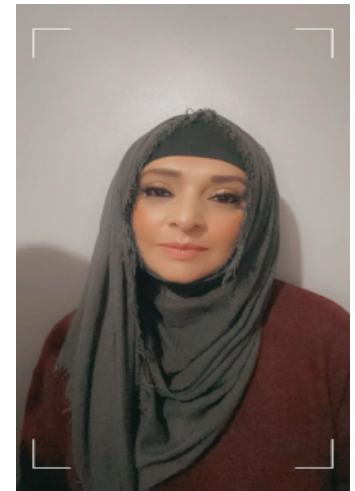
# Impact of the Personal Health Budget Pilot

## For Patients & Families

- Increased independence and quality of life for individuals
- PHB has 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

## March – Oct 2023

- 60 Referrals
- 41 Discharged home
- 24 PHBs
- 797.5 Total hours
- 722.5 Patient Support Hours





# You Asked We Responded

## What our service users say

## What our practitioners say

My chair was delivered on my birthday, which made it extra special ..... The gentleman who delivered it was very kind and patient. He also removed the old chair

Without the support provided my parents would have no quality of life and would never have been able to return home



I would never have coped with adjustments made since my husband was discharged if you had not been such a helpful and reliable source. You gave me confidence to cope at a very traumatic time in my life.

Additional finance has reduced further impact on my parent's mental health

YAWR's commitment to patient care is an asset to our hospital discharge team and I highly recommend YAWR for their exceptional service



The service has improved access to services, benefits and support for Adults in Rotherham.

YAWR Hospital discharge service helps to reduce length of time an adult will either spend in hospital or in a care home because of social issues that would have otherwise taken a considerable amount of time to resolve."

# ROTHERHAM

INTEGRATED CARE PARTNERSHIP | HEALTH AND SOCIAL CARE

## Age UK Hospital After Care Service



**NHS**  
Rotherham  
Clinical Commissioning Group  
Rotherham, Doncaster  
and South Humber  
NHS Foundation Trust

The Rotherham  
NHS Foundation Trust

Rotherham  
Metropolitan  
Borough Council



# Our offer

- Monday – Friday for 60+
- Transport home from an acute or community bed – within 3 hrs
- Settling in service with safe & well check
- Onward referrals and signposting
- Small aids and adaptations
- Short term non personal enablement support (30 days)
- Service is also for avoidance of unnecessary admissions

# Added value

- Over 5200 referrals (including safety netting)
- Over 300 onward referrals/signposts to other agencies
- **Approx £150K** unclaimed monies realised through benefit referrals
- Over 100 people received further enabling support
- Four Trusted Assessor trained staff

# After Care Service in Practice – case study

Carol\* Referred by frailty nurse due to concern for patient's safety once home

In consultation with her GP, agreement made to send district nursing team for assessment

No answer when staff visited following day. Obtained permission from next of kin to enter house

Decision reassured ambulance crew that suitable care decision was in place and avoided an ambulance conveyance, attendance at A&E & potential admission

Patient found lying on hall-way floor after falling four hours earlier and couldn't get up

Emergency crew and staff member spent approx. 4 hrs with patient.

Made patient comfortable and re-assured her, called emergency services

Our worker made patient a drink of tea and prepared following day's breakfast and lunch before leaving

Ambulance arrived 45-60 mins later and checked over.

\* Not patient's real name



# Impact

## For patients

"It's been reassuring to know that someone was calling in to see how I was coping after my stay in hospital and have been pleased with the service and support given."

"Getting transport home from hospital was wonderful and very comforting, seeing me settled at home after my hospital stay as my family live a long way away."

"I found this service very helpful, the ladies who looked after me with empathy and complete understanding of my needs were excellent. I cannot thank you enough."

## For the system

"The service provides reassurance and confidence to hospital staff, the patient and their families meaning this service fills an important gap by offering flexible, personal short-term support."

"Age UK are seen as an asset both for the range of services services." provided and their ability to signpost to other community/voluntary

"When the service is requested, we arrive on time which causes less stress for patients and families. People are not waiting as long as for hospital transport."



# Next steps

- Embed in multi-disciplinary Transfer of Care Hub – right care, time and place
- Evaluate pilots
- Consolidate social prescribing, including investment in wider VCS



# Contact Details

## **Voluntary Action Rotherham : Social prescribing**

[Barry.Knowles@varotherham.org.uk](mailto:Barry.Knowles@varotherham.org.uk)

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## **YAWR Personal Health Budgets**

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## **Age UK Hospital After Care Service**

[Barbara.dinsdale@ageukrotherham.org](mailto:Barbara.dinsdale@ageukrotherham.org)

## **Commissioning**

Head of Adult Commissioning (Health and Social Care)

[Steph.watt@nhs.net](mailto:Steph.watt@nhs.net)

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# **Aim 1: All children get the best start in life and go on to achieve their potential**

Nicola Curley and Dr Jason Page, 22 November 2023

# Alignment of SY ICP priorities with Rotherham's Health and Wellbeing Strategy

- **Context for children's health very similar in both strategies:**
  - Focus of both strategies on health inequalities, and the impact of physical, commercial and socio-economic determinants on children's health
    - housing, social networks and education, poverty
  - Impact of the pandemic on children's mental health
- **Focus of health areas very similar:**
  - 1001 days, Parental health, Mental health, Oral health
  - Children's development, development of healthy habits (Physical activity and healthy eating)
- **Main difference** is the focus on the SY strategy on school readiness, which isn't a major focus of the Rotherham Health and Wellbeing Strategy.
- This is also the focus of the ICP strategy's Bold Ambition – the area where more can be achieved by working together across South Yorkshire:
  - **Focus on development in early years so that every child in South Yorkshire is school ready**, specifically:
  - Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30

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


# Strategic Priority 1: Develop our approach to give every child the best start in life.

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

### ABOUT START FOR LIFE


The Start for Life programme is a range of services and support for families with children aged 0 to 2. We know that the first two years of a child's life are critical for their development.

The Start for Life programme includes:




#### MIDWIFERY

Midwives provide personalised support to families throughout



#### INFANT FEEDING

Infant feeding services support parents with feeding their babies,



#### SAFEGUARDING

Safeguarding services seek to protect children from abuse and



Council × | Directo × | Policy, I × | Policy, I × | R Agenda × | Statuto × | Enc 2 - × | PowerP × | Feeding ×

https://www.therotherhamft.nhs.uk/our-services/maternity-services/feeding-your-baby

Thinking about Breastfeeding: Introduction

from a UK healthcare provider >

Good for mums

- Reduced risk of breast/ovarian cancer
- Reduced risk postnatal depression
- Reduced risk of type II diabetes
- Reduced risk of high blood pressure

Watch Later Share

NHS The Rotherham NHS Foundation Trust

ch on YouTube

to search

- Work towards formal ratification of ‘Breastfeeding Borough’ declaration, including BF friendly places, BF policy, comms plan

# Strategic Priority 2: Support children and young people to develop well. (1)

- Key factors impacting on children's health include socio-economic factors, housing, social networks and education.
- Childhood is an important time in the development of behaviours that will have a lifelong influence on health and wellbeing, including healthy eating.
- **Key areas of progress include:**
- **Develop and agree prevention-led approach to children and young people's healthy weight with partners, building on evidence from the compassionate approach:**
  - Rotherham's approach: promotes health gains for all people, without stigma or judgement, and which takes into account 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 in place
  - Mental health support in early years is coordinated by the Child Development Centre. Family hubs based in Children's Centres present 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 MHSTs already cover 39 identified settings and approximately 24,000 pupils.

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

- **Key areas of progress (ct'd):**
- 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



# Areas to address and next steps

- **‘Work with the LMS to ensure continuity of carer is the default model by March 2024.’**
- The national target for Continuity of care has been removed, so local activity has refocused on a local transformation programme. The service has embedded phase 1 and 2 of the Maternity Workforce Transformation model.
- The next steps whilst maintaining safe staffing in all areas are delivery of the 3 Year Delivery plan for Maternity and neonatal service which aims 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 3-4 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 might 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

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<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	November 22nd, 2023
	<b>LEAD OFFICER:</b>	Susan Claydon Head of Service Early Help Family Hubs Strategic Lead  Alex Hawley Consultant in Public Health
	<b>TITLE:</b>	Family Hubs Progress Update
<b>1. Background</b>		
<b>1.1</b>	The Government has funded the delivery to support a network of Family Hubs across the country to make effective, integrated early help more easily accessible and impactful for families. Whole family working is at the heart of the programme for children aged 0-19 or to age 25 with Special Educational Needs and/or Disabilities (SEND). Within this, there is a particular focus on the first 1001 days of a child's life, reflecting the evidence for the pre-eminence of this formative period for longer term health outcomes.	
<b>1.2</b>	Rotherham is one of 75 Local Authorities that received funding to support this national priority. Rotherham was pre-selected using the Income Deprivation Affecting Children Indices (IDACI) average rank and received funding based on submission and approval of a completed Family Hubs Delivery Plan. The grant funding is due to finish at the end of March 2025.	
<b>1.3</b>	In March 2023 a report was presented to the Board that set out the principles and proposed model for Family Hubs, including early progress on the project at that time. The Board noted the progress and sought an update after another six months. This report represents that update, and also fulfils the quarterly update from the Best Start and Beyond Steering Group, since there has been considerable planned convergence between the Framework approach and the Family Hubs delivery model in this time, which is also set out below.	
<b>1.4</b>	A key objective of Family Hubs is to improve access to 'whole family' service delivery, including Start for Life services (services relating to the first 1001 days) in areas with the highest levels of deprivation with an expectation of much broader colocation of services and agencies to facilitate better multi-disciplinary working.	
<b>1.5</b>	<p>The grant funding is divided into key strands, each with a prescribed set of minimum deliverables. The key funded strands are listed below:</p> <ul style="list-style-type: none"> <li>• Family hubs transformation/ digital offer</li> <li>• Perinatal mental health and parent-infant relationships</li> <li>• Parenting support</li> <li>• Infant feeding support</li> <li>• Home learning environment support</li> <li>• Publishing a start for life offer</li> <li>• Establishing a parent carer panel</li> </ul>	
<b>1.6</b>	<p><b>What families can expect:</b></p> <ul style="list-style-type: none"> <li>• A family can typically expect a range of support, from learning parenting strategies to support family life, to information on infant feeding through the digital offer through self-referral or self-serve. Families can also attend group provision through</li> </ul>	

the Hubs, such as a 12-week parenting programme or a Baby Massage group. These programmes will be available on a regular basis in the hubs and other community venues across Rotherham.

- Accessibility is a key expectation that Family Hubs should address, through collocating, coordinating and expanding existing support under the Family Hubs umbrella, enabling parents and families to tell their story just once. This also means that key information and the first 1001 days and about and other key Family Hub information is also provided in one easily accessible virtual space, sharing the same branding.
- A key example of how existing support is being expanded to build support to our families is the pilot introduction of a new universal health visit at age 3-4 months. This adds to the existing five health visits from our 0-19s service that span the first 1001 days. A visit at 3-4 months was only previously available to those with complex needs. Our expectation is that an additional universal visit at this stage will play a vital role in providing a parent-centred approach to support child development with a focus on language, play and weaning, and will also provide an additional opportunity to support breastfeeding at a key stage. Evaluation of this pilot will be carried out, with the expectation that it will influence future use of current resources beyond the life of the Family Hubs funded project.
- Families with more complex needs can expect to have family support offered from a range of practitioners through an Early Help Assessment (EHA) and Plan to help improve issues that are affecting the family.
- Families with more complex needs can also expect visits from trained practitioners to understand their needs and offer appropriate support.
- Parents registered with the Job Centre can expect to attend their appointments in a Family Hub, rather than the Job Centre, making this more convenient and user friendly for families with children. (implementation expected January 24)
- Parents who have a desire to contribute through a volunteering role will also have a greater opportunity as a result of the development of Family Hubs. There will be a range of role available to parent volunteers, including membership of the Parent-Carer Panel, for example, which will influence how services, support and information are provided. This will include influencing the development of the digital offer and the 'Giving our children the Best Start in Life' resource (the Start for Life Offer).

## 2. Rotherham's Model

- |            |   |
|------------|---|
| <b>2.1</b> | Family Hubs is designed to transition from the existing Children's Centre and Early Help branding, by moving to a 0-19/ 25 with SEND, whole family approach, bringing together multiple organisations in a 'one stop shop' to make it easier for families to get the help that they need. This is being delivered through a digital offer as well as face to face.                                |
| <b>2.2</b> | Rotherham has worked with partners and service users to coproduce the Family Hubs model and is transitioning all existing early help sites across the Borough to utilise the new language of Family Hubs. Rotherham is in a good position to implement the government directive, as whole family working has been in place since 2016 and the funding is being used to add value to the approach. |

2.3	All existing Early Help sites have adopted the Rotherham Family Hubs title and deliver consistently to the family hubs model. Three of the existing sites in north, south and central areas of the Borough have capacity and space for additional agency collocation, face to face group and 1-2-1 delivery and to offer drop-in facilities. An overview of existing sites is outlined in Appendix 1.
2.4	Satellite Hubs across the VCS will be linked digitally to the main Hubs, so that families can access support from a wide number of community buildings and not have to tell their story numerous times. This will also enable 'live time' booking from the Satellite Hubs directly onto available Family Hub appointments and programmes. The VAR Coordinator role is working with partners on identifying satellite sites and bringing these into operation, working alongside digital comms leads.
2.5	This development will also support work taking place via the Integrated Care System (ICS) to align their priorities with Family Hubs.
2.6	Recruitment to the Rotherham Family Hub Parent Carer Panel has taken place with membership being drawn from across the Borough. Parents and carers are beginning to shape service delivery and have taken part in a 'check and challenge' session on the following: <i>'Babies Health Stories; do families have to tell their babies health story more than once?'</i> Rotherham Maternity and Neonatal Voices Partnership has agreed to focus on this subject, to ensure collaborative approaches. Rotherham Parent Carer Forum have also been involved from the outset in shaping the approach.

### 3. Transformation/ Collocation Progress

3.1	An agreement with sexual health services has been achieved to collocate and offer sexual health drop-in and 1-2-1 support for families across the cohort. The drop-in sessions began in June 2023.
3.2	Agreement for Child Adolescent Mental Health Services (CAMHS) to hot desk their practitioners in Family Hubs has been secured and detail is being discussed to progress this to mobilisation.
3.3	Agreement was achieved with the Department for Work & Pensions (DWP) to collocate the Job Centre Plus (JCP) Work Coaches in Family Hub sites. This will enhance engagement with parents attending JCP appointments. Cohort and volume assessment is taking place to enable discussions with Asset Management to progress mobilisation.
3.4	Three new substance misuse workers have been recruited (funded via a separate grant-funded workstream) and now have a presence within the Family Hubs.
3.5	Digital Inclusion officers will have a presence within the Hubs.
3.6	Purchase of the case management Liquid Logic Portal for partners is now complete and work is underway to organise implementation. This will enable partners to complete Early Help Assessments directly into the system and has the potential to support further transformation in relation to case management.

### Workforce Progress

4.1	<p>Increasing the competency of the workforce to improve skills, planning, delivery and outcomes for children and families has been a key priority and the investment in new evidence-based programmes has led to:</p> <ul style="list-style-type: none"> <li>214 practitioners and managers attending Family Hubs half-day induction events. This included practitioners from across Early Help, Midwifery, 0-19 Public Health Nursing, Childrens Social Care, Local Authority Education and Data &amp; Performance.</li> </ul>
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	<ul style="list-style-type: none"> <li>• 50 multi-disciplinary practitioners have been trained in cultural competency in infant feeding.</li> <li>• 180 practitioners have undertaken training in recognising red flags in maternity, delivered by the Perinatal Mental Health Service.</li> <li>• The Solihull Approach (a well-established, validated, evidence-based parenting programme). To date three of the 16 training programmes have been delivered.</li> </ul>
<b>4.2</b>	Voluntary Action Rotherham (VAR) were commissioned to provide pivotal support mechanisms to Rotherham's Family Hub development work. VAR has recruited to key posts to enable this; a VAR Volunteer coordinator to develop and support new family hub volunteers (including expanding breastfeeding peer support) and a VAR Voluntary sector coordinator to enable a rigorous interface and development of Satellite Hubs.
<b>4.3</b>	<p>Short-term capacity has been developed to test new approaches and build positive aspects into mainstream delivery when the programme funding comes to an end. The capacity includes a core delivery team from the existing workforce as well as:</p> <ul style="list-style-type: none"> <li>• Recruited to three Nursery Nurses to work alongside early help in direct support for families, to create capacity within 0-19s service to undertake new universal 3-4 month visit.</li> <li>• Recruited to a specialist breastfeeding lead, to enable a coordinated approach to breastfeeding support and advice, including through expanded peer support</li> <li>• Recruited one Data Officer to fulfil performance data requirements from government in addition to providing expanded inhouse intelligence capacity for Family Hubs operation and delivery plans.</li> <li>• Recruited two Home-learning Officers to establish the PEEPS programme and build on current good practice.</li> <li>• Recruitment for one Advanced Practitioner to support pathway development and training coordination across the partnership</li> </ul>
<b>Digital Progress</b>	
<b>5.1</b>	The digital and communication element of Family Hubs has progressed with a key representative from the Communications Team supporting alongside a commissioned partner to support the development of branding for the Family Hubs approach.
<b>5.2</b>	Implementation of related comms and a branded digital offer is taking place in-house, led by two officers and supported by RMBC IT teams.
<b>5.3</b>	The website (i.e. the Phase 2 implementation) was launched on 6 <sup>th</sup> November, incorporating Family Hub and Start for Life information. Work continues on developing the style, content and interactivity of the online resources, informed by the Parent Carer Panel and continual engagement with partners.
<b>5.4</b>	An online suite of evidence based programmes to support parents, carer, family members and teenagers has now been launched. The commissioned Solihull parenting support will be part of a toolkit available to families to receive supportive information about parenting and provide practical help and advice.
<b>5.5</b>	All pregnant women and their families now have access to digital preparation for parenthood programmes providing a true preventative approach to helping families parent their children in a nurturing and positive environment.



5.6	Work has commenced on developing a simple and effective registration process, making it easier for families to register and thereafter receive key information about Family Hubs, including events and available support.
5.7	DadPad is included in the digital offer to engage fathers in more sessional activity.
5.8	Phase One of publishing the Start for Life Offer and the wider digital offer for Family Hubs was completed in July. Whilst this was a rudimentary resource it created for the first time, a single digital access point that brings together key links from partners websites into one place, and other useful additional information, specifically to support and inform parents on the journey through the first 1001 days.
5.9	A workshop took place with stakeholder professionals in July 2023 to inform Phase Two development. This is now live (as of 6 <sup>th</sup> November) and has replaced the Phase One version. It will remain an ongoing process of development and improvement, but always with the underlying principle to bring existing resources together, and to minimise the need for a dedicated maintenance resource beyond the lifetime of the grant funding.

### **Evidence Based Programmes/ Approaches - Progress**

6.1	The Solihull Approach: <ul style="list-style-type: none"> <li>• Journey to Parenthood</li> <li>• Understanding Pregnancy</li> <li>• Labour, birth, and your baby</li> <li>• First Five Years</li> <li>• School Years</li> </ul>
6.2	PEEP Programme- Parents as Early Educators (An evidence-based intervention to support home learning and improve outcomes for 3 and 4 year olds.)
6.3	Solution Focused Brief Intervention Approaches
6.4	VIG- Video Interactive Guidance. A strengths-based intervention that uses short videos to help the parent/child relationship and covers important elements such as attachment and bonding. A worker who is trained uses video clips of real situations taken with the parent and infant to enhance communication within the relationship and help parents to recognise positive cues from their child.
6.5	UNICEF Baby Friendly accreditation is being explored across Family Hubs. This is an external accreditation scheme that sets best practice standards in infant feeding and the parent-baby relationship. A Business Case will progress to CYPS DLT in September 2023.
6.6	Rotherham has secured new interventions to support PNMH, such as the Family Foundations 'Journey to Parenthood' training offer which helps to equip prospective parents to offer safe and nurturing parenting to their baby.
6.7	One Plus One Digital Resource support for parental conflict
6.8	Early Help Assessment improvements within the 0-19 Health system. A simplified approach is being developed within 0-19s to enable a smarter way of working via the Early Help Assessment process, and bringing about an improved joint working approach.

### **Monitoring**

7.1	The national programme monitors progress through the Family Hubs Delivery Plan and regular progress meetings with the designated lead.
7.2	In April 2023, Management Information and a Maturity Self-Assessment was submitted to DfE, and in July 2023, a progress interview took place. This was requested by DfE to capture baseline information and understand progress made from submission of initial delivery plan in December 2022. Both were received positively.
7.3	An internal Performance Management Scorecard has been developed as this enables a central capture of all relevant data required by DfE along with clear and robust performance monitoring and reporting. Outcomes are being measured using data from

the scorecard, through impact evaluation tools which reflect family level distance travelled and through capturing the child and family voice.

## Governance and Assurance

- 7.4 Best Start and Beyond Framework and Steering Group**  
The work to implement the delivery plans for the funded workstreams of the Family Hubs project now has oversight provided through the Best Start and Beyond Steering Group. This acknowledges the planned convergence between these two approaches, and the excellent fit between the priority lenses of the Best Start and Beyond Framework and the expected outcomes of these delivery workstreams. This group reports to the Early Help Steering Group to ensure alignment.
- 7.5** There is also considerable correspondence with the Place Plan key milestones for the best start transformation priority, for which the Best Start and Beyond Steering Group also now has oversight. These are: developing the 'Start for Life Pack' for families, which is strongly aligned with the Start for Life Offer workstream; embedding the breastfeeding friendly borough declaration, which aligns with the infant feeding support funded workstream, and our seeking to pursue the UNICEF baby-friendly standards within our sites; and reviewing the Child Development Centre to ensure timely access to assessment and support when needed – we expect this outcome to be strongly contributed to through a number of the workstreams and improvements in family-centred support.
- 7.6** With this in mind, the terms of reference, frequency of meetings and membership of the Best Start and Beyond Steering Group have been reviewed, and a co-chairing relationship has been established between Public Health and Early Help to this end.
- 7.7** The priority lenses within the Best Start and Beyond Framework will be used to assist the group in identifying gaps, opportunities for improved practice, and needs for system assurance with reference to the delivery plans for the funded workstreams and the Place Plan milestones. Whilst both the Framework and the Family Hubs are concerned with the whole of the child's progress to adulthood, both also acknowledge the primary importance of the first 1001 days, and this is also well reflected by the funded workstreams.

## 8. Next Steps

- 8.1** Progress work that has commenced on the lower tier perinatal mental health pathway and align the Childrens Development Centre to the pathway and wider Early Help offer.
- 8.2** Monitor and drive forward innovation in the Health Early Help Assessment
- 8.3** Following the launch of phase two of the Family Hubs & Best Start in Life enhanced digital offer, work with parents and stakeholders to further develop the offer to produce a mature and self-sustaining resource by the end of the funding programme.
- 8.4** Through the Best Start and Beyond Steering group, with a particular focus on the start for life, continue to seek to seek assurance within the system of wider determinants and services offered, through the use of our priority lenses to identify potential gaps and opportunities.
- 8.5** Continue a joint reporting process to Health and Wellbeing Board for Family Hubs and Best Start and Beyond Framework.
- 8.6** Focus on wider collocation and innovative approaches, broadening the presence and accessibility of Family Hubs.
- 8.7** Ensure that feedback and input from parents and carers is regularly obtained and systematically incorporated into performance measures and service improvements (both physical and digital provision).

<b>8.8</b>	Continue to work with partners to ensure a sustainable model results from transformation activity.
<b>9. Recommendations</b>	
<b>9.1</b>	That Health and Wellbeing Board note the progress made in Rotherham's Family Hubs development
<b>9.2</b>	That the Health and Wellbeing Board agree to accept a bi-annual update from the Family hubs Programme and Better Start and Beyond Group (combined)

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# Health and Wellbeing Strategy Action Plan: November 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	Identify gaps, opportunities, system assurance and best practice through the Best Start and Beyond Framework  *Action rephrased	Ongoing  (up to March 2025)	Alex Hawley, RMBC  Helen Sweaton, ICB/RMBC		The terms of reference of the group have been revised at the next meeting (25 <sup>th</sup> September), to take oversight of Family Hubs funded workstreams to the group's remit and milestones in Place Plan. This fits very well in particular with the focus on the first 1001 days.  Meeting frequency has changed to monthly.
	1.2	Mobilise and launch 0-19 service with a universal offer to support all children and young people and their families, with an enhanced offer for those that need it, ensuring that there is equality across the service.	April 2023	Michael Ng, RMBC		The service was mobilised and launched successfully in April 2023 with no issues.  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		The Rotherham 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



						<p>‘Rotherham Backs Breastfeeding” campaign.</p> <p>The number of trained midwives in division of tongue tie (‘frenulotomy’) has been increased, and the feasibility of providing a clinic in Rotherham to deliver the procedure is being explored.</p>
1.5	<p>New action:</p> <p>Continue to implement Breastfeeding Borough declaration, through delivery of Rotherham backs breastfeeding campaign</p> <ul style="list-style-type: none"><li>• Creating directory of breastfeeding friendly businesses</li><li>• Explore link to Be Well at Work</li><li>• Increase number of trained peer supporters by 50%</li></ul>	October 2024	Sam Longley, RMBC, TBC, TRFT			
1.6	<p>New action:</p> <p>Analyse impact of new 3-4 months universal visit to identify opportunities to develop the healthy child programme</p>	October 2024	Sue Turner and Michael Ng			
1.7	Developing and publishing the Start for Life Offer (first 1001 days), through	September 2023	Alex Hawley		<p>The start for life offer was published at the end of July - <a href="#">Start for Life – Rotherham</a></p>	

		implementation of Best Start and Beyond Framework.				<p><a href="#">Metropolitan Borough Council</a>, following a very well-attended stakeholder workshop in mid-July, where feedback on the draft version of the website was received.</p> <p>The workshop also looked at next steps, which will be Phase 2, where the form and content of the resource will be developed.</p> <p>This will be the development of a more mature web entity, integrated into the suite of pages within the fully branded Family Hubs digital offer. Phase 2 would also ultimately lead to a hard copy version.</p>
	1.8	<p><b>New action:</b></p> <p>Develop printed resources and updated website 'Giving your child the best start in life' (Family Hubs start for life offer)</p> <ul style="list-style-type: none"> <li>• Consultation</li> <li>• Finalised offer</li> </ul>	<p>December 2024 March 2025</p>	Alex Hawley		

		Ensure sustainable online offer by establishing ongoing website ownership	March 2025			
	1.9	<p><del>Work with the LMS to ensure continuity of carer is the default model by March 2024.</del></p> <p>New focus for action, based on removal of national target for continuity of care:</p> <ul style="list-style-type: none"> <li>• Delivery of the 3 Year Delivery plan for Maternity and neonatal service which aims to make care safer, more personalised and more equitable through the delivery of four high level themes:</li> <li>• Listening to women and families with compassion which promotes safer care</li> <li>• Supporting the workforce to develop their skills and capacity to provide high quality care</li> <li>• Developing and sustaining a culture of safety to benefit everyone</li> <li>• Meeting and improving standards and structures that underpin the national ambition.</li> </ul>	March 2024	Sarah Petty, Head of Midwifery, TRFT		<p>The target for continuity has been removed by NHS England on the 21<sup>st</sup> September 2022.</p> <p>The service has embedded phase 1 and 2 of the Maternity Workforce Transformation model (which commenced on the 5th Dec 2022). The next steps whilst maintaining safe staffing in all areas is to look at health inequalities and outcome data so that we can plan the model of care required to reduce the disparities for TRFT.</p>
Support children and young people to	1.10	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		Compassionate approach working group, has met, well represented by health, including from Healthwave, and school nursing. Adapting

develop well.						<p>action plan from this workshop. A comms resource is being developed. Trained operational staff from school catering.</p> <p>Three school nurses are being trained to deliver the SHINE programme in targeted schools.</p>
	1.11	Develop proposals for multi-agency Family Hub model of service delivery	November 2022	<p>David McWilliams, RMBC</p> <p>(updates: Susan Claydon)</p>		<p>Sign up paperwork was completed, approved and submitted to government DfE and DHSC in October 22. Task &amp; 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.</p>
	1.12	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		<p>Mental health support in early years is coordinated by the Child Development Centre. Family hubs based in Children's Centres present an opportunity to further develop</p>

						<p>the mental health support for children and families bringing together preventative support, the child development centre and perinatal mental health services.</p> <p>With Me In Mind (Rotherham's Mental Health Support Team delivery) started in 2019, three MHSTs already cover 39 identified settings and approximately 24,000 pupils. In 2023/24 With Me in Mind will expand into a further 19 schools and 8020 pupils as part of Wave 10 of the national MHST roll out. With the expansion, Rotherham MHSTs cover 80% of the education settings across the borough.</p>
	1.13	Continue to jointly deliver the SEND Written Statement of Action, jointly led by LA and ICB and with local area partners.	Ongoing	<p>AD Education and Inclusion, RMBC</p> <p>Helen Sweaton, ICB</p>		<p>The most recent support and challenge meeting was held on the 5<sup>th</sup> of June.</p> <p>Comments from the draft note of visit following support and challenge 5 suggested that Rotherham has made</p>

						<p>considerable progress in its focus on 'impact'.</p> <p>Following support and challenge meeting 5 it was confirmed that Rotherham wouldn't be subject to a re-visit based on progress against the Written Statement of Action, instead any re-inspection would form part of the timetable under the new framework. Ongoing monitoring of our Written Statement of Action will form part of business as usual monitoring linking to the SEND Development Plan for Rotherham.</p>
	1.14	Continue to focus on improving early years take-up in targeted areas of Rotherham (Central) to have wider holistic benefit on key development measures	<p>July 2023</p> <p>July 2024</p>	AD Education and Inclusion, RMBC		<p>In Summer term, 85.6% of eligible 2 year olds are taking up their entitlement. Pockets of slightly lower takeup have been identified at Canklow North, Rockingham West, Brinsworth West, Munsbrough, Ferham and Eastwood. Demand is greatest in the Summer term and action taken to understand the lower take-up has highlighted a lack of</p>

						<p>available places at some provision with some parents waiting to join in September. Alternative places are available locally. Early Years continue to use Golden Ticket and translated marketing to promote take up in harder to reach communities. 'Not in a place' ring rounds are carried out by FIS. Work continues with Early Help colleagues to promote take up.</p>
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## Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Board Sponsors: 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	Progress formal sign up to the OHID prevention concordat for better mental health as a Health and Wellbeing Board	September 2023	Ruth Fletcher-Brown, RMBC		2023 11 01 OHID Panel meeting attended on the 20 <sup>th</sup> September By Cllr Riche, Ben Anderson, Kelsey Broomhead and Ruth Fletcher-Brown. Rotherham Health and Wellbeing Board confirmed as a signatory of the Prevention Concordat.
	2.2	Develop and deliver partnership communications activity focussed on mental health, building on successful campaigns and resources <ul style="list-style-type: none"> <li>Rotherhive</li> <li>Five Ways to Wellbeing</li> <li>Great Big Rotherham To Do List</li> </ul>	Delivery to March 2025	Comms lead, 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	December 2022	Ruth Fletcher-Brown, RMBC		Delay is due to policy change on National 10 Year Mental Health Plan (The update

		prevention, developed in line with national 10-year Mental Health Plan	Delivery to March 2025			<p>of the local plan was to be aligned to this national plan).</p> <p>The actions within the Prevention Concordat application will form the basis of the new Better Mental Health for All action plan. Following Prevention Concordat approval by OHID at the September panel meeting, Better Mental Health for All Group to look at the action plan at their next meeting in December.</p>
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		<p>Zero Suicide Alliance training promoted at Mental Health Alliance meeting in September.</p> <p>3 training sessions delivered to SYP Sergeants in September. This covered suicide prevention activity in Rotherham, sharing findings from the Real Time Surveillance system, postvention support for CYP and adults and an input with a family member who had been bereaved by suicide.</p>
	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 Gordon Laidlaw, ICB		<p>RMBC Comms and ICB Rotherham issues messages via social media on World Suicide Prevention Day, 10 September 2023.</p>

	2.6	To promote postvention support for adults, children and young people bereaved, affected and exposed to suicide and monitor referrals to services, including staff affected	March 2024	Ruth Fletcher-Brown, RMBC		<p>SY ICB Suicide Bereavement group have commissioned Chilypep to produce an easy read version of the Walk with Us toolkit.</p> <p>Walk with is continues to be promoted to all partners in Rotherham.</p> <p>The SY bereavement service is out to tender with evaluation panel dates in November. A young person will be part of this panel.</p> <p>Postvention services and pathways are promoted at all training events.</p>
Promote positive workplace wellbeing for staff across the partnership.	2.7	Promote the Be Well @ Work award to Health and Wellbeing Board partners and support sign up	Ongoing	Colin Ellis, RMBC		We are still wanting partners to come forward and sign up to the award scheme. 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, Dextx, Art Works, EDLounge) supported by RMBC, Community Catalysts and the South Yorkshire Integrated Care System

						<p>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.</p> <p>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.</p>
Enhance access to mental health services.	2.9	<p>Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation. This will include:</p> <ul style="list-style-type: none"> <li>• Implementation of MH ARRS roles</li> <li>• Long term plan eating disorders, IPS and EIP targets by March 2024</li> <li>• Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024</li> </ul>	March 2024	<p>Kate Tufnell, ICB- Rotherham</p> <p>Julie Thornton, RDaSH</p>		<p>Mental Health ARRS roles are now embedded in all the PCN areas. Some workforce retention challenges are being experienced. There are currently 2 vacancies for the Mental Health and Wellbeing Triage Coaches.</p> <p>Community Mental Health workforce:</p> <ul style="list-style-type: none"> <li>• 8/9 B7 Mental Health Specialist Practitioners in post (ARRS)</li> <li>• 8/8 Health &amp; Wellbeing Triage Coaches in post (ARRS) – 2 due to leave post September 2023 – recruitment in progress.</li> <li>• Primary Care Mental Health Team Manager in post</li> <li>• Primary Care Mental Health Team Clinical Lead in post</li> <li>• Primary Care Mental Health Team Service Manager – vacant until November 2023</li> </ul>

					<ul style="list-style-type: none"> <li>Transformation Lead – resignation – review of requirement</li> </ul> <p>Early intervention in psychosis – this service is now well established and continue to deliver the required targets, as identified in the Mental Health Long-term plan by March 2024.</p> <p>Activity levels are increasing but still below 50%. The IPS service continue to work with partners to increase the number of people accessing the service. RDaSH / SYHA have recently established a joint steering group.</p> <p>Primary care hub development underway. Initial discussions held with RMBC regarding estates. Exploring opportunities to co-locate, following a HUB and Spoke model. RDaSH is working with PCNs to mobilise the new patient flow pathway between primary and secondary care December 2023.</p>
	2.10	<p>To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care &amp; crisis). This will require:</p> <ul style="list-style-type: none"> <li>Partnership working to ensure an early intervention</li> </ul>	March 2024	<p>Andrew Wells, RMBC Julie Thornton, RDaSH Kate Tufnell, ICB – Rotherham</p>	<p>Mobilisation of a pilot service in Rotherham which will support people who have attempted suicide due to a life event, where their physical and mental health needs have been met.</p> <p>The service is called Our Rotherham. The Provider has been meeting regularly with the PH Lead and PH Commissioners in</p>

		<p>and crisis prevention model is developed</p> <ul style="list-style-type: none"> <li>• Mobilisation of the Touchstone Safe Space (alternative to crisis) provision</li> <li>• Mobilisation of social care pathways</li> </ul>		<p>Ruth Fletcher-Brown, Public Health</p>	<p>this mobilisation phase. There has been a slight delay due to recruitment issues This will now commence early 2024. The Service Provider has met with the Service Lead and Managers of Crisis and Hospital Liaison Service to agree referral criteria. A score card for monitoring the impact of the service has been agreed by partners on the Strategic Suicide Prevention Group.</p> <p>New crisis pathways for RMBC model to go commenced governance process.</p> <p>Weekly meetings now in place until March 24 to agree and embed the new collaborative crisis pathway with RDASH and RMBC</p> <p>Soft launch of the National NHS 111 programme across Rotherham from 1st September 2023.</p> <p>Rotherham Safe Space Touchstone mobilisation - The number of people accessing the Rotherham Safe Space service continues to grow month on month. From the 23rd of October 2023 the service will operate 4 nights per week (Friday-Monday).</p>
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### Aim 3: All Rotherham people live well for longer

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

Priority	#	Milestones	Time scale	Lead(s)	BR AG 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		<p>The second edition of the Carers Newsletter to be issued on Carers Rights Day, 23<sup>rd</sup> November 2023.</p> <p>A distribution list for the newsletter has been expanded, to include individual carers, carer support groups, and other stakeholders such as health colleagues and adult care staff, in co-production with the Borough That Cares Network.</p> <p>Carers Conversations (co-production workshops) continued throughout September and October and this initial programme has now reached completion.</p> <p>Early findings indicate:</p> <ul style="list-style-type: none"> <li>• a preference for a single online resource to find information specific to carers, with downloadable information.</li> <li>• carers know where they can access local advice but would like more information on support groups and activities in their locality.</li> </ul>



					<p>RMBC webpages have been revised with links to further carers information provided by organisations that follow quality assurance standards.</p> <p>Details of community groups in receipt of grants to support carers health and wellbeing have been added to our webpages.</p> <p>The website current content will remain following the RMBC website refresh but with enhanced functionality in-line with the corporate update to the webpage platform.</p> <p>Carers Rights Day - 23.11.23 – providing advice and information - events planned in the town centre, Riverside House, Rotherham Hospital and Rawmarsh Joint Service Centre in collaboration with members of the Borough That Cares Network.</p> <ul style="list-style-type: none"> <li>• Crossroads Care Rotherham open day to promote carers needs assessments, Carers Resilience Service, Carers Grants and Citizens Advice drop in – The Point Business Centre</li> <li>• Beacon South Yorkshire Carer Support open day to promote support service for carers and Citizens Advice Rotherham and District drop in – Riverside Business Exchange</li> <li>• The Borough That Cares open day to promote support services for carers, carers needs assessments, gift bag for carers – Carers Corner, All Saints Square</li> <li>• Carers Rights for RMBC Employees to promote the updates to HR guide for carers, RMBC policy to adopt caring as a protected characteristic, carers staff network and Dementia Cafes – Riverside House</li> </ul>
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						<ul style="list-style-type: none"> <li>• Patient Engagement Service (SY-ICB) and members of the Borough That Cares Network promoting services for sensory impairment, TRFT's 'Johns Campaign' and support services for carers – Rotherham Hospital</li> <li>• Barnardo's Young Carers to promote services for young carers – Rotherham Dearne Valley College and Rotherham College of Arts &amp; Technology</li> <li>• Making Space Dementia Café afternoon tea - Wesley Centre, Maltby</li> </ul> <p>Achievement against this milestone had been delayed due to awaiting the outcome of the Carer Conversation engagement programme but the refresh of information is now complete, and newsletter launched.</p> <p>Further milestones will be developed for year 3 of the strategy - April 2024 onwards - as informed by the outcomes of the co-production work.</p>
	3.2	Take an integrated approach to identifying and supporting carer health and wellbeing through working with partners to develop a carer health and	April 2023 – March 2024 (as part of delivery of area of focus	AD Strategic Commissioning, RMBC		<p>Carers Strategy Manager attending</p> <ul style="list-style-type: none"> <li>• ADASS Yorkshire &amp; Humber Carers Leads Group</li> <li>• South Yorkshire ICB Commitment to Carers Group</li> </ul> <p>As partnership working develops, we will take an integrated approach to identifying and supporting carer health and wellbeing, including working with Rotherham Place and Public Health.</p> <p>SY-ICB Rotherham Place carers information pack is near completion for use by primary care to identify unpaid carers - updates via SYICB Commitment to Carers Group.</p>

		wellbeing action plan.	2 of strategic framework)			<p>The terms of reference for the Borough That Cares Strategic Group have been revised and the group has been re-named as the Borough That Cares Network.</p> <p>The network will bring together people from health, social care, the voluntary sector and, crucially, people with lived experience.</p> <p>The network will produce a carers health and wellbeing action plan creating the framework for a joined up approach to improve carers support in Rotherham.</p>
	3.3	Establish locality specific carer partnership / network groups	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	AD Strategic Commissioning, RMBC		<p>The initial findings, from the co-production activity show there are numerous small support groups of varied focus, some are community based and some have been naturally formed and providing support for carers is just part of their identity.</p> <p>Many of the groups require further development to embed themselves and there is no indication at this stage that they wish to be locality specific, we expect the groups will form natural alliances as they grow which may become locality focused.</p> <p>We are exploring methods of engaging with unpaid carers who do not wish to join support groups, to ensure they have their voice heard should they so wish.</p> <p>As we build and consolidate existing networks further milestones will be developed for year 3 of the strategy - April 2024 onwards as informed by the outcomes of the co-production.</p>
	3.4	Introduce co-production programme with communities to	April 2023 – March	AD Strategic Commissioning, RMBC		<p>In the initial programme, 11 'Carers Conversations' workshops were held, and combined with attendance at the Rotherham show, the views of 174 carers have been captured. Carers participating were caring for people with a range of disabilities and health issues</p>

		build our carer friendly Borough	2024 (as part of delivery of area of focus 2 of strategic framework)			<p>including physical disabilities, dementia, acquired brain injuries, mental ill health and carers of children with disabilities. Young carers and carers from ethnic minority groups also contributed.</p> <p>It is intended that co-production activity will continue, as and when required, for example when making changes to existing services, commissioning new services or updating policies.</p> <p>A co-production panel (experts by experience) is being developed by the Directorate and carers will form part of this.</p> <p>The Borough That Cares Network Group will be a further conduit for future co-production as required.</p> <p>Outcomes from these initial conversations, when finalised, will be used to create new action points for the Health and Wellbeing Strategy Action Plan, from April 2024</p>
	3.5	Introduce an assurance process for all published Information, Advice and Guidance to ensure the relevance, accuracy and accessibility	April 2023 – March 2024 (as part of delivery of area of focus 2 of strate	AD Strategic Commissioning, RMBC		<p>Any links to external information sources will only be included if from quality assured national providers and the Council's new strategy in relation to information published on our website has quality assurance and accessibility processes built in.</p>

			gic frame work)			
	3.6	<p>Ensure carers feel their role is understood and valued by their community</p> <ul style="list-style-type: none"> <li>• Develop Carer friendly communities action pack</li> <li>• Empowerment Plan – align carers reps (navigators) to key strategic meetings</li> <li>• Pull community generate</li> </ul>	<p>April 2024 – March 2025 (as part of delivery of area of focus 3 of strategic framework)</p>	AD Strategic Commissioning, RMBC		<p>This is a milestone for post April 2024, however events held on Carers Rights Day are aimed at raising the profile of unpaid carers. Holding events at multiple sites with multiple partner organisations involved, widened the impact of the day.</p>

		d content through to The Borough that Cares virtual platform				
	3.7	Ensure Carers are supported when they have a breakdown in care through delivery of Carers emergency services	Sept 2023	AD Strategic Commissioning, RMBC		<p>The current Carers Emergency Service contract is in place until 31<sup>st</sup> March 2024.</p> <p>A review of the operation of the service over the current contract period is being undertaken with health partners, including obtaining the views of carers that have utilised the service in the past 12 months.</p> <p>A report will be presented to ACH&amp;PH DLT detailing the outcome of the review and proposed recommissioning options in November 2023.</p>

Support local people to lead healthy lifestyles, including reducing	Develop the healthy lifestyles prevention offer/pathway					
	3.9	Deliver the communications and engagement prevention campaign 'Say Yes' and evaluate the impact and reach.		April 2024	Becky Woolley	
						Work has started to engage local people around the Say Yes campaign and promote the new sections on RotherHive, including promotion at Rotherham

the health burden from tobacco, obesity and drugs and alcohol.						Show and at the tenant engagement event. Indicators will also be built into the Health Inequalities Tool and Assurance Framework to ensure strategic oversight and to support evaluation.
	3.10	Review the current service specification for social prescribing and recommission the service	March 2024	SY ICB Deputy Place Director		Service specification has been reviewed with partners; appropriate engagement taken place. Service is currently out to competitive tender
	3.11	Review Rotherham Place offer for social prescribing and implement an integrated pathway (with consideration of a Lead Provider Social Prescribing Partnership Model): <ul style="list-style-type: none"> <li>Review services and roles across health and social care that contribute to prevention through social prescribing i.e. ARRS roles, Community Connectors and Social Prescribing service</li> </ul>	September 2024	SY ICB Deputy Place Director		Review underway by procurement of social prescribing service which has integrated various services including social prescribing in UECC and Mental Health with the Long Term Conditions service. Consideration of using Sheffield Hallam University to



						<p>appropriately review pathways across Place to support development model.</p> <p>Review of ARRs roles is also underway across South Yorkshire</p>
Strengthen understanding of health behaviours and health inequalities						
3.12	Engage local people in target areas to inform a proposal around self-management and holistic support for people living with physical health conditions and poor mental wellbeing.	Engage ment by November 2023  Propos al tbc	Becky Woolley (Preventio n & Health Inequalitie s Group)  Andrew Turvey (Populatio n Health Managem ent group)			<p>This project is focussed on starting from the bottom-up to identify priority areas of action for people living with LTCs and poor mental health and wellbeing. An engagement plan has been developed, with the first phase being a survey targeted at people with LTCs which will be launched via PCNs in Maltby and Dinnington in early November. The next phase is to recruit community researchers to gather rich insights.</p>

	3.13	Explore options to coordinate community engagement activities around health at Place and develop approach to share findings <ul style="list-style-type: none"> <li>Proposal to Health and Wellbeing Board</li> </ul>	March 2023	Hannah Hall, TRFT		Use of software and collaboration with partners being explored to support coordination of engagement and sharing of findings
	Ensure effective partnership working on key strategic projects					
	3.14	Ensure partners are engaged in implementation of Drug and Alcohol Related Death (DARD) review process including <ul style="list-style-type: none"> <li>Establishment of quarterly DARD panel meetings</li> <li>Analysis and review to inform upstream activity, prevention and understanding of issues to improve service delivery.</li> </ul>	Dec 2023	Jessica Brooks, RMBC		SY wide stakeholder event held on 28.09.23 to launch the DARD (and LDIS) processes
			Annual review by Dec 2024			First DARD panel in process of being convened.
	3.15	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		Currently under review with TRFT & RMBC  Paper to be reviewed:  End October 2023

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

Board sponsors: Laura Kosciwicz, 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	Comms lead tbc, 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 ebuletins aligned to local ward priorities.

