

HEALTH AND WELLBEING BOARD

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

Date: Wednesday 24 January 2024

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 - 22)
8. Rotherham's Approach to Weight and Weight Stigma (Pages 23 - 34)
Rebecca Bench/Sue Turner, RMBC, to present
9. VCSE - State of the Sector in Rotherham (Pages 35 - 49)
Shafiq Hussain, VAR
10. Foetal Alcohol Spectrum Disorder Project (Pages 51 - 58)
Chris Clark, Doncaster MBC, to present
11. Carers Strategy - Status Update January 2024 (Pages 59 - 63)
Katy Lewis, Carers Strategy Manager, RMBC
12. Aim 4 Update by Board Sponsors (Pages 65 - 72)
Paul Woodcock, Strategic Director, Regeneration and Environment, to present

13. Update on Health and Wellbeing Strategy Action Plan (Pages 73 - 105)
Leonie Wieser/Ben Anderson, to present

For Information

14. Items escalated from Place Board
15. Better Care Fund
16. Health and Wellbeing Strategy Aims alignment with ICP Strategy (Pages 107 - 119)
17. NHS South Yorkshire Integrated Care Partnership Board (Pages 121 - 132)
Unadopted Minutes of the Public Meeting held on 27th September, 2023
18. Rotherham Place Board ICB Business (Pages 133 - 142)
Minutes of meeting held on 18th October and 15th November, 2023
19. Rotherham Place Board PUBLIC Partnership Business (Pages 143 - 154)
Minutes of meeting held on 18th October and 15th November, 2023
20. Date and time of next meeting
Wednesday, 6th March, 2024 at Wentworth Woodhouse

HEALTH AND WELLBEING BOARD
22nd November, 2023

Present:-

Councillor Roche (In the Chair)
 Ben Anderson
 Nicola Curley
 Chris Edwards
 Shafiq Hussain
 Sharon Kemp
 Toby Lewis
 Jason Page

Cabinet Member, Adult Social Care and Health
 Director of Public Health
 Strategic Director of CYPS
 Executive Place Director
 Chief Executive, Voluntary Action Rotherham
 Chief Executive, RMBC
 Chief Executive, RDaSH
 Medical Director, Rotherham Place

Report Presenters:-

Claire Smith
 Steph Watt
 Jason Page
 Susan Claydon
 Alex Hawley
 Lorna Quinn
 Gilly Brenner
 Kelsey Broomhead

Deputy Place Director for Rotherham ICB
 Head of Adult Commissioning at the NHS
 GP Clinical Commissioning Group
 Head of Locality and Family support
 Public Health Consultant
 Public Health Intelligence Manager
 Public Health Consultant
 Public Health Practitioner Apprentice

Also Present:-

Leonie Wieser
 Natasha Aucott

Policy Officer, RMBC
 Governance Advisor, RMBC

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

44. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

45. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

46. COMMUNICATIONS

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

47. MINUTES OF THE PREVIOUS MEETING

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

48. CHANGE OF DATE OF MARCH 2024 MEETING

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

Resolved:- That the Health and Wellbeing Board:

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

49. ROTHERHAM PLACE WINTER PLAN

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

Introduction-

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

Summary of Key Learning-

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

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

The year in Primary Care-

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

This year, alternative pathways to the Emergency Department-

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

This year, in the acute hospital-

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

This year, discharge-

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

This year, in Mental Health-

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

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

This year, for children and young people-

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

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

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

Next steps-

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

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

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

Resolved:- That the Health and Wellbeing Board:

- 1) Noted the update on the Winter Plan.

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

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

Context-

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

Rotherham Urgent and Emergency Care, Social Prescribing Service-

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

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

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

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

YAWR Services Personal Health Budget (PHB)-

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

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

Personal Health Budgets (PHB) in practise-

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

Impact of the Personal Health Budget Pilot-

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

AGE UK Hospital Aftercare Services-

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

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

The Next Steps-

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

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

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

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the update provided.

51. AIM 1 UPDATE BY BOARD SPONSORS

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

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

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

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

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

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

Context and cross-cutting activities-

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

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

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

Working towards formal ratification of 'Breastfeeding Borough' Declaration-

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

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

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

Key areas of focus include-

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

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

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

Areas to address and next steps-

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

Areas to address and next steps-

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

An emergent action plan-

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

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

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

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

Resolved: - That the Health and Wellbeing Board:

- 1) Noted the update on the work undertaken.

52. FAMILY HUBS PROGRESS UPDATE

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

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

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

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

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

Resolved: - That the Health and Wellbeing Board:

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

53. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

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

54. HEALTH AND WELLBEING STRATEGY AIMS ALIGNMENT WITH ICP STRATEGY

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

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

55. ROTHERHAM SCHOOL LIFESTYLE SURVEY

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

Background and Deliverables-

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

Participation and Demographic-

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

Food and Drink Consumption-

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

Physical Health-

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

Mental Health Impacts-

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

The Voice of the Child-

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

Next Steps-

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

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

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

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

Resolved:- That the Health and Wellbeing Board:

- 1) Note the update provided.

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

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

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

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

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

Resolved:- That the Health and Wellbeing Board:

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

57. ROTHERHAM FOOD NETWORK

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

The Aim of the Rotherham Food Network-

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

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

Food Governance and Strategy-

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

Good Food Movement-

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

Healthy Food for All-

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

Sustainable Food Economy-

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

Catering and Procurement-

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

Food for the Planet-

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

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

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

Resolved:- That the Health and Wellbeing Board:

- 1) Noted the update.

58. ITEMS ESCALATED FROM PLACE BOARD

There were no items to report.

59. BETTER CARE FUND

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

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

Resolved:- That the Health and Wellbeing Board:

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

Finance and Risk Monitoring Report 2023/2024:

Resolved:- That the Health and Wellbeing Board:

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

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

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

Resolved: - That the Health and Wellbeing Board:

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

60. MINUTES OF THE ROTHERHAM PLACE BOARD ICB BUSINESS

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

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

Resolved:- That the Health and Wellbeing Board:

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

61. MINUTES OF THE ROTHERHAM PLACE BOARD

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

62. DATE AND TIME OF NEXT MEETING

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

Rotherham's Approach to Weight and Weight Stigma: 12 Month Update

Health and Wellbeing Board –
24th January 2024