	4.3	Update and deliver loneliness action plan	Update November 2022  Delivery to March 2025	Ruth Fletcher-Brown, RMBC		<p>An update report on the Loneliness Action plan was presented to the HWB at the September.</p> <p>Work is taking place on the JSNA chapter on loneliness, which will hopefully include qualitative information from some of Rotherham's inclusion groups.</p> <p>MECC Loneliness training is being reviewed in light of this work.</p>
	4.4	Promote volunteering opportunities	March 2024	Kerry McGrath, VAR		We currently have 73 volunteer opportunities advertised on our website.
	4.5.	<p><b>New action:</b></p> <p>Ensure the board are involved in informing local priority setting and are able to take local issues relating to health and wellbeing into account in strategic planning through:</p> <ul style="list-style-type: none"> <li>• Board members contributing intelligence and insight into annual refresh of ward priorities</li> <li>• Board receiving annual report on delivery against ward priorities and</li> </ul>	<p>May-Sept 2024</p> <p>March 2024 tbc</p>	Martin Hughes		<p>Understanding local communities will help response and delivery, identifying existing and emerging need.</p> <p>This will enable:</p> <ul style="list-style-type: none"> <li>• Increased understanding and supporting delivery of local priorities</li> </ul>

		impact on loneliness, and health and wellbeing				<ul style="list-style-type: none"> <li>Increased use of local knowledge in strategic planning</li> </ul>
Promote health and wellbeing through arts and cultural initiatives.	4.6	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		Rotherham Show has been successfully delivered for 2023.
	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 occupied its own area at Rotherham Show 2023, reserved exclusively for families and young adventurers.
	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: <ul style="list-style-type: none"> <li>Pop-up libraries</li> <li>Reading gardens</li> <li>Makerspaces</li> </ul>	March 2025	Zoe Oxley, RMBC		A Makerspace Project took place at libraries in Wath, Dinnington, Mowbray Gardens, Maltby, Greasbrough and Central Rotherham in conjunction with Brightbox and FLUX. In the 5 libraries, 6 school groups were invited to create art with a local artist and

		<ul style="list-style-type: none"> <li>• Authors' visits and performances</li> <li>• Fun palaces</li> </ul>				<p>the same workshop was repeated during October half term so that more children &amp; adults experienced a Makerspace. There were 2 workshops per day followed by a celebration event for the families to see a showcase of the artwork created.</p> <p>The works produced at all 5 libraries will come together at Riverside House for 2 weeks. While visiting the exhibition, members of the public can have a go at using equipment and materials in the Makerspace and participate in a workshop.</p> <p>1000 people turned up to Fun Palaces 6-8<sup>th</sup> October at various venues, including libraries, across the borough. Skills shared included origami, gardening, crochet, wood turning, cake decorating, brass bands, gaming &amp; keyboarding.</p>
	4.9	<p>Utilise libraries as death positive spaces, where the public can have conversations around loss, grief, end of life planning and legacy.</p> <p>Explore legacy opportunities for programme, building on positive public response</p>	<p>March 2023</p> <p>March 2024</p>	Zoe Oxley, RMBC		<p>Death cafes are taking place at Mowbray on a bi-monthly basis on the 3rd Thursday of the month.</p> <p>The June meeting has taken place – attendance was low.</p>

						The next meeting will be in October.
	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		30 women attended an event on Wednesday 18 <sup>th</sup> October for World Menopause Day at Mexborough Montagu Hospital.  Partnership work is being explored with RUFC to run a 12 week programme at Maltby L&NH. 15 people needed for the exercise and café sessions to go ahead. Information shared at Menopause Café.
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 ongoing	Shayne Tottie and Toni Tranter, South Yorkshire Fire and Rescue		SYFR continue to engage with key partners working with vulnerable members of our communities. Home Safety Visits continue to take place with signposting to other services when needed.
	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. Next meeting 14 November 2023.
	4.13	Delivery of vaccination programme for Covid-19 and flu	Annual target	Denise Littlewood, RMBC		560 082 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 1 <sup>st</sup> and 2 <sup>nd</sup> vaccinations received.  The winter Flu and Covid vaccination programme in now well underway.
Develop a borough that supports a healthy lifestyle.	4.14	Progress strategic approach to physical activity in Rotherham, through four key areas: <ul style="list-style-type: none"> <li>• Active workforce</li> <li>• Social movements</li> <li>• Front line workers signposting</li> <li>• Local social prescribing structures</li> </ul>	Nov 2022 (Action plan developed)  March 2025 (Delivery)	Gilly Brenner, RMBC, with Nick Wilson, Yorkshire Sport Foundation		Action plan continues to be implemented and delivered on track. Moving Rotherham Board governance in place. Wider physical activity and health subgroup maintains oversight. Recent workshops on exercise in clinical pathways well supported.
	4.15	Develop a borough-wide MECC training offer on physical activity	March 2023	Gilly Brenner, with Norsheen Akhtar,		New training offer agreed from Yorkshire Sport to be rolled out in train-the trainer model to social prescribers / link workers

				Yorkshire Sport Foundation		(Oct 23), health care assistants (Feb 24) and care homes (Apr 24) to support wider understanding of benefits and opportunities for physical activity for all.
	4.16	<b>New action:</b>  Hold a workshop for the board on Spatial Planning, Climate and Health	March 2024	Gilly Brenner and Sally Jenks, RMBC		
	4.17	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		Funding applications have been submitted seeking match funding on 2 schemes. Locations are yet to be determined, and subject to consultation being complete. Additional work is being conducted with partners to seek wider offer.
	4.18	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 established, though still growing membership, and actions on track. Further detail including action plan scheduled to be shared with H&WbB in Nov 23.

	4.19	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, Neighbourhoods, and Lily Hall, OD		The General Awareness training (Level 1) will be delivered via an e-learning package. It will be available to all IT enabled council staff by the beginning of November 2023. Work is ongoing to commission an outside organisation to deliver the Enhanced Awareness (Level 2) and Practitioner (Level 3) training for council staff that have been nominated by their Directorate Leadership Teams.
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## Cross-cutting priorities

Priority	#	Milestones	Timescale	Lead(s)	BRAG rating	Progress update
Work in partnership to maximise the positive impact of anchor institutions across all 4 priorities	5.1	Undertake a baselining assessment regarding social value and map trend annually through the Rotherham Anchor Network.	March 2023 (baselining assessment)  March annual target (trend mapping)	Karen Middlebrook, RMBC		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. This has also fed into the Rotherham Together Partnership plan, which is the lead partnership overseeing this activity.
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		<p>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.</p> <p>The survey questions are currently being finalised.</p> <p>Rotherham State of The Sector Report (2023) details to be shared with Health and Wellbeing Board in January 2024.</p>
	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		<ul style="list-style-type: none"> <li>• A pilot to support the most deprived patients in booking and attending appointments has proved successful, reducing the rate of 'did not attend' appointment outcomes within the target population.</li> <li>• The <a href="#">waiting well web portal</a> has now launched, linking to other Place resources, such as Rotherhive, and represents a step towards joining up support for wider patient needs while waiting for treatment.</li> <li>• An exploratory piece of work has begun to examine options and appetite for adopting a clinical prioritisation algorithm to support</li> </ul>

						<p>an equalities-based approach to managing waiting lists.</p> <ul style="list-style-type: none"> <li>• The trust is working with colleagues across Doncaster and Barnsley to identify, monitor and respond to any emerging health inequalities impacts of the Mexborough Montagu elective orthopaedic pathway</li> <li>• The TRFT health inequalities operational group has initiated work to improve data quality and reporting on patient characteristics to afford greater insight into differences in cohort access and outcomes.</li> </ul>
	5.6	Ensure local services are informed, and able to co-produce responses to Cost of Living pressures through:		Martin Hughes		This will enable identification of gaps in current delivery and provide

		<ul style="list-style-type: none"> <li>Regular meetings of Humanitarian and Communities Group</li> <li>Responding to issues identified by agreeing key actions and reporting annually to the board</li> <li>Escalating risks and challenges to the board</li> </ul>	<p>Ongoing</p> <p>Sept 2024 tbc</p> <p>Ongoing</p>			<p>added value through collaboration, and will:</p> <ul style="list-style-type: none"> <li>Prevent people getting into crisis</li> <li>Improve information sharing and response on Cost of living and pandemic impact on local communities</li> </ul>
Develop the Pharmaceutical Needs Assessment.	5.7	Host stakeholder consultation to support needs assessment	January 2025	Lorna Quinn, RMBC		Annual steering group meetings will be held; next one will be 2023.
	5.8	Publish updated Rotherham Pharmaceutical Needs Assessment	September 2025	Lorna Quinn, RMBC		<p>Not yet started but will commence in 2025.</p> <p>The PNA annual steering group is taking place in October 2023.</p>
Work in partnership to further develop the Rotherham Data Hub and assess	5.9	Work with partnership steering group on annual refresh and development of the JSNA.	<p>April 2023</p> <p>April 2024</p> <p>April 2025</p>	Lorna Quinn, RMBC		<p>The JSNA refresh is complete and has been published for 2023. Updates will be provided through the mailing list and the steering group.</p>



population health.	5.10	Launch annual training and promotion of the JSNA across the partnership	October 2022 October 2023 October 2024	Lorna Quinn, RMBC		<p>Training has been conducted for 2023 including with RMBC colleagues and Voluntary Community Sector colleagues.</p> <p>Further training is set to be scheduled for 2023.</p>
	5.11	Monitor population health through Outcomes Framework and report any emerging issues to the board	Ongoing	Becky Woolley, RMBC		<p>The assurance framework has been developed as part of a wider interactive health inequalities tool. Regular reporting arrangements are in place.</p> <p>Further development of the health inequalities tool is ongoing. Work has started to develop the ethnic minority community profile as one of the key plus inclusion groups identified within the strategy and to develop profiles for all of the clinical areas outlined within the national Core20Plus5 framework. These areas should be developed by Q4.</p>



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# Rotherham School Lifestyle Survey

## 2023

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## Acknowledgements

We would like to express our thanks to all the head teachers and staff at schools who coordinated the completion of the Lifestyle Survey for 2023.

In 2023, 15 out of 16 secondary schools in Rotherham participated in the survey along with 3 pupil referral units, and students who are elective home educated. Schools participating in the survey gave their commitment to enable students to participate in the survey to have their voice heard and to share their views on health, well-being, safety in Rotherham and their local areas.

We would like to thank the 4,919 students who participated and shared their views by taking part in this years' survey.

The school number on roll taken from the Summer census 2023 are below:

- Year 7 – 3,734
- Year 10 – 3,649

Therefore, for the Cohort of Y7 and Y10 students we have had a 66.6% participation.

## Background information

This report summarises the findings from the 2023 Rotherham School Lifestyle Survey for Year 7 and Year 10 pupils.

The survey was open to all Students in Year 7 (ages 11 to 12) and Year 10 (ages 14 to 15) at secondary schools and pupil referral units, those who are elective home educated and special schools.

Where possible, the survey analyses trend data from previous surveys (2017, 2018, 2019, and 2022 – please note the survey was not undertaken in 2020 and 2021) however, please note, as questions were made optional, response rates differ and as such, it is not possible to assess trends for all questions.

The Lifestyle Survey allows opportunity for young people in Rotherham to have their say about their health and wellbeing and the things that impact on their lives and it gives the council and their partners an insight into the experiences of children and young people living in the borough.

Responses to the survey provide important feedback to partners in relation to the services they provide to young people and are a rich source of information which they can use to measure and monitor performance against their targets and objectives.

Schools receive an individual school report from the survey to assist them in gauging how well they are meeting their own health and wellbeing objectives and to help shape their PSHE curriculum. This is considered outstanding practice and provides evidence in relation to Ofsted grade descriptors.

Following consultation with young people, several the questions have been made optional enabling young people to opt out if they feel the question is not relevant to them. Therefore, please note, it is possible that total number of responses for each question will not always equal the total number of participants. The use of cohort in the below text refers to the total number of question respondents.

Information about the completion of the Lifestyle Survey and the content of the survey are shared with parents and carers, and they are given the opportunity to ask their respective school any

questions about the survey. Schools are encouraged to share their results with students, parents, and carers.

## Rotherham context

Rotherham borough covers an area of 110 square miles and has a population of 265,807. Around half of the borough's population lives in the Rotherham urban, in the central part of the borough. Others 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. The age profile for Rotherham is like 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, and a higher proportion of residents aged 50+. Rotherham is currently the 35th most deprived borough out of 151 local authorities in England according to the Index of Multiple Deprivation 2019.

### 0-19 Population

The 2021 Census showed there are 61,636 0-19-year-olds living in Rotherham of which 30,115 are female and 31,521 are male (table 1)<sup>1</sup>.

Age group	Female	Male	All persons	Total in the age group as a proportion of 0-19 population (%)
Aged 4 years and under	7,078	7,567	14,645	23.8%
Aged 5 to 9 years	7,976	8,005	15,981	25.9%
Aged 10 to 15 years	9,572	10,036	19,608	31.8%
Aged 16 to 19 years	5,489	5,913	11,402	18.5%
Total 0 to 19 years	30,115	31,521	61,636	23.2% (of total population)

**Table 1:** 2021 Census figures for those aged 0-19 in Rotherham, Office for National Statistics (ONS)

There are 14,150 single-family households with dependent children in Rotherham. The household composition of all families with dependent children are shown in table 2, below.

Household composition	Number of families
Single family household: Married or civil partnership couple: Dependent children	14150
Single family household: Cohabiting couple family: With dependent children	7151
Single family household: Lone parent family: With dependent children	8613
Multiple-family household: With dependent children	2401

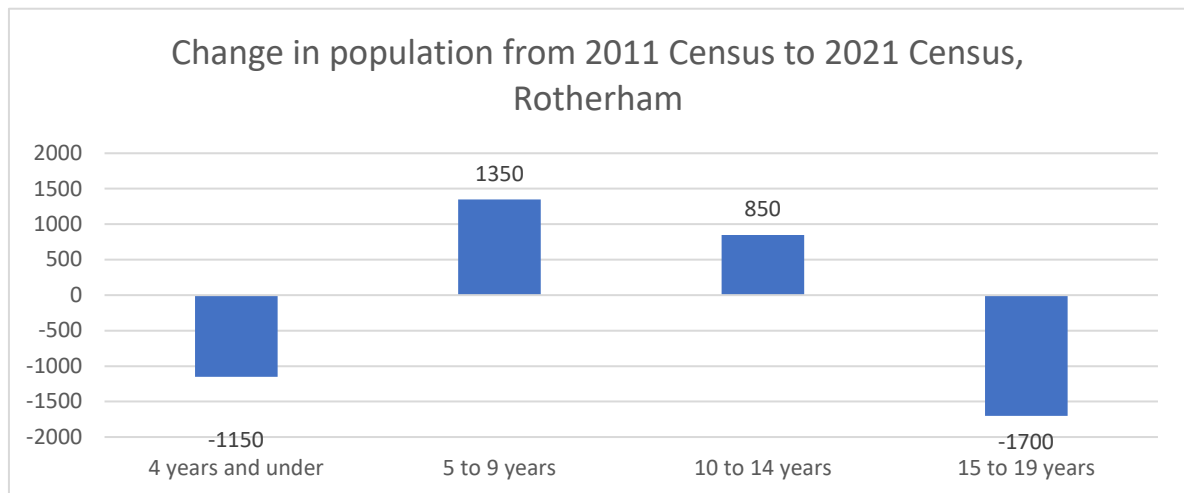
**Table 2:** 2021 Census figures for household composition, Office for National Statistics (ONS)

### Change in population

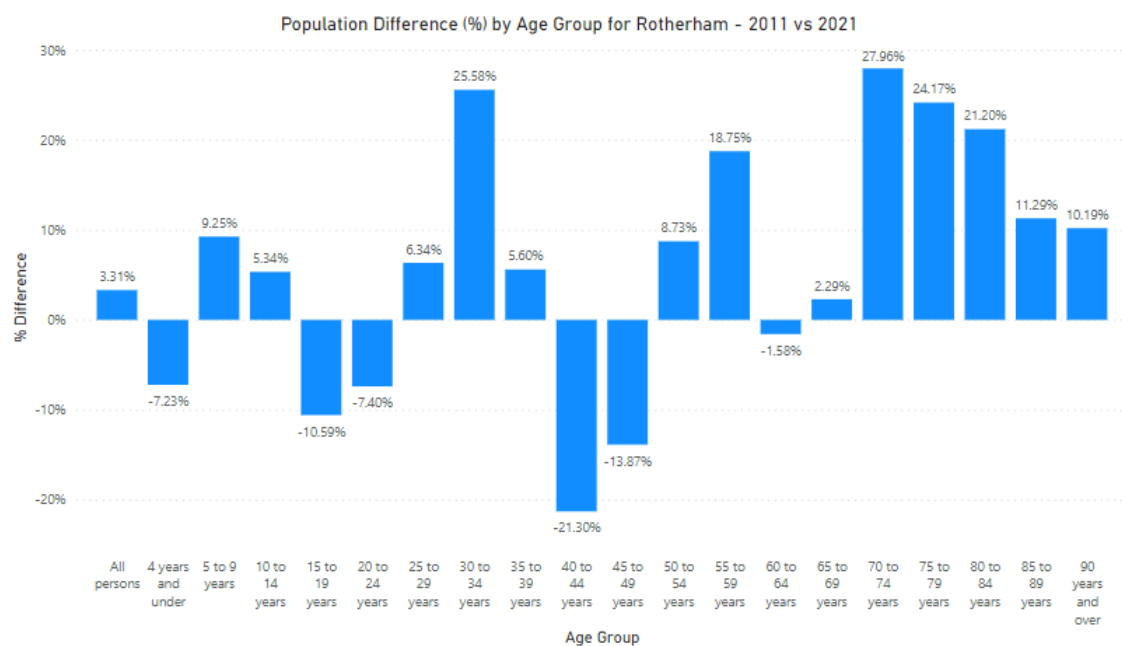
Overall, the size of the 0-19 Rotherham population has decreased from the 2011 Census to the 2021 Census by approximately 700, (61,600 in 2021 compared to 62,300 in 2011) however both the age groups aged 5 to 9 and 10 to 14 have seen an overall increase (figure 1). Figure 2 shows the population



difference across all age groups in Rotherham, 2011 and 2021 Census; overall the population has increased by 3.3% from 2011 to 2021.

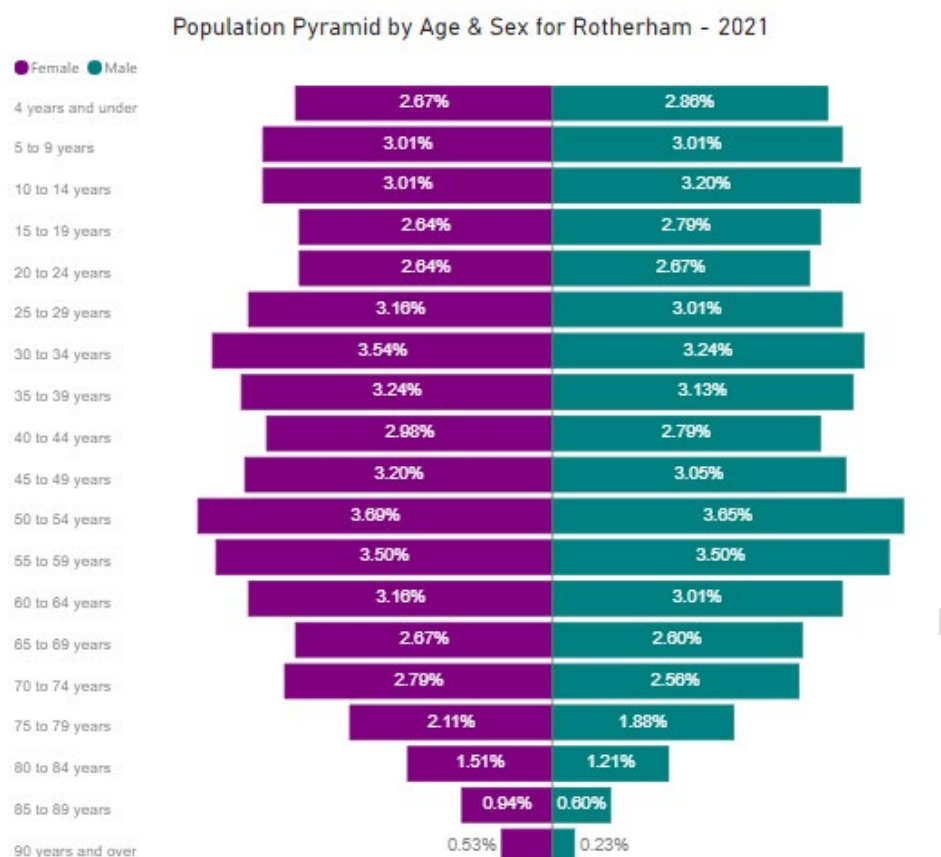


**Figure 1:** Change in population from 2011 Census to 2021 Census, Rotherham



**Figure 2:** Change in population from 2011 Census to 2021 Census (%), Rotherham

The split by age and sex, Rotherham 2021, is shown in figure 3 below.



**Figure 3: Population Pyramid by Age & Sex for Rotherham (2021 Census)**

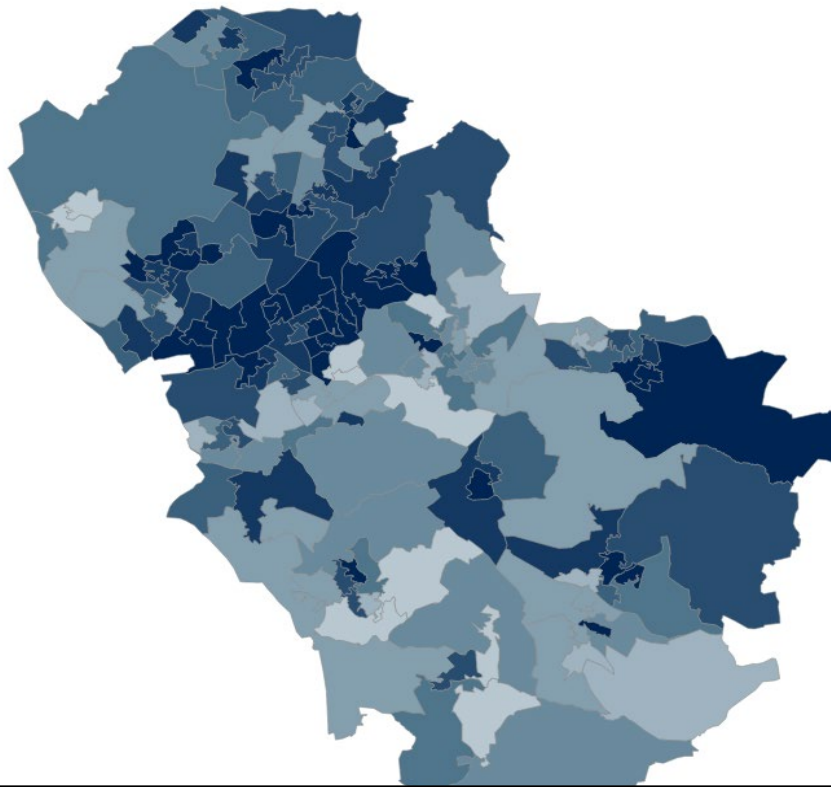
Population projections by ONS suggest the 0-19 population will increase to 63,673 in 2031. Over the same period, the overall population is estimated to increase to 278,360. The proportion of women aged 15-44 (considered the group of 'child-bearing age') is projected to increase to 101,533 in 2031 (2021 Census data show a population of 95,300 in this age range). It should be noted that all future projections are based on past trends, without factoring in any socio-economic changes, and thus they may not represent an accurate picture of the future population.

### Deprivation

Rotherham ranks as the 35th most deprived upper tier local authority in England out of a total of 151 upper-tier local authorities (UTLAs). 35% of Rotherham's neighbourhoods (59 LSOAs) are in the 20% most deprived in England, 22% (36 LSOAs) are in the 10% most deprived and 13% are in the 5% (22 LSOAs) most deprived. No neighbourhoods in Rotherham are in the least deprived 10%. Figure 4 shows the 167 LSOAs in Rotherham by IMD score; darker represents a higher deprivation score.

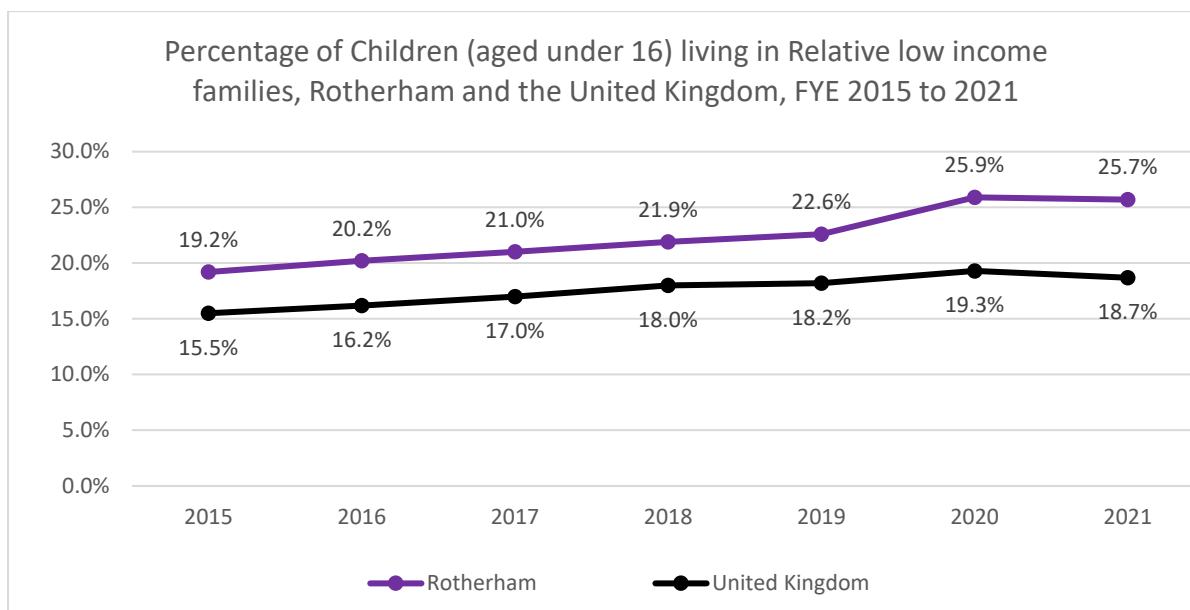
The Marmot Review (2010) suggests that childhood poverty leads to premature mortality and poor health outcomes in adult life. Rotherham has an Income Deprivation Affecting Children Index (IDACI) score of 0.221. This is based on the proportion of children aged 0-15 living in families that are income

deprived - i.e., in receipt of Universal Credit, income based jobseeker's allowance or pension credit, or those not in receipt of these benefits but in receipt of Child Tax Credit with an equivalised income (excluding housing benefits) below 60% of the national median before housing costs. The average for All English single tier and county councils is 0.178. For Income Deprivation Affecting Children Index (IDACI), 32% of Rotherham's neighbourhoods (54 LSOAs) rank among the 20% most deprived in England with 17% (28 LSOAs) being in the top 10% most deprived<sup>2</sup>.



**Figure 4:** Index of multiple deprivation (IMD) 2019 by LSOA

Absolute and relative low income have a threshold of 60% of the UK average (median) income. This is in comparison with incomes before housing costs in 2010/11, the reference year. A family must have claimed one or more of Universal Credit, Tax Credits or Housing Benefit at any point in the year to be classed as low income. In Rotherham there are 21.9% of children aged 0-15 years in absolute low income families and 25.7% of children in relative low income families, figure 5, (range 3.3% in the City of London to 42.4% in Middlesbrough). For comparison, the percentage rate for England is 15.1% and 18.7% respectively. The number of Children aged under 16, living in relative low-income families, financial year ending 2021 was 13,193.



**Figure 5:** Percentage of Children (aged under 16) living in Relative low income families, Rotherham and the United Kingdom, FYE 2015 to 2021

## Rotherham School Lifestyle Survey Demographic

### Academic year

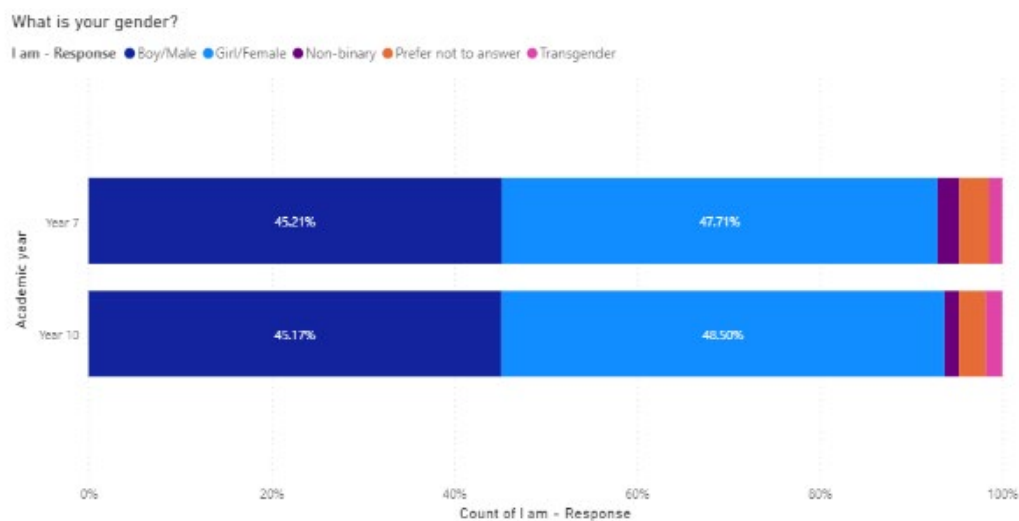
A total of 4,919 students completed the 2023 survey: 2,754 Year 7 students and 2,165 Year 10. This compared to a registered school population of 7,383.

### Gender

Overall 48.1% of respondents were female, 45.2% were male, 1.6% were transgender, 2.0% were non-binary, and 3.1% preferred not to answer (figure 6).

In the year 7 cohort, 1,314 (47.7%) participants stated they were female, 1,245 (45.2%) were male, 65 (2.4%) were non-binary, 40 (1.5%) were transgender, and 90 (3.3%) preferred not to answer.

In the year 10 cohort, 1,050 (48.5%) participants stated they were female, 978 (45.2%) were male, 34 (1.6%) were non-binary, 39 (1.8%) were transgender, and 64 (3.0%) preferred not to answer.



**Figure 6:** Gender split by academic year

### Ethnicity

Overall, 3,551 (72%) students were White British as were in both Year 7 and Year 10. Previously, 72% and 77% of students described themselves as White British (2019 and 2022 respectively).

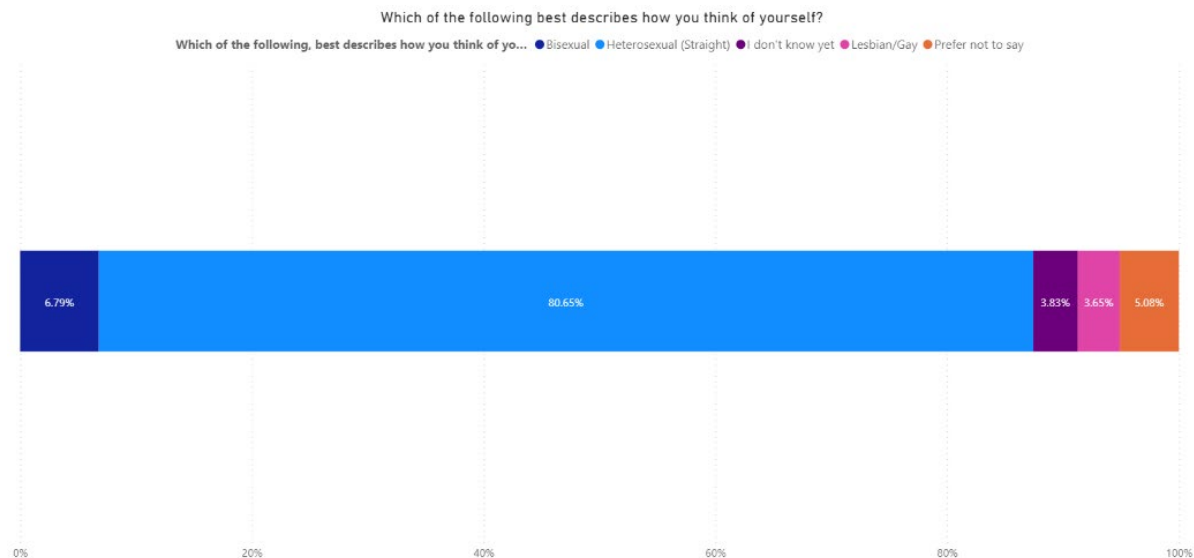
A total of 1,223 (25%) described themselves as ethnic minority, and 145 (3%) preferred not to answer. Ethnicity proportions of students who responded are detailed in table 3, below.

How would you describe your ethnicity? - Response	How would you describe your ethnicity (%)?
White British	72.19%
Pakistani	7.81%
Other White Background	3.42%
Prefer not to answer	2.95%
African	2.52%
Other Mixed Background	1.91%
Gypsy/Roma	1.59%
Other Asian Background	1.34%
White and Asian	1.30%
Arab	0.91%
Indian	0.79%
Traveller of Irish Heritage	0.75%
White and Black African	0.55%
White and Black Caribbean	0.53%
Chinese	0.47%
Other Black Background	0.39%
Caribbean	0.35%
Bangladeshi	0.24%

**Table 3:** Ethnicity of respondents

## Sexuality

Year 10 students were asked which sexuality best describes themselves. A total of 2,165 students responded and 80.7% of students described themselves as heterosexual, 6.8% as bisexual, 5.1% preferred not to answer, 3.8% did not yet know, and 3.7% described themselves as lesbian or gay (figure 7).



**Figure 7:** Year 10 responses to sexuality

## Looked after children

Overall, 193 children stated they live in a Children's Residential Home or with Foster Carers; 117 in Year 7 and 76 in Year 10. This equates to 3.9% of the total 4919 respondents (figure 8).

Comparatively, Looked After Children Data from Insight (internal RMBC system) shows 127 children registered as of June 2023 (table 4).



Looked After Children Data from Insight May/June 2023	
Y7 Ages 11/12	Y10 Ages 14/15
55 Children in Care	72 Children in Care

**Figure 8 and Table 4:** Looked After Children data from the lifestyle survey and Insight respectively.

## Health and wellbeing

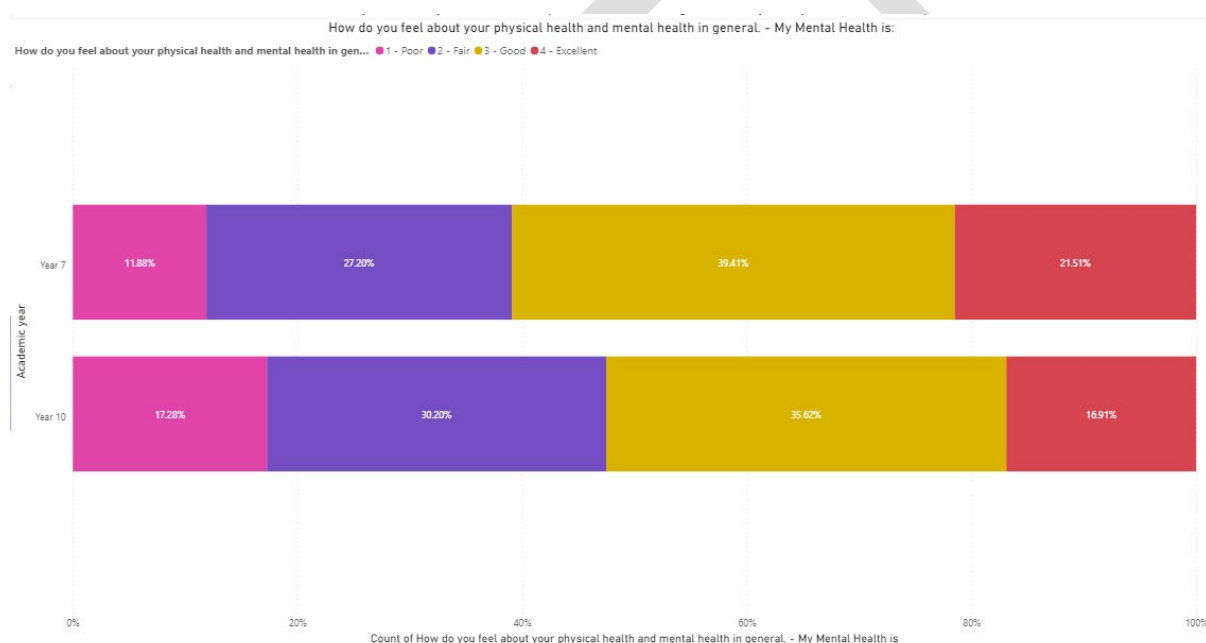
### Overall physical and mental health

Overall, 4,271 students responded to the question about mental health and 4,329 responded about physical health.

57.2% of respondents rated their mental health as good or excellent, 28.5% rated this as fair, and 14.3% rated this as poor. A higher proportion of Year 10 students rated their mental health as both poor and fair compared to Year 7 (figure 9).

There has been a positive trend from 2022 with a reduced proportion of respondents reporting their mental health as poor, however proportions rating poor mental health remain higher than in 2019.

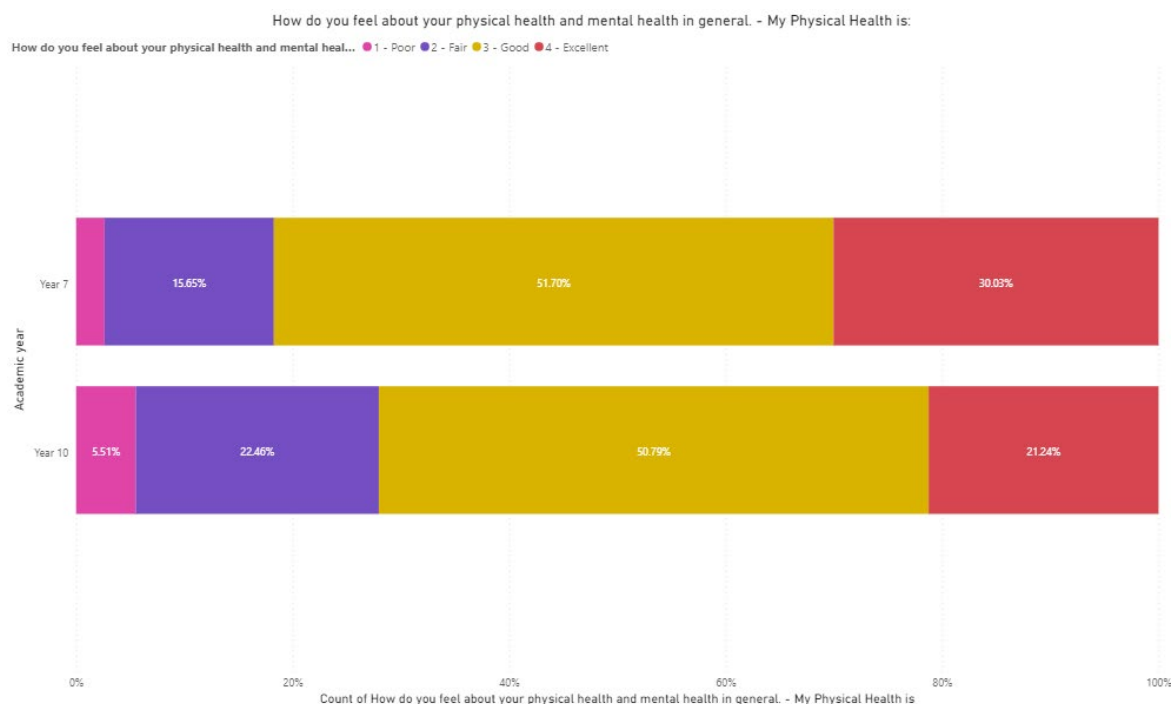
When asked about the change in their mental health over the last 2 years, 33.4% of respondents reported an improvement in mental health, 35.9% reported their mental health staying the same, and 30.7% reported it being worse or much worse since the pandemic.



**Figure 9:** Responses to, 'How do you feel about your mental health?' by academic year

In respect of their physical health, 26.2% of respondents rated this as excellent, 51.3% rated this as good, 18.6% rated this as fair, and 3.9% rated this as poor.

A higher proportion of year 10 students rated their physical health as fair, or poor compared to year 7 students (28.0% for year 10 and 18.3% for year 7, figure 10).



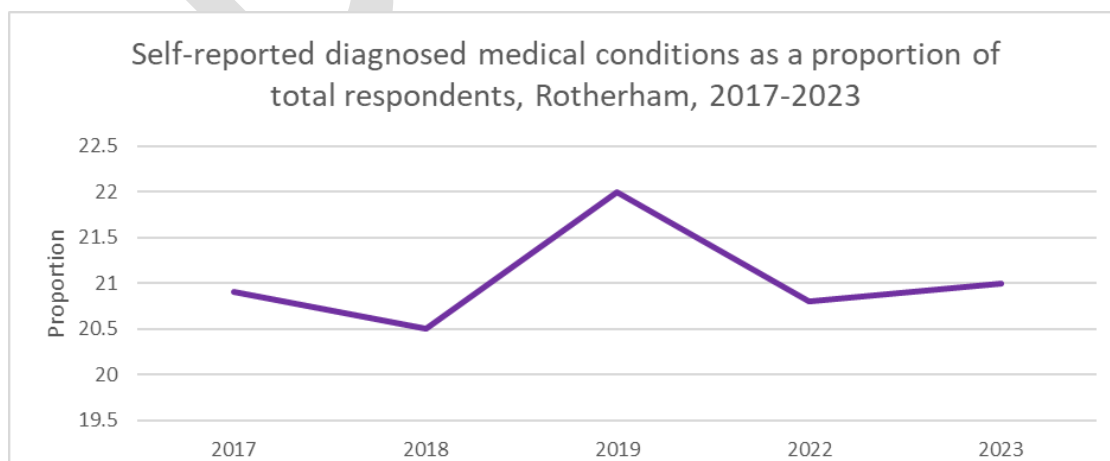
**Figure 10:** Responses to, 'How do you feel about your physical health?' by academic year

### Diagnosed medical conditions

The question asked was, 'Do you have a long-term illness, medical condition or disability, that has been diagnosed by a Doctor?'.

1,035 (21%) respondents, answered yes to having a long-term illness, medical condition or disability that has been diagnosed by a doctor. This equates to 21.3% of the cohort (586 pupils) for Year 7, and 20.7% of the cohort (449 pupils) for Year 10.

The proportion of students who reported having a diagnosed medical condition has shown no overall trend and has remained between 20.5% and 22% during the time period 2017-2019, and 2022-2023 (figure 11).



**Figure 11:** Self-reported, diagnosed medical conditions, 2017-2023



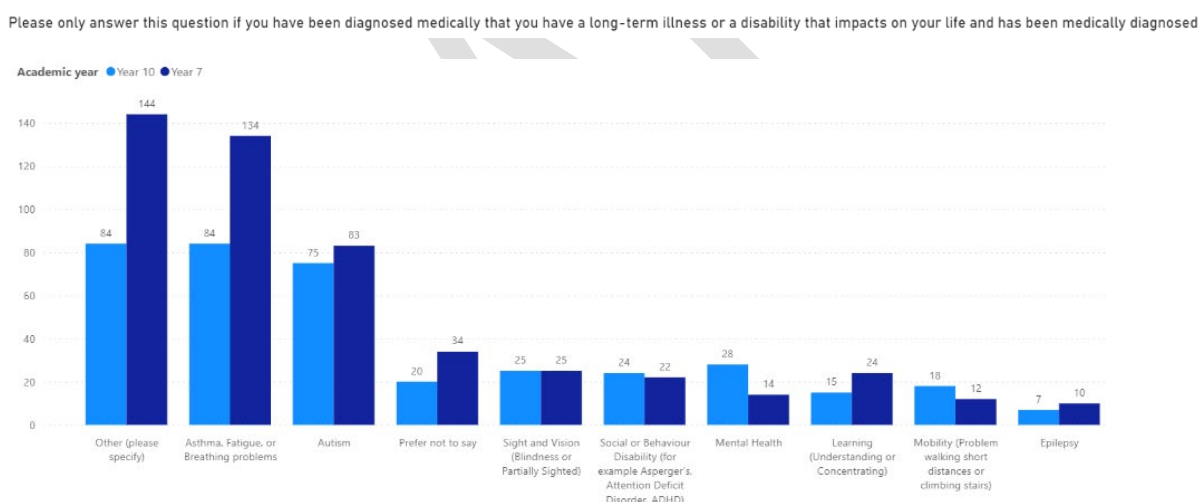
Respondents who answered 'yes' to having a diagnosed medical condition were asked to expand on their condition; 912 students provided an answer to this. 'Asthma' and 'Autism' were identified as the most common conditions given by the students (with the exception of 'other'); a total of 218 and 158 respectively (4.4% and 3.2% of the total respondent population respectively) (figure 12).

The third most prevalent condition for both years differed with mental health being the third highest for Year 10 students with a total of 28 students indicating diagnosis (1.3% of total respondents), and sight and vision for Year 7 students with a total of 25 students indicating diagnosis (0.9% of total respondents).

Trend analysis for Year 7 respondents show no clear trend for the top four diagnosed conditions from 2017 to 2023, however asthma has remained consistently the highest proportion.

For Year 10, asthma and autism reported prevalence decreased from 2018 to 2019 and remained similar to 2022, however both have since increased; 2.9% to 5.2% and 1.8% to 4.6% respectively in 2023.

Of the 912 Year 7 and Year 10 respondents who expanded on the diagnosed medical condition, the proportion attributable to asthma was 23.9%, for autism was 17.3%, for sight and vision was 5.5%, and for mental health was 4.6%.



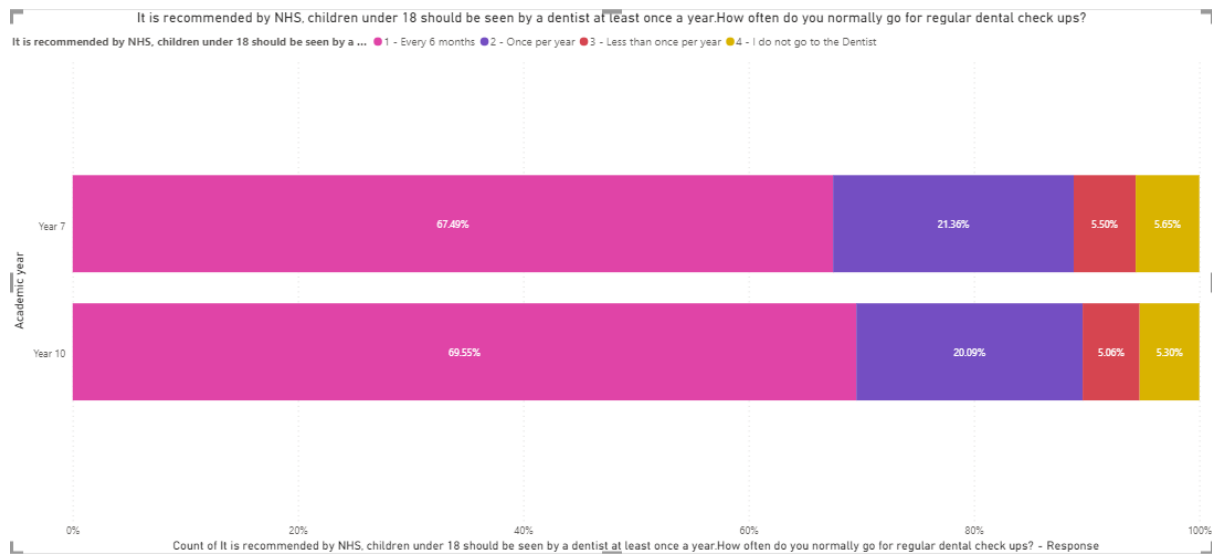
**Figure 12:** Self-reported diagnosed medical conditions, by academic year

## Dentistry

68.4% of respondents saw a regular dentist every 6 months (3,209 respondents), 20.8% saw a regular dentist once per year (976 respondents), 5.31% saw a dentist less than once per year (249 respondents), and 5.5% stated they do not go to the dentist (258 respondents).

Proportions across Year 7 and Year 10 are similar with 67.5% of Year 7 respondents visiting every 6 months and 69.6% of Year 10 students visiting every 6 months (figure 13).

From 2017 to 2022, a fewer proportion of respondents stated they visit the dentist regularly year-on-year, however from 2022 to 2023, this remained similar (89.2% of 2023 respondents stating they visit a dentist at least once per year compared to 89% in 2022).



**Figure 13:** Responses to, 'How often do you go for regular dental check ups?', by academic year

The responses to oral health questions demonstrated a good understanding across both academic years with:

- 91.6% of respondents being aware of the impact of sugar and decay it can cause to the teeth.
- 89.9% of respondents stating they brush their teeth twice a day.
- 97.8% of respondents understanding that it is important to keep teeth and gums healthy.

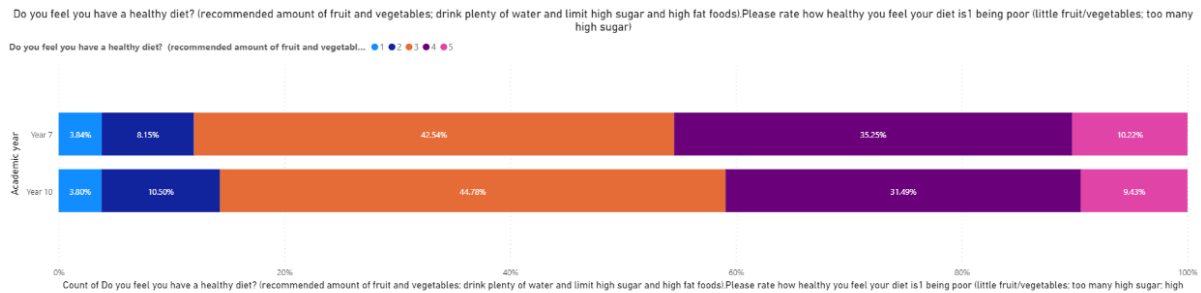
However, 37.7% of respondents had a treatment by the dentist in the previous year, and 31.1% of respondents had experienced toothache.

### Diet

Respondents were asked to rate their diet from 1 to 5 with 1 being a poor diet (little fruit/vegetables in their diet, not drinking water) and 5 being excellent (eating recommended fruit/vegetables and drinking recommended water).

The highest proportion of responses, 1,969 students, gave their diet a rating of 3; 42.5% of year 7 students and 44.8% of year 10 students (figure 14).

However, 588 students rated their diet as poor scoring 1 or 2 (13%), and only 447 rated their diet as excellent (9.9%).

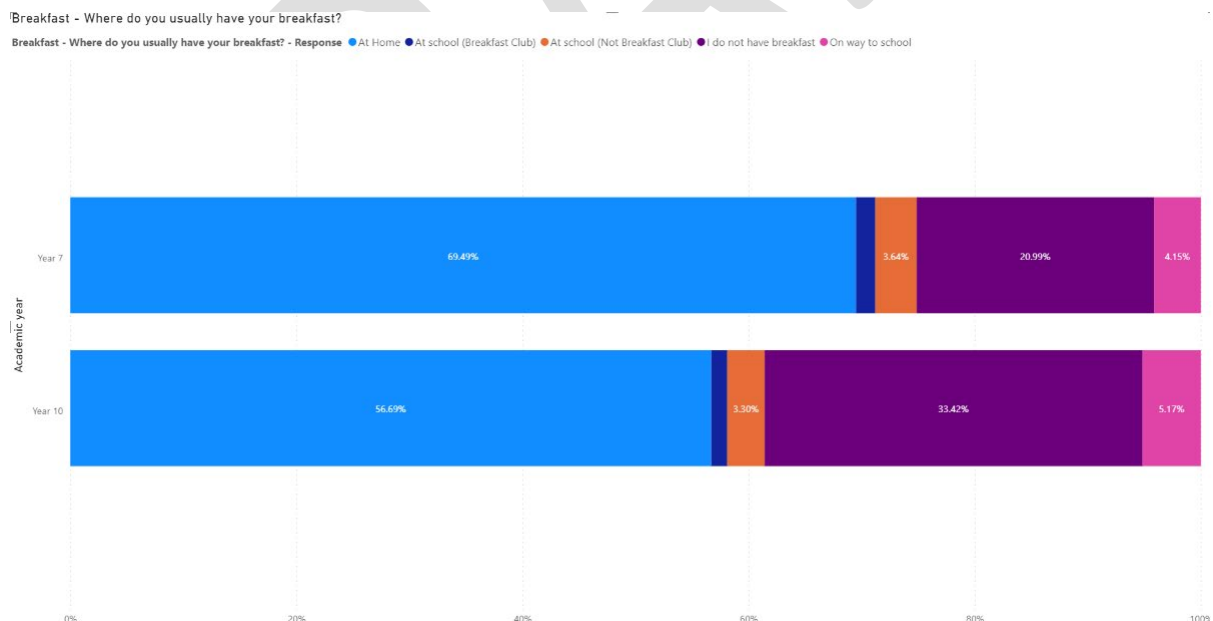


**Figure 14:** Responses to, 'Do you feel you have a healthy diet?', by academic year

Students were asked where they eat breakfast and responses are listed below and are shown in figure 15:

- 2,892 of respondents eat breakfast at home (63.9%),
- 208 eat breakfast on the way to school (4.6%),
- 158 eat breakfast at school but not at breakfast club (3.5%),
- 72 have breakfast at a school breakfast club (1.6%)
- 1,195 (26.4%) do not have breakfast.

Responses show that a higher proportion of year 7 students eat breakfast at home; 69.5% compared to 56.7% of year 10 respondents, whereas a higher proportion of year 10 students do not eat breakfast; 33.4% of year 10 students compared to 21.0% of year 7 students.



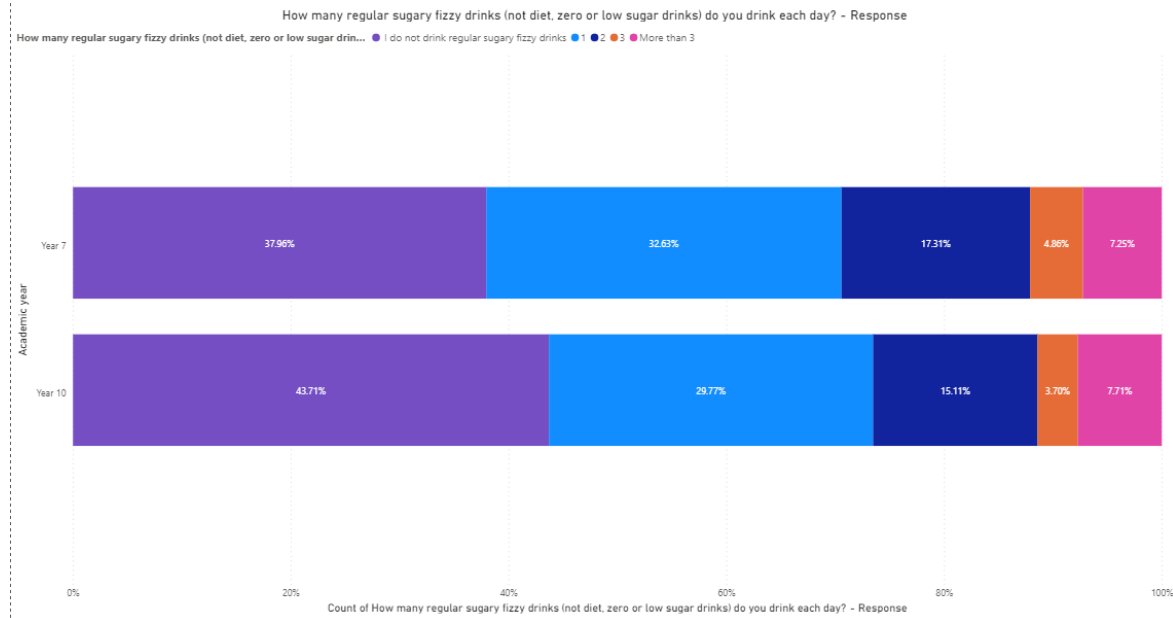
**Figure 15:** Responses to, 'Where do you usually have breakfast?', by academic year

Students were asked about fizzy drink consumption and responses are listed below and are shown in figure 16:

- 1,831 (40.5%) respondents stated they do not drink regular sugary fizzy drinks,
- 1,420 (31.4%) drink one per day,

- 740 (16.4%) drink 2 per day,
- 197 (4.4%) drink 3 per day,
- 337 (7.5%) drink more than 3 per day.

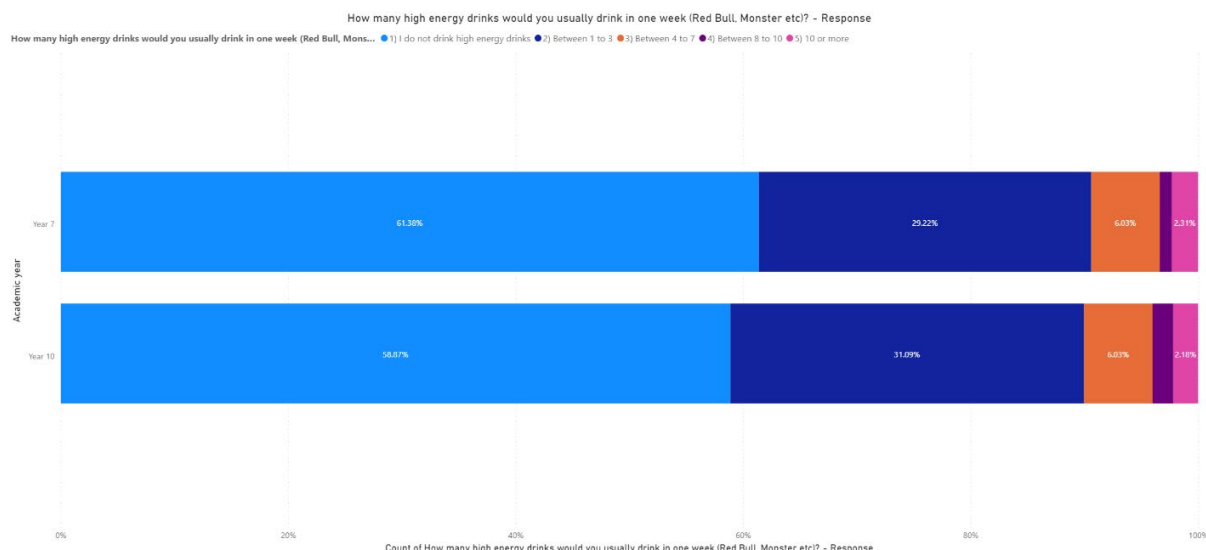
Responses show that a higher proportion of year 7 respondents consume 1, 2, or 3 sugary fizzy drinks per day in comparison to year 10.



**Figure 16:** Responses to, 'How many regular sugary fizzy drinks do you drink each day?', by academic year

Students were asked about high-energy drink consumption and results are shown below and in figure 17:

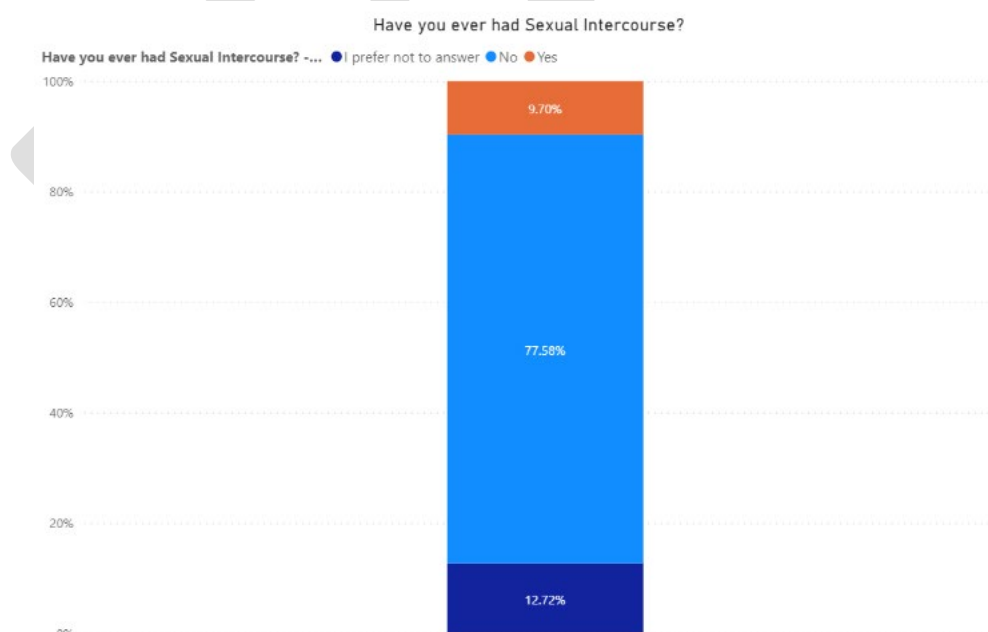
- 2,728 (60.3%) respondents stated they do not drink high energy drinks,
- 1,359 (30.0%) drink between 1 and 3 per week,
- 273 (6.0%) drink between 4 and 7 per week,
- 63 (1.4%) drink between 8 and 10 per week,
- 102 (2.3%) drink more than 10 per week.



**Figure 17:** Responses to, 'How many high energy drinks would you usually drink in one week?'

## Sexual health

Year 10 students were asked if they have ever had sexual intercourse. 1,423 students responded with 77.6% stating they had not, and 9.7% stating they had (figure 18).

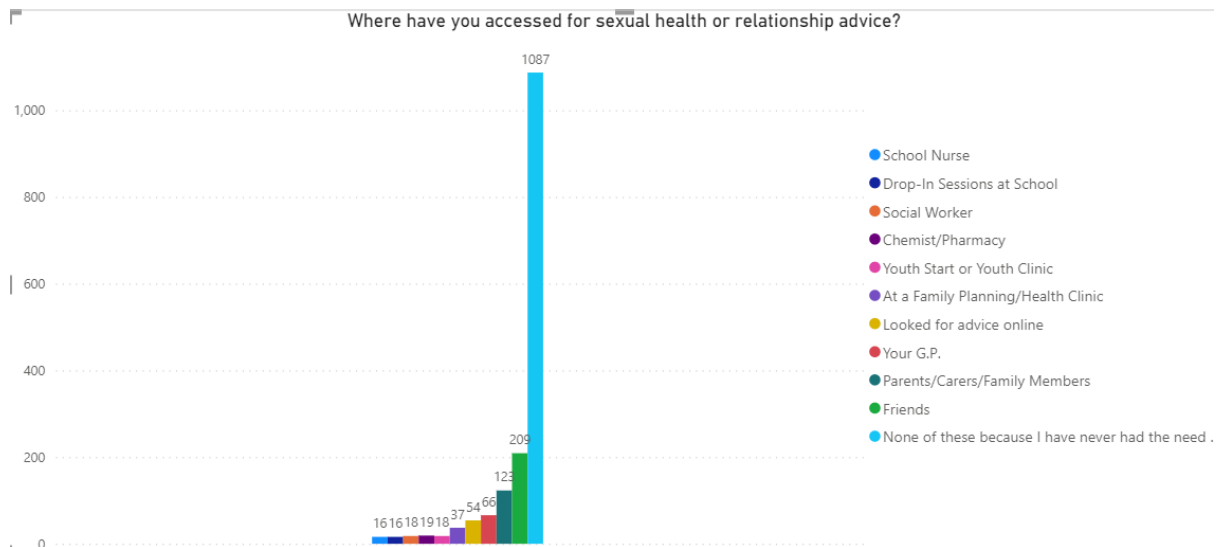


**Figure 18:** Responses to, 'Have you ever had sexual intercourse?', Year 10 respondents

As a follow up, students were asked if they had ever had sexual intercourse after drinking alcohol or using drugs: 145 students responded to this question with 52 (35.9%) stating they had, and 93 (64.1%) stating they had not.

135 students responded to the question about contraception use with 33.3% of students stating they did not use any contraception, 36.3% using a condom, 17.0% using the contraceptive pill, 10.4% using the method of the implant, and 2.9% using the method of IUD/IUS coil or injection.

Students were asked where they have accessed sexual health and relationship advice and are shown below in figure 19a.

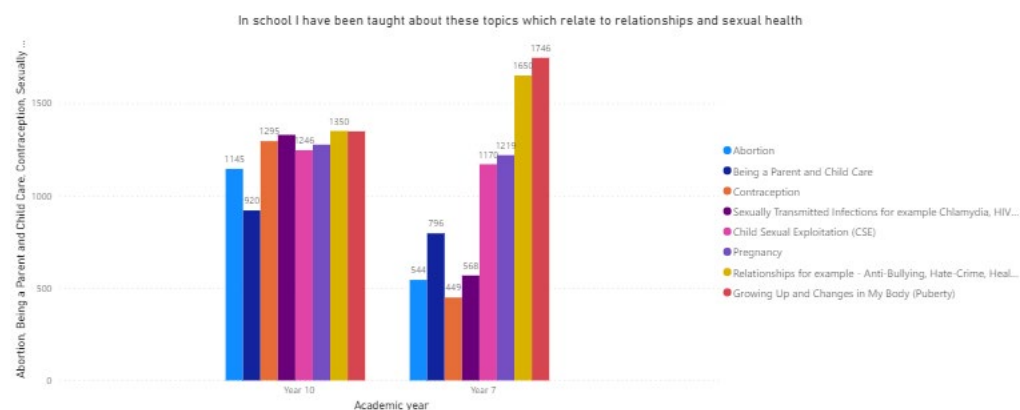


**Figure 19a:** Responses to, 'Where have you accessed for sexual health or relationship advice?'

### Learning and support in school

Students were asked what topics they have been taught about in school which relate to relationships and sexual health (figure 19b).

3,094 respondents had been taught about growing up and body changes, 3,000 respondents had been taught about relationships, 2,495 had been taught about pregnancy, and 2,416 had been taught about Child Sexual Exploitation.



**Figure 19b:** Responses to topics learned in school.

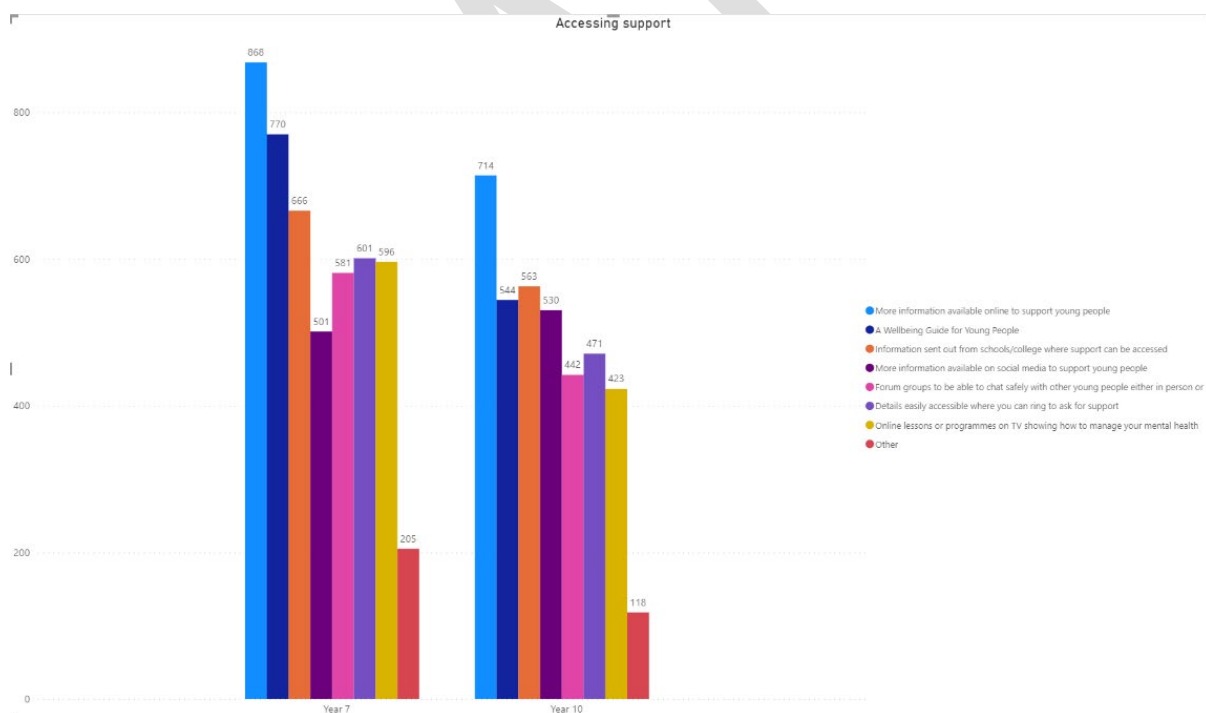
## Accessing support

1,459 participants (33.7%) accessed support or used strategies to support the end of pandemic restrictions. Year 7 respondents had a slightly higher proportion of students that accessed support compared to year 10, 36.5% and 30.1% respectively.

Respondents accessed support in different ways including those listed below:

- 14.8% set aside time to have discussion with family or friends
- 13.0% learned a new skill
- 12.5% started a new activity outdoors
- 11.0% talked with a member of staff at school
- 10.6% set a daily routine
- 9.2% read books
- 8.5% made contact with professional support
- 4.5% viewed information that was on offer on social media
- 4.3% searched for support information on a website
- 4.1% viewed information of apps

When students were asked what should be available, for both Year 7 and Year 10, more information available online was the preferred option followed by a request for a wellbeing guide and information sent out through schools or colleges (figure 20).



**Figure 20:** Responses to where people would access support

## Body image

Students were asked about their body image and the responses are below and shown in figure 21:

- Of 4,318 respondents, 45.9% stated they felt they were the right size for their age and height and 26.2% felt they were not the right size. Those that felt they were the right size

was similar across year 7 and year 10, however, in those who felt they were not the right size, year 10 had a higher proportion: 28.7% compared to 24.3%.

- Of 4,301 respondents, 45.8% felt there was a lot of pressure to have the perfect body image from social media and 37.2% felt there was not. However, there was greater pressure felt by Year 10 respondents with 52.2% of students agreeing, compared to 40.9% in Year 7.
- Of 4,286 respondents, 35.9% felt there was a lot of pressure to have the perfect body image from magazines and the media, and 43.0% did not. However, Year 10 respondents felt more pressure with 42.3% stating there was a lot of pressure, compared to 30.9% in Year 7.
- Of 4,297 respondents, 25.7% of respondents would use filters to change their appearance and body image, and 60.6% would not. However, this differed across academic years with 27.2% stating they would use filters in Year 7 compared to 23.7% in Year 10.

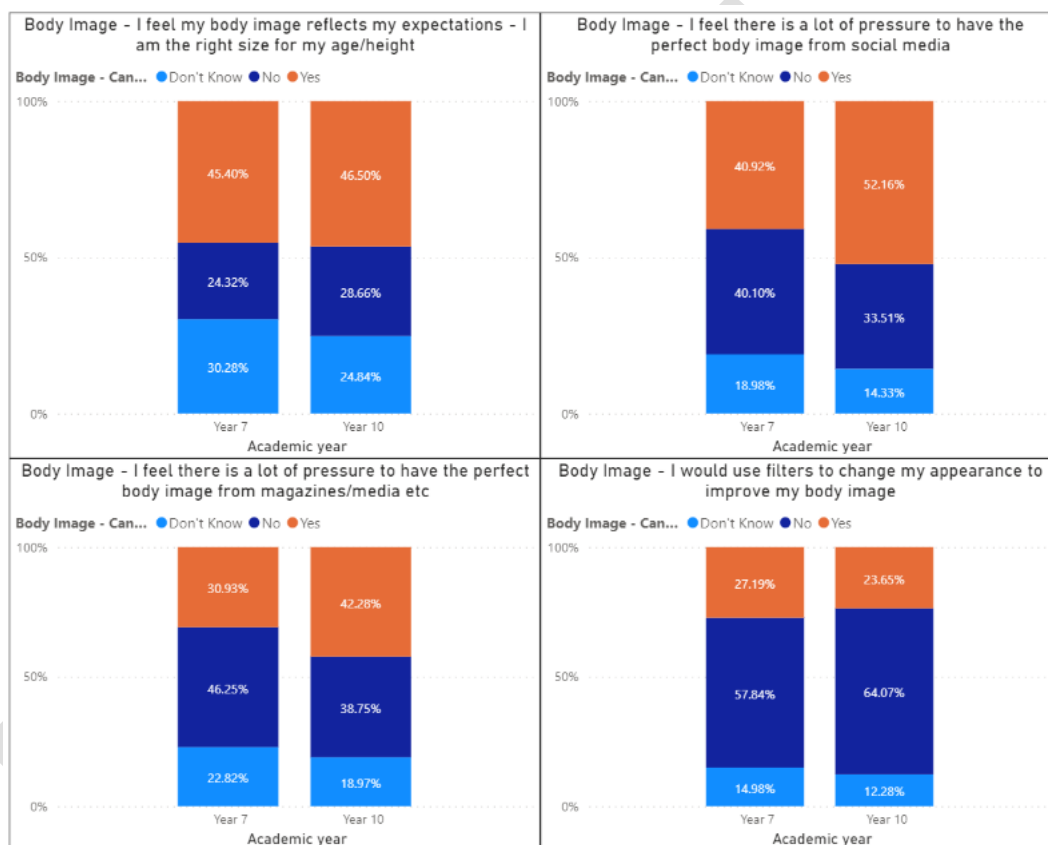


Figure 21: Responses to body image, by academic year

### Changes since the pandemic

Students were asked if there had been changes that had impacted on their health since the pandemic. These health indicators included physical activity, amount of sleep, outside activities, healthy eating, social media usage, and electronic game use.

Positive changes could be seen for physical activity where 1,827 respondents stated that this increased a lot, and a further 1,405 stated this increased slightly: 71.9% reporting an increase in physical activity with only 9.8% reporting a decrease.

In addition, there was positive choices made around food and portion sizes with 2,638 respondents (58.5%) stating they were making healthier food choices, and for amount of time spent doing outdoor activities (walking, cycling, playing football etc) with 3,017 respondents reporting an increase (67.1%).

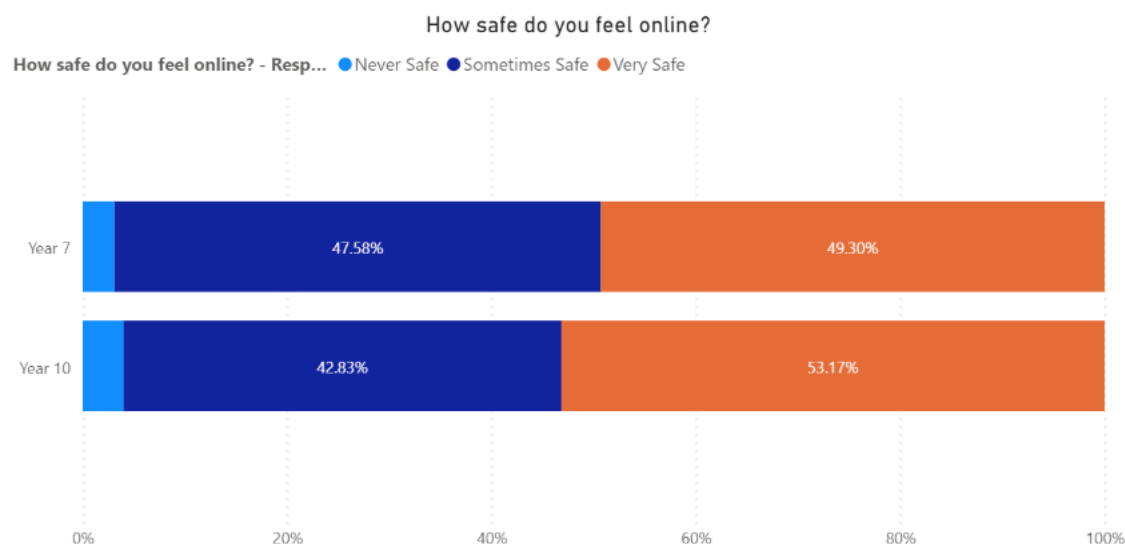


The amount of sleep respondents had has seen an increase for 34.6% of respondents, a decrease for 39.2% of respondents, and no change for 26.2%.

## Safety

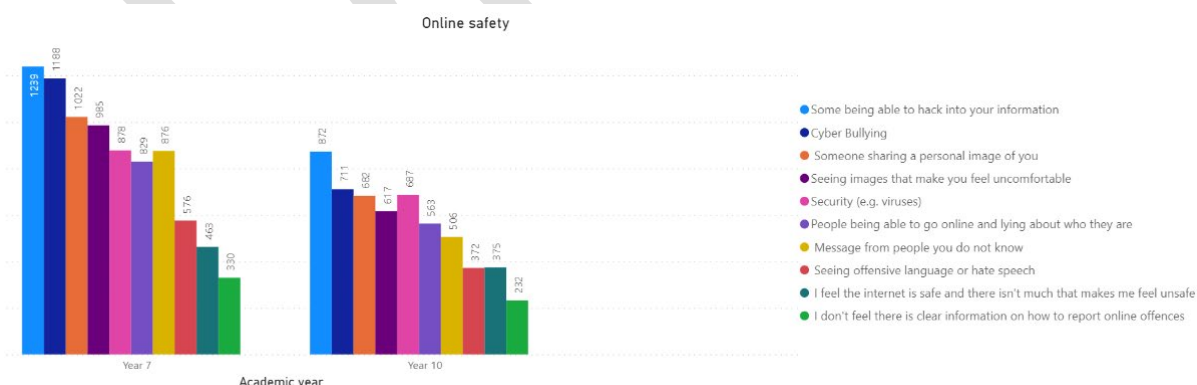
### Perceptions of safety online

Students were asked how safe they feel online (figure 22). Overall, 51% of respondents feel very safe online, 45.5% feel 'sometimes safe', and 3.5% feel 'never safe'. There has been no significant change in these proportions from previous surveys.



**Figure 22:** Responses to online safety, by academic year

The main reason for respondents feeling unsafe online was due to someone being able to hack information, followed by cyber bullying and risk of someone sharing a personal image. This was the same for both year 7 and year 10 respondents, and risk of hacking and cyber bullying remains the highest proportion as was in 2022 and 2019 (figure 23).



**Figure 23:** Responses to online safety, by academic year

### Perceptions of safety in the community

When asked about safety, 2,483 students (67.7%) feel very safe during the daytime, 1,089 (29.7%) feel safe sometimes, and 97 (2.6%) never feel safe during the daytime.

After dark, 1,986 (54.3%) feel safe sometimes, 949 (25.9%) feel very safe, and 724 (19.8%) never feel safe (figure 24a).

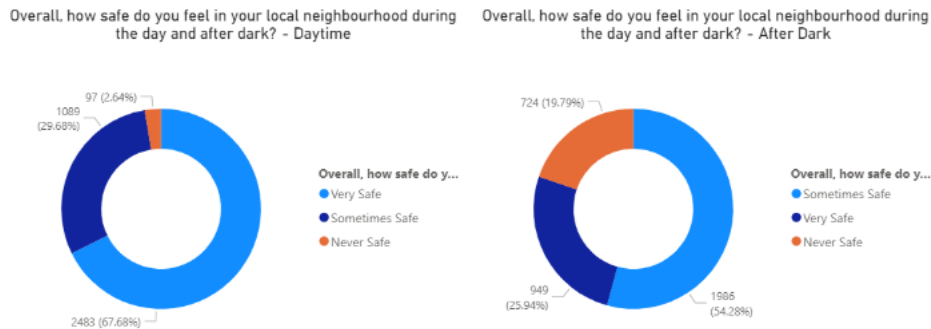


Figure 24a: Responses to feelings of safety

Students were asked how safe they feel in the town centre, local shops, parks and recreational areas, travelling on local buses/trains, and on the way to/from school.

3,653 students responded about safety in the town centre (figure 24b): 2,066 Year 7 and 1,587 Year 10 students. 60.1% of Year 7 respondents, and 53.4% of Year 10 respondents feel safe sometimes, 26.6% of Year 7 respondents and 21.2% of Year 10 respondents feel very safe, and 13.4% of year 7 respondents and 25.4% of Year 10 students never feel safe.

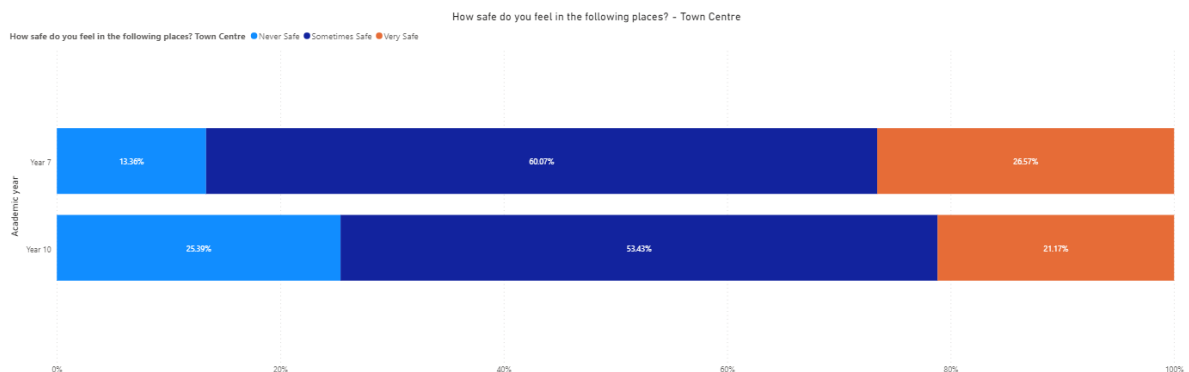
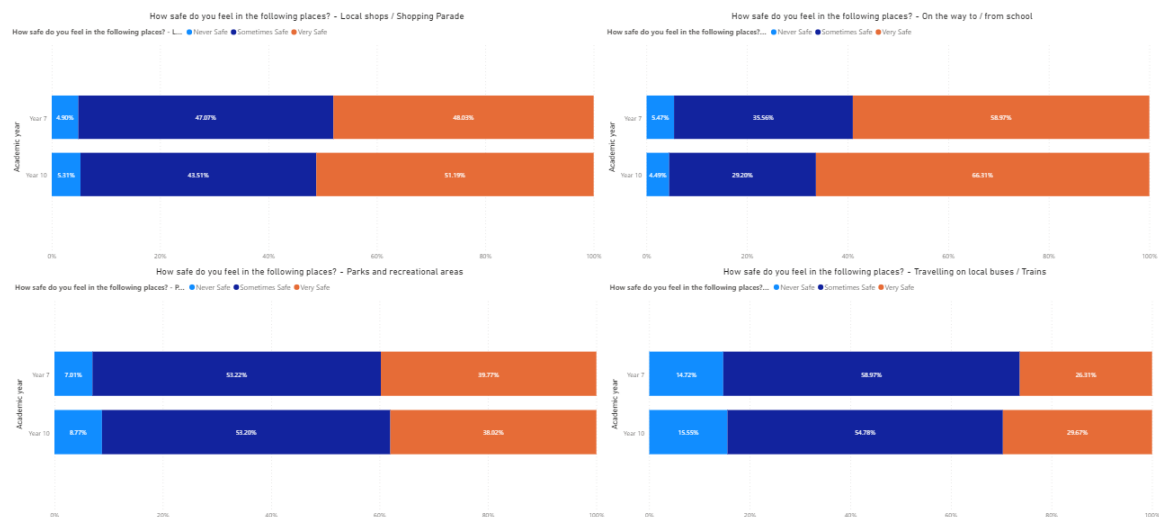


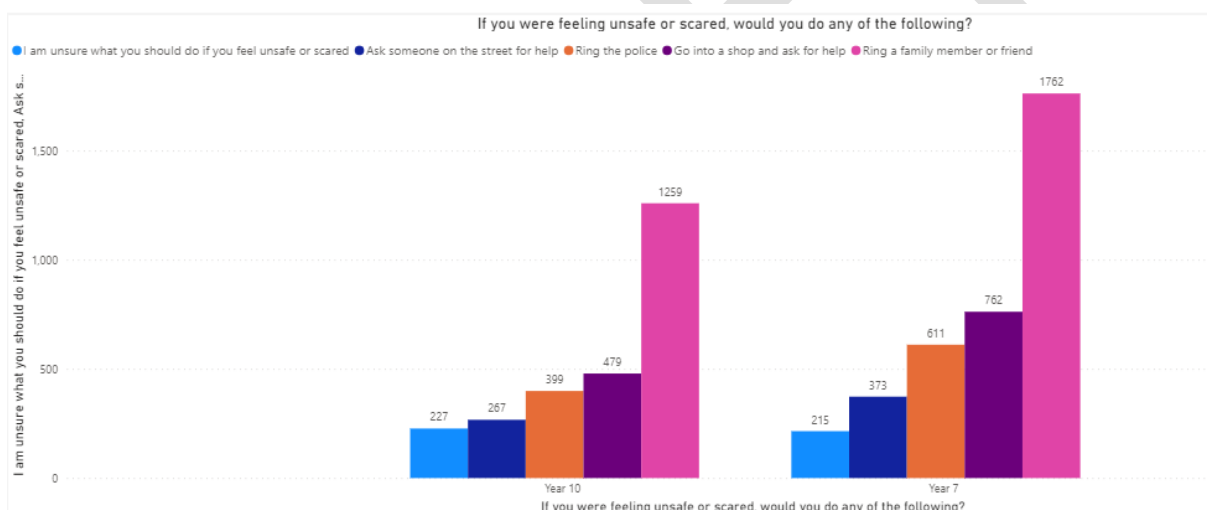
Figure 24b: Responses to feelings of safety

Feelings of safety across other areas are shown below (figure 24c).



**Figure 24c: Responses to feelings of safety**

When students were asked what they would do if they felt unsafe, a large proportion would ring a family member or friend (1,259 Year 10 students and 1,762 Year 7 students) (figure 24d).



**Figure 24d: Responses to feelings of safety**

Students were asked what things made them feel unsafe when out and about and results are shown below (figure 24e).

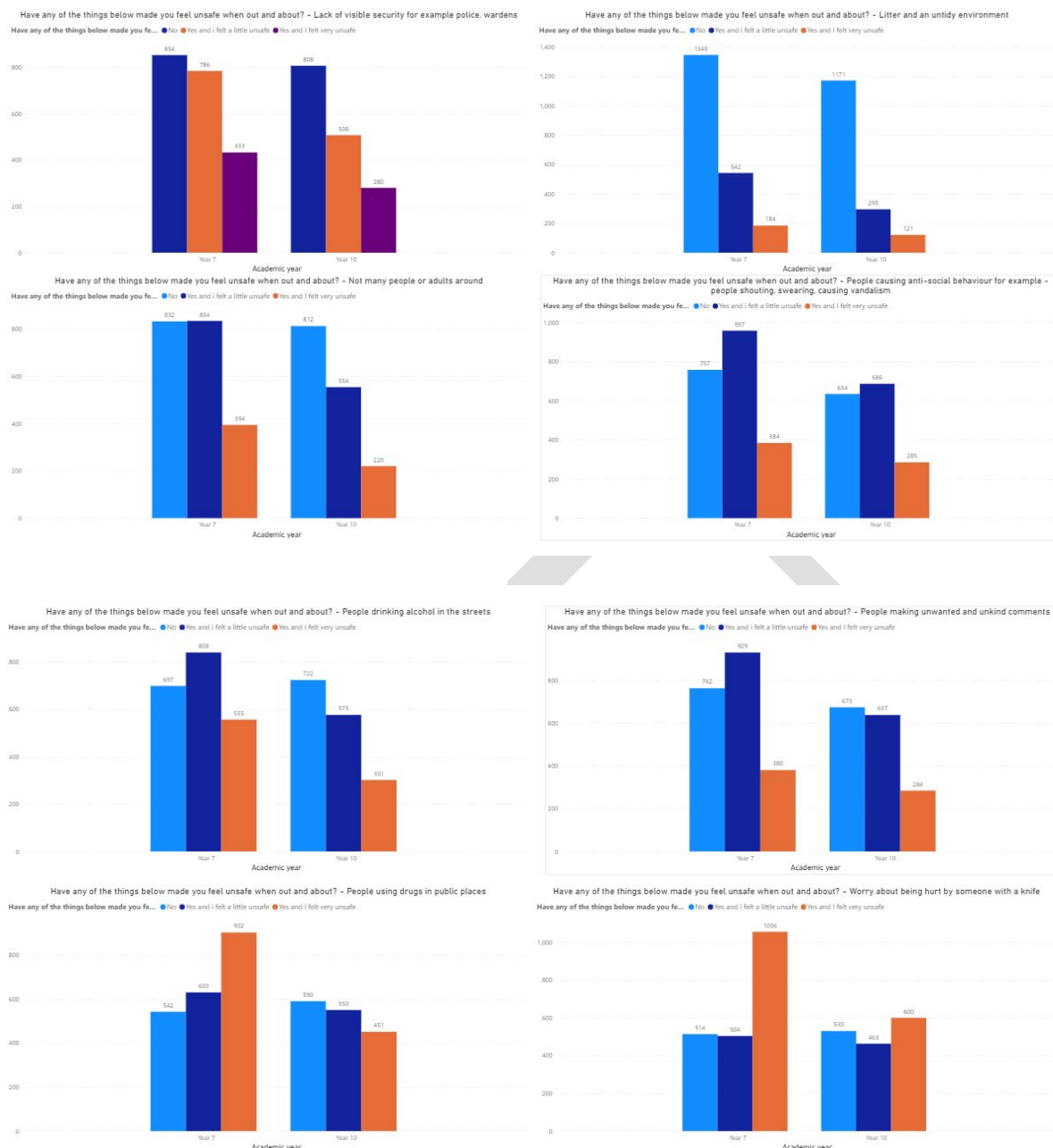


Figure 24e: Responses to feelings of safety

## Gambling

69.1% of respondents had never created a gambling account in either theirs, or their parent/carers name, and 9.0% did not know if they had. However, 21.9% of respondents, 854 people, had used, or created an account. This differs between academic years, with 24.1% from year 7, and 19.0% from year 10, but has shown no trend from last year's results.

12.0% of year 7 students and 10.8% of year 10 students responded to say they think they have a problem with spending money on gambling, games, or betting: a total of 446 respondents. This is similar to the previous survey when 11% of respondents stated they think they may have a gambling problem.

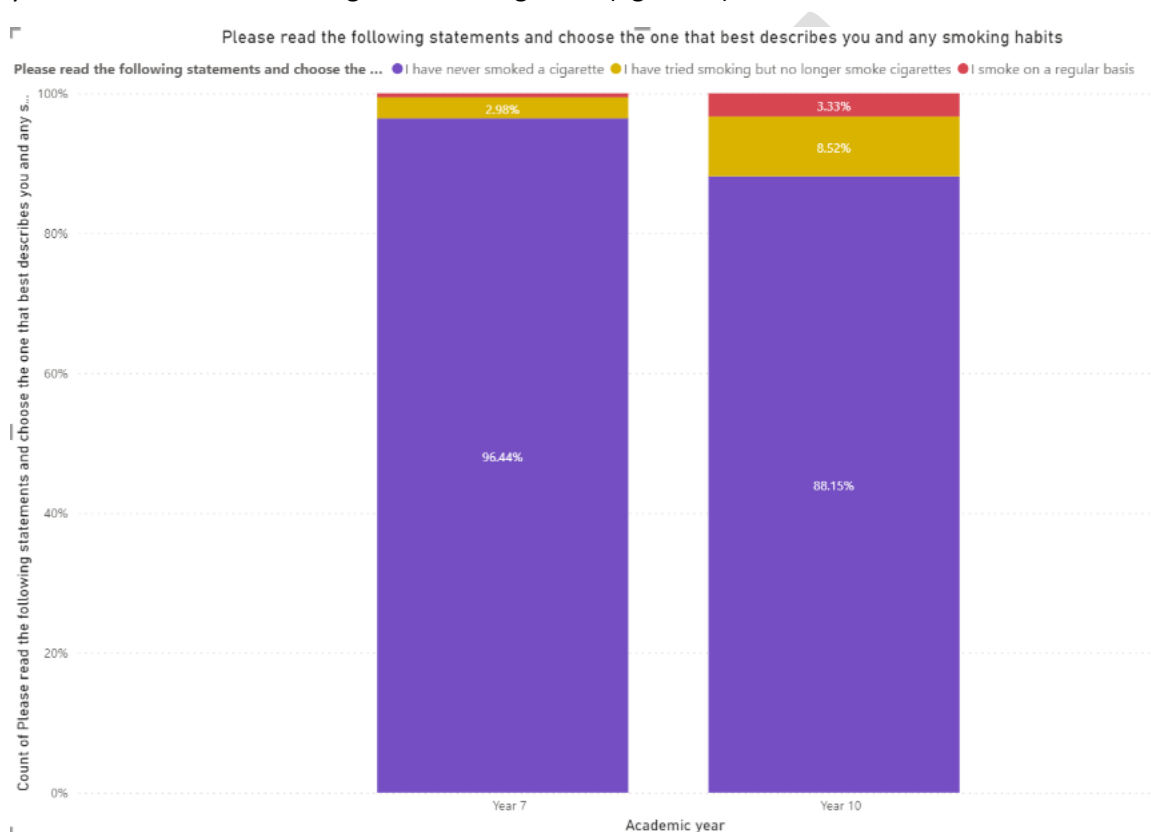
22.0% of respondents had used a gaming machine or had a bet to gamble, 858 people, and 289 respondents (7.4%) responded to say they have previously gotten into debt from gambling.

## Smoking

### Cigarettes

1,977 respondents (96.4%) of year 7 students have never smoked a cigarette, 61 tried smoking but no longer smoke (3.0%), and 12 smoke on a regular basis (0.6%) (figure 21).

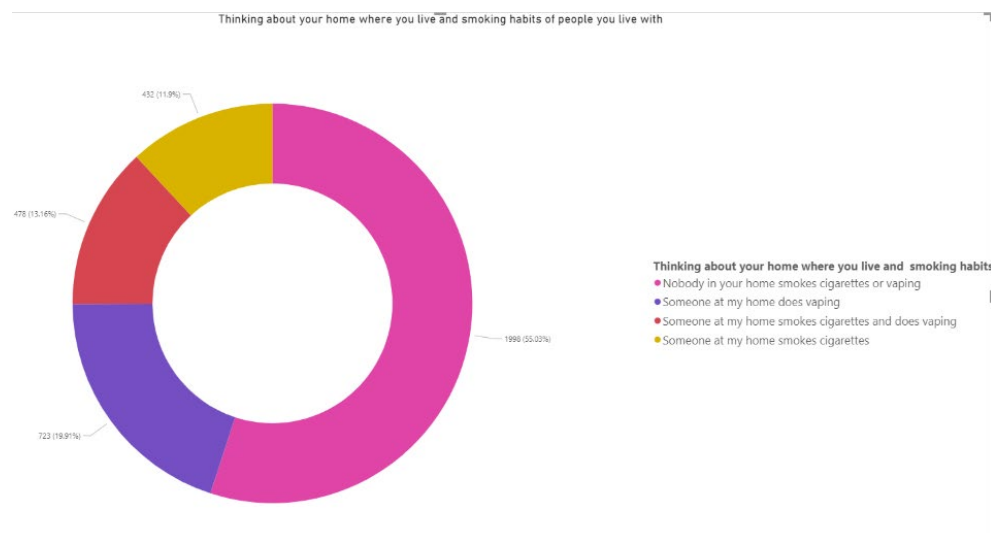
In year 10, 1,376 (88.2%) respondents have never smoked a cigarette, 133 (8.5%) have tried smoking but no longer smoke, and 52 (3.3%) smoke on a regular basis. These results are similar to previous years and show no increasing or decreasing trend (figure 25).



**Figure 25:** Responses to smoking habits, by academic year

3,328 respondents (91.7%) stated they do not think it is ok for a person of their age to smoke cigarettes however this did vary between academic years: year 7 respondents showed 95.4% of students do not think it is appropriate for a person of their age to smoke, whereas this is 86.7% for year 10 respondents. Overall, this has seen a slight increase in those who do not think it is ok; this shift was primarily caused by an increase of these views in year 10 pupils, and no change to the proportion of opinions from year 7 pupils.

When asked about smoking habits of people respondents lived with, 55.0% of respondents had nobody in the house that smokes or vapes, 19.9% had someone who does vape, 13.2% had someone who smokes cigarettes and vapes, and 11.9% had someone who smokes cigarettes (figure 26).



**Figure 26:** Responses to smoking habits, by academic year

Respondents who smoke were asked where they obtain their cigarettes from; of the 58 who answered this, 19 stated they get them from friends, 19 buy them from local supermarkets or shops, and 7 get them from a family member.

#### E-cigarettes or vaping

78.5% (2,821) of respondents haven't tried vaping, 12.7% have tried vaping once or twice, 3.3% do vape but not as frequently as once a week, 4.5% (161) respondents do vape once a week or more, and 1% (36) do vape regularly to support smoking cessation.

Of those that do vape, 234 vape but have never smoked cigarettes, 71 no longer smoke cigarettes, and 45 use both vapes and cigarettes.

Predominately, respondents who vape obtain these from friends (178 respondents) or the local shops/supermarket (102).

#### Substance misuse and alcohol

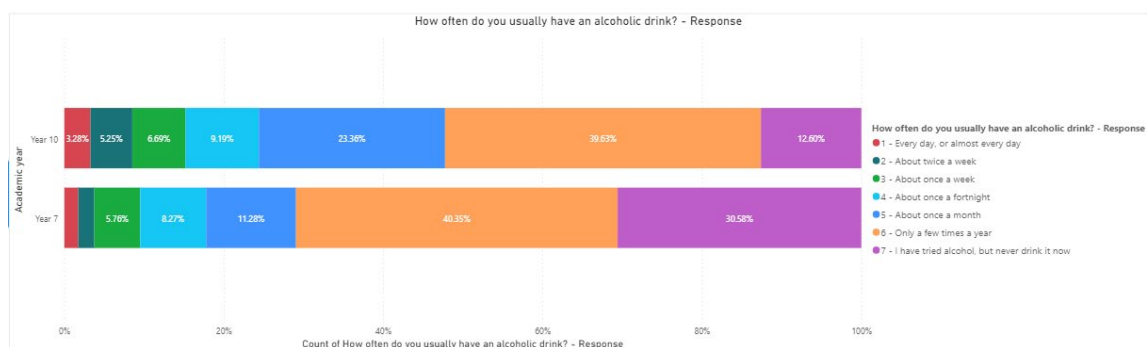
Respondents were asked if they had ever had an alcoholic drink (a full drink not just a sip) and 64.6% said no; 2,292 respondents. For year 7, this was 77.6%, and for year 10, this was 47.32%.

Comparatively, in 2022, 24% of Year 7 said they have tried an alcohol drink, compared to 23% in 2019 and 55% of Year 10 said they have tried an alcoholic drink in 2022, compared to 59% in 2019.

Opinions on whether it is ok for young people of the same age to get drunk differed from year 7 to year 10 with 89.5% stating 'no' in year 7 and 54.3% in year 10.

Year 7 respondents in the majority have tried alcohol but never drink it now (30.6%) or only drink it a few times a year (40.4%) whereas year 10 predominately only have it a few times a year (39.6%) or about once a month (23.4%) (figure 27).

Alcohol was reported to be obtained from home with family/carers aware of the consumption in 64.2% of responses (709 respondents). Comparatively, in 2022, 62.5% said they consumed alcohol at home with parental consent, compared to 65.5% in 2019.



**Figure 27:** Responses to alcoholic drink habits, by academic year

### Use of drugs

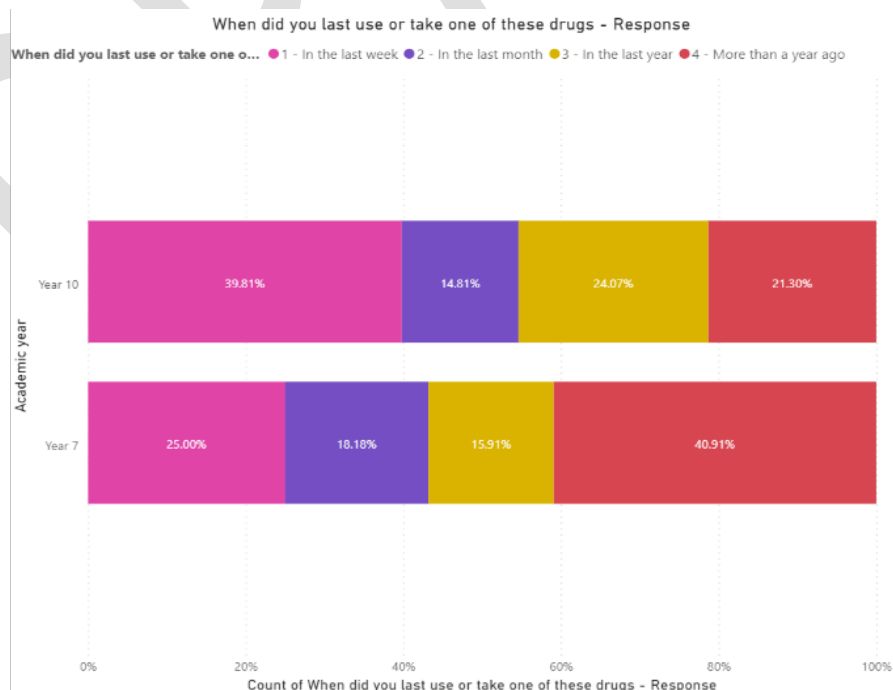
94.7% of respondents (3,304) stated that they do not think it is ok to use drugs, and 87.1% of respondents (3,037) have never tried any drugs or substance. The views of taking drugs amongst students, and opinions of whether it is ok to use drugs, is similar to that in 2019 and 2022.

483 students (14.0%) knew where to buy drugs locally, 146 (4.2%) had been asked to store or sell drugs for someone and 570 (16.6%) responded to say it is easy to obtain drugs locally.

Of those students that consumed drugs, responses are listed below and in figure 28:

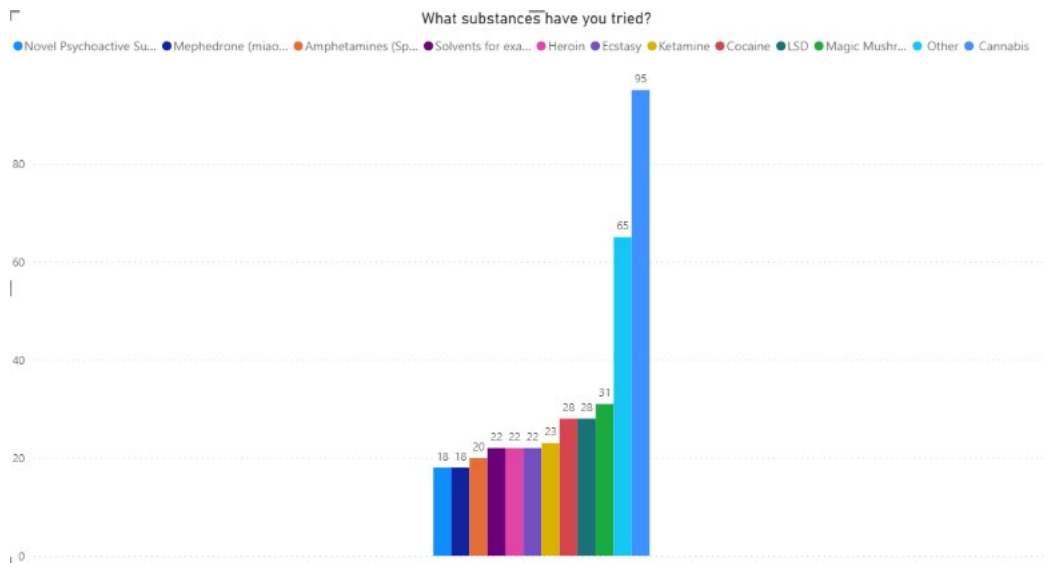
- 54 (35.5%) have consumed in the last week,
- 24 (15.8%) have consumed in the last month,
- 33 (21.7%) have consumed in the last year,
- 41 (27.0%) have consumed more than a year ago.

In 2022, 37.5% said they have tried drugs in the last week, compared to 42.5% in 2019 and in 2022, 27.5% said they have tried drugs in the last month, compared to 19% in 2019.



**Figure 28:** Responses to latest use of substances, by academic year

Respondents who answered yes to use of drugs were asked what substances they have used. These are shown below in figure 29.

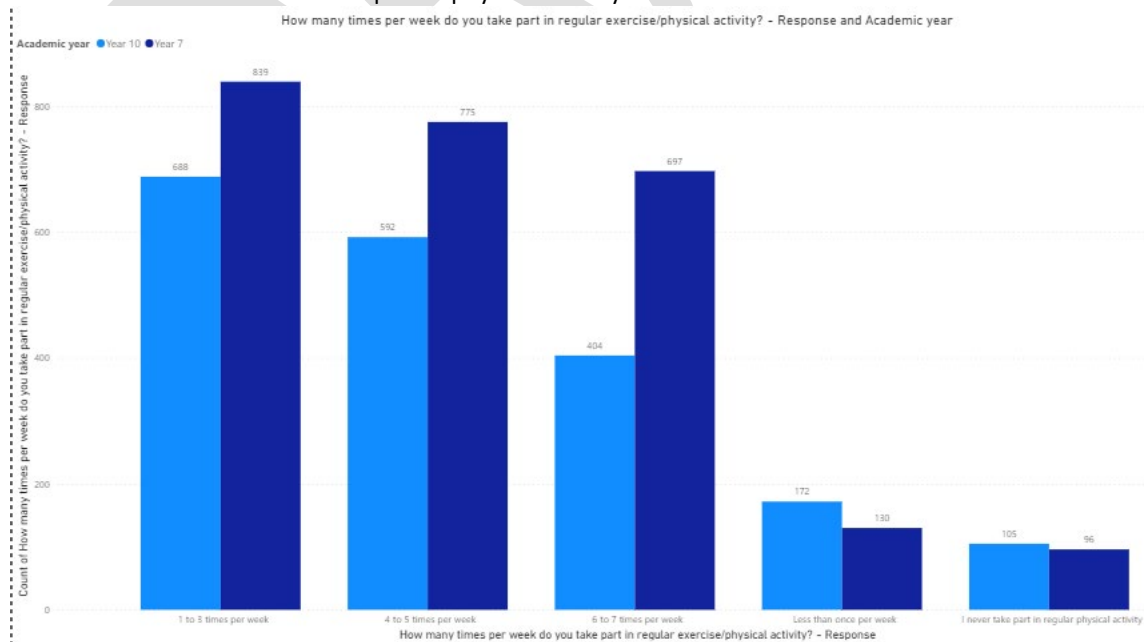


**Figure 29: Responses to latest use of substances, by academic year**

### Physical activity

Students were asked how many times a week they take part in physical activity and 4,498 students responded (figure 30).

- 1,527 students exercise 1 to 3 times per week.
- 1,367 students exercise 4 to 5 times per week.
- 1,107 students exercise 6 to 7 times per week.
- 302 students exercise less than once a week.
- 201 students never take part in physical activity.

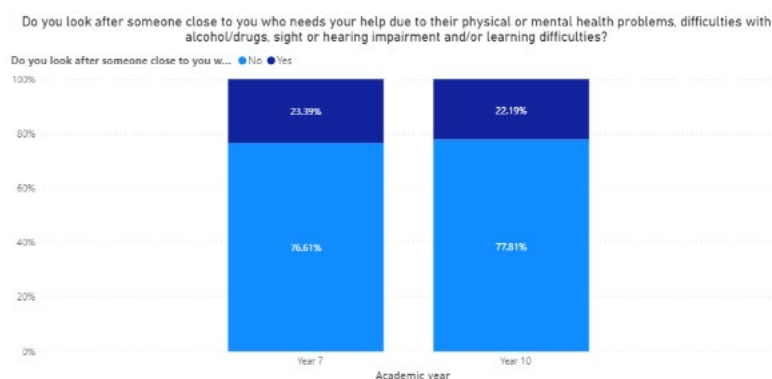


**Figure 30: Responses to physical activity**



## Young carers

Students were asked if they look after someone close to them due to their physical and mental health problems, difficulties with drugs or alcohol, sight or hearing impairment and/or learning difficulties. 3,721 respondents answered this question with 851 (22.9%) stating they do care for someone. In Year 7 this is 23.4% and in year 10, it is 22.2% (figure 31).

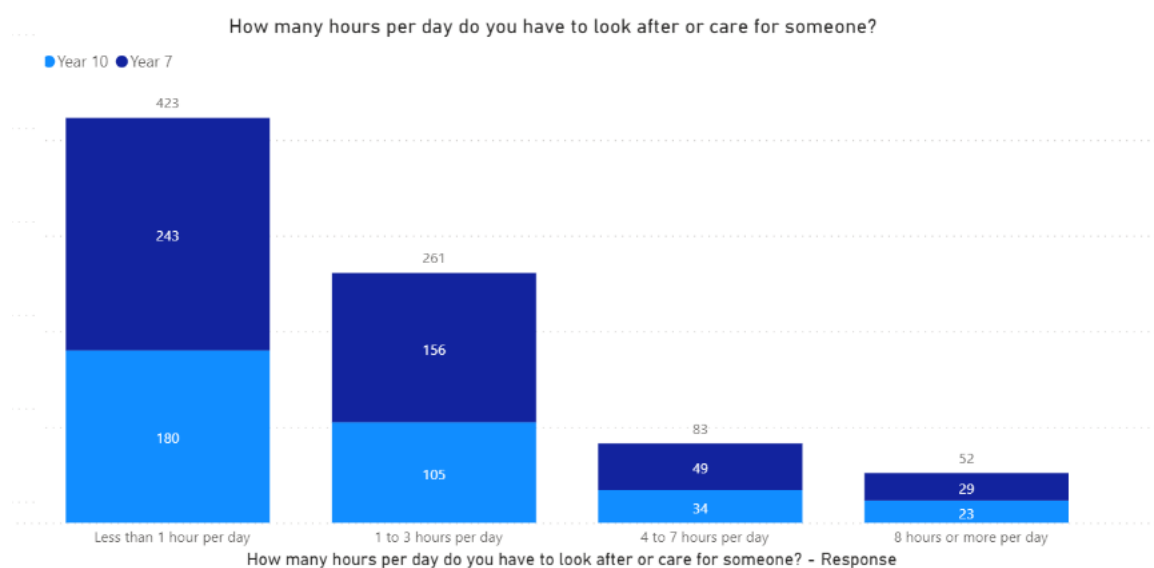


**Figure 31:** Responses to caring questions, by academic year

Of those who answered yes, a follow up question was asked around if looking after someone means a person has less time to socialise with friends. 926 students responded to this, with 28.4% stating it does mean they have less time to socialise with friends.

819 students answered the question around how many hours a day they care for someone (figure 32):

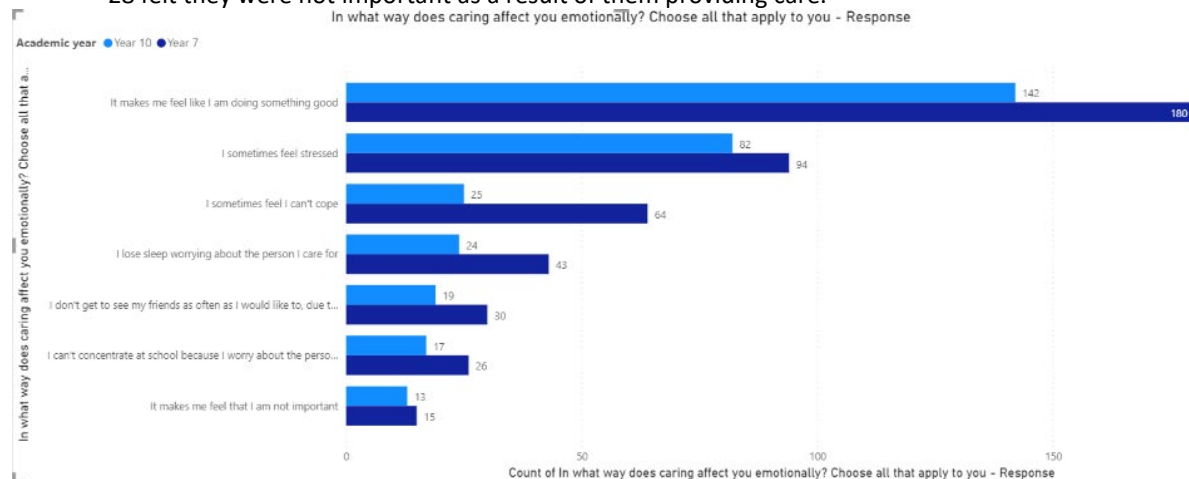
- 423 respondents care for someone less than 1 hour a day.
- 261 respondents care for someone 1 to 3 hours per day.
- 83 respondents care for someone 4 to 7 hours per day.
- 52 respondents care for someone 8 or more hours per day.



**Figure 32:** Responses to caring questions, by academic year

Students that care for others were asked in what way caring affects them emotionally and there were 774 responses, listed below and in figure 33:

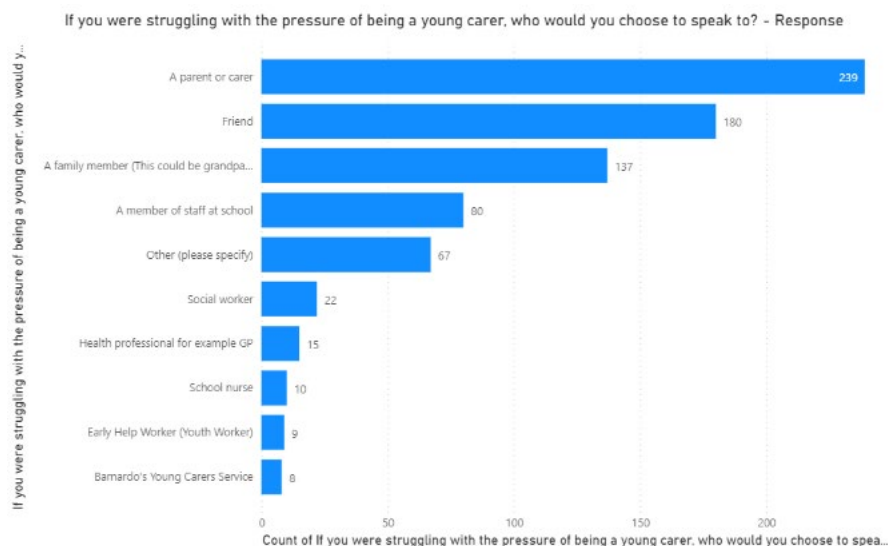
- 322 felt like it made them feel like they are doing something good.
- 176 felt like it made them feel stressed.
- 89 felt like sometimes they cannot cope.
- 67 lost sleep worrying about the person they care for.
- 49 lost time socialising with friends as were not able to see them as often as they like.
- 43 cannot concentrate at school because of worry about the person they care for
- 28 felt they were not important as a result of them providing care.



**Figure 33:** Responses to caring questions, by academic year

Respondents were asked where they would access support if they were struggling with the pressure of being a young carer with 767 responses. These are listed below and in figure 34.

- 239 would choose to speak to a parent or carer.
- 180 would choose to speak to a friend.
- 137 would choose to speak to a family member (e.g. grandparents).
- 80 would choose to speak to a member of staff at school.
- 22 would choose to speak to a social worker.
- 15 would choose to speak to a health professional such as a GP.
- 10 would choose to speak to a school nurse.



**Figure 34:** Responses to caring questions.

Students who answered yes to caring for someone were asked how important it is to have someone in school who fully understands their caring role and how it affects them. 312 respondents (40.3%) stated it was very important, 275 respondents (35.5%) stated it was sometimes important, and 187 respondents (24.2%) stated it was not important.

240 respondents (30.7%) think their school has a good mental health support system in place for young carers and other students who may be struggling with their mental health however 292 respondents (37.4%) do not. 31.9% of students answered that they do not know.

Young carers were asked if they knew of Rotherham young carers support service and 282 (37%) had heard of the service with 273 (35.4%) stating they would make contact if they needed to. 145 respondents (18.8%) felt that them being a young carer would affect their future, 390 respondents (51.2%) hope to go to university and 147 (19.2%) think that being a young carer will impact them if they hope to go to university.

### Bullying

3,917 students responded to the question around if they had been bullied in the last 6 months. 2,846 students (72.7%) have been bullied in the last 6 months, and of those who were bullied, there were a mix of responses to 'Why do you think you were bullied?' shown below and in figure 35.

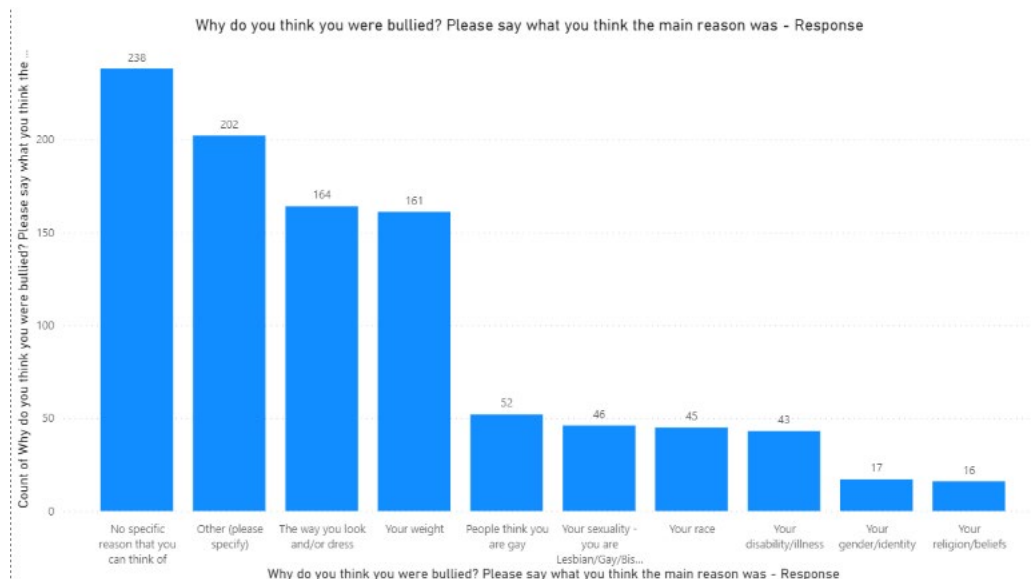


Figure 35: Responses to bullying questions.

## Hate crime

Students were asked about their knowledge of hate crime and the responses are shown below and in figure 36:

- 3,047 respondents (82.1%) know what hate crime is, and 344 (9.3%) do not.
- 616 respondents (16.6%) have experienced hate crime.
- 2,077 respondents (56.3%) know how to report hate crime.

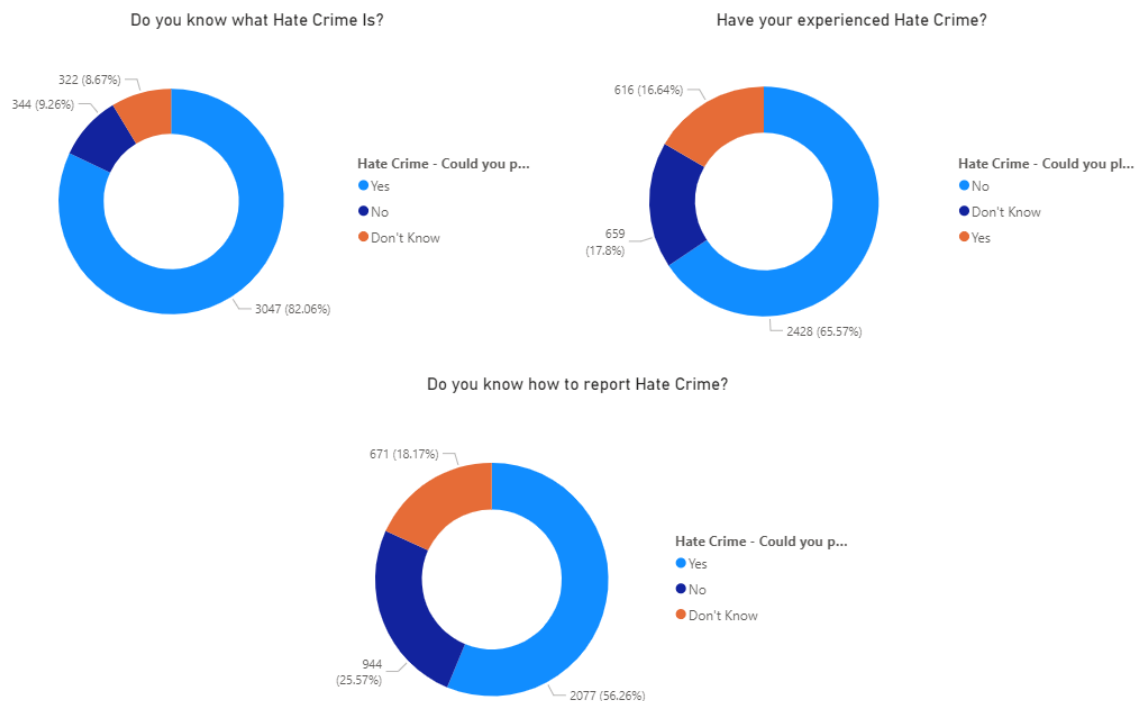


Figure 36: Responses to Hate Crime questions.

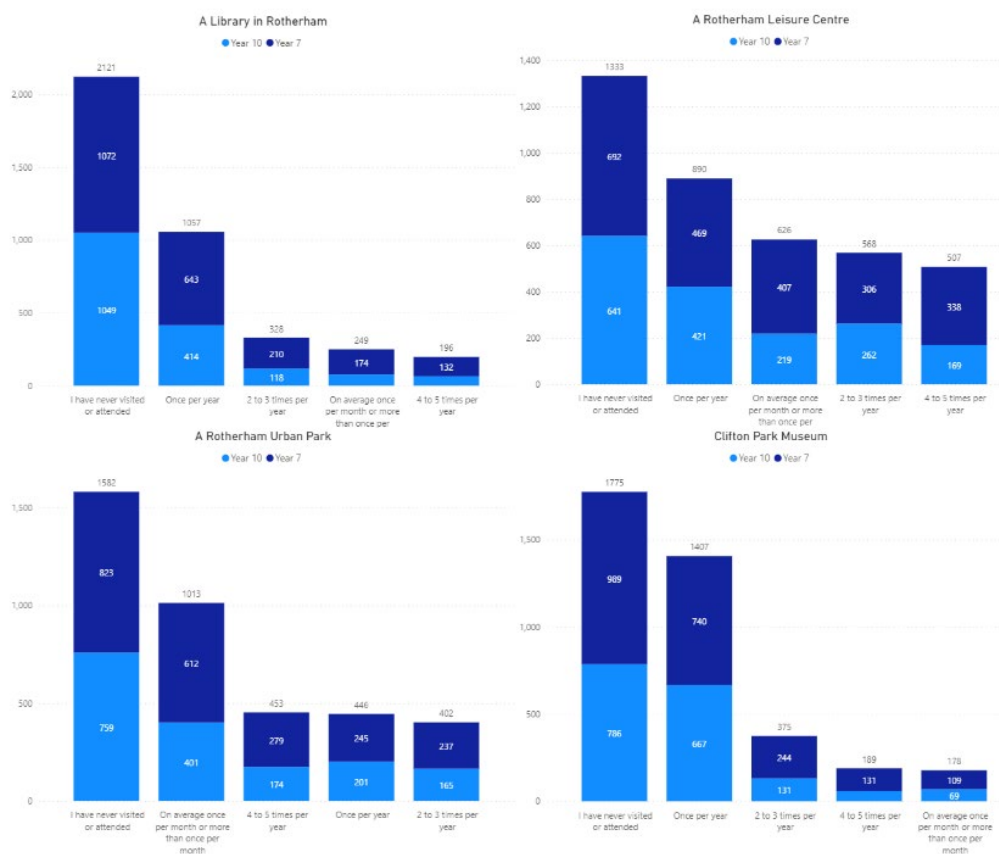
## Culture and Leisure

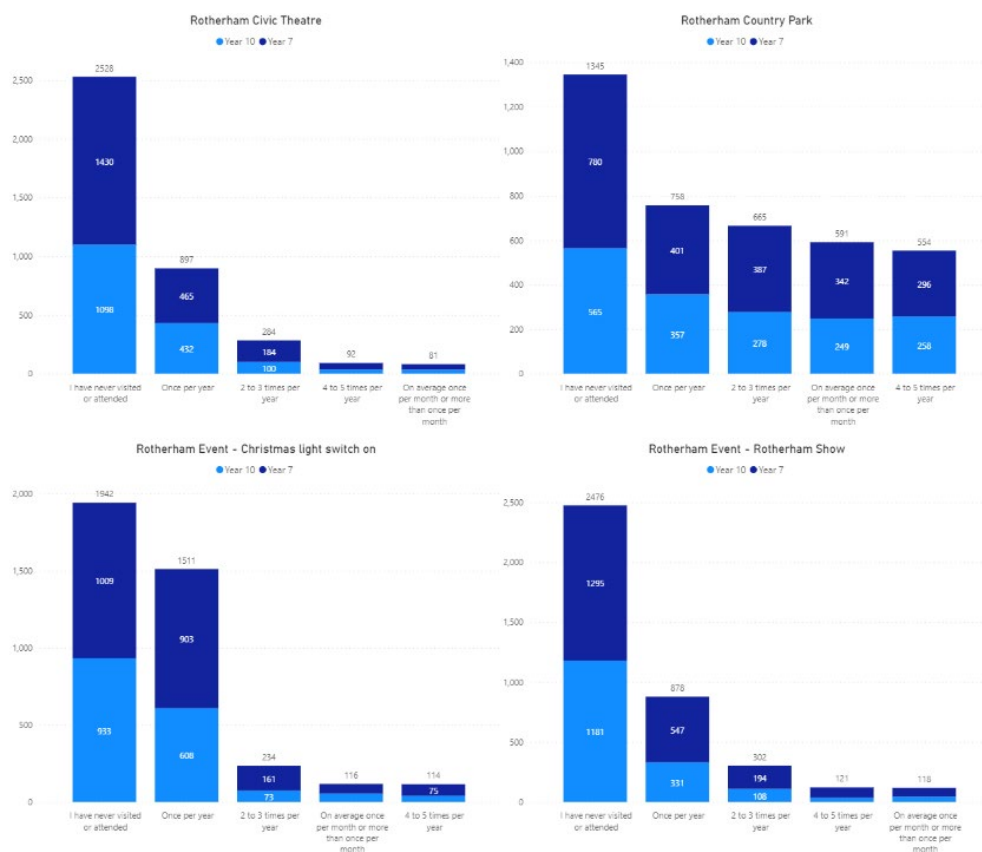
Students were asked how often they visited locations in Rotherham including a library, a leisure centre, a park, Clifton park museum, the theatre, and events such as the Christmas light switch on and the Rotherham show (figure 37).

- Local library: 1830 respondents had visited at least once per year, however 2,121 had never visited.
- Rotherham leisure centres: 2,591 had visited at least once a year, however 1,333 had never visited.
- Rotherham urban park: 2,314 had visited at least once per year, however, 1,582 had never visited.
- Clifton Park museum: 2,149 had visited at least once per year, however 1,775 had never visited.
- Rotherham civic theatre: 1,354 had visited at least once per year, however 2,528 had never visited.
- Rotherham Country Park: 2,568 had visited at least once per year, however 1,345 had never visited.
- Rotherham events: 1,975 had visited the Christmas light switch on and 1,419 had visited the Rotherham show, however 1,942 and 2,476 had not respectively.

The most recently visited place, at the time of completion, was a Rotherham Urban Park, Country park or leisure centre; 1,994 respondents across these three categories.

Of all most recently visited locations, the majority of people rated this 4 or 5 out of 5 (5 being excellent); 56.5%, a total of 2,135 respondents.





**Figure 37:** Responses to culture and leisure questions, by academic year

470 respondents (11.5%) have heard of the Children's Capital of Culture with 159 respondents having taken part in an activity.

### Leisure centres

3,850 students responded to the question asking them to rate their experience of a Rotherham leisure centre and responses are detailed below and in figure 38.

- 655 (17.0%) have never visited a leisure centre.
- 275 (7.1%) rated the leisure centre poor or fairly poor.
- 1,458 (37.9%) rated the leisure centre as good.
- 900 (23.4%) rated the leisure centre as very good.
- 562 (14.6%) rated the leisure centre as excellent.



**Figure 38:** Responses to culture and leisure questions, by academic year

## Green spaces

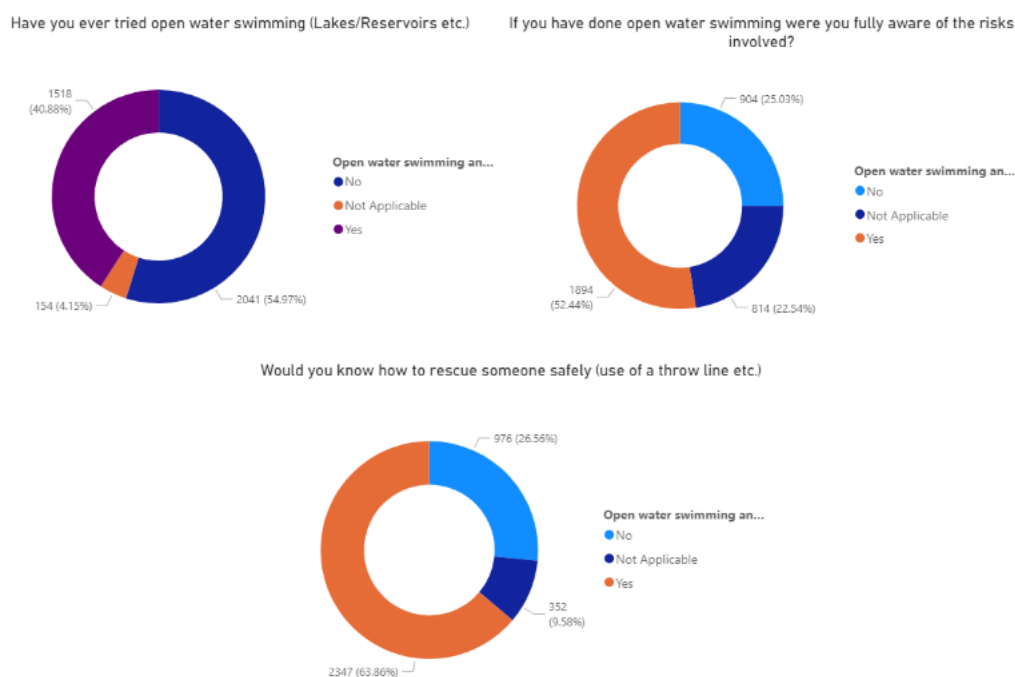
Students were asked what facilities they would like to see more of in their local area and green spaces:

- 1,606 would like to see more football pitches
- 1,590 would like to see more water sports
- 1,459 would like to see more gym equipment
- 1,395 would like to see more play equipment
- 960 would like to see more natural reserves and wildflower planting
- 820 would like to see more multi-use games areas and
- 808 would like to see more tennis courts

## Open water swimming

Students were accessed about their experience of open water swimming and responses are detailed below and in figure 39.

- 1,518 students (40.9%) have tried open water swimming and 2,041 (55.0%) have not.
- Of those who have tried open water swimming, 1,894 (53.4%) were fully aware of the risks.
- 2,347 students (63.9%) would know how to rescue someone safely (throw a line).

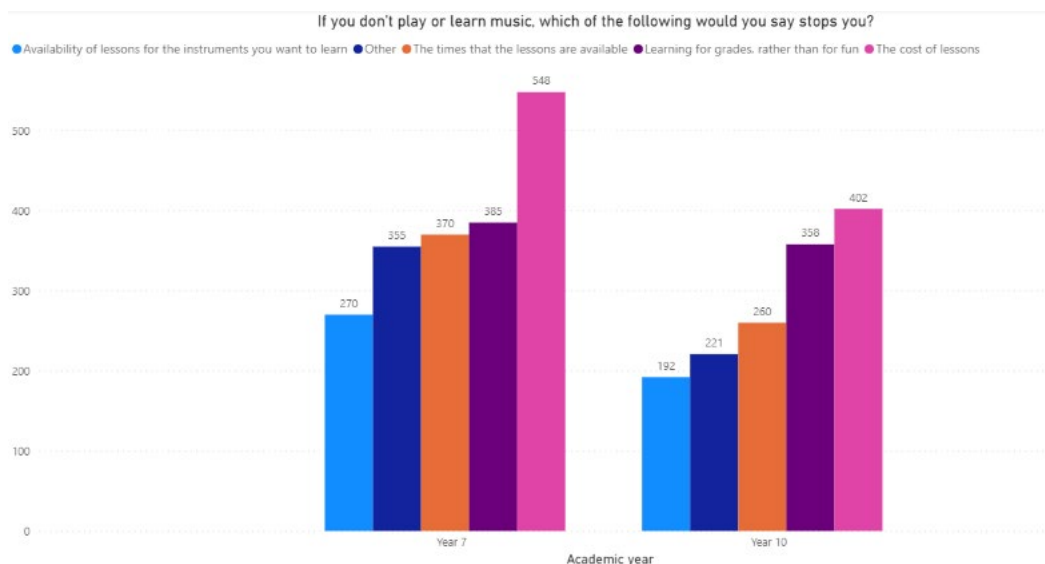


**Figure 39:** Responses to culture and leisure questions on open water swimming.

## Music

Students were asked to answer a question around barriers to learning or playing an instrument.

Responses follow the same pattern across academic years with the main reason for not being able to play or learn an instrument due to the cost of lessons, a total of 950 respondents. The second most common response was learning for grades rather than fun, a total of 743 respondents. Additionally, 630 respondents found lesson times a barrier and 462 found availability for specific instrument lessons a barrier (figure 40).



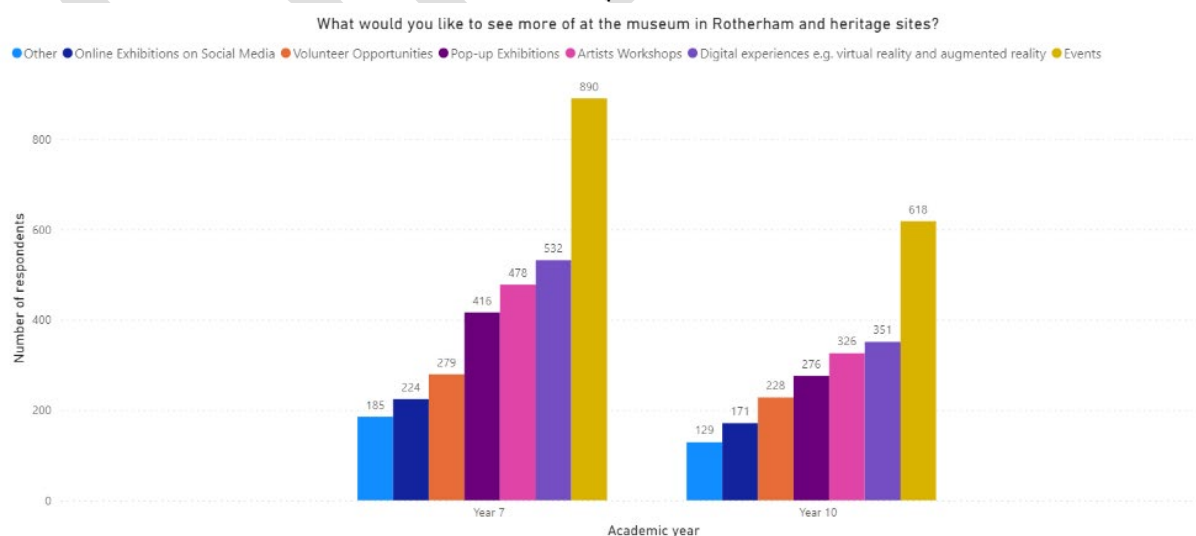
**Figure 40:** Responses to culture and leisure questions, by academic year

## Museums

Students were asked what they would like to see more of at the Rotherham museum and heritage sites.

Responses follow a similar pattern across academic years and the response with the highest selection was students that would like to see more events, a total of 1,508. Secondly, students would like to see more digital experiences such as virtual or augmented reality; a total of 883. Other requests were for the following (figure 41):

- Artist workshops: 804 respondents
- Pop-up exhibitions: 692 respondents
- Volunteer opportunities: 507 respondents
- Online exhibitions on social media: 395 respondents



**Figure 41:** Responses to culture and leisure questions, by academic year

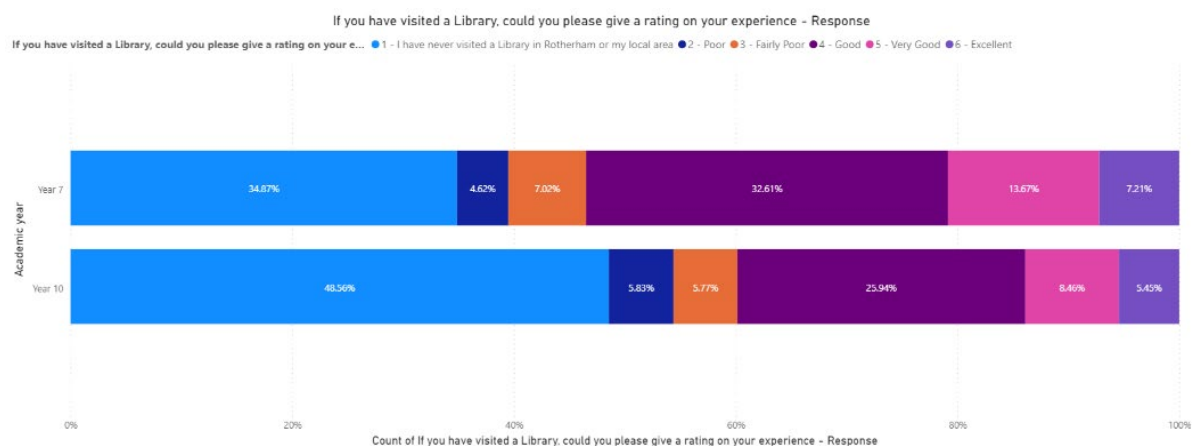


## Libraries

Students that have visited a local library were asked to give a rating on their experience with 3,683 students responding. Of these, 1,498 (40.7%) had never visited a Rotherham library.

428 (11.6%) respondents rated the library as very poor or poor, 1,519 (41.3%) rated the library as good or very good, and 238 (6.5%) rated the library as excellent.

Responses differed across academic years with 34.9% of Year 7 students having never visited a Rotherham library compared to 48.6% of Year 10 students (figure 42).



**Figure 42:** Responses to culture and leisure questions, by academic year

Students were asked what resources would encourage them to visit their local library, these are listed below and in figure 43:

- 343 would like to see a writers group
- 370 would like to see a coding club
- 488 would like to see a youth centre/club
- 663 would like to see a wider selection of information and clubs
- 1,189 would like to see a gaming club
- 1,307 like the library the way it is

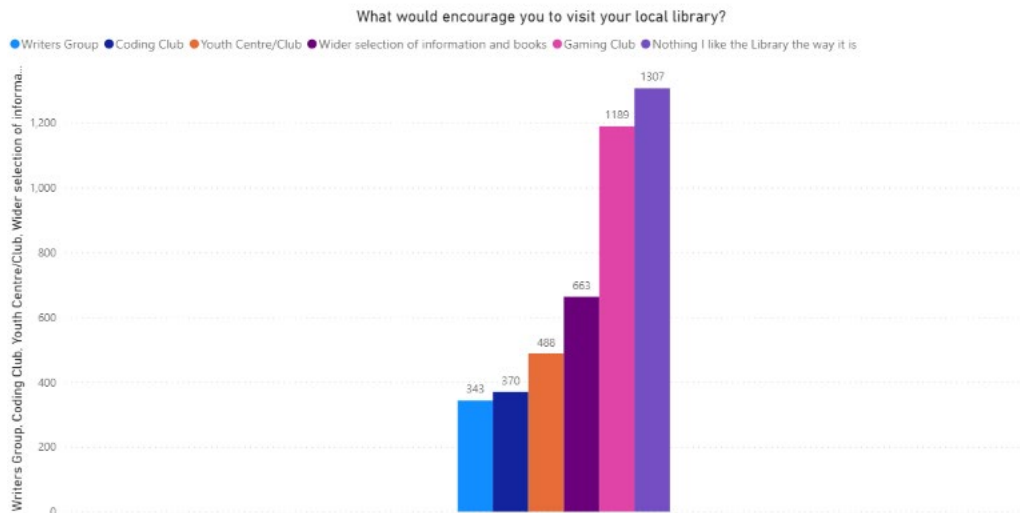


Figure 43: Responses to culture and leisure questions, by academic year

## Theatre

Students were asked what activities and productions they would like to see at the theatre, and the genre that had the most responses was comedy: 2,023 in total.

Other responses include the following (figure 44):

- Drama: 1,027 respondents
- Pantomime: 921 respondents
- Musicals: 916 respondents
- Dance: 867 respondents
- Music events: 719 respondents
- Workshops and classes: 445 respondents

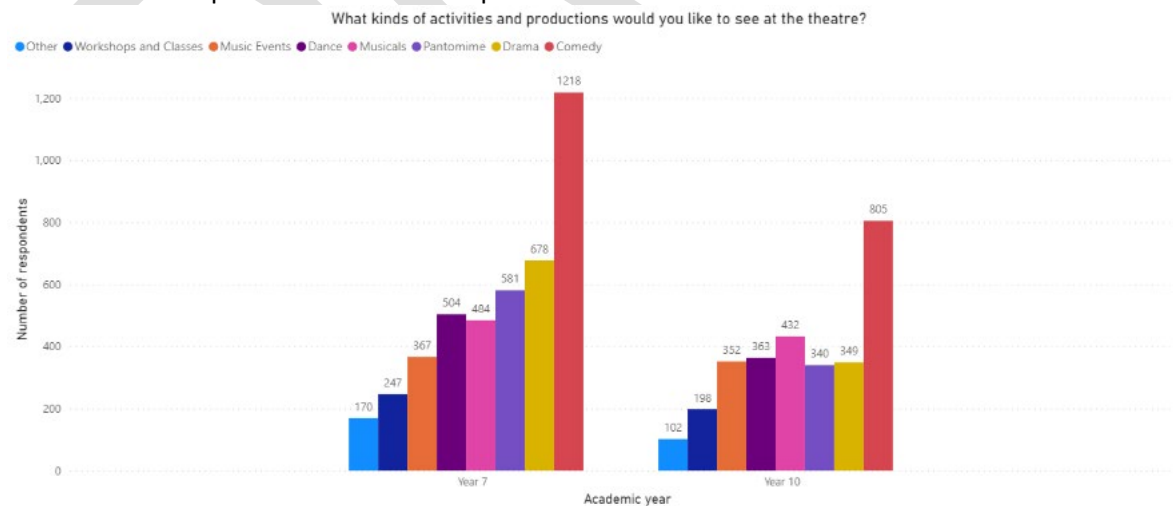


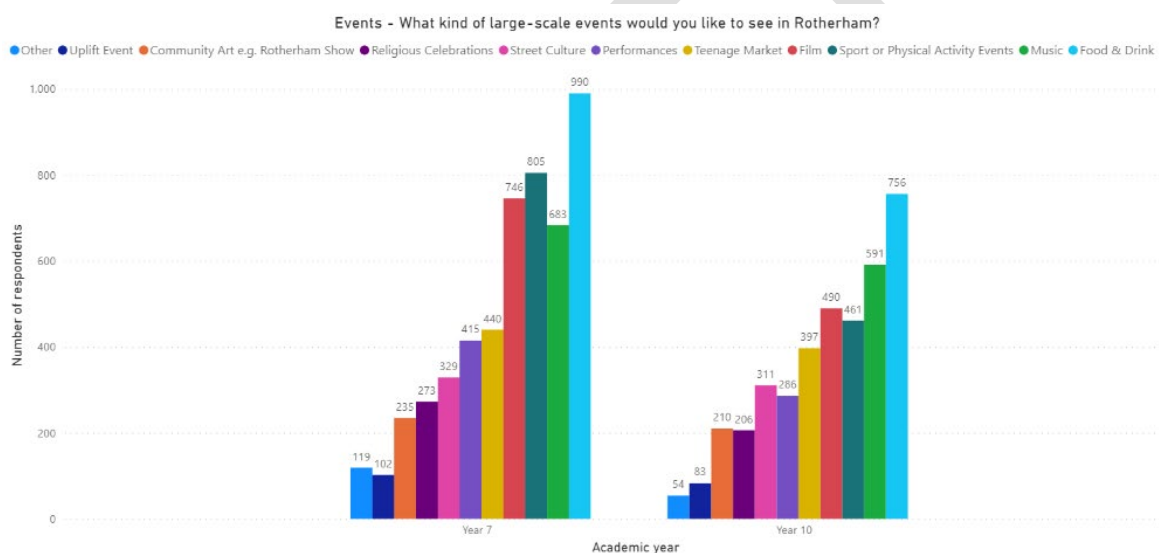
Figure 44: Responses to culture and leisure questions, by academic year

## Events

Students were asked what large-scale events they would like to see in Rotherham and the most common response was food and drink events: a total of 1,746 responses.

Other responses include the following (figure 45):

- Music: 1,274 respondents
- Sport or Physical Activity Events: 1,266 respondents
- Film: 1,236 respondents
- Teenage market: 837 respondents
- Performances: 701 respondents
- Street Culture: 640 respondents
- Religious celebrations: 479 respondents
- Community Art: 445 respondents



**Figure 45:** Responses to culture and leisure questions, by academic year

## Gulliver's theme park

Overall 3,990 students responded to this question and 44.5% of respondents have never visited. Of those that have visited, 16.3% rated it as excellent, 15.6% rated it as very good, 18.7% rated this good, 2.6% rated this as fairly poor, and 2.4% rates this as poor.

However, this differed across academic years with 59.1% of Year 10 having never visited compared to 33.2% of Year 7 having never visited. For students in Year 7, 43.1% rated this as excellent or very good compared to 17.4% in Year 10 (figure 46).

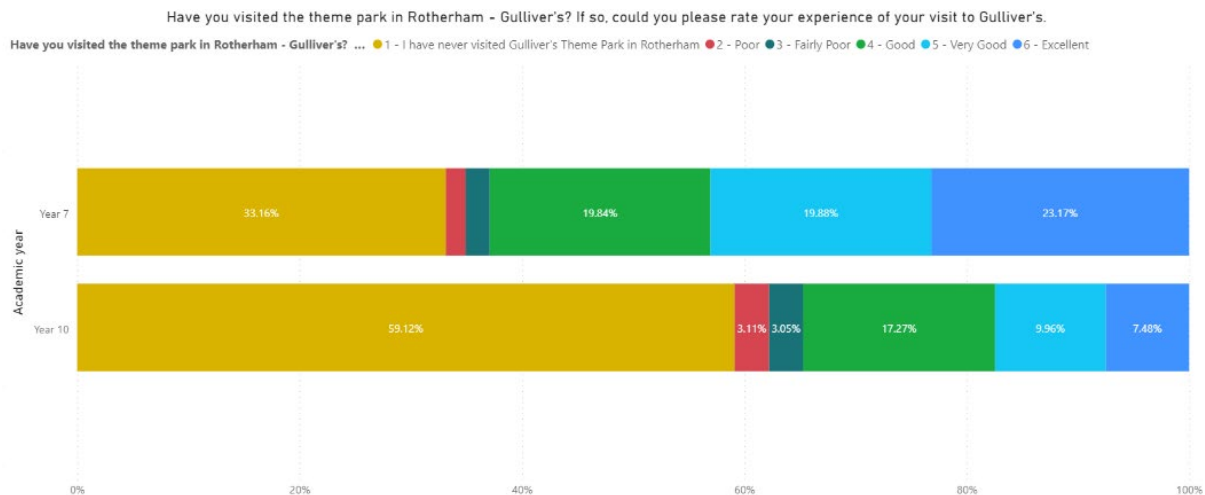


Figure 46: Responses to culture and leisure questions, by academic year

## Leaving school

Students were asked what they would like to do when they leave school and 4,318 students responded. Responses are detailed below and in figure 47.

- 1,473 students, 34.1%, plan to go to college and go to university.
- 956 students, 22.1%, do not yet know what they would like to do after school.
- 740 students, 17.1%, plan to go to college and then gain employment.
- 528 students, 12.2%, plan to get an apprenticeship.
- 375 students, 8.7%, plan to start their own business.
- 246 students, 5.7%, plan to get a job straight from school.

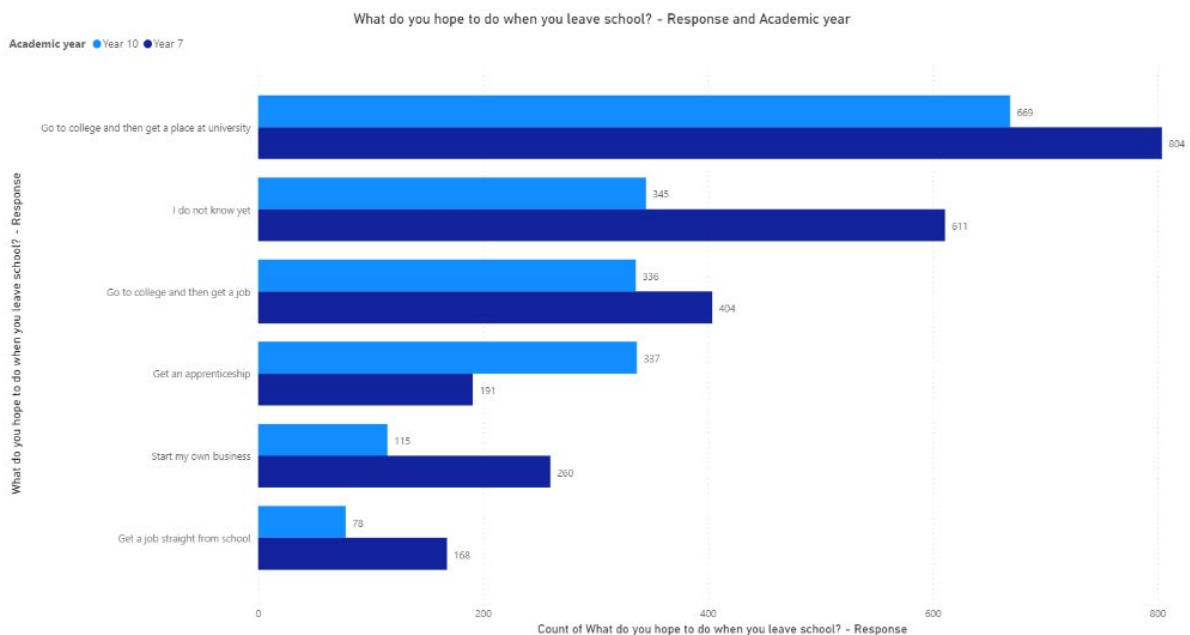


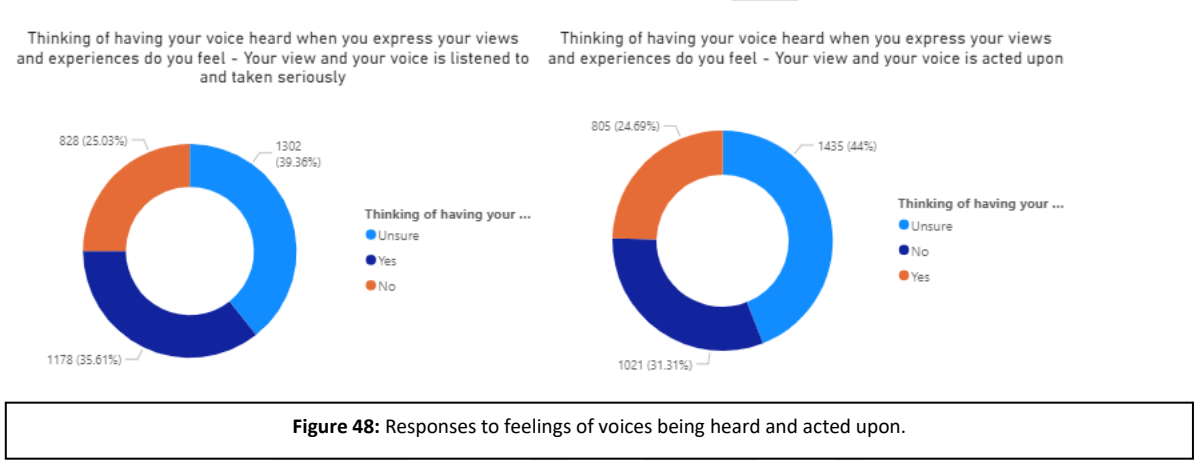
Figure 47: Responses to leaving school, by academic year

### Voice of the child

Students were asked if they felt their voice was listened to and acted upon.

1,178 respondents, 35.6%, felt their view and voice is listened to and taken seriously, however 828 respondents, 25.0%, felt their views were not listened to and taken seriously, and 1,302 respondents, 39.4%, were unsure (figure 48).

In terms of respondents feeling their view and voice is acted upon, 805 respondents, 24.7%, felt it was acted upon, 1,021 respondents, 31.3%, felt it was not acted upon, and 1,435 respondents, 44%, were unsure (figure 48).



## References

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<sup>1</sup> Population and household estimates, England and Wales: Census 2021. [Population and household estimates, England and Wales: Census 2021 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/census/2021-census)

<sup>2</sup> English indices of deprivation 2019 . [English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019)

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# Rotherham School Lifestyle Survey Executive Summary

Lorna Quinn

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# Participation and demographic

- 15 of 16 schools participated and 3 PRUs
- 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'
- Looked After Children – 3.9% of total respondents (193)

# Health and wellbeing

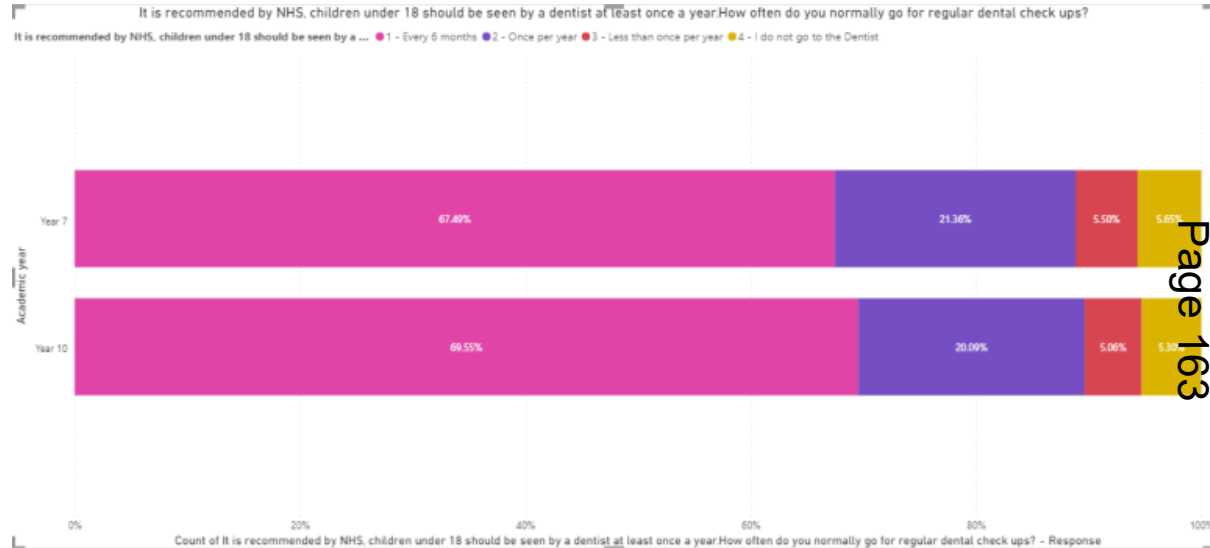
- 57.2% of respondents rated their mental health as good or excellent, 28.5% rated this as fair, and 14.3% rated this as poor.
- There has been a positive trend from 2022 with a reduced proportion of respondents reporting their mental health as poor, however proportions rating poor mental health remain 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.
- In respect of their physical health, 26.2% of respondents rated this as excellent, 51.3% rated this as good, 18.6% rated this as fair, and 3.9% rated this as poor.

# Medical conditions

- 21% reported a long-term illness, medical condition or disability. This has shown no overall trend since 2017.
- Asthma and Autism were the two most prevalent self-reported conditions: 4.4% and 3.2% respectively.
- 1.3% of total respondents self-reported diagnosed mental health issues.
- Trend analysis for Year 7 respondents show no clear trend for the top four diagnosed conditions from 2017 to 2023, however asthma has remained consistently the highest proportion.

# Dentistry

- 89.2% of respondents saw a regular dentist however 10.8% stated they see a dentist less than once per year or do not go to the dentist.
- From 2017 to 2022, a fewer proportion of respondents stated they visit the dentist regularly year-on-year, however from 2022 to 2023, this remained similar

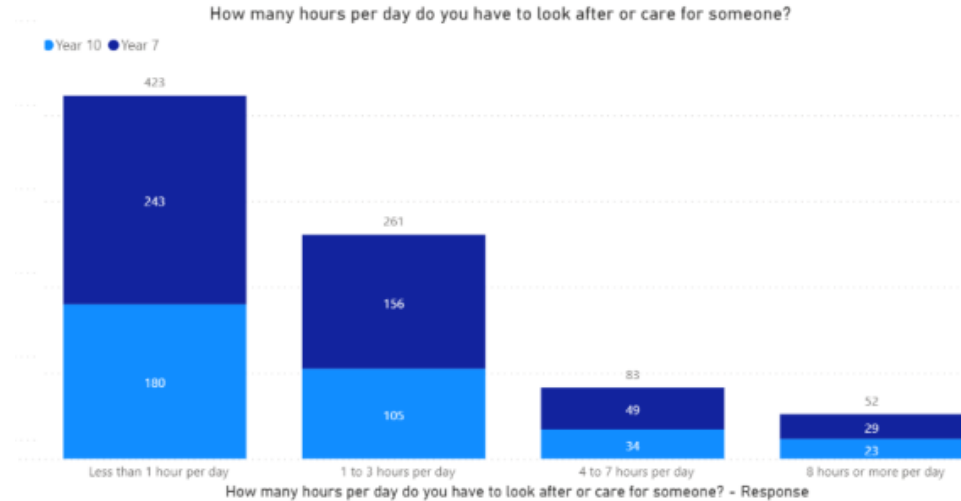


# Health behaviours

- The highest proportion of responses, 1,969 students, gave their diet a rating of 3 (42.5% and 44.8% Year 7 and Year 10 respectively) however 588 students rated their diet as poor (13%)
- 9.7% of Year 10 respondents stated they had had sexual intercourse and there was awareness of support across the system.
- No trend in smoking data: 0.6% and 3.3% of respondents smoke on a regular basis (Y7 and Y10) and a positive increase in those who do not think it is ok to smoke.
- 78% of Y7 and 47% of Y10 have never tried an alcoholic drink – similar to previous years.
- 87% of respondents have never tried drugs or substances and of those that have consumed in the previous month and week, data remains similar.

# Young carers

- 3,721 respondents answered this question with 851 (22.9%) stating they do care for someone.
- 28.4% of those caring for someone stated it means they have less time to socialise with friends.

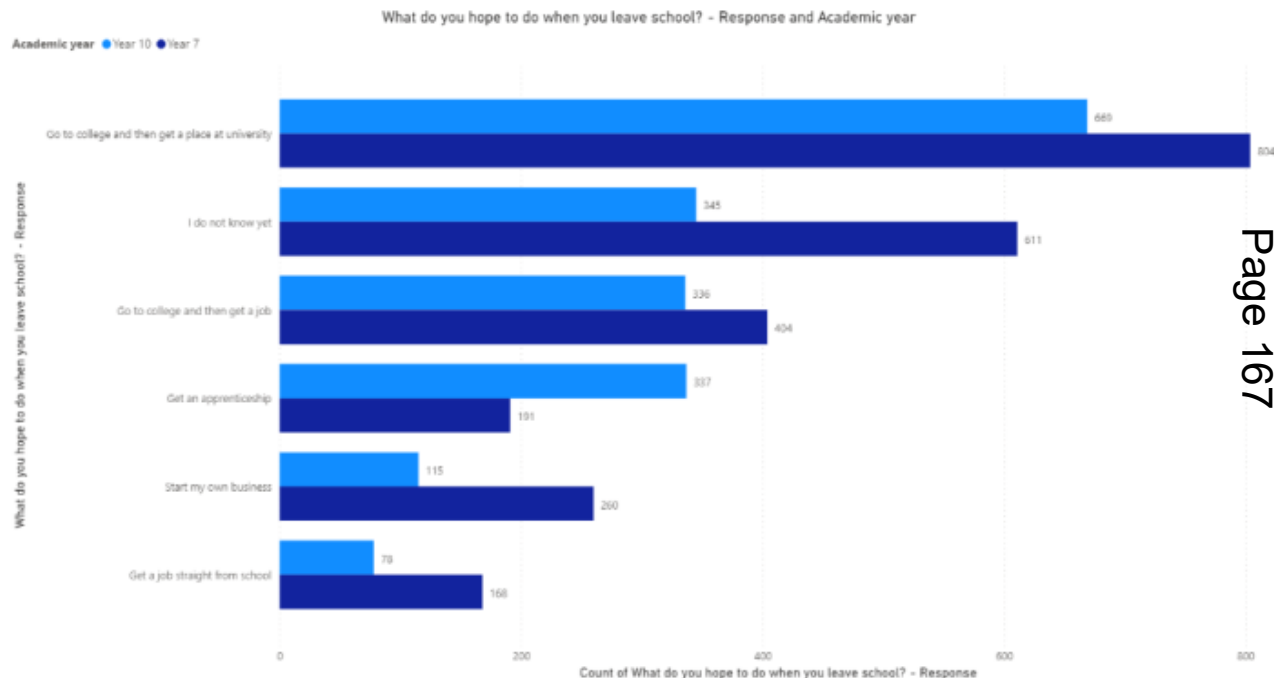


# Culture and leisure

- The most recently visited place, at the time of completion, was a Rotherham Urban Park, Country park or leisure centre; 1,994 respondents across these three categories.
- Of all most recently visited locations, the majority of people rated this 4 or 5 out of 5 (5 being excellent); 56.5%, a total of 2,135 respondents.
- 75.9% of respondents rated leisure centres as good, very good and excellent.
- The cost of music lessons was the biggest barrier to accessing music lessons.
- 47.8% of respondents rated libraries as good, very good or excellent (40.7% had never visited).
- The events respondents would like to see in Rotherham was mainly music, sport/physical activity, or film events.

# Leaving school

- 34.1%, plan to go to college and go to university.
- 22.1%, do not yet know what they would like to do after school.
- 17.1%, plan to go to college and then gain employment.
- 12.2%, plan to get an apprenticeship.
- 8.7%, plan to start their own business.
- 5.7%, plan to get a job straight from school.

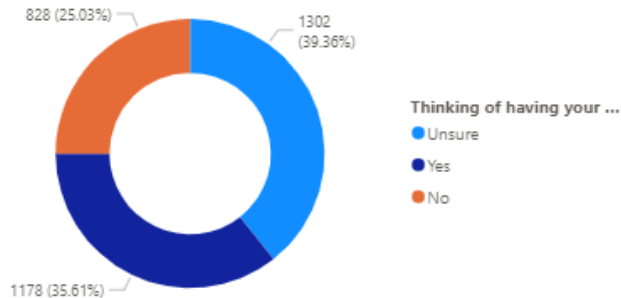




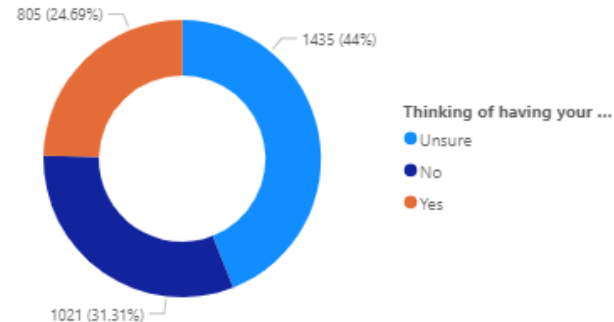
# Voice of the child


- 35.6% felt their view and voice is 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.

Thinking of having your voice heard when you express your views and experiences do you feel - Your view and your voice is listened to and taken seriously



Thinking of having your voice heard when you express your views and experiences do you feel - Your view and your voice is acted upon





# Aim 1: All children get the best start in life and go on to achieve their potential

Best start in life for Children & Young People

Rotherham Health and Wellbeing Strategy – Aim 1

South Yorkshire Integrated Care Strategy – Shared outcome 1

SOUTH YORKSHIRE										
SY Integrated Care Strategy shared outcome: Best start in life for Children and Young People										
Context	Wider determinants (physical, commercial and socio-economic) housing, social networks and education. Poverty Health inequalities				impact of pandemic					
Health areas	Parental health		Mental health		Oral health		Children’s development (‘school readiness’) Development of healthy behaviours: Physical activity Healthy eating		Reduce healthcare inequalities	Other focus areas for CORE20Plus for CYP: Asthma Diabetes Epilepsy
							Physical activity School readiness			
Focus areas for healthcare and children’s services across SY (commitments)	Families			Voice and control				Access to mental health and wellbeing services for children and young people	Access to play areas	develop the world’s most advanced and integrated healthcare system for children and young people
	1,001 days	families to stay safely together, with a focus on early help, access to services and preventing them from reaching crisis point	Multi-agency collaboration, take a strengths-based approach to establishing family hubs	support for children to manage their physical and mental health and wellbeing, maximise their capabilities and have choice and control over their lives	voice and active participation in improving and integrating services, co-production of services					

Actions	enhance maternity care, to decrease inequalities in maternal and neonatal outcomes.	working to remove industry interference in alcohol and gambling educational materials	Establish Family Hubs				Limit saturation of hot food takeaways in areas around schools			improve uptake of childhood immunisations	development of a National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park
Inclusion Groups	young carers, looked after children, care leavers and those in contact with the justice system										
Who	<ul style="list-style-type: none"><li>Place Partnerships</li><li>Family Hubs</li><li>Local Maternity and Neonatal Network</li><li>Children’s social care services</li><li>Primary Care Networks</li><li>Children and Young People’s Alliance</li><li>Children and Young People’s Health Equity Collaborative</li><li>Mental Health Provider Collaborative</li><li>National Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy Park</li><li>Bloomberg Harvard City Leadership Programme for South Yorkshire</li></ul>										
Going Further as SY	<p><b>Focus on development in early years so that every child in South Yorkshire is school ready</b></p> <p>Raise the level of school readiness in South Yorkshire and close the gap in those achieving a good level of development between those on free school meals and all children by 25% by 2028/30</p>										
ROTHERHAM											
Health and Wellbeing Strategy Aim 1: All children get the best start in life and go on to achieve their potential											
Themes and factors	Differing life chances, poverty					Socio-economic factors, poverty				impact of pandemic	
Focus areas	Maternal health	Smoking at time of delivery	Breastfeeding	Dental decay		social networks and education	poor housing, fuel poverty	healthy behaviours, healthy eating	Mental health, stress, anxiety		
Health and Wellbeing Strategy Priorities	1. Develop our approach to give every child the best start in life.					2. Support children and young people to develop well.					
Health and Wellbeing Strategy Action Plan	Implement ‘Best Start and Beyond’ framework.										
	Mobilise and launch 0-19 service with a universal offer to support all children and young people and their families, with an enhanced offer for those that need it, ensuring that there is equality across the service.										
	Building on gap analysis, develop a local action plan to deliver on the first 1001 days	Work with the LMS to ensure continuity of carer is the default model by March 2024.	Developing and publishing the Start for Life Offer (first 1001 days), through	Work towards formal ratification of ‘Breastfeeding Borough’ declaration,		Develop and agree prevention-led approach to children and young people’s	Develop proposals for multi-agency Family Hub model of service delivery	Continue to support children and young people’s Mental Health and wellbeing,	Continue to jointly deliver the SEND Written Statement of Action, jointly	Continue to focus on improving early years take-up in targeted areas of	

	through the Best Start and Beyond Framework.	(action to be reworded)	implementatio n of Best Start and Beyond Framework.	including BF friendly places, BF policy, comms plan		healthy weight with partners, building on childhood obesity pathway review and evidence from compassionate approach		along with schools, health and voluntary sector	led by LA and ICB and with local area partners.	Rotherham (Central) to have wider holistic benefit on key development measures
Group/ body overseeing delivery	Best Start and Beyond Steering Group					Early Help Steering Group				



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

Living healthier and longer lives AND improved wellbeing for those with greatest need

Rotherham Health and Wellbeing Strategy Aim 2

South Yorkshire Integrated Care Strategy – Outcome 2

SY Integrated Care Strategy Priority	Living healthier and longer lives AND improved wellbeing for those with greatest need <sup>1</sup>			
SOUTH YORKSHIRE				
Context	Health inequalities		factors that contribute to poor mental health, including social and economic factors	
Health areas/themes	Proactively enabling early intervention to prevent more serious difficulties and preventing suicide.		challenge mental health stigma promoting the importance of mental health throughout every stage of life	
SY Integrated Care Strategy Themes			Core 20 Plus 5 <ul style="list-style-type: none"><li>Locally identified priority groups (Including: people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBTQTrans communities.</li><li>Clinical areas:<ul style="list-style-type: none"><li>maternity</li><li>severe mental illness</li><li>chronic respiratory</li><li>disease, early cancer diagnosis and</li><li>hypertension and high lipids</li></ul></li></ul>	
Approaches/commitments	<ul style="list-style-type: none"><li>community voice and insights to enable changes to services</li><li>co-produce local programmes with local communities and people with lived experience</li><li>work with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services</li></ul>	a step change in the focus on wellbeing, prevention and the early identification and management of physical and mental ill health.	<ul style="list-style-type: none"><li>proactive care</li><li>whole-person approach</li><li>self- management of physical and mental health and wellbeing</li></ul> ensure that people of all ages have the information, knowledge, skills and confidence they need to manage their physical and mental health and wellbeing, have choice and control in their own lives, and are able to use their skills.	improve access to services, understand and remove barriers and enable the integration of care.

<sup>1</sup> Living healthier and longer lives – covered in Aim 3 of Health and Wellbeing Strategy. This overview focuses on mental health and wellbeing (Aim 2)

			knowledge and experience to benefit the wider community	
Examples of Actions	Supporting people with mental ill health to have better physical health and working with primary care to enhance the <b>annual physical health check</b> for people with serious mental ill health	Specialist Tobacco Treatment Advisors supporting people in contact with <b>secondary care mental services to stop smoking</b> (Mental Health Trusts)	For example, Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector	
Groups	We will work with: <ul style="list-style-type: none"><li>• People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.</li><li>• People with serious physical long-term conditions to enable them to have good mental health.</li><li>• Ethnic minority communities to support improvements in physical and mental health.</li></ul>			
How/Who	Mental Health Provider Collaborative Place Based Partnerships Place Partnerships, working with the Mayoral Combined Authority, Alliances NHS partners Mental Health Trusts			
Going Further as SY	<b>Act differently together to strengthen &amp; accelerate our focus on prevention and early identification</b> Focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – <b>Cardiovascular, Respiratory Disease and early diagnosis of Cancer</b> . Specifically acting together to strengthen our focus on reducing smoking to reduce the <b>levels of smoking</b> to 5% by 2030			
ROTHERHAM				
Rotherham Health and Wellbeing Strategy themes	personal, social and environmental risk factors contribute to poor mental health, including medical illness, loneliness, unemployment, poverty and poor access to basic services	Role of other organisations and local communities in providing environments where suicide can be talked about and trained people can spot the signs and offer initial support and signposting	Health and Wellbeing Board partners as significant local employers <ul style="list-style-type: none"><li>• developing a supportive culture</li><li>• increasing awareness and understanding of mental health</li><li>• Reducing stigma and discrimination</li></ul>	<ul style="list-style-type: none"><li>• access and experience of services</li><li>• Talking therapies, psychological therapies for depression and anxiety disorders in adults</li><li>• inequalities in health outcomes for the most and least deprived communities in Rotherham</li><li>• barriers for Black, Asian and Minority Ethnic communities to accessing mental health care.</li><li>• Covid-19 impact on access</li></ul>
Health and Wellbeing Strategy Aim	All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life			
Health and Wellbeing Strategy Priorities	3. Promote better mental health and wellbeing for all Rotherham people.	4. Take action to prevent suicide and self-harm.	5. Promote positive workplace wellbeing for staff across the partnership.	6. Enhance access to mental health services.

Health and Wellbeing Strategy Action Plan	Progress formal sign up to the OHID prevention concordat for better mental health as a Health and Wellbeing Board	Develop and deliver partnership communications activity focussed on mental health, building on successful campaigns and resources <ul style="list-style-type: none"><li>Rotherhive</li><li>Five Ways to Wellbeing</li><li>Great Big Rotherham To Do List</li></ul>	Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications	Deliver the Be the One campaign with annual targeted messages based on local need with support from all partners’ comms and engagement leads.	Promote the Be Well @ Work award to Health and Wellbeing Board partners and support sign up	Ensure partners are engaged in Employment is for everyone programme, promoting employment opportunities to those with SEND, and improving wellbeing at work	Ensure partners are engaged in the development and mobilisation of the integrated primary/secondary care mental health transformation. This will include: <ul style="list-style-type: none"><li>Implementation of MH ARRS roles</li><li>Long term plan eating disorders, IPS and EIP targets by March 2024</li><li>Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024</li></ul>	To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require: <ul style="list-style-type: none"><li>Partnership working to ensure an early intervention and crisis prevention model is developed</li><li>Mobilisation of the Touchstone Safe Space (alternative to crisis) provision</li><li>Mobilisation of social care pathways</li></ul>
	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		To promote postvention support for adults, children and young people bereaved, affected and exposed to suicide and monitor referrals to services, including staff affected					
Group/ body overseeing delivery	Rotherham Place Better Mental Health for All Group							
Rotherham Place Plan Transformation workstream	ENJOYING THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING							
	Delivery of the Adult Severe Mental Illness in Community Health transformation plan	Delivery of the Mental Health Crisis & Liaison programme		Suicide-prevention programme		Dementia pathway transformation		Delivery of the Better Mental Health for All Plan (note this also includes the loneliness delivery plan)

**SY Integrated Care Strategy Shared Outcome 4: People with the skills and resources they need to thrive (as relevant to Aim 2)**

**SY ICP actions:**

- collective power of our anchor institutions and supporting the development of our health and care workforce.
- Actively promote the development of inclusive labour markets

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

- Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce
- Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism

**SY Integrated Care Strategy Shared Outcome 2 – Living healthier and longer lives – covered in AIM 3 (and AIM 4) of Rotherham Health and Wellbeing Strategy**

**SY Integrated Care Strategy Shared Outcome 2 – Living longer and healthier lives (wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities) – covered in AIM 4 of Rotherham Health and Wellbeing Strategy**





## Aim 3: All Rotherham people live well for longer.

Living healthier and longer lives AND improved wellbeing for those with greatest need

Rotherham Health and Wellbeing Strategy Aim 3

South Yorkshire Integrated Care Strategy – Outcomes 2

SY Integrated Care Strategy Priority	Living healthier and longer lives AND improved wellbeing for those with greatest need							
SOUTH YORKSHIRE								
Context	Health inequalities (incl ethnic health inequalities), wider determinants of health impacting on physical and mental health							
SY Integrated Care Strategy Themes	Independence	Social prescribing	Early diagnosis (cancer) and early identification (cardiovascular disease (heart disease and stroke), respiratory disease, cancer and dementia – and of their risk factors (such as high cholesterol, high blood pressure and diabetes))	Risk factors: smoking, alcohol, obesity and hypertension	Those living with multiple conditions	enabling choice and control and supporting end of life planning	Access to services	Reduce inequalities in healthcare
SY Integrated Care Strategy themes - commitments/ap proaches			Ensure that prevention interventions are funded at sufficient scale to have real impact	Self-management	Proactive care, taking a whole-person approach		Community voice and insights, lived experience Ensure that prevention interventions are co-produced with local communities	Increase our joint use of data and information, incl information from patients and communities (PHM)
Activities					Enhance rehabilitation for patients prior to cancer therapy and rehabilitation for people with cancer, cardiac and respiratory diseases and stroke			
How/Who	Place Partnerships, working with the Mayoral Combined Authority Collaboratives and Alliances Place Partnerships with local communities and the VCSE as equal partners							

	NHS partners								
Going Further as SY	Act differently together to strengthen & accelerate our focus on prevention and early identification Focusing on the four main modifiable risk factors – smoking, healthy weight, alcohol, and hypertension Early identification and management of the three main causes of early death and unwarranted variations in care in South Yorkshire – Cardiovascular, Respiratory Disease and early diagnosis of Cancer. Specifically acting together to strengthen our focus on reducing smoking to reduce the levels of smoking to 5% by 2030								
PLACES									
Place delivery through (as mentioned in Integrated Care Strategy)	Adult social care services (helping people to live the life they want while keeping safe and well in their local communities)	Cancer Alliance working in partnership with communities, primary care and the Voluntary Sector with Voluntary, Community and Social Enterprise Sector	Healthcare services, including Primary Care Networks	Clinical Networks for Cardiovascular, Diabetes, Stroke and Respiratory Disease.	Trusts QUIT Programme Place Partnerships  Physical activity partnership  Children and Young People’s Alliance are working with schools to promote healthy weight for children and young people	Places are developing multidisciplinary teams, bringing together Primary Care Networks, community services, specialist community teams, social care and the VCSE sector			
Rotherham Health and Wellbeing Strategy themes	Unpaid care (for someone suffering from illness, disability, addiction or mental ill health)			Conditions: cardiovascular disease, respiratory disease and cancer (Ischemic heart disease; Tracheal, bronchus and lung cancer, Stroke, Chronic obstructive pulmonary disease; Lower back pain)		Risk factors: Smoking, drugs and alcohol, and obesity ‘Ensuring the right care is provided when people need it is important, but while this aim focuses on health care, priorities in aim 4 are about ensuring that people live in environments conducive to living a healthy life’			
Health and Wellbeing Strategy Priorities	7. Ensure support is in place for carers			8. Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol  (note: twinned with Aim 4, priority 4, ‘Develop a borough that supports a healthy lifestyle’ which tackles the environmental and social context that enables people to lead healthier lives- social and commercial determinants.)					
Health and Wellbeing Strategy Action Plan	Continue to oversee and monitor the priorities in ‘The Borough that Cares Strategic Framework’, including:			Health risks Prevention campaign ‘Say Yes’		Review of Rotherham Place offer for social prescribing	community engagement coordination		
	Take an integrated approach to identifying and supporting carer health and wellbeing								

	Establish locality specific carer partnership/network groups			
	Introduce a co-production programme with communities to build our carer friendly Borough			
	Introduce quality assured Information, Advice and Guidance processes to ensure the integrated planning and implementation of Information, Advice and Guidance	NHSE funded pilot to support frequent attenders to ED with complex Alcohol and Mental Health needs	Drug and Alcohol Related Death (DARD) review process	self-management and holistic support for people living with physical health conditions and poor mental wellbeing
<b>Group/ body overseeing delivery</b>	<b>Borough that Cares Strategic Group/ delivery of Borough that Cares Strategic framework</b>	<b>Prevention and Health Inequalities Place Group</b> <b>Combatting Drugs Partnership</b> (note: this is also covered in Aim 4, priority 2: Ensure Rotherham people are kept safe from harm.) <b>Tobacco Control Group</b> <b>Moving Rotherham: Physical Activity Health Sub-Group</b>		

Improved wellbeing for those with greatest need – **covered in AIM 2 of Rotherham Health and Wellbeing Strategy**

Also covered in 'People living longer and healthier lives' (shared outcome 2 in SY Strategy) – **but covered in AIM 4 of Rotherham Health and Wellbeing Strategy:**

- wider determinants of health such as education and skills, housing, employment opportunities, neighbourhoods and communities, air pollution, creativity and arts climate mitigation and adaptation, active travel
- commercial actors disproportionately influence choices and behaviours towards unhealthy products, and use their powers to reduce those pressures. For example introducing measures to limit hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials.
- strengths-based approach to the development of vibrant communities
- health protection, e.g. environmental health protection, outbreak management and addressing air pollution.

**Priority on Carers AIM 3 of Rotherham Health and Wellbeing Strategy** – is covered in shared outcome 4 in SY ICP strategy – people with the skills and resources they need to thrive, in particular, the workforce strategy for South Yorkshire's health and social care workforce will include a focus on unpaid carers.



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

Safe, strong  
and vibrant  
communities

People with the  
skills and resources  
they need to thrive

Rotherham Health and Wellbeing Strategy – Aim 4

South Yorkshire Integrated Care Strategy – Outcomes 3 and 4

SY Integrated Care Strategy Priority	People are supported to live in safe, strong and vibrant communities					People with the skills and resources they need to thrive			
SOUTH YORKSHIRE									
SY Integrated Care Strategy Themes – South Yorkshire	Wider determinants of health								
	Creativity and arts	Air pollution	Active travel	Climate mitigation and adaptation	Safer and stronger communities	Education, skills, employment and income neighbourhoods and communities		Work and health inclusive labour markets, local recruitment, supporting people to enter and stay in work, especially those with physical and mental health conditions, inclusion groups & in greatest need to address health inequalities	
How/Who	Places				ICP advocate and share learning and influence wider partners	South Yorkshire Stronger, Greener, Fairer Strategic Economic Plan	South Yorkshire Skills Strategy in development	South Yorkshire transport strategy	ICP to advocate and support places  SY ICP Workforce Strategy to be developed
Going Further as SY	<b>Work together to increase economic participation and support a fair, inclusive and sustainable economy</b> <ul style="list-style-type: none"><li>Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30<ul style="list-style-type: none"><li>Reduce the gap in the employment rates of those with a physical or mental health long term condition (as well as those with a learning disability) and the overall employment rate by 25% by 2028/30</li></ul></li><li>Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024</li><li>Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets</li></ul>					<b>Collaborate to value &amp; support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities</b> <ul style="list-style-type: none"><li>Develop a <b>Workforce Strategy</b> that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforce</li><li>For our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communities</li><li>Contribute to South Yorkshire becoming an anti-racist and inclusive health and care system through everything that we do and how we do it with our communities. Committing to real actions that will eradicate racism</li></ul>			
PLACES									

SY Integrated Care Strategy themes - places	Increase connectivity and reduce loneliness	Access to cultural and creative opportunities, leisure and sport facilities in our local communities	Air pollution health protection, e.g. environmental health protection, outbreak management and addressing air pollution		Physical activity		Community development Community infrastructure Strengths-based approach	Commercial determinants (ie hot food takeaways around schools and reduce industry interference in alcohol and gambling educational materials)		Housing (fuel poverty, including condensation, damp and mould)	Education and skills, Learning opportunities for adults of all ages	Employment opportunities	Climate mitigation and adaptation
Rotherham Health and Wellbeing Strategy themes	Loneliness and social isolation: communities are resilient, with the right services and support	opportunities to participate in arts and culture	antisocial behaviour and crime	Impacts on mental health	Active travel	Physical activity	Asset and strengths-based approaches	Tobacco, gambling, alcohol and foods high in fats, sugars and salt access to healthy, fresh food for all		Housing	Healthy economy	Public places, streets, noise, access to green space	
How?	Delivery of Loneliness plan	Cultural Partnership Board Cultural Strategy delivery	maintain links to safeguarding boards and address any cross-cutting issues				Thriving Neighbourhoods Strategy delivery	Regulate in such a way as to minimise harm (related 'lifestyle interventions' sit in Aim 3)	Vibrant high streets	Influence other policies and strategies Place-Based Investment Strategy (incl Employment and Skills Strategy)			
Health and Wellbeing Strategy Priorities	1. Deliver a loneliness plan for Rotherham	2. Promote health and wellbeing through arts and cultural initiatives.	3. Ensure Rotherham people are kept safe from harm.		4. Develop a borough that supports a healthy lifestyle  (note: twinned with Aim 3, priority 2: Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol, which is focused on individual-level 'lifestyle interventions')								
Health and Wellbeing Strategy Action Plan (RAG rated for info)	Better Mental Health Fund Befriender dissemination	Rotherham Show	Home Safety Partnership Referral Scheme and Safe and Well checks		Strategic approach to physical activity	Football programmes for women and girls (Euros legacy)	Cycling strategy delivery plan	Training on strength-based approaches					
		Evaluation of over 55s programme (COMF)											
		Children's capital of culture											
		Activities in libraries	crosscutting issues with other partnership boards relating to safety and safeguarding.										

	Promote existing resources on loneliness		Establish a Combatting Drugs Partnership	MECC training offer on physical activity	Development of inclusive and accessible outdoor sports facilities (Playzones)	Rotherham Food Network to develop an action plan			
	deliver loneliness action plan	libraries as death positive spaces	Joint needs assessment for the Combatting Drugs Partnership						
	Promote volunteering opportunities	libraries as spaces for people to share experiences and response to specific health issues	Vaccination programme for Covid-19 and flu						
<b>Group/ body overseeing delivery</b>	Better Mental Health for All Group	Cultural Partnership Board	Safer Rotherham Partnership Safeguarding Adults Board Safeguarding Children Partnership  Safeguarding Chairs group	Combatting Drugs Partnership Tobacco Control Group Moving Rotherham - Leisure Subgroup Rotherham Food Network	RMBC – One Council Thriving Neighbourhoods	<b>Business Growth Board</b> (Employment and Skills Board and Town Deal Board) <b>RMBC - One Council (BHBC) Inclusive economy Strategic Housing Forum</b> <b>Rotherham Together Partnership (Strategic Partnership Group and CEO group)</b> <b>SYMCA boards</b>  <b>Operational groups:</b> <b>Town Centre Operational Group</b>			

#### Key

SY level
Place level
Health and Wellbeing Strategy
HWbB currently no oversight

Also covered in in ‘safe, strong and vibrant communities’ (shared outcome 3 in SY Strategy) – **but covered in cross-cutting priorities of Rotherham Health and Wellbeing Strategy:**

- social value for local people, including building wealth within our local communities through progressive procurement strategies
- Through our Place Partnerships, Collaboratives and Alliances, and together with our communities, to harness our collective role as anchor institutes to aid community development.
- Strengthen our work together to ensure everyone in South Yorkshire can benefit from being in good work by harnessing the collective power of our anchor institutions and supporting the development of our health and care workforce.

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<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	22 <sup>nd</sup> November 2023
	<b>LEAD OFFICER:</b>	Ruth Fletcher-Brown Public Health Specialist, Adult Care, Housing and Public Health 01709 255867
	<b>TITLE:</b>	Suicide Prevention and Self Harm Action Plan

## 1. Background

<b>1.1</b>	In September 2023 the Government published a five-year cross sector strategy on suicide prevention for England.
<b>1.2</b>	<p>This 5-year cross sector strategy, addresses the following themes:</p> <ul style="list-style-type: none"> <li>• Improve data and evidence.</li> <li>• Provide tailored and targeted support to priority groups.</li> <li>• Address common risk factors.</li> <li>• Promote online safety and responsible media content.</li> <li>• Provide effective crisis support across sectors.</li> <li>• Reduce access to means and methods.</li> <li>• Provide effective bereavement support.</li> <li>• Make suicide everybody's business.</li> </ul>
<b>1.3</b>	There are no targets attached to this strategy, it is a call to action, acknowledging that suicide is a collective responsibility.
<b>1.4</b>	The national strategy announced that there will be updated guidance for local areas for the development of local plans. This guidance is due by the end of 2024.
<b>1.5</b>	The Office of National Statistics have not released the latest dataset for suicides in England and Wales. These are normally published in September.
<b>1.6</b>	Within this national context, the Rotherham Suicide Prevention and Self Harm Action plan runs until the end of 2023 so is due to be refreshed this year.

## 2. Key Issues

<b>2.1</b>	The Office of Health Improvement and Disparities (OHID) will be refreshing local action plan guidance to support the development of local plans by end of 2024, and with the delay of the ONS data, it would be prudent to await both before a full redraft of the action plan for Rotherham. Instead, some actions will need updating in light of local data and targets which have already been met.
<b>2.2</b>	The Board should be reassured that whilst there is a wait for the ONS dataset and the national planning guidance, it will not delay suicide prevention activity in Rotherham.



	Work is continuing and there are robust processes in place to respond to any emerging themes, risks, and priority groups.
<b>2.3</b>	Rotherham is part of a South Yorkshire real time suicide surveillance system, so receives details of suspected suicides which enables; timely support for those bereaved an affected, identification of trends and patterns and early intervention and prevention actions.
<b>2.4</b>	<p>The Rotherham Suicide Prevention and Self Harm Action Plan for 2022-2023, already addresses priorities of the national strategy with actions which:</p> <ul style="list-style-type: none"> <li>• are informed by real time data, with a focus on priority groups, themes and common risk factors</li> <li>• ensure that staff and public have access to courses which increase their knowledge and skills</li> <li>• provide postvention support to all those bereaved and affected by suicide.</li> </ul>
<b>2.5</b>	In addition, work is progressing with Place Partners to look at the crisis offer.
<b>2.6</b>	Work is progressing with the local actions within the current plan, and this is overseen by partners on the Rotherham Suicide Prevention and Self Harm Group.
<b>2.7</b>	The Rotherham Suicide Prevention Operational Group looks at actions to address themes, priority groups and ensures that support is offered to all those bereaved and affected.
<b>2.8</b>	The Rotherham Suicide Prevention and Self Harm Group and the Rotherham Suicide Prevention Operational Group are best placed to oversee the refresh of some of the actions within the current plan. Both groups have membership from all Health and Wellbeing Board Partners.
<b>2.9</b>	Some actions with the local plan are addressed at a South Yorkshire wide level by working with partners represented at the ICB Suicide Prevention Group.
<b>3. Key Actions and Timelines</b>	
<b>3.1</b>	The Rotherham Public Health (PH) Suicide Prevention Lead is meeting with other SY PH Suicide Prevention Leads to look at sharing best practice and actions which can be taken at an ICB SY level and at Place (November 2023).
<b>3.2</b>	The Y&H OHID Community of Interest Group are having a bespoke workshop to look at female deaths to suicide, drawing in national expertise. Findings from this will inform the Rotherham action plan (Dec/Jan 2023).
<b>3.3</b>	The Rotherham Suicide Prevention and Self Harm Group and the Suicide Prevention Operational Group will look at any actions within the existing plan which need updating or adding (Dec-January 2023/24).
<b>3.4</b>	The updated action plan to be submitted to the Health and Wellbeing Board (March 2024).
<b>3.5</b>	The Office of National Statistics Suicide Prevention data should be available at the end of 2023 or early 2024. This will help inform the local action plan.

<b>3.6</b>	OHID will issue local action plan guidance to support the development of local plans by end of 2024.
<b>3.7</b>	The OHID guidance and ONS dataset will inform a full refresh of Rotherham's Suicide Prevention and Self Harm Action Plan. This will take place in 2024 through stakeholder events with Partners. The action plan will be presented to the HWB (end of 2024).
<b>4. Recommendations</b>	
<b>4.1</b>	The Board to approve 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.
<b>4.2</b>	The Board to receive the updated plan in March 2024.
<b>4.3</b>	The Board will continue to receive regular updates on progress.
<b>4.4</b>	The Board to expect 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.

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<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	22 <sup>nd</sup> November 2023
	<b>LEAD OFFICER:</b>	Gilly Brenner Public Health Consultant, ACH & PH  Kelsey Broomhead Public Health Practitioner (Apprentice), ACH & PH
	<b>TITLE:</b>	Rotherham Food Network
<b>1. Background</b>		
<b>1.1</b>	This paper summarises the work that has been done over the last 18 months to progress establish a Rotherham Food Network, provide strategic oversight, and collate an action plan to address local gaps in focus on food-related issues from a health and wellbeing and wider perspective.	
<b>1.2</b>	<p><b>National Food Strategy Plan</b></p> <p>The National Food Strategy Plan was published in 2021. The 4 strategic objectives were:</p> <ul style="list-style-type: none"> <li>• escape the junk food cycle to protect the NHS</li> <li>• reduce diet-related inequality</li> <li>• make the best use of our land</li> <li>• create a long-term shift in our food culture</li> </ul> <p>Several proposals for national government were included, including advertising restriction on High Fat, Salt, and Sugar (HFSS) foods online and on television before 9pm, mandatory calorie labelling on menus for restaurants, cafes, and takeaways employing 250+ people; and the prohibition of free refills of sugary soft drinks in the eating-out sector. These were scheduled for implementation in 2022 but only mandatory calories on menus have been implemented, the rest remain delayed until 2025.</p> <p>Local Authorities were recommended to develop local food strategies, with reference to national targets and in partnership with the communities they serve, and work with pregnant women to increase the awareness and uptake of Healthy Start vouchers.</p>	
<b>1.3</b>	<p><b>Local Authority Declaration on Healthy Weight</b></p> <p>In January 2020, Rotherham Full Council adopted The Local Authority Declaration on Healthy Weight. This declaration is a commitment to address the local 'obesogenic' environment and aims to make it easier for everyone to make healthier choices, removing barriers around accessibility, availability, and affordability of healthier food and drink and creating opportunities for safe physical activity. It also advocates health promotion for all people, regardless of weight status.</p> <p>As part of the recommissioning process for the Public Health funded community tier 2 weight management service, a health needs assessment was done in December 2021 which identified key gaps around a holistic approach to food in the borough. This contributed to a review of Local Declaration commitments in May 2022 which was taken to Health Select Commission and recommended a priority to "create healthy food environments where healthy options are the easiest choice" by:</p>	

- Maximising opportunities to create healthy food environments across the borough
- Promoting healthy food policy in early years settings, schools, colleges and workplaces
- Working collaboratively to address challenges associated with food insecurity

This paper sets out the approach that has been taken to date to address this identified priority.

#### 1.4 **Wider relevance across Rotherham partners**

Addressing access to affordable and healthy food options is also relevant to a range of other Council and Rotherham place-based plans and strategies, including through themes such as:

- strength-based prevention approaches in thriving neighbourhoods work
- inclusive economy and cost-of-living
- healthy workplaces and anchor institutions
- addressing health inequalities

## 2. Key Issues

### 2.1 **Rotherham Food Network**

In response to the priority identified, an initial workshop was held to bring together key partners with a role linked to the food agenda to discuss the key issues and themes that are a current priority in Rotherham. A need was identified to establish a multi-agency, collaborative approach to tackling issues surrounding food and food insecurity in Rotherham. The Rotherham Food Network was therefore established, which aims to work collaboratively to adopt national and locally identified best practice. As a partnership, Rotherham Food Network has achieved membership of the Sustainable Food Places network to support our efforts to make local, healthy, and sustainable food available to all. This means Rotherham Food Network is considered an inspirational example of how communities, businesses, and partner organisations including the Council can work together to make affordable good food a defining characteristic of Rotherham. To date, the network currently has 21 stakeholder organisations represented and 68 members and meets bi-monthly on topic-focused workshops.

### 2.2 **Action Plan**

To work towards delivering this vision, an action plan has been drawn together by the network. This has been structured into 6 aims to address the areas within the Sustainable Food Places Bronze Award, which the network is working towards application for by June 2024. The action plan doesn't cover all the potential actions regarding food in Rotherham but showcases the actions that currently have momentum.

#### **1. Food Governance and Strategy**

*To transform Rotherham's food culture and food system through a strategic and collaborative partnership approach to good food governance and action with a vision backed by a clear action plan.*

The network has agreed an overarching vision:

*"Together we will make healthy and sustainable food the norm for everyone in Rotherham."*

The full action plan is appended in Appendix 1. The action plan is a collaborative effort of a range of partnership organisations working together and progress is regularly reviewed through the Rotherham Food Network meetings.

## **2. Good Food Movement**

*To build public awareness, active food citizenship, and a local good food movement within Rotherham, through communications and events and practical engagement opportunities such as growing, cooking, and sharing food together in every community.*

A range of actions supports this aim, including expansion of the delivery of cook-and-eat sessions locally, collating and sharing best practice of local growing projects with specific communities, consultation, and opportunities through the HAF (Holidays Activity and Food programme) Healthy Holidays clubs, and planning a celebration event.

## **3. Healthy Food for All**

*To tackle food poverty, diet-related ill-health, and access to affordable healthy food, by addressing the underlying causes of food poverty, changing the local food environment, and increasing knowledge, skills, resources, and support for people to feed themselves well.*

The Food in Crisis Partnership is taking a multi-agency approach to food poverty, with wider support to those in receipt of food bank support. This model is being reviewed to address the decrease in supply available of food and the sustained high demand. Work is being done to raise awareness of Healthy Start vouchers for families with young children.

## **4. Sustainable Food Economy**

*To create a vibrant, prosperous, diverse, and sustainable food economy within Rotherham by putting good food entrepreneurs and enterprises at the heart of local economic development and promoting them to consumers.*

The network aims to ensure that not only buying healthy and sustainable food becomes an easy choice but also creates jobs, businesses, and prosperity while regenerating the high streets. Engagement with food businesses in the town centre has started through 'The Voice' sessions, to identify and work with businesses who support the aims of the network.

## **5. Catering and Procurement**

*To transform catering and procurement and revitalise local and sustainable food supply chains across a wide range of settings, such as nurseries, schools, colleges, hospitals, care homes, workplace canteens and smaller-scale catering outlets to create demand for healthy, sustainable, and local food.*

Schools catering through the Council achieves Bronze Food for Life accreditation supporting a healthy food offer for school children across the borough and through HAF activities. The RNN college is looking to support a gap in skills around catering through increased opportunities for training.

## **6. Food for the Planet**

*To tackle the climate and nature emergency through sustainable food and farming and an end to food waste.*

The Council has declared a Climate Change Emergency and is working towards net zero by 2030 and Rotherham Together Partnership, with a broad representation of partners, have recently signed up to a Climate and Nature Charter. This includes a commitment to work towards removal of single-use plastics (often associated with food supply) and support local supply chains.

The route of governance for the Rotherham Food Network action plan will be the Health and Wellbeing Board as highlighted in aim 4.22 in the Health and Wellbeing Board action plan.

3. Key Actions and Timelines	
3.1	<p><b>Applying for Sustainable Food Places Bronze Award</b></p> <p>The Rotherham Food Network intends to apply for the Sustainable Food Places bronze award by June 2024.</p> <ul style="list-style-type: none"> <li>• January 15<sup>th</sup>, 2024: Expression of interest opens.</li> <li>• January 25<sup>th</sup>, 2024: Expression of interest closes.</li> <li>• February 5<sup>th</sup>, 2024: Application opens.</li> <li>• February to June 2024: Guidance sessions for awards applicants.</li> <li>• June 15<sup>th</sup>, 2024: Deadline for submissions.</li> </ul>
3.2	<p><b>Synergy research support</b></p> <p>SheffFood and the University of Sheffield are leading a synergy bid that is looking into how to enable the sharing of 'good practice' among local food partnerships to support their future sustainability and national impact. The research project is a collaboration between Sheffield, Bristol, and Rotherham's food partnerships. As part of the synergy bid, the Rotherham Food Network has been allocated a small pot of money which we intend to use for a celebration event to showcase all the work that the Rotherham Food Network partners have achieved. This will take place in spring/summer 2024.</p>
3.3	<p><b>Action Plan</b></p> <p>Ongoing performance management of the action plan will continue through the regular Rotherham Food Network meetings, including further developments as these are identified.</p>
4. Recommendations	
4.1	<p>Members of the Health and Wellbeing Board are recommended to:</p> <ul style="list-style-type: none"> <li>• Acknowledge the partnership work to date on progressing food-related actions and the governance route for the food network.</li> <li>• Support the delivery of the action plan.</li> <li>• Identify any further opportunities to share and represent good practice already existing in the borough in the bronze award.</li> <li>• Identify any further opportunities for partner organisations to contribute to achieving the aims set out in the action plan.</li> </ul>

## Appendix 1: Action Plan



**Rotherham Food Network**

**Action Plan 2023 – 2025**

*"Together we will make healthy and sustainable food the norm for everyone in Rotherham".*



PART OF RNN GROUP





Priority	Milestones	Timescale	Lead Organisation	Lead(s)	RAG	Update
<b>Key Issue 1: Taking a strategic and collaborative approach to good food governance and action</b> <i>To transform Rotherham's food culture and food system through a strategic and collaborative partnership approach to good food governance and action with a vision backed by a clear action plan.</i>						
<b>1.A. Establish a broad, representative, and dynamic local food partnership</b>						
*1.A.1	<b>A diverse cross sector partnership is in place:</b> Set up a Rotherham Food Network consisting of a range of partners and organisations across the borough.	April 2022	Public Health	Gilly Brenner/Kelsey Broomhead		
1.A.2	Create and agree on Terms of Reference - Ensure open, transparent & democratic	June 2022	Public Health	Kelsey Broomhead		Review annually
1.A.3	Meet bi-monthly to cover topics related to the sustainable food places framework or Rotherham specific	April 2022	Rotherham Food Network	Kelsey Broomhead		Ongoing
1.A.4	Continue to grow the network of people within the Rotherham Food Network	Ongoing	Rotherham Food Network	Kelsey Broomhead		Wider business representation and community / lived experience needed
1.A.5	Establish working groups for aspects of the strategy / types of partners	December 2023	Rotherham Food Network	Kelsey Broomhead		Business sector working group
1.A.6	Gain Sustainable Food Places membership	April 2023	Rotherham Food Network	Kelsey Broomhead		
1.A.7	Gain Bronze status for Sustainable Food Places	June 2024	Rotherham Food Network	Kelsey Broomhead		
<b>1.B. Develop, deliver, and monitor a food strategy/action plan</b>						
*1.B.1	<b>A 12-month action plan covering action on all key issues:</b> Develop and monitor this action plan.	Ongoing	Rotherham Food Network	Kelsey Broomhead		
1.B.2	Create a Food dashboard to measure progress of actions and outcomes. Include a map of provision and food issues (eg allotments / takeaways etc).	Ongoing	Public Health	Lorna Quinn/Kelsey Broomhead		
1.B.3	Develop a branding logo for the Rotherham Food Network, to help promote the food vision and aims for Rotherham place and get encourage individuals and organisations to get involved and contribute		Rotherham Food Network/RNN Group	Greg Bristol		Use this as an umbrella to connect and promote all the work on healthy and sustainable food

						happening in Rotherham.
1.B.4	JSNA will have a section on food which will be monitored and refreshed when needed	April 2023	Public Health Intelligence	Lorna Quinn		
1.B.5	Gather evidence of recognition of healthy and sustainable food in local policies, strategies, and plans.	January 2024	Public Health	Kelsey Broomhead		Create doc of evidence / H&WbB paper
<b>Key Issue 2: Building public awareness, active food citizenship and a local good food movement</b> <i>To build public awareness, active food citizenship, and a local good food movement within Rotherham, through communications and events and practical engagement opportunities such as growing, cooking, and sharing food together in every community.</i>						
<b>2.A. Inspire and engage the public about good food – events and public engagement activity</b>						
2.A.1	Expanding Rotherham Minsters cooking classes with grant funding to develop a train-the-trainer programme. This will allow the legacy to continue and grow.	Started March/ April 23	Rotherham Minster VAR	David Plumtree		Grant funding awarded, awaiting outcome evaluation.
2.A.2	RMBC has adopted a compassionate approach to weight which has been embraced by the Rotherham Food Network. The Rotherham Food Network will work closely with Public Health to ensure all messaging is consistent with the compassionate approach.	Ongoing	Public Health (RMBC)	Sue Turner, Rebecca Woolley Rebecca Bench		Workshop to be scheduled to audit materials / messaging.
2.A.3	Clifton Learning Partnership currently has an allotment which is going well. Plan to showcase this as best practice for growing projects.	Ongoing	Clifton Learning Partnership	Sophie Wood		Food growing subgroup to develop what works guide.
2.A.4	Rotherham Food Bank delivers sessions within school settings around food banks in relation to kindness (breaking the stigma) and use. Consider wider awareness raising opportunities.	Ongoing	Rotherham Foodbanks (Trussell Trust)	TBC		
2.A.5	Explore the opportunities around growing spaces in less conventional spaces. TRFT to support grant application for growing space in collaboration with a Primary Care Network.	January 2024 submission	Rotherham Food Network/TRFT	Andrew Turvey		Expecting to hear whether they are entitled to put in a full bid (November)
2.A.6	Scope green spaces within local anchor institutions' estates and produce a paper on how these could be	September 2024	RMBC (engaging partner estate leads)	Jonathan Marriott/David Plumtree		

	used to support with community growing projects and emergency food provision.		/VAR			
2.A.7	Increase the awareness of growing projects within vulnerable groups. Use Wath as an example good practice - established growing project that involves people with SEND.	Ongoing	TBC	TBC		Use example in food growing guide
2.A.8	Carry out consultations with healthy holiday club providers to gain an understanding of needs within Rotherham.	July – September 2023	HAF/Public Health	Amy Sharp		Disseminate key findings at next meeting
2.A.9	Look to increase the uptake of secondary school children in the HAF programme to ensure older children have good access to food during school holidays.	2024/2025	HAF	Amy Sharp		Creating a survey to gather insight into what the children would want eg skills qualifications etc.
2.A.10	Look to host a community Food Event to raise awareness of the network, share good practice, and enable wider engagement.	May 2024	Rotherham Food Network	Kelsey Broomhead		This will part of the synergy bid and submission for Bronze. Working group to lead planning and delivery.
2.A.11	See 1.B.3 for relevant to this section too.					
2.B. Foster food citizenship and a local good food movement						
2.B.1	Expanding Rotherhive to include a section on food to provide good public and local information	June 2023	Public Health	Rebecca Woolley		Review quarterly Opportunity to add more local services/organisations etc
2.B.2	Work with local food providers to increase awareness of being able to buy locally sourced and more sustainable food.	TBC	Rotherham Food Network	Kelsey Broomhead		Linked to climate charter and town centre businesses.
2.B.3	Look into cultural competency around food such as food waste/recipes/provisions. Opportunity to embrace and learn from other cultures.	June 2024	Rotherham Food Network	TBC		Link to Food Event.
2.B.4	Synergy Fund grant project – Working with food partnerships in Sheffield and Bristol to support progress to Bronze for Rotherham.	July 23 – January 24	ShefFood/ University of Sheffield	Rachael Treharne		Disseminate key findings and paper to Food Network

						members. Use funding for Food Event.
2.B.5	Develop a regional food partnership in South Yorkshire to share knowledge and develop a regional-based food strategy	2024	Doncaster Food Network, Good Food Barnsley, Rotherham Food Network, ShefFood, South Yorkshire Mayoral Combined Authority (SYMCA),	Rachael Treharne		Led by ShefFood
2.B.6	Develop opportunities to work together to identify future grant/funding opportunities for the network, such as creating small grant funds.	Ongoing	VAR	David Plumtree		
2.B.7	Training our students in “best practice” for the borough’s healthy and sustainable food strategy.	Ongoing	Rotherham College	Greg Bristol		Ongoing embedding within College teaching offer.
<b>Key Issue 3: Tackling food poverty and diet-related ill-health and increasing access to affordable healthy food</b> <i>To tackle food poverty, diet-related ill-health, and access to affordable healthy food, by addressing the underlying causes of food poverty, changing the local food environment, and increasing knowledge, skills, resources, and support for people to feed themselves well.</i>						
<b>3.A. Tackle Food Poverty</b>						
3.A.1	All food banks and social supermarkets offer services that are strongly linked to food poverty such as debt management	Ongoing	Policy/VAR/FIC	David Plumtree		Reviewed as part of FIC model refresh.
3.A.2	Consider opportunities to link wider support into food in crisis provision, including mental health information and referral opportunities	Ongoing	Public Health	Ruth Fletcher-Brown		
3.A.3	Social Supermarkets – to provide a pre-crisis support to prevent food bank demand escalation for short-term use (3 months).	Target number established April 2022	RMBC Policy/FIC	Laura Stapleton/David Plumtree		The target was to create 2 which has been achieved and exceeded.

3.A.4	Refresh and re-develop the Food in Crisis Model to ensure food resilience in Rotherham with consideration of <a href="#">Dignity in Practice Scottish</a> model. Consider opportunities for mobile provision.	Mar 24	RMBC/VAR	David Plumtree/Steve Eling		
3.A.5	Community organisations are currently running cooking classes which include budgeting and meal prep. Explore how community cafes and warm spaces can help promote these activities and support healthy eating.	2023/25	Rotherfed	Karen Jay		Share best practice at Food Event to raise awareness
3.A.6	Healthy Start Vouchers: Raise the profile of the MasterCard system so that more organisations can offer the 'service'. Raise the profile of the vitamins which are also offered within the scheme.	Ongoing	RMBC Public Health	Sam Longley		Comms team have Rotherham-ised national material into posters and leaflets to raise awareness in all settings such as libraries and social supermarkets.
3.A.7	Consider a 'Food Works' type model for Rotherham to use prevention opportunities pre-crisis and combat waste food, increase skills etc.	Ongoing	VAR	David Plumtree		Potential venues being explored as part of wider music/training/events provision.
3.A.8	Develop an interactive map of food in crisis provisions in Rotherham.	2024/2025	VAR / Public Health	David Plumtree Kelsey Broomhead		Linked to refresh of the Food in Crisis model
3.A.9	Offer made to the network members in relation to MECC (Make Every Contact Count) training such as loneliness and social isolation.	Ongoing	Public Health	Phil Spencer		Training available, will raise awareness of this offer regularly.
3.A.10	Cost of living MECC training is offered to all organisations in Rotherham.	Started in Jan 23	Public Health	Philip Spencer/Amie Marshall		Delivered to 535 individuals. New refreshed sessions planned.
3.A.11	In response to the Cost of Living Crisis, <a href="#">Money Matters</a> was created to help the public manage their	Live since 2023	RMBC	Lauren Roe		

	money during a difficult time. There is a section surrounding Food.					
3.A.12	Engage with providers of Community Fridges to link into wider Food Network.	Ongoing	VAR Public Health	Kelsey Broomhead		Identify contacts and invite to RFN and Food Event.
3.A.13	Continue to increase the awareness between diet and oral health through toothbrush and toothpaste provisions donated to Foodbanks as part of Smile Month.	Ongoing	Local Dental Committee	Steve Thompson Sue Turner		6 food banks took part in 2023 This will occur annually.
<b>3.B. Promote healthy eating</b>						
3.B.1	Rotherham to sign up as a breastfeeding-friendly borough	May 22	Public Health	Sam Longley		
3.B.2	Look to implement a Healthier Lifestyles Advertising Policy to include a ban on HFSS (High Fat, Salt, or Sugar) food and drink	December 2024	Public Health/ Assistant Chief Executive/ Communications	Kelsey Broomhead/ Jo Brown/ Emma Hollingworth		
3.B.3	Simply Veg campaign – expanding the messaging into social supermarkets/food banks	Ongoing	Catering	Karen Hickey		Resources shared
3.B.4	Develop new tier 2 weight management service with a broader offer including positive holistic healthy food support.	Ongoing	Rotherham Healthwave	Jacqui Henderson		New service provider started October 2023
3.B.5	Embed in Public Health comms plan awareness raising re healthy eating campaigns on council channels such as social media and link to Say Yes campaign	Ongoing	RMBC Communications team Public Health	Becky Woolley		Say Yes comms plan in development
3.B.6	Look into educational material that can be used to help improve Rotherham’s understanding of food – food portions, time management	September 2023	Rotherham Food Network	Becky Woolley		Overview of information now provided on RotherHive
3.B.7	Explore opportunities to embed food learning / healthy food in social prescribing activities.	Ongoing	Rotherham Food Network VAR	Kelsey Broomhead		
3.B.8	Teaching SEND students skills and knowledge surrounding eating healthy.	2024	Dearne Valley College/ Rotherham College	Greg Bristol		

3.B.9	Also, see action 2.A.2 as relevant to this issue too.					
<b>Key Issue 4: Creating a vibrant, prosperous, and diverse sustainable food economy</b> <i>To create a vibrant, prosperous, diverse and sustainable food economy within Rotherham by putting good food entrepreneurs and enterprises at the heart of local economic development and promoting them to consumers.</i>						
<b>4.A. Put good food enterprise at the heart of local economic development</b>						
4.A.1	Takeaway planning within Rotherham – SPD in place to oppose takeaways can be built or licensed within an 800m radius of a school.	Present	RMBC Planning Public Health	Sally Jenks		Monitor applications and respond
4.A.2	Rotherham Food Network attend ‘The Voice’ town centre business meetings to promote and engage on food and the network	2022-2025	RIDO / Public Health	Gilly Brenner/Kelsey Broomhead		Attended Sept 23, good engagement 4 businesses
4.A.3	Consider ways of improving access to drinking water in Rotherham’s towns and villages. Consider Refill scheme and relevance to new town centre and towns and villages fund redevelopment opportunities. Relevant to climate change mitigation measures.	Ongoing	RIDO / Public Health Climate Change team	Kelsey Broomhead		
4.A.4	Also see actions 1.B.2, 2.B.2 and 3.A.7 as relevant to this issue too.					
<b>4.B. Promote healthy, sustainable, and independent food businesses to consumers</b>						
4.B.1	Promote Interactive Map developed by Rotherham Climate Action - A map designed to empower local businesses, connect our community, and provide sustainable consumer choices.	Created in April 2022	Rotherham Climate Action	Rotherham Climate Action		Currently 17 food and drink establishments
4.B.2	Explore opportunities to have a sustainable food place model for Forge Island (town centre development)	2023-2025	Climate Change RMBC	Louise Preston		
4.B.3	Explore opportunities with RIDO and Comms to regularly promote local food businesses, especially focused on health and sustainability.	2024/25	RIDO Communications	Catherine Davis		Town centre offer being developed
4.B.4	Also see action 3.A.6 on Healthy Start as relevant to this issue too.					
<b>Key Issue 5: Transforming catering and procurement and revitalizing local and sustainable food supply chains</b>						

*To transform catering and procurement and revitalise local and sustainable food supply chains across a wide range of settings, such as nurseries, schools, colleges, hospitals, care homes, workplace canteens and smaller-scale catering outlets to create demand for healthy, sustainable, and local food.*

#### **5.A. Change policy and practice to put good food on people's plates**

5.A.1	School Catering offered by RMBC is at bronze level with Food for Life.	Present	Catering	Karen Hickey		Their work has been showcased in the members' newsletter
5.A.2	Compassionate approach training offered to catering staff	Ongoing	Catering and Public Health	Karen Hickey Sue Turner		Completed with operational staff – very well received.
5.A.3	Raising awareness of eating disorders with catering staff in school settings and staff within the council. Training to be completed by SYEDA	December 2023	Catering and Public Health	Karen Hickey Sue Turner		Training delivered
5.A.4	Explore the opportunity to auto-enrol children on free school meals	Started April 23	Public Health	Sue Turner		
5.A.5	Work with anchor institutions to explore food sustainability as part of their procurement processes	TBC	Rotherham Food Network	Becky Woolley		
5.A.6	Consider whether Food for Life or other local accreditation can be used to share best practice of local suppliers using best practice of Council School Catering.	TBC	Rotherham Food Network	TBC		

#### **5.B. Improving connections and collaboration across the local supply chain**

5.B.1	Work with anchor institutions to consider their commitments to local, healthy and sustainable food offers during events	TBC	Public Health	Becky Woolley		
5.B.2	RNN students to collaborate with RMBC to create menus for cafés and events.	2024/2025	Commercial & Visitor Experience (RMBC) / RNN College	Neil Best Greg Bristol		
5.B.3	Awareness of the skills gaps in the borough's hospitality sector, and meeting those needs through our training		Rotherham College	Greg Bristol		
5.B.4	Also see 4.B.3 and 5.A.5 as relevant to this issue too.					

#### **Key Issue 6: Tackling the climate and nature emergency through sustainable food and farming and an end to food waste.**

*To tackle the climate and nature emergency through sustainable food and farming and an end to food waste.*

#### **6.A. Promote sustainable food production and consumption and resource efficiency**



6.A.1	Rotherham has declared a climate change emergency and is working towards the council being Net Zero by 2030 and the borough by 2040.	Ongoing	Climate Change (RMBC)	Louise Preston		
6.A.2	Climate change team collaborating with Rotherham Food Network to include food within the action plan.	Ongoing	Rotherham Food Network	Louise Preston		Currently reviewing current action plan
6.A.3	Climate in the form of carbon emissions is already included in the TOMs as part of social value. Explore the opportunity to add food sustainability and biodiversity/nature-related actions into the social value section of the procurement applications.	September 2024	Climate Change (RMBC)	Louise Preston		
6.A.4	Explore the possibility of a land-use and management strategy	Ongoing	Rotherham Food Network	Louise Preston		
6.A.5	Rotherham in Bloom – Showcasing local gardens in Rotherham to increase awareness of gardening.	Annually (May - July 2023)	RMBC Comms team	TBC		
<b>6.B. Reduce, redirect and recycle food, packaging and related waste</b>						
6.B.1	Rotherham is currently part of the Barnsley, Rotherham, Doncaster Waste partnership (BDR) South Yorkshire Waste Strategy Campaigns included: <ul style="list-style-type: none"> <li>• Love Food, Hate Waste</li> <li>• No Junk mail</li> <li>• Thank you for recycling</li> </ul>	2016-2021	BDR Partnership	Abi Reid		
6.B.2	Love Food, Hate Waste Campaign, which includes training on how best to store food to limit food waste.	Ongoing	Renewi	Abi Reid		(This has been put on hold for a year due to funding and capacity).
6.B.3	WRAP project with Social Supermarket to use stickers as a way to educate where food is best stored.	Complete	WRAP and Rotherham Minster	Abi Reid Rotherham Minster		No evaluation received
6.B.4	Community fridges see 3.A.13. Volunteer run fridges in Dinnington, Kiverton/Wales and Maltby have saved >1000kg food waste in 10 weeks.					
6.B.5	Offering carbon literacy training	Ongoing	Climate change (RMBC)	Louise Preston		Training is now offered internally, and a limited number of

						places are available for SMES & VCSEs 23/24.
6.B.6	The Healthy Foundation Award application (aimed at nurseries and childminders) includes elements of growing and recycling within the award scheme	Ongoing	Best Start and Beyond Team PH	Sue Turner		Ongoing verification of awards
6.B.7	See action 4.A.3 as relevant to this issue too.					

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## Rotherham Food Network

*"Together we will make healthy and sustainable food the norm for everyone in Rotherham"*

# Aim of Rotherham Food Network

- Over the past 18 months, we have brought together key stakeholders with an interest in food to work together and share best practice in Rotherham.
- Used the Sustainable Food Places framework as a structure to focus on 6 key issues for us as a network to work on.



# 1. Food Governance and Strategy



- Created the Rotherham Food Network
- 17 stakeholder organisations and 68 members
- Agreed Terms of Reference
- Gained Sustainable Food Places membership (May 2023)
- Developed first action plan (2023 – 2025)
- Food impact and progress monitoring dashboard – currently drafting
- JSNA – includes section on food/diet



## 2. Good Food Movement



- Adopted a compassionate approach – understanding the context in which we eat and live
- Engagement via and with Healthy Holiday provision
- Synergy bid – sharing best practice between food partnerships (Sheffield, Rotherham, and Bristol collaboration)
- Planning a celebration event to raise awareness of our food movement (Spring 2024)
- Expanded Rotherhive to include food section: <https://rotherhive.co.uk/eating-well/>





# 3. Healthy Food for



- Food in Crisis Partnership – multi-agency approach
- Making staff aware of food poverty issues – e.g. Cost of living MECC
- Healthy Start voucher – increasing uptake in those eligible  
(Jan 23 **68%**, October 23 **78%**)
- Breastfeeding Friendly Borough
- Participate in campaigns such as Veg Power through school catering provision





# 4. Sustainable Food Economy



- Takeaway planning within Rotherham
  - Existing SPD to limit takeaways can be built or licensed within an 800m radius of a school
- Rotherham Food Network attend 'The Voice' town centre business meetings to promote and engage on food and the network – This will become a working group
- Healthy Start Voucher scheme – increasing the accessibility to use the vouchers by getting more businesses on board

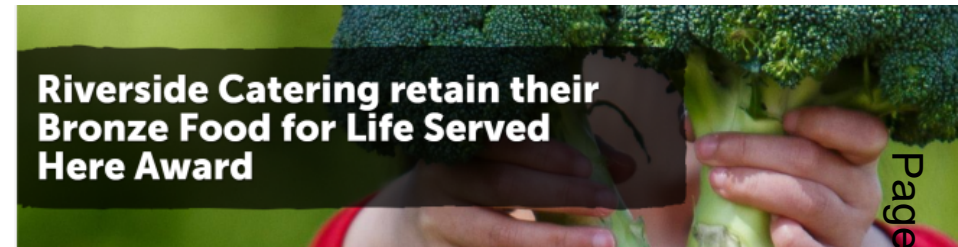


Barnsley & Rotherham  
Chamber of Commerce  
*Business. Always Business.*



# 5. Catering and Procurement

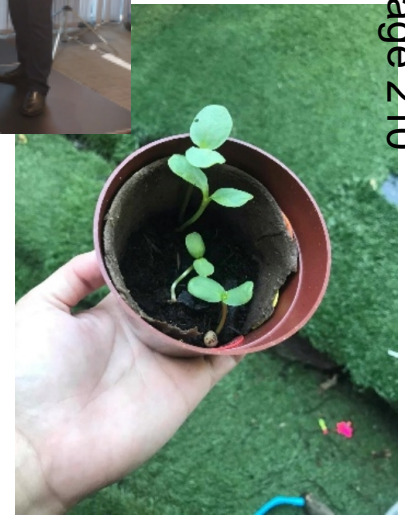
- Rotherham Council school catering retain Bronze Food for Life - Riverside Catering was featured as the Soil Association's caterer of the month in their August newsletter
- Considering opportunities for RNN students to collaborate with the Council to create menus for cafés and events
- Catering staff taken part in additional training such as eating disorders and compassionate approach.



## 6. Food for the Plan



- The Council has already 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 to use labels to reduce food waste.
- Healthy Foundation Award application includes elements of growing and recycling within the award scheme.



# Recommendations

- Acknowledge the partnership work to date on progressing food-related actions and the governance route for the food network.
- Support the delivery of the action plan.
- Identify any further opportunities to share and represent good practice already existing in the borough for supporting the bronze award application.
- Identify any further opportunities for partner organisations to contribute to achieving the aims set out in the action plan.



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<b>BRIEFING</b>	<b>TO:</b>	Health and Wellbeing Board
	<b>DATE:</b>	22 <sup>nd</sup> November 2023
	<b>LEAD OFFICER</b>	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: <a href="mailto:steph.watt@nhs.net">steph.watt@nhs.net</a>
	<b>TITLE:</b>	Better Care Fund (BCF) Quarter 2 Template 2023/24

### Background

- |     |  |
|-----|--|
| 1.1 | The purpose of this report is for members to note the contents of the BCF Quarter 2 Template report which has been submitted to NHS England regarding the performance and capacity and demand planning of Rotherham's Better Care Fund Plan for 2023/24. |
| 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 Quarter 2 template covers reporting on: national conditions, metrics, capacity and demand in relation to hospital discharges and the community. The BCF Quarter 2 template is attached at Appendix 1.   |
| 2.2 | The BCF national team have confirmed that income and expenditure has not been included within the Q2 template to reduce the burden on reporting requirements on local areas. This will be required within the BCF Year End Template for 2023/24.  |
| 2.3 | Templates are being submitted on a fortnightly basis for DHSC / NHS England to monitor spend against the Additional Discharge Fund from 30 <sup>th</sup> May 2023 until 22 <sup>nd</sup> April 2024. However, the BCF national team have confirmed that this is likely to move to monthly reporting from November 2023.   |
| 2.4 | Below is a summary of information included within the BCF submission:   |
| 2.5 | <p><b>National Conditions</b></p> <p>There is a total of 5 national conditions for 2023/24 which continue to be met through the delivery of the plan as follows:</p> <p>Confirmation that the Section 75 agreement has been finalised and signed off by the Health and Wellbeing Board.</p> <p>A plan has been jointly agreed between both partner organisations.</p> <p>Implementation of BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer.</p> <p>Implementation of BCF Policy Objective 2: Providing the right care in the right place at the right time.</p> <p>Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services.</p> |

2.6

**BCF Metrics**

There is a total of five BCF metrics within the BCF Q2 Template for 2023/24 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** – Performance is off plan, but plan was challenging to set out as last year's performance was significantly impacted by a range of pressures. **Achievements** - Areas of work linked to this plan to stabilise and support an improved position such as anticipatory care development, growing the use of the virtual ward and increasing the volume of urgent community response activity, are still under development with some positive progress. The virtual ward and urgent community response work will contribute to alleviating winter pressures and anticipatory care will be phased in from Quarter 1 of 2024-25.

**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 and any support needs** – Performance has been above target. **Achievements** - On track supported by continued partnership working.

**Falls – Emergency admissions due to falls in people aged 65 and over (New Indicator)** – Not on track to meet target. **Challenges and any support needs** – Slightly higher than expected number of falls seen April to July, based on nationally published data (327 compared to 5 months of the annual plan 304). **Achievements** - Review of falls services being undertaken in 2023/24. The 'as is' services have been mapped and this will form part of a wider review of frailty.

**Residential Care Admissions – Rate of permanent admissions to residential care per 100,000 population (65+)** – On track to meet target. **Challenges and any support needs** – Overall admissions are currently tracking below the cumulative target however there has been an increase in the last two months. Proposals to reduce residential admission rates are being explored.

**Reablement – Proportion of Older People (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services (bed base and at home)** – annual measure, data not currently due.

2.7

**Capacity and Demand - Assumptions**

**Our estimates for capacity and demand have changed since the plan submitted in June 2023. Learning from the last 6 months was used to arrive at refreshed projections.** We reviewed the original submission against the outcomes of the capacity and demand tool that has been built for Rotherham place to triangulate the forecasts. As the definitions are different this is not an exact match, but the return has been adjusted to have a more consistent methodology to capacity. Demand is based on referrals and capacity on average referral rate adjusted for seasonality.

**Assumptions that have been used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Our rationale for trends in demand for the next 6 months (taking into account for demand over winter).**

**Demand** - Seasonal adjustments have been included over the winter period.

**Capacity** - The VCS figures have been amended to reflect commissioning changes. Age UK are no longer carrying out routine safety netting pathway 0 calls as analysis showed this was no longer required post Covid. This is now managed on a risk basis by a different service, linking in with Age UK as required. Age UKs main focus is now hospital aftercare including transport and support for low level equipment and non-personal care.

	<p><b>Impact on our planned interventions to improve capacity and demand management for 2023/24 which has had on our refreshed figures. The impact has been accounted for in our refreshed plan.</b> The reablement figures have been refreshed to reflect investment in staffing.</p> <p><b>Capacity concerns or specific support to raise for the winter ahead.</b> CHC is a responsive service therefore capacity reflects demand. The barrier to this is funding. Additional monies from the fund have been allocated for winter pressures.</p> <p><b>Any issues that have been encountered with data quality (including unavailable, missing, unreliable data).</b> Work is ongoing to improve data quality and availability, supported by the development of the Place level demand and capacity (based on staffing) tool. The average referral rate has currently been used to estimate capacity (adjusted for seasonal variation)</p> <p><b>Projected demand exceeds capacity for a service type, our approach in ensuring that people are supported to avoid admission to hospital and to enable discharge.</b> Data only shows small variation between demand and capacity due to seasonality.</p> <p>Refreshed planned capacity and capacity that is expected through spot purchasing has been included within the template.</p> <p>Hospital Discharges - increased number of referrals in relation to social support, reablement and rehabilitation at home and in a bedded setting, short-term domiciliary care and short-term residential/nursing care for someone likely to require a longer-term care home placement has been included within the template – for the period November 2023 until March 2024.</p> <p>Community – refreshed expected capacity and number of referrals in relation to social support (including VCS), urgent community response, rehabilitation and reablement at home and in a bedded setting and other short-term social care has been included within the template - for the period November 2023 until March 2024.</p>
<b>Key Actions and Relevant Timelines</b>	
3.1	<p><b>The Better Care Fund Executive Group held on 25<sup>th</sup> October approved (on behalf of the Health and Wellbeing Board) the:</b></p> <p><b>(i) Documentation for submission to NHS England (NHSE) on 31<sup>st</sup> October 2023.</b></p>
<b>Implications for Health Inequalities</b>	
4.1	<p>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.</p> <p>BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.</p>
<b>Recommendations</b>	
5.1	<p><b>That the Health and Wellbeing Board notes the:</b></p> <p><b>(ii) Documentation for submission to NHS England (NHSE) on 31<sup>st</sup> October 2023.</b></p>



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## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 1. Guidance for Quarter 2

#### Overview

The Better Care Fund (BCF) reporting requirements are set out in the BCF Planning Requirements document for 2023-25, 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 (DLUHC), 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) In Quarter 2 to refresh capacity and demand plans, and in Quarter 3 to confirm activity to date, where BCF funded schemes include output estimates, and at the End of Year actual income and expenditure in BCF plans
- 3) To provide information from local areas on challenges, achievements and support needs in progressing the delivery of BCF plans, including performance metrics
- 4) To enable the use of this information for national partners to inform future direction and for local areas to inform

BCF reporting is likely to be used by local areas, alongside any other information to help inform Health and Wellbeing Boards (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 ICBs, local authorities and service providers) for

BCF reports submitted by local areas are required to be signed off by HWBs, including through delegated arrangements as appropriate, as the accountable governance body for the BCF locally. Aggregated reporting information will be

#### **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 and those that are not for completion are in grey, as below:

Data needs inputting in the cell

Pre-populated cells

Not applicable - cells where data cannot be added

#### **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 to between 90% - 100%. Most drop downs are also available to view as lists within the relevant sheet or in The row heights and column widths can be adjusted to fit and view text more comfortably for the cells that require 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'

The details of each sheet within the template are outlined below.

#### 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 'T
5. Please ensure that all boxes on the checklist are green before submitting to [england.bettercarefundteam@nhs.net](mailto:england.bettercarefundteam@nhs.net) and copying in your Better Care Manager.

#### 2. Cover

1. The cover sheet provides essential information on the area for which the template is being completed, contacts and sign off. Once you select your HWB from the drop down list, relevant data on metric ambitions and capacity and demand from your BCF plans for 2023-24 will prepopulate in the relevant worksheets.
2. HWB sign off will be subject to your own governance arrangements which may include a delegated authority.
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 HWB to confirm whether the four national conditions detailed in the Better Care Fund planning requirements for 2023-25 (link below) continue to be met through the delivery of your plan. Please confirm as at the [https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-](https://www.england.nhs.uk/wp-content/uploads/2023/04/PRN00315-better-care-fund-planning-requirements-2023-25.pdf)

This sheet sets out the four conditions and requires the HWB 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

In summary, the four national conditions are as below:

National condition 1: Plans to be jointly agreed

National condition 2: Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home

National condition 3: Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time

National condition 4: Maintaining NHS contribution to adult social care and investment in NHS commissioned out of

### 4. Metrics

The BCF plan includes the following metrics:

- Unplanned hospitalisations for chronic ambulatory care sensitive conditions,
- Proportion of hospital discharges to a person's usual place of residence,
- Admissions to long term residential or nursing care for people over 65,
- Reablement outcomes (people aged over 65 still at home 91 days after discharge from hospital to reablement or rehabilitation at home), and;
- Emergency hospital admissions for people over 65 following a fall.

This section captures a confidence assessment on achieving the locally set ambitions 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 in the first six months of the financial year.

Data from the Secondary Uses Service (SUS) dataset on outcomes for the discharge to usual place of residence, falls, and avoidable admissions for the first quarter of 2023-24 has been pre populated, along with ambitions for quarters 1-4, to assist systems in understanding performance at HWB level.

The metrics worksheet seeks a best estimate of confidence on progress against the achievement of BCF metric ambitions. The options are:

- on track to meet the ambition
- not on track to meet the ambition
- data not available to assess progress

- In making the confidence assessment on progress, please utilise the available metric data along with any available proxy data

Please note that the metrics themselves will be referenced (and reported as required) as per the standard national published datasets.

### 5. Capacity & Demand Refresh

Please use this section to update both capacity and demand (C&D) estimates for the period November 2023 to March. This section is split into 3 separate tabs:

#### 5.1 C&D Guidance & Assumptions

Contains guidance notes including how to calculate demand/capacity as well as 6 questions seeking to address the assumptions used in the calculations, changes in the first 6 months of the year, and any support needs and ongoing data

### 5.2 C&D Hospital Discharge

Please use this section to enter updated demand and capacity related to Hospital Discharge in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. expected capacity and demand from your original planning template has been populated for reference. If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

In Capacity and Demand plans for 2023-24, areas were advised not to include capacity you would expect to spot purchase. This is in line with guidance on intermediate care, including the new Intermediate Care Framework. However, for this exercise we are collecting the number of packages of intermediate/short term care that you expect to spot purchase to meet demand for facilitated hospital discharge. This is being collected in a separate set of fields. You should therefore:

- record revised demand for hospital discharge by the type of support needed from row 30 onwards
- record current commissioned capacity by service type (not including spot purchasing) in cells K22 to O26
- record the amount of capacity you expect to spot purchase to meet demand in cells P22 to T26.

Spot purchased capacity should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 C&D Community

Please use this section to enter updated demand and capacity related to referrals from community sources in the bottom two tables. The table at the top then calculates the gap or surplus of capacity using the figures provided. The same period's figures has been extracted from your planning template for reference.

If estimates for demand and/or capacity have not changed since your original plan, please re enter these figures in the relevant fields (i.e. do not leave them blank).

Data from assured BCF plans has been pre-populated in tabs 5.2 and 5.3. If these do not match with your final plan, please let your BCM and the national team know so that we can update our records and note the discrepancy in your response to question 1 on tab 5.1. Enter your current expected demand and capacity as normal in tabs 5.2 and 5.3.

**Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template**

**2. Cover**

Version 3.0

Please Note:

- The BCF quarterly reports are categorised as 'Management Information' and data from them will be 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 Better Care Exchange) 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.

Health and Wellbeing Board:	Rotherham
Completed by:	Karen Smith
E-mail:	<a href="mailto:karen-nas.smith@rotherham.gov.uk">karen-nas.smith@rotherham.gov.uk</a>
Contact number:	01709 254870
Has this report been signed off by (or on behalf of) the HWB at the time of submission?	Yes
If no, please indicate when the report is expected to be signed off:	

**Checklist**

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

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](mailto:england.bettercarefundteam@nhs.net) saving the file as 'Name HWB' for example 'County Durham HWB'. This does not apply to the ASC Discharge Fund tab.

Complete	
	Complete:
2. Cover	Yes
3. National Conditions	Yes
4. Metrics	Yes
5.1 C&D Guidance & Assumptions	Yes
5.2 C&D Hospital Discharge	Yes
5.3 C&D Community	Yes
<a href="#">&lt;&lt; Link to the Guidance sheet</a>	

^^ Link back to top

## Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

### 3. National Conditions

Selected Health and Wellbeing Board:

Rotherham

Has the section 75 agreement for your BCF plan been finalised and signed off?	Yes
If it has not been signed off, please provide the date the section 75 agreement is expected to be signed off	

Confirmation of National Conditions		
National Conditions	Confirmation	If the answer is "No" please provide an explanation as to why the condition was not met in the quarter:
1) Jointly agreed plan	Yes	
2) Implementing BCF Policy Objective 1: Enabling people to stay well, safe and independent at home for longer	Yes	
3) Implementing BCF Policy Objective 2: Providing the right care in the right place at the right time	Yes	
4) Maintaining NHS's contribution to adult social care and investment in NHS commissioned out of hospital services	Yes	

#### Checklist

Complete:

Yes

Yes

Yes

Yes

# Better Care Fund 2023-25 Quarter 2 Quarterly Reporting Template

## 4. Metrics

Selected Health and Wellbeing Board:

Rotherham

National data may be unavailable at the time of reporting. As such, please use 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 2023-24 planning				For information - actual performance for Q1	Assessment of progress against the metric plan for the reporting period	Challenges and any Support Needs	Achievements - including where BCF funding is supporting improvements.
		Q1	Q2	Q3	Q4				
Avoidable admissions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	255.8	255.8	250.9	242.0	298.4	Not on track to meet target	Performance is off plan but plan was challenging to set out as last year's performance was significantly impacted by a range of pressures.	Areas of work linked to this plan to stabilise and support an improved position such as anticipatory care development, growing the use of the virtual ward and increasing the volume of urgent community response
Discharge to normal place of residence	Percentage of people who are discharged from acute hospital to their normal place of residence	93.5%	94.0%	93.5%	94.0%	94.41%	On track to meet target	Performance has been above target.	On track supported by continued partnership working.
Falls	Emergency hospital admissions due to falls in people aged 65 and over directly age standardised rate per 100,000.				1,770.4	503.7	Not on track to meet target	Slightly higher than expected number of falls seen Apr - Jul, based on nationally published data (327 compared to 5 months of the annual plan 304).	Review of falls services being undertaken in 2023/24. Linked to a wider piece of work currently being scoped for frailty
Residential Admissions	Rate of permanent admissions to residential care per 100,000 population (65+)				572		On track to meet target	Overall admissions are currently tracking below the cumulative target however there has been an increase in the last two months. Proposals to reduce residential admission rates are being explored.	Currently on track to meet target.
Reablement	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services				75.4%		Data not available to assess progress	Annual measure, no data currently available.	Annual measure, no data currently available.

**Checklist**  
Complete:

Yes

Yes

Yes

Yes

Yes

## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Rotherham

#### 5.1 Assumptions

**1. How have your estimates for capacity and demand changed since the plan submitted in June? Please include how learning from the last 6 months was used to arrive at refreshed projections?**

We reviewed the original submission against the outcomes of the capacity and demand tool that has built for Rotherham place to triangulate the forecasts and provide a more accurate predictive model. As the definition of capacity and demand has changed, we have updated the forecasts to reflect the new definitions.

**2. Please outline assumptions used to arrive at refreshed projections (including to optimise length of stay in intermediate care and to reduce overprescription of care). Please also set out your rationale for trends in demand for the next 6 months (e.g. how have you accounted for demand over winter?)**

**Demand:**

Seasonal adjustments have been included over the winter period.

**Capacity:**

The VCS figures have been amended to reflect commissioning changes. Age UK are no longer carrying out routine safety netting pathway 0 calls as analysis showed very little benefit. This is now managed on a risk basis.

**3. What impact have your planned interventions to improve capacity and demand management for 2023-24 had on your refreshed figures? Has this impact been accounted for in your refreshed plan?**

The reablement figures have been refreshed to reflect investment in staffing.

**4. Do you have any capacity concerns or specific support needs to raise for the winter ahead?**

CHC is a responsive service therefore capacity reflects demand. The barrier to this is funding. Additional monies from the fund have been allocated for winter pressures.

**5. Please outline any issues you encountered with data quality (including unavailable, missing, unreliable data).**

Work is ongoing to improve data quality and availability, supported by the development of the Place level demand and capacity (based on staffing) tool. The average referral rate has currently been used to estimate capacity.

**6. Where projected demand exceeds capacity for a service type, what is your approach to ensuring that people are supported to avoid admission to hospital or to enable discharge?**

Data only shows small variation between demand and capacity due to seasonality.

Guidance on completing this sheet is set out below, but should be read in conjunction with the separate guidance and question & answer document

#### 5.1 Assumptions

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

The assumptions box has been updated and is now a set of specific narrative questions. Please answer all questions in relation to both hospital discharge and community sections of the capacity and demand template.

You should reflect changes to understanding of demand and available capacity for admissions avoidance and hospital discharge since the completion of the original BCF plans, including

- actual demand in the first 6/7 months of the year
- modelling and agreed changes to services as part of Winter planning or following the Market Sustainability and Improvement Fund announcement
- Data from the Community Bed Audit
- Impact to date of new or revised intermediate care services or work to change the profile of discharge pathways.

#### 5.2 and 5.3 Summary Tables

The tables at the top of the next two tabs show a direct comparison of the demand and capacity for each area, by showing = (capacity) – (demand). These figures are pre-populated from the previous template as well as calculating new refreshed figures as you complete the template below. **Negative figures show insufficient capacity and positive figures show that capacity exceeds demand.**

#### 5.2 Demand - Hospital Discharge

This section requires the Health & Wellbeing Board to record their refreshed expectations of monthly demand for supported discharge by discharge pathway.

Data from the previous capacity and demand plans will be auto-populated, split by trust referral source. You will be able to enter your refreshed number of expected discharges from each trust alongside these. The first table may include some extra rows to allow for areas who are recording demand from a larger number of referral sources. If this does not apply to your area, please ignore the extra lines.

This section in the previous template asked for expected demand for rehabilitation and reablement as two separate figures. It was found that, by and large, this did not work well for areas so the prepopulated figures for these service types have been combined into one row. Please enter your refreshed expectations for rehabilitation and reablement as one total figure as well.

Virtual wards should not be included in intermediate care capacity because they represent acute, rather than intermediate, care. Where recording a virtual ward as a referral source, please select the relevant trust from the list.

From the capacity and demand plans collected in June 2023, it emerged that some areas had difficulty with estimating demand and capacity for Pathway 0 (social support). By social support, we are referring to lower level support provide outside of formal rehabilitation and reablement or domiciliary care. This is often provided by the voluntary and community sector. Demand estimates for this service type should only include discharges on Pathway 0 that require some level of commissioned low-level support and not all discharges on Pathway 0. If it is not possible to estimate figures in relation to this please put 0 rather than defaulting to all Pathway 0 discharges.

#### 5.2 Capacity - Hospital Discharge

This section collects refreshed expectations of 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) (pathway 0)
- Reablement & Rehabilitation at home (pathway 1)
- Short term domiciliary care (pathway 1)
- Reablement & Rehabilitation in a bedded setting (pathway 2)
- Short-term residential/nursing care for someone likely to require a longer-term care home placement (pathway 3)

The recently published Intermediate Care Framework sets out guidance on improving capacity, and use of this capacity. You should refer to this in developing your refreshed BCF Capacity and Demand plans.

As with the 2023-24 template, please consider the below factors in determining the capacity calculation. Typically, this will be  $(\text{Caseload} \times \text{days in month} \times \text{max occupancy percentage}) / \text{average duration of service or length of stay}$ .

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 Length of Stay where there are significant outliers.

Peak Occupancy (percentage) - What was the highest levels of occupancy 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.

The template now asks for the amount of capacity you expect to secure through spot purchasing. This should be capacity that is additional to the main estimate of commissioned/contracted capacity (i.e. the spot purchased figure should not be included in the commissioned capacity figure). This figure should represent capacity that your local area is confident it can spot-purchase and is affordable, recognising that it may impact on people's outcomes and is unlikely to be best value for money and local areas will be working to reduce this area of spend in the longer term.

### 5.3 Demand - Community

This section collects refreshed expectations of demand for intermediate care services from community sources, such as multi-disciplinary teams, single points of access or 111. As with the previous template, referrals are not collected 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 2023-25 Planning Requirements.

The units can simply be the number of referrals.

As with all other sections, figures from the 2023-24 template will be auto-populated into this section.

### 5.3 Capacity - Community

This section collects refreshed expectations of capacity for community services. You should input the expected available capacity across health and social care for different service types. As with the hospital discharge sheet, data entered in the assured BCF plan template has been prepopulated for reference. 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 these types of service:

Social support (including VCS)

Urgent Community Response

Reablement & Rehabilitation at home

Reablement & Rehabilitation in a bedded setting

Other short-term social care

Please see the guidance on 'Demand – Hospital Discharge' for information on why the capacity and demand estimates for rehabilitation and reablement services is now being collected as one combined figure. 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 Length of Stay where there are significant outliers.

"Peak Occupancy (percentage) - What was the highest levels of occupancy 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."

## 5. Capacity & Demand

Rotherham

**Hospital Discharge**

**Capacity - Demand (positive is Surplus)**

## Capacity - Hospital Discharge

## Demand - Hospital Discharge

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

**Yes**

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes







## Better Care Fund 2023-24 Capacity & Demand Refresh

### 5. Capacity & Demand

Selected Health and Wellbeing Board:

Rotherham

Community	Previous plan					Refreshed capacity surplus:				
Capacity - Demand (positive is Surplus)	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)	3	3	3	2	2	3	3	3	2	2
Urgent Community Response	-5	-5	-6	9	-5	0	1	0	14	1
Reablement & Rehabilitation at home	-71	-73	-73	-73	-73	1	1	2	-7	1
Reablement & Rehabilitation in a bedded setting	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

Capacity - Community		Prepopulated from plan:					Please enter refreshed expected capacity:				
Service Area	Metric	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	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
Urgent Community Response	Monthly capacity. Number of new clients.	492	509	508	473	509	497	515	514	478	515
Reablement & Rehabilitation at home	Monthly capacity. Number of new clients.	510	528	529	493	545	586	606	608	568	627
Reablement & Rehabilitation in a bedded setting	Monthly capacity. Number of new clients.	9	4	10	14	11	9	4	10	14	11
Other short-term social care	Monthly capacity. Number of new clients.	0	0	0	0	0	0	0	0	0	0

Demand - Community		Prepopulated from plan:					Please enter refreshed expected no. of referrals:				
Service Type		Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Social support (including VCS)		0	0	0	1	1	0	0	0	1	1
Urgent Community Response		497	514	514	464	514	497	514	514	464	514
Reablement & Rehabilitation at home		581	601	602	566	618	585	605	606	575	626
Reablement & Rehabilitation in a bedded setting		9	4	10	14	11	9	4	10	14	11
Other short-term social care		0	0	0	0	0	0	0	0	0	0

#### Checklist

Complete:

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

Yes

BRIEFING	TO:	Health and Wellbeing Board
	DATE:	22 <sup>nd</sup> November 2023
	LEAD OFFICER	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: steph.watt@nhs.net
	TITLE:	BCF Finance and Risk Monitoring 2023/24
Background		
1.1	<p>The purpose of this report is to confirm to the Health and Wellbeing Board that:</p> <ul style="list-style-type: none"><li>the financial framework is agreed as part of the BCF governance processes which includes the in-year assessment of expenditure against the schemes; and</li><li>highlights risks emerging in year as set out in the risk share section of the Section 75 agreement.</li></ul>	
Key Issues		
2.1	<b>Position to Date and Forecast Outturn</b>	
2.2	<p><b>Table 1 below</b> sets out a summary of the source of funding for the 2023/24 Better Care Fund, the Annual Plan for each Pool, the year-to-date position as at the end of September 2023 and the forecast Outturn.</p> <p>The latest forecast Outturn position based on quarter 2 is an overall underspend of £1.188m mainly in respect of the forecast underspend on the Disabled Facilities Grant, due to the carry forward of unspent funding due to the delays in implementing the approved schemes as a result of the Covid pandemic.</p>	
2.3	<p><b>The total Better Care Fund (BCF) for 2023/24 is £50.954m an increase of £1.698m from 2022/23, this relates to additional Local Authority Discharge funding, an increase in minimum contribution from health and a further underspend in 2022/23 on the Improved Better Care Fund (iBCF) and Carers support funding carried forward into this years' Better Care fund.</b></p> <p><b>Since the Quarter 1 report there has been an additional non recurrent allocation for Disabled Facilities Grant of £0.267m.</b></p> <p>(i) Red figures in brackets indicate overspends and positive figures indicate an underspend to potentially be used to fund areas of risk.</p> <p>(ii) The risk share agreement requires each party to fund its own pressures in the first instance. Where this is not possible it is possible to utilise other underspends or the risk pool. The suggested approach is to utilise the risk pool to support discharges from hospital.</p>	

2.4

**Table 1**

Financial Monitoring									
2023/24 : April - September 2023	2023/24 INVESTMENT		2023/24 SPLIT BY POOL		YEAR TO DATE EXPENDITURE AS AT 30th Sept 2023		Quarter 2 OUTTURN VARIANCE (OVERSPEND) / UNDERSPEND		
BCF Investment	RICB SHARE	RMBC SHARE	Pool 1 RMBC Hosted	Pool 2 RICB Hosted	Pool 1 RMBC Hosted	Pool 2 RICB Hosted	Pool 1 RMBC Hosted	Pool 2 RICB Hosted	TOTAL
THEME 1 - Mental Health Services	1,464			1,464		732		0	0
THEME 2 - Rehabilitation & Reablement	12,194	7,026	19,220		8,719		1,001		1,001
THEME 3 - Supporting Social Care	4,144			4,144		2,052		40	40
THEME 4 - Care Mgt & Integrated Care Planning	5,090			5,090		2,495		101	101
THEME 5 - Supporting Carers	791			791		373		46	46
THEME 6 - Infrastructure	242			242		121		0	0
Risk Pool	500			500		250		0	0
Improved Better Care Fund		15,948	15,948		7,539		0		0
LA Discharge Funding		2,030	2,030		52		0		0
ICB Discharge Funding	1,525			1,525		1,040		0	0
<b>TOTAL</b>	<b>25,950</b>	<b>25,004</b>	<b>37,198</b>	<b>13,756</b>	<b>16,310</b>	<b>7,062</b>	<b>1,001</b>	<b>187</b>	<b>1,188</b>
TOTAL (OVERSPEND) / UNDERSPEND BEFORE RE-INVESTING IN BCF SERVICES									1,188
RE-INVESTMENT OF UNDERSPENDS IN BCF ACTIVITIES									0
TOTAL (OVERSPEND) / UNDERSPEND AFTER RE-INVESTING IN BCF SERVICES (will be the figure in the Annual Accounts of both organisations)									1,188
RE-INVESTMENT OF UNDERSPENDS IN NON BCF ACTIVITIES									

2.5

**Notes**

- (I) **Note 1** – There is significant forecast underspend within Theme 2 mainly in respect of the Disabled Facilities Grant (£1.243m) due to accumulated underspends from previous years due to the impact of Covid and vacancies in Occupational Therapists resulting in delays in the assessment and completion of aids and adaptations. Further investment was made in 2022/23 to procure additional support from the independent sector to carry out assessments to help reduce the waiting list. The forecast underspend on Disabled Facilities Grant is partly reduced by overspends within Domiciliary Care and Intermediate Care.
- (II) **Note 2** – There is an overall forecast underspend within Theme 3. An overspend in residential care is offset by an underspend in direct payments.
- (III) **Note 3** - The forecast underspend within Theme 4 relates to staff vacancies within social work teams.
- (IV) **Note 4** – Theme 5 forecast underspend relates to the cost of providing direct payments. This theme also includes a non-recurrent underspend on the Carers Strategy carried forward from 2022/23 which is forecast to fully spend.
- (V) **Note 5** - It is proposed in line with the previous years the BCF Risk Pool is utilised to contribute to the increase in demand and to support discharges from hospital.
- (VI) **Note 6** - The improved Better Care grant funding has been allocated towards meeting Adult Social Care pressures and service transformation, reducing delayed transfers of care from hospital including meeting pressures during the winter period and maintaining market sustainability within social care. The current forecast is to fully spend by the year end. The budget also includes a non-recurrent £1.468m underspend carried forward from 2022/23.
- (VII) **Note 7** - The extension of the Discharge Funding into 2023/24 has provided £3.6m (RMBC £2.030m and the ICB £1.525m) to support hospital discharges over the full financial year. Both elements of the funding are forecast to fully spend and in accordance with the grant conditions are subject to separate fortnightly reporting requirements. Any underspends on these grants must be repaid back to DHSC and cannot be carried forward.

Key Actions and Relevant Timelines	
3.1	<p>The BCF Executive Group held on 25<sup>th</sup> October 2023:</p> <ul style="list-style-type: none"> <li>(i) Noted the areas of risks, underspends and explanations; and</li> <li>(ii) Accepted the report as the Quarter 2 position.</li> <li>(iii) Agreed in principle to carry over any underspend to 2024/25 in respect of capital expenditure against the Disabled Facilities Grant.</li> </ul>
Implications for Health Inequalities	
4.1	<p>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.</p> <p>BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.</p>
Recommendations	
5.1	<p><b>That the Health and Wellbeing Board:</b></p> <ul style="list-style-type: none"> <li><b>(i) Note the areas of risks, underspends and explanations; and</b></li> <li><b>(ii) Accept the report as the Quarter 2 position.</b></li> <li><b>(iii) Agree in principle to carry over any underspend to 2024/25 in respect of capital expenditure against the Disabled Facilities Grant.</b></li> </ul>

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**Better Care Fund** provides an opportunity to improve the lives of some of the most vulnerable people in our society, giving them control, placing them at the centre of their own care and support, and, in doing so, providing them with a better service and better quality of life. Below is a Dashboard to support Rotherham's Better Care Fund for 2023/24.

<i>Avoidable admissions – indirectly standardised rate (ISR) of admissions per 100,000 population</i>		Apr 2023	May 2023	Jun 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	Actual	296	292	257	291	254							
	Target	245	245	245	245	245							
Falls – emergency hospital admissions due to falls in people aged 65 years and over directly age standardised per 100,000 population		Apr 2023	May 2023	Jun 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	Actual	Please see narrative.											
	Target												
% of People who are discharged from acute hospital to their Normal Place of Residence		Apr 2023	May 2023	Jun 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	Actual	94.5%	94.7%	95.4%	95.3%	93.6%							
	Target	93.5%	93.5%	93.5%	94.0%	94.0%							
Long-term support needs of older people (65 and over) met by admission to residential and nursing care homes, per 100,000 population		Apr 2023	May 2023	Jun 2023	July 2023	Aug 2023	Sep 2023	Oct 2023	Nov 2023	Dec 2023	Jan 2024	Feb 2024	Mar 2024
	Actual ( ) indicates no of admissions	28.86 (16)	41.48 (23)	37.87 (21)	45.09 (25)	54.10 (30)	57.71 (32)						
	Target rate 100k per pop (Number of Admissions)	46.89 (26)	46.89 (26)	46.89 (27)	46.89 (26)	46.89 (26)	46.89 (27)	46.89 (26)	46.89 (27)	46.89 (27)	46.89 (26)	46.89 (26)	46.89 (27)
	Actual (YTD) ( ) indicates no of admissions	28.86 (16)	70.34 (39)	108.21 (60)	153.30 (85)	207.40 (115)	265.11 (147)						
	Target rate 100k per pop (Number of Admissions)	30.60 (26)	93.78 (52)	142.48 (79)	189.37 (105)	236.26 (131)	284.95 (158)	331.84 (184)	380.54 (211)	429.23 (238)	476.12 (264)	523.01 (290)	571.71 (317)

Proportion of older people (65 and over) still at home 91 days after discharge from hospital into reablement/rehabilitation services		2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
	Actual	82.8% (144/174)	85.6% (113/132)	72.34% (136/188)	70.0% (119/170)	75.1% (154/205)	72.5% (153/211)	
	Target	88%	89%	86% (123/143)	83%	78%	78.1%	75.4%



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BRIEFING	TO:	Health and Wellbeing Board
	DATE:	22 <sup>nd</sup> November 2023
	LEAD OFFICER	Steph Watt Joint Head of Adult Commissioning (Rotherham Place) E-mail: steph.watt@nhs.net
	TITLE:	Better Care Fund (BCF) Metrics Report Q2 2023-24
Background		
1.1	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.	
1.2	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: <ul style="list-style-type: none"><li>• Enable people to stay well, safe and independent at home for longer.</li><li>• Provide the right care in the right place at the right time.</li></ul>	
1.3	As part of the BCF plan for 2023/24, measures have been agreed to monitor the success of the BCF schemes. This report provides an update on national measures which have been identified at year end as on target or where there are areas for concern.	
Key Issues		
2.1	The Better Care Fund for 2023/24 consists of 5 Key National Performance Indicators which includes one new indicator in relation to falls. The BCF Metrics Scorecard is attached at Appendix 2.	
2.2	<b>Avoidable admissions – indirectly standardised rate (ISR) of admissions per 100,000 population</b> <p>This indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. This includes conditions such as: acute bronchitis, angina, ischaemic heart disease, heart failure, dementia, emphysema, epilepsy, hypertension, diabetes, COPD and pulmonary oedema. It should be noted that not all the admissions included in this indicator are necessarily “avoidable”. The data extracted is based purely on coding of conditions and does not necessarily reflect wider factors that may require a patient to be admitted.</p> <p>ACS admissions were more challenging than expected in 2022/23, particularly in Q3 and Q4. This is thought to be linked to high winter pressures particularly in primary care, linked to areas such as Children's respiratory conditions. The average of last 3 available quarters was used for Q1 and Q2 plan as some stabilisation was expected. Q3 currently assumes a less challenging winter than 2022/23 and assumes a level more in line with previous years. Q4 plan remains an estimate until final data available. 2024/25 is expected to be a key year in terms of same day emergency care and anticipatory care, which will be factored into 24/25 plans.</p> <p>The national indicator is represented as an indirectly standardised rate. The indicator is presented on the scorecard however as actual admissions for easier interpretation.</p> <p>ACS admission levels have been above plan for the first five months of the year.</p>	

2.3	<p><b><i>Falls – Emergency hospital admissions due to falls in people aged 65 years and over directly age standardised rate per 100,000 – New Indicator</i></b></p> <p>This is a new indicator for 2023-24. The rate per 100,000 population of emergency admissions due to falls in people aged over 65, has shown a small decrease in the last few years. Falls is recognised as an area for review in 2023-24, to streamline services and develop a more integrated pathway. This work is expected to impact this indicator with the impact expected to be clearer once the review is completed. A small decrease in admissions due to falls in people aged over 65 years has been planned, as previous years trend expected to continue.</p> <p>We are currently reviewing the data available for monitoring this indicator as the data within the nationally published BCF pack, does not fully align with that provided nationally to inform the plan.</p> <p>Based on the available national data up to July, we have seen slightly more falls than planned. National data indicates 327 falls April to July. 5 months of the annual plan submitted would be 304 falls. It should be noted however that the plan was not submitted by month but as an annual figure only.</p>
2.4	<p><b><i>% of People who are discharged from acute hospital to their Normal Place of Residence</i></b></p> <p>Rotherham was above national % discharged to usual place of residence when the plan was set. Performance over last 3 months, when the plan was set was 93.4%, with 94% being upper level of achievement. As performance is above national levels, the trajectory has been set to maintain for Q1 and achieve the higher level of 94% in Q2 and Q4, based on previous upper levels of performance. A slight dip is profiled in for Q3 to account for winter challenges.</p> <p>Performance has been positive in the first five months of the year, with a slight dip seen in August.</p> <p>It should be noted national data does show around a 0.5% lower performance compared to local data. National data however has historically experienced issues with refreshing, so local data has been used.</p>
2.5	<p><b><i>Long-term support needs of older people (aged 65 years and over) met by admission to residential and nursing care homes (per 100,000 population)</i></b></p> <p>In 2022-23 Rotherham had 341 new admissions, (population rate 650.91).</p> <p>The 2023-24 BCF target has been reduced to a population rate of 571.7, which equates to 317 admissions over the year.</p> <p>The revised figures for quarter one 2023-24 show 60 new admissions, 19 below target and 31 less than the same period in 2022-23.</p> <p>Quarter 2 shows an increase of 17 (45%) new admissions to 87, compared to quarter one, with August and September admission figures breaching their targets.</p> <p>After the first six months of the year the total number of admissions is 147 which equates to a population rate of 265.11 which is 19.84% below the mid-year target of 284.95 (158 admissions).</p> <p>The Council acknowledges that further focussed work is required to achieve a stepped reduction and BCF, Commissioning and Service joint working and quality plans will be monitored in year to support delivery of improvement.</p>
2.6	<p><b><i>Proportion of older people (65 years and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services</i></b></p> <p>This is an annual measure calculated from a sample of people aged 65 and over, who commenced a reablement service during the October to December period 91 days after discharge from hospital. Rotherham Indicator has seen small decreases over the last couple of years following changes in service pathway which resulted in an increase in the number of</p>

2.7	<p>people commencing the service and a broadening of the cohort to include more complex needs. The 2022/23 year-end position was 72.5% compared to a 78.1% target and an outturn of 75.1% in the previous year.</p> <p>The BCF target set for 2023/24 recognises that the challenges of the supporting a wider system whilst improving current performance would be challenging and an interim midpoint 'step' improvement target of 75.4% has been set.</p>
<b>Key Actions and Relevant Timelines</b>	
3.1	<p>The BCF Executive Group held on 25<sup>th</sup> October 2023:</p> <p>(i) Noted the contents of the report and performance for 2023/24</p>
<b>Implications for Health Inequalities</b>	
4.1	<p>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.</p> <p>BCF funded schemes which reduce health inequalities include social prescribing, Breathing Space and project support for the implementation of Population Health Management (PHM) priorities.</p>
<b>Recommendations</b>	
5.1	<p><b>That the Health and Wellbeing Board:</b></p> <p>(i) <b>Notes the contents of the report and performance for 2023/24.</b></p>

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APPROVED

Minutes	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.15 – 11.00am
<b>Date of Meeting:</b>	Wednesday 19 July 2023
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	Chris Edwards
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Richard Jenkins, Chief Executive, TRFT Toby Lewis, Chief Executive, RDaSH Sue Cassin, Chief Nurse - Rotherham, NHS South Yorkshire ICB Dr Anand Barmade, Clinical Director, Connect Healthcare Dr Neil Thorman, Primary Care Representative, RPCCG Nicola Curley, Director of Children's Services, RMBC Wendy Allott, Chief Finance Officer – (Roth), NHS SY ICB
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b>	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)  
Ben Anderson (**BA**), Director of Public Health, RMBC  
Shafiq Hussain (**SH**), Chief Executive, VAR  
Dr Jason Page (**JP**), Medical Director, NHS SY ICB  
Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB  
Ian Spicer (**IS**), Strategic Director of Adult Care, RMBC  
Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS South Yorkshire ICB

### Participants:

Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB  
Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB  
Michael Wright (**MW**), Deputy Chief Executive, The Rotherham NHS Foundation Trust  
Ruth Nutbrown (**RN**), Head of Governance and Risk, NHS South Yorkshire ICB (Item 3)  
Lee Outhwaite (**LO**), Chief Finance Officer, NHS South Yorkshire ICB

### In Attendance:

Wendy Commons, Rotherham Place Board Support Officer, NHS South Yorkshire ICB  
Radhika Gosakan, Consultant Obstetrician, The Rotherham Foundation Trust (observing)

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Item Number	Discussion Items
i16/07/23	<p><b>Place Performance Report - July</b></p> <p>CS gave highlights from this month's performance report.</p> <ul style="list-style-type: none"> <li>– Diagnostic continues to perform well compared to the national picture, although there are some areas that are challenged i.e. gastro and sleep.</li> <li>– On referral to treatment we are better than the national average.</li> <li>– IAPT (now known as talking therapy) continues to perform well against both targets in terms of access.</li> <li>– Cancer position is reasonable position with people seen 31 days after referral to treatment at 91.4%</li> <li>– We have been around 75% (over the last three months) for 28 days faster diagnosis standard which is an improving position, however 62 days remains a challenge at 63.2% in April against a target of 85%</li> <li>– There have been no mixed sex accommodation breaches in the last 2 months</li> <li>– There have been a few cancelled operations per quarter, likely due to the ongoing challenges of strikes.</li> <li>– We continue to perform well on wheelchair waits for assessments for children.</li> <li>– We are awaiting the publication of 4-hour target data but have been reporting based on our Sitrep information, this shows that although challenged the Trust is meeting their trajectory which has been set to ensure 75% is reached by Oct 23.</li> <li>– Handover times over 60 minutes were strong in May but crept up slightly in June, that said we continue to perform relatively well across the targets.</li> <li>– GP appointments appear to be under plan however, this is believed to be a recording issue as our extended access and same day appointments are not being counted in the figures and should be. Work is underway to rectify this issue.</li> <li>– Face to face appointments offered continue to increase monthly and is over 78% now.</li> <li>– C-difficile figures have been identified as being slightly higher than expected and this is being investigated by Trust colleagues.</li> <li>– Urgent Community Response (UCR) continues to perform well against the 2-hr target at around 80% and there is currently an improving picture for delayed discharge and no right to reside which is positive.</li> </ul>

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CE thanked CS for update which reflects that Rotherham continues to be in a better position in terms of discharge which will help with assurance as we approach winter. The challenge has been in homecare but IS reported that issues around the adult social care response to demand have improved. It is important to get a better understanding of why this so that we can be better prepared for when demand comes.

Work has been done to promote and widen knowledge around the virtual wards which is currently around 36 patients with an ambition to get to 100 by the end of March. Turnover with virtual ward patients is around 5 days.

Following discussion, it was noted that there are still residual issues from covid and pressure of time. It was agreed a more detailed discussion around homecare demand and an evaluation of the virtual ward will be helpful at Place Leadership Team in early August.

**Action: LG**

MW commented that there has been great work on discharge with teams working together but it would be helpful to discuss and consider how to maintain the position when there is pressure and recover more quickly.

Place Board thanked all teams involved which has contributed to the improved position for Rotherham.

CE reported that a Rotherham Place Confirm and Challenge meeting had been held recently with the ICB where no concerns had been raised.

### i17/07/23 Medical Director Update

JP informed Members of the main areas in his role which include the Integrated Care Partnership, Vice Chairman of the Rotherham Health & Wellbeing Board, the Primary Care Collaborative Board (which now include pharmacy, optometry and dentists) and internal work around the cancer alliance and the Children & Young People's alliance. He also covers wider GP work across NHS SY ICB and, as there are currently just three Medical Directors across the patch, it can be challenging.

He went on to advise that a service around patient safety is now in place and he has been invited to take place in serious incident committee which is working well and enables debate to take place into events.

He is also involved in the primary care recovery plan and social prescribing and anticipatory care work.

Other work Dr Page is currently participating in are capital schemes, the quality contract, new safety medicines dashboard, case management best practice and spirometry which is now centralised at Breathing Space.

Recently, he had taken part in a practice manager's meeting and discussed the importance of primary care planning for strikes to add system resilience.

### i18/07/23 ICB Board Assurance Framework

RN joined the meeting. CE explained that the Integrated Care Board risk register was being shared with partners at each Place Board so that Members could review the approach being taken to risks at Place level and raise any issues.

Members noted the risk register and issues log. There were no issues to be raised with the ICB's scoring and assessment of risk.



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RN highlighted that a Risk Summit had been held with Barnsley Place Board members last week to develop their risk register and Rotherham may wish to consider this in the future.

RN to share the outcome of the work with Barnsley so that Rotherham Place Board can review and consider the benefits of Rotherham Place setting aside time for a similar session.

**Action: RN**

### i19/07/23 Minutes and Action Log from 17 May 2023 Meeting

The minutes from the May meeting were accepted as a true and accurate record.  
The action log was reviewed and up to date.

### i20/07/23 Communication to Partners

Partners are welcome to share the Place Performance report if they wish.

### i21/07/23 Risks and Items for Escalation

None.

### i22/07/23 Future Agenda Items:

Future items – suggestions to be e-mailed to LG.

#### Standing Items

- Rotherham Place Performance Report
- Place Prescribing Report (August)
- Risk Register (Monthly for information)
- Quality, Patient Safety and Experience Dashboard (August)

### i23/07/23 Date of Next Meeting

The next meeting will take place on **Wednesday 16 August 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

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Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust (TRFT)
Sharon Kemp	Chief Executive	Rotherham Metropolitan Borough Council
Toby Lewis	Chief Executive	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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Minutes	
<b>Title of Meeting:</b>	Rotherham Place Board: <b>ICB Business</b>
<b>Time of Meeting:</b>	10.15 – 11.00am
<b>Date of Meeting:</b>	Wednesday 20 September 2023
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	Dr Jason Page
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	<p>Wendy Allott, Chief Finance Officer (Roth), NHS SY ICB  Ben Anderson, Director of Public Health, RMBC  Anand Barmade, Medical Director, Connect Healthcare  Sue Cassin, Chief Nurse (Roth), NHS SY ICB  Nicola Curley, Director of Children's Services, RMBC  Chris Edwards, Executive Place Director (Roth), NHS SY ICB  Richard Jenkins, Chief Executive, TRFT  Sharon Kemp, Chief Executive, RMBC  Gordon Laidlaw, Deputy Director of Communications, NHS SY ICB  Toby Lewis, Chief Executive, RDaSH  Claire Smith, Deputy Place Director (Roth), NHS SY ICB  Dr Neil Thorman, Primary Care Representative, RPCCG  Julie Thornton, Care Group Director (Roth), RDaSH</p>
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services.
<b>Quoracy:</b>	<p><b>THE CHAIR CONFIRMED THAT THIS MEETING WAS NOT QUORATE FOR DECISION MAKING therefore no business transacted. Items for information only.</b></p> <p>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.</p>

## Members Present:

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

Shafiq Hussain (**SH**), Chief Executive, VAR

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

## Participants:

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

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

## In Attendance:

Wendy Commons, Rotherham Place Board Support Officer, NHS South Yorkshire ICB

Item Number	Discussion Items
<b>i24/09/23</b>	<b>Place Performance Report</b>
	<p>LG gave highlights from this month's performance report.</p> <p>Strong performance is still being seen on IAPT on the 6 &amp; 18 week target. The national target for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks. Rotherham is consistently achieving targets, both in the 90's.</p> <p>National changes are taking place with reporting on cancer waits. Focus will be on two key targets and the performance report will be changed to reflect these:</p> <ul style="list-style-type: none"> <li>• The 28-day Faster Diagnosis Standard (75%)</li> <li>• One headline 62-day referral to treatment standard (85%)</li> <li>• One headline 31-day decision to treat to treatment standard (96%)</li> </ul> <p>All cancer targets except breast 2 week referral were not met. Most slightly improved apart from a small drop in performance on 28 day faster diagnosis from 74.1% to 72.2%. This is a challenging area but TRFT has reported improvement since this report.</p> <p>On the A&amp;E 4 hour wait standard, compared to all pilot sites Rotherham is in the top quarter of all pilot sites.</p> <p>In relation to ambulance handovers, the position had remained similar to that reported last month, however early data for September shows a much improved position on lost hours.</p> <p>Learning disability health checks are a little low this month but historically this tends to improve in quarters 3 and 4.</p> <p>Although 7 day length of stay has increased slightly, Rotherham is still below the South Yorkshire average and the length of stay right to reside is low.</p> <p>Rotherham now has 47 patients on the virtual ward. This is the highest in South Yorkshire.</p> <p>Members noted this month's Place performance.</p>
<b>i25/09/23</b>	<b>Quality, Patient Safety and Experience Report</b>
	<p>Members received the report for information.</p> <p>JP drew attention to the letter from NHS England welcoming the independent inquiry following the verdict in the trial of Lucy Letby. It also reminded NHS Leaders and Boards of the importance of good governance in implementing and overseeing the Freedom to Speak Up Policy and the obligations of the Fit and Proper Framework for Board member recruitment. Subsequently, NHS SY ICB has written to NHS colleagues within our Place partnership to assess arrangements in place for accessible and effective speak up arrangements within their organisations so that at its September meeting, assurance can be provided to the Integrated Care Board membership.</p>
<b>i26/09/23</b>	<b>Vaccination Update</b>
	<p>JP confirmed that, thanks to the hard work of Jo Martin and her colleagues, a comprehensive plan for both flu and covid vaccinations is in place for Rotherham Place.</p>

All Primary Care Networks (PCNs) are signed up to deliver vaccines to eligible cohorts. Frontline acute and community staff will be vaccinated by TRFT and Doncaster PCNs will support RDaSH vaccination plans. A roving vaccination team will vaccinate hard to reach staff and some social care staff some of whom may also be supported via pharmacies. The order of approach will be care homes first, then frontline staff, social care staff, and hard to reach groups.

BA confirmed that the vaccination will work against the new Covid variant. Although this latest variant had produced a slight increase in the number of patients in TRFT with Covid (currently 10), it was expected as the colder months approach. It is reported to be more contagious but as yet unknown how serious the symptoms will be.

SH asked whether vaccinations will be offered to voluntary sector volunteers as in past years. JP will discuss with JM.

**Action: JP**

## **i27/09/23 ICB Board Assurance Framework**

Members received the risk register, issues log and business assurance framework for information.

Discussion followed about risk log and how best Rotherham Place Board members can develop an approach for input into the ICB risk process going forward. SS will feedback to ICB colleagues.

## **i28/09/23 Minutes and Action Log from 19 July 2023 Meeting**

The minutes from the July meeting were accepted as a true and accurate record. No meeting had taken place in August.

The action log was reviewed and up to date.

## **i29/09/23 Communication to Partners**

None.

## **i30/09/23 Risks and Items for Escalation**

None.

## **i31/09/23 Future Agenda Items:**

Standing Items

- Rotherham Place Performance Report
- Place Prescribing Report (Oct)
- Risk Register (Monthly for information)
- Quality, Patient Safety and Experience Dashboard (August)
- Quarterly Medical Director Update (Oct)

## **i31/09/23 Date of Next Meeting**

The next meeting will take place on **Wednesday 18 October 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
Toby Lewis	Chief Executive	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
Nicola Curley	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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<b>Minutes</b>	
<b>Title of Meeting:</b>	<b>PUBLIC</b> Rotherham Place Board: Partnership Business
<b>Time of Meeting:</b>	9.00am – 10.15am
<b>Date of Meeting:</b>	Wednesday 19 July 2023
<b>Venue:</b>	Elm Room, Oak House, Bramley, S66 1YY
<b>Chair:</b>	Sharon Kemp
<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Richard Jenkins, Chief Executive, The Rotherham Foundation Trust Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCB Dr Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse - Rotherham, NHS South Yorkshire ICB Wendy Allott, Chief Financial Officer - Rotherham, NHS SY ICB Nicola Curley, Director of Childrens Services, RMBC
<b>Conflicts of Interest:</b>	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.
<b>Quoracy:</b>	Confirmed as quorate.

**Members Present:**

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

Chris Edwards (**CE**), Executive Place Director, NHS South Yorkshire ICB

Ben Anderson (**BA**), Director of Public Health, RMBC

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

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

Cllr David Roche (**DR**), Joint Chair, Health and Wellbeing Board, RMBC

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

Ian Spicer (**IS**), Strategic Director of Adult Care, RMBC

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

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

**Participants:**

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

Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB

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

Helen Sweaton (**HS**), Joint Assistant Director, C&YP Service, NHS SY ICB/RMBC

Rebecca Woolley (**RW**), Public Health Specialist, RMBC

Lorna Vertigan (**LV**), Strategic Regeneration Manager, RMBC

Tim O'Connell (**TO**), Head of RiDO, RMBC

Lee Outhwaite (**LO**), Chief Finance Officer, NHS SY Integrated Care Board

**In Attendance:**

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

Radhika Gosakan, Consultant Obstetrician, The Rotherham Foundation Trust (observing)

Leonie Wieser, Policy Officer, RMBC



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Item Number	Discussion Items
<b>25/07/23</b>	<b>Public &amp; Patient Questions</b>
	There were no questions.
<b>26/07/23</b>	<b>Prevention &amp; Health Inequalities Update</b>
	<p>RW gave an update on the work of the group. Working well is:</p> <ul style="list-style-type: none"> <li>– Engagement with 1700 people to develop the prevent campaign</li> <li>– The development of pages on Rotherhive on food, smoking and physical activity</li> <li>– Policy for e-cigarettes and a local tobacco control action plan agreed</li> <li>– Membership of Sustainable Food Places Network achieved</li> <li>– Impacts of the pandemic research undertaken</li> <li>– MECC training delivered on cost of living to over 572 people</li> <li>– Commenced developing anticipatory care model</li> <li>– NHSE Prevention High Impact Interventions Audit underway</li> <li>– Drafted Anchor action plan and Place Board supported.</li> </ul> <p>RW outlined the risks and challenged the group faces, including maintaining momentum on population health management with capacity challenges and pressures, complexity within the system in clarifying the offer available within the prevention pathway to enable a more co-ordinated approach and addressing the feedback from the Health Inequalities Event around staff understanding the HI agenda and the gaps between communities and services.</p> <p>Next steps will include:</p> <ul style="list-style-type: none"> <li>– Engaging local people in their health and wellbeing and supporting a social movement using the 'Say Yes' campaign</li> <li>– Launching a project to explore opportunities for building exercise into the long term conditions pathway</li> <li>– Mapping the offer available within the prevention pathway and exploring streamlining access</li> <li>– Working with the Workforce and OD group to develop staff training on health inequalities.</li> </ul> <p>Place Board thanked RW for the update, welcomed the good progress made and looked forward to receiving feedback once the planned campaigns and projects start to go live.</p>
<b>27/07/23</b>	<b>Town Centre Development</b>
	<p>TO and LV gave members an update on progress made in Rotherham Town Centre including Forge Island and Riverside Gardens, the markets and library and the opportunities for residential living, as well as the new flood defences that are now in place protecting the centre and railway station from flooding.</p> <p>Discussion followed around how this will add social value and footfall to services as well as offering better prospects in attracting funding and expanding interest from a commercial/business perspective.</p> <p>Members acknowledged that the town centre will be a much more interesting and inviting place to visit as a result of the capital investment. It was noted that a town centre</p>

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manager has recently been appointed to assist with engaging communities and encouraging ideas from residents.

Marketing will take place through Rotherham Together Partnership. GL will discuss the use of marketing materials with the Comms and Engagement Group to ensure consistency.

**Action: GL**

SK thanked TO and LV for the update.

### 28/07/23 Targeted Lung Health Checks

JP gave an update on the South Yorkshire programme that had gone live in Rotherham in October 2022 and is delivered by Alliance Medical Ltd.

As at the end of June this year, around 17,000 patients had been referred with over 4,500 lung health checks undertaken, 259 of which were referred to the screening multi-disciplinary team for follow up. It was noted that when Rotherham was in the early days of the programme but at the end of April, 21 cancers had been found, 13 had been lung cancers and 8 were other cancers. There had been a number of challenges to overcome throughout delivery so far including site access issues due to roadworks, sub-contractor staffing pressures, delays in obtaining data due to difficulties recruiting data analyst and preparations required for national screening programme implementation.

JP went on to outline the actions being undertaken to address health inequalities which included providing easy read booklets, letter amendments, animated videos, one to one support, allowing extra time for health check calls and scans and adjusting search filters to identify those with a learning difficulty.

Finally JP advised that an announcement had been made June that a national screening programme will be rolled out, however, progress is slow. Locally we continue to plan for it and await further information.

Discussion followed about the approach being taken with the national programme which is about the numbers and doesn't appear to fit with the health inequalities agenda or targeting hard to reach communities. Consideration may need to be taken to engaging locally using more of an outreach approach.

JP was thanked for the update and for his energy and enthusiasm into this service. It was acknowledged that we may need to look at focus, sustainability and funding going forward to ensure we provide for our populations needs appropriately and in a way that can be celebrated.

### 29/07/23 Rotherham Partnership Place Plan 2023-25

CS presented the final Place Plan which has undergone changes to take account of the feedback received since it was seen in May.

Some chapters remain the same including:

- Best start in life
- Improving Mental Health & Wellbeing
- Supporting people with learning disabilities & autism
- Urgent, emergency and community care

And as agreed at the Board development session in January, Living Well for Longer and Palliative and End of Life Care had been added.

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Also as a result of feedback and comments received, the Plan had been significantly reduced and also included changes to the Plan on a Page, the governance diagram and points of clarity across a number of workstreams.

Key feedback around making the impact more visible will be incorporated into the public facing summary version. Both the Place Plan and the summary will be produced in a professionally designed versions in PDF and an interactive document embedded into the 'your health' website. Work will be carried out with the Communications and Engagement Group about how to make the document go 'live' for our population.

DR confirmed that the Plan had been to Cabinet and had also been endorsed by the Health & Wellbeing Board. Comments received had been around the complexity of the plan, however an easy read version will be one of the formats the Plan is produced in.

MW confirmed that the hospital's Trust Board had asked for comments around long term conditions and a reference to alcohol consumption added. These had been incorporated into the final version being received today.

SK requested that LG double check that all milestones from the Rotherham Together Plan for delivery by 2025 are aligned, and comments from RDaSH Trust Board will be forwarded by JT.

**Action: JT/LG**

It was agreed that Place Board approved this final version of the Plan subject to any minor amendments. The completion of the summary document should then be expedited along with a timeframe for production of all versions. However, any changes that will fundamentally alter the Plan would require agreement through Place Board.

Health & Wellbeing Board will receive both the full Place Plan and the summary version.

**Action: LG**

Place Board thanked LG for all her hard work in diligently producing the Plan and incorporating views and comments

### 30/07/23 Feedback from South Yorkshire Integrated Care Partnership Board

DR reported that the next meeting is due to take place on 27 July and he will report back on business at the next Place Board.

DR went on to raise an issue around the roles and responsibilities of the ICP operational group which is an executive group. He explained that Rotherham representatives on the ICP are committed partners and believe in the operational group but would welcome the opportunity to discuss governance processes to ensure that representatives continue to have a voice.

Following a brief discussion, it was agreed that CE will take the concern raised back to the ICB on behalf of Cllr Roche and Rotherham ICP representatives and feedback in due course on a way forward.

**Action: CE**

### 31/07/23 Place Achievements

Members noted the launch of the DadPad app – a free app for dads of Rotherham to use to give them information, practical support and knowledge of local services. The app was launched as part of an event where the perinatal mental health team visited services across the borough to raise awareness and promote its benefits.

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<b>32/07/23</b>	<b>Rotherham Place Partnership Update</b>
Members received the may/June edition which included details on the latest version of the Place Plan refresh, an outline of the Rotherham Digital Inclusion Strategy and confirmation of the refurbishment and extension of Greasbrough Medical Centre.	
<b>33/07/23</b>	<b>Communications to Partners</b>
<ul style="list-style-type: none"> <li>– Rotherham Place Plan</li> <li>– Town Centre Development Update</li> </ul>	
<b>34/07/23</b>	<b>Draft Minutes and Action Log from Public Place Board – 17 May 2023</b>
<p>The minutes from the May meeting were agreed as a true and accurate record.</p> <p>The action log was reviewed and noted as up to date.</p>	
<b>35/07/23</b>	<b>Risks and Items for Escalation to Health and Wellbeing Board</b>
<ul style="list-style-type: none"> <li>– An update on targeted lung health checks update in 3 months' time.</li> <li>– Final Place Plan – full and summary versions.</li> </ul> <p style="text-align: right;"><b>Action: DR</b></p>	
<b>36/07/23</b>	<b>Future Agenda Items:</b>
<p>Standing Items</p> <ul style="list-style-type: none"> <li>– Transformation and Enabling Group Updates</li> <li>– Bi-Monthly Place Partnership Briefing</li> <li>– Feedback from SY ICP Meetings – Bi Monthly</li> <li>– Place Achievements</li> </ul>	
<b>37/07/23</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 16 August 2023</b> 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
Toby Lewis	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

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### Participants

Cllr David Roche	Joint Chair	Rotherham Health and Wellbeing Board
Claire Smith	Deputy Place Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Sue Cassin	Chief Nurse, Rotherham Place	NHS South Yorkshire Integrated Care Board
Dr Jason Page	Medical Director, Rotherham Place	NHS South Yorkshire Integrated Care Board
Wendy Allott	Chief Finance Officer, Rotherham Place	NHS South Yorkshire Integrated Care Board
Shahida Siddique	Independent Non-Executive Member	NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health	Rotherham Metropolitan Borough Council
Suzanne Joyner	Director of Children's Services, RMBC	Rotherham Metropolitan Borough Council
Lydia George	Strategy and Delivery Lead	NHS South Yorkshire Integrated Care Board
Gordon Laidlaw	Head of Communications	NHS South Yorkshire Integrated Care Board
Michael Wright	Deputy Chief Executive	The Rotherham NHS Foundation Trust
Sally Kilgariff	Chief Operating Officer	The Rotherham NHS Foundation Trust
Julie Thornton	Care Group Director	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)



Minutes	
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<b>Contact for Meeting:</b>	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
<b>Apologies:</b>	Wendy Allott, Chief Financial Officer - Rotherham, NHS SY ICB Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse - Rotherham, NHS SY ICB Nicola Curley, Director of Childrens Services, RMBC Chris Edwards, Executive Place Director, NHS SY ICB Richard Jenkins, Chief Executive, The Rotherham Foundation Trust Gordon Laidlaw, Deputy Director of Communications, NHS SY ICB Toby Lewis, Chief Executive, RDaSH Cllr David Roche, H&WB Board Chair, RMBC Claire Smith, Deputy Place Director – Rotherham, NHS SY ICB Dr Neil Thorman, Executive GP Lead, RPCCB
<b>Conflicts of Interest:</b>	General declarations were acknowledged for Members as providers/commissioners of services. However, a specific declaration was made by Dr Jason Page in relation to Item 3 UECC Social Prescribing Project on the agenda (see minute).
<b>Quoracy:</b>	Confirmed as quorate.

**Members Present:**

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

Ben Anderson (**BA**), Director of Public Health, RMBC

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

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

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

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

**Participants:**

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

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

Steph Watt (**SW**), Joint Head of Commissioning, NHS SY ICB

Andrew Clayton (**AC**), Head of Digital – Rotherham, NHS SY ICB,

Barry Knowles (**BK**), Service Manager Social Prescribing, Voluntary Action Rotherham

**In Attendance:**

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

Leonie Wieser, Policy Officer, RMBC

Item Number	Discussion Items
<b>38/09/23</b>	<b>Public &amp; Patient Questions</b>
There were no questions.	
<b>39/09/23</b>	<b>Place Digital Update</b>
<p>AC outlined that work is progressing well with Rotherham Office of Data Analytics (RoDA) analytical work, social care project digitisation, the Place escalation wheel, robotic process automation in primary care, deploying the Accurx online consultation system and the digital capability framework study with the ICB workforce hub. Since the last update to Place Board, five projects have been completed and a further six are forecast for completion in September.</p> <p>The new platform of the Rotherham Health Record has been rolled out to all practices with increased usage now being seen across primary care and social care staff. Three council care homes will also begin using it following agreement of the data sharing model. The dataset for children's services has been received which will allow work to commence.</p> <p>Just over 22% of the Rotherham population have registered to login to the Rotherham Health App and push notifications have been launched. Appointments are now live at PCN level offering appointments with a social prescribing link worker.</p> <p>Other areas making good progress included the launch of the tendering process for RDaSH Electronic Patient Record procurement; the TRFT patient hub and wayfinder programme; sharing GovRoam testing details with all partners and consideration of a shared site network at Riverside; the approval of the Digital Inclusion strategy, action plan with recruitment underway for support officers and the website is ready for launch; and work around population health interventions by profiling geographies and looking at benefits of environmental delivery by Rotherham Officer of Data Analysis.</p> <p>AC advised that the main risk to delivery of projects remains around workforce and recruitment which continue to be challenging in terms of resource and capacity.</p> <p>Next steps will include carrying out transfer of the functionality for the Rotherham Health App to the new South Yorkshire wide digital service for our public platform including piloting it on behalf of the integrated care system and determining social care use for the new platform; recruiting digital support officers, completing and launching the digital inclusion website and commencing support at TRFT and the community; and enabling access to the Yorkshire and Humber care record data via Rotherham Health Record, rolling out access to care homes and onboarding the children's services dataset.</p> <p>Following an enquiry from the Chair about health app usage, AC confirmed that the Rotherham Health App offers more functionality and has the additionality for residents to booked GP extended access GP appointments directly making it well used.</p> <p>Place Board thanked AC for the update and congratulated him and his colleagues involved in the excellent progress being made at pace.</p>	
<b>40/09/23</b>	<b>Urgent &amp; Community Care Social Prescribing Project</b>
<p><i>Dr Jason Page declared a conflict of interest as a trustee in the Rotherham Community Trust. As this was an update for information and no decisions were being made, JP remained in the room for the presentation.</i></p>	

Barry Knowles presented an update on social prescribing pilot which supports discharge at TRFT and is based in Woodside within the Integrated Discharge Team helping to assist discharge and reduce readmission.

Since the inception of the pilot in November 2022, there had been 255 referrals from various hospital teams into the project with 174 patients assessed by the social prescribing advisor. 67% of referred patients have engaged with social prescribing with 91% of patients reporting improved well-being at follow-up.

Almost 80% of those referred had benefitted from advocacy and support and befriending/enabling, benefits advice and counselling voluntary service pathways, but a number had also embraced the digital inclusion support and physical activity opportunities offered.

There has been some initial learning from the pilot so far which has shown that it takes time to build up social in the hospital environment and getting promotion and publicity right is important to ensure referral numbers fit with capacity as well as balancing the demands of MDT meetings with patient work.

Consideration will need to be given going forward to handling patients with complex needs and investment to increase the capacity in order to sustain social prescribing as part of discharge support and admission avoidance work.

BA said that this pilot demonstrated the importance of building evidence to support funding discussions and manage the continuity of this pathway which fits with the prevention and health inequalities priorities.

Members thanked BK for the update, supported the approach and acknowledged importance of continuing investment into voluntary sector.

## 41/09/23 Neurorehabilitation Update

SW outlined that the Rotherham neuro rehabilitation service consists of community beds, an outpatient's service and a community service that is available to people once medically fit.

The service supports people recovering from stroke, road traffic accidents, serious fall and other conditions or events that require intensive therapeutic, medical and nursing care to help them regain their optimum level of physical, cognitive, communicative, social behavioural function.

SW explained that from 1 August 2023, Rotherham, Doncaster and South Humber NHS Foundation Trust had become the new provider and employer of staff working within the service (instead of The Rotherham Foundation Trust).

Five community beds are provided in Magnolia Lodge in Doncaster. Community neuro nurses will still visit people in Rotherham, in their own homes or other settings and the therapy elements still take place at Park Rehabilitation in Rotherham.

Meetings had been held with RDaSH, TRFT and the ICB on project implementation, pathways, communications, IT and estate as well as an executive escalation meeting to provide guidance/decisions and ensure smooth transition.

Early learning to take forward is that all Rotherham Place partners across be engaged through regular stakeholder briefings where changes to health services are taking place to ensure that all relevant services are included in the service design and pathways.



It was acknowledged that in future, consideration should be given to highlight geographical moves and clearly explain the issues for patients in stakeholder engagement. A full evaluation of the transfer will take place in October 2023.

Place Board thanked SW for the update.

## **42/09/23 Feedback from Integrated Care Partnership Meeting**

At the July meeting, there had been a presentation about the importance of cultural activity around health and wellbeing with a commitment made by all partners to ensure culture and sport is taken seriously.

ICP colleagues had taken on board the concerns raised by Rotherham representatives around governance issues. Solutions have been collectively agreed and the issues resolved successfully. The next meeting is being held in Doncaster on 27 September.

## **43/09/23 Place Achievements**

RDASH colleagues had taken part in 'Wear it Green' mental health awareness day visiting Rotherham market specialist bazaar. The day was used to raise awareness of the resources available to local residents. Positive feedback was received and an invitation extended from market managers to re-visit again in the future.

## **44/09/23 Rotherham Place Partnership Update**

Members received the latest edition for information which highlighted lung health checks, town centre transformation, medicines optimisation and Rotherham's virtual ward with a caseload currently of 46 patients.

Items suggested for the next edition included winter planning and building recovery in communities.

To publicise more widely, LG will include the Chair of RMBC's Communications Group in the circulation of future editions.

## **45/09/23 Communications to Partners**

All agreed to continue to celebrate and share our achievements.

## **46/09/23 Draft Minutes and Action Log from Public Place Board – 19 July 2023**

The minutes from the July meeting were agreed as a true and accurate record.

The action log was reviewed and noted as up to date.

## **47/09/23 Risks and Items for Escalation to Health and Wellbeing Board**

None.

## **48/09/23 Future Agenda Items:**

Standing Items

- Transformation and Enabling Group Updates
- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings – Bi Monthly
- Place Achievements

<b>49/09/23</b>	<b>Date of Next Meeting</b>
The next meeting will take place on <b>Wednesday 18 October 2023</b> 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
Toby Lewis	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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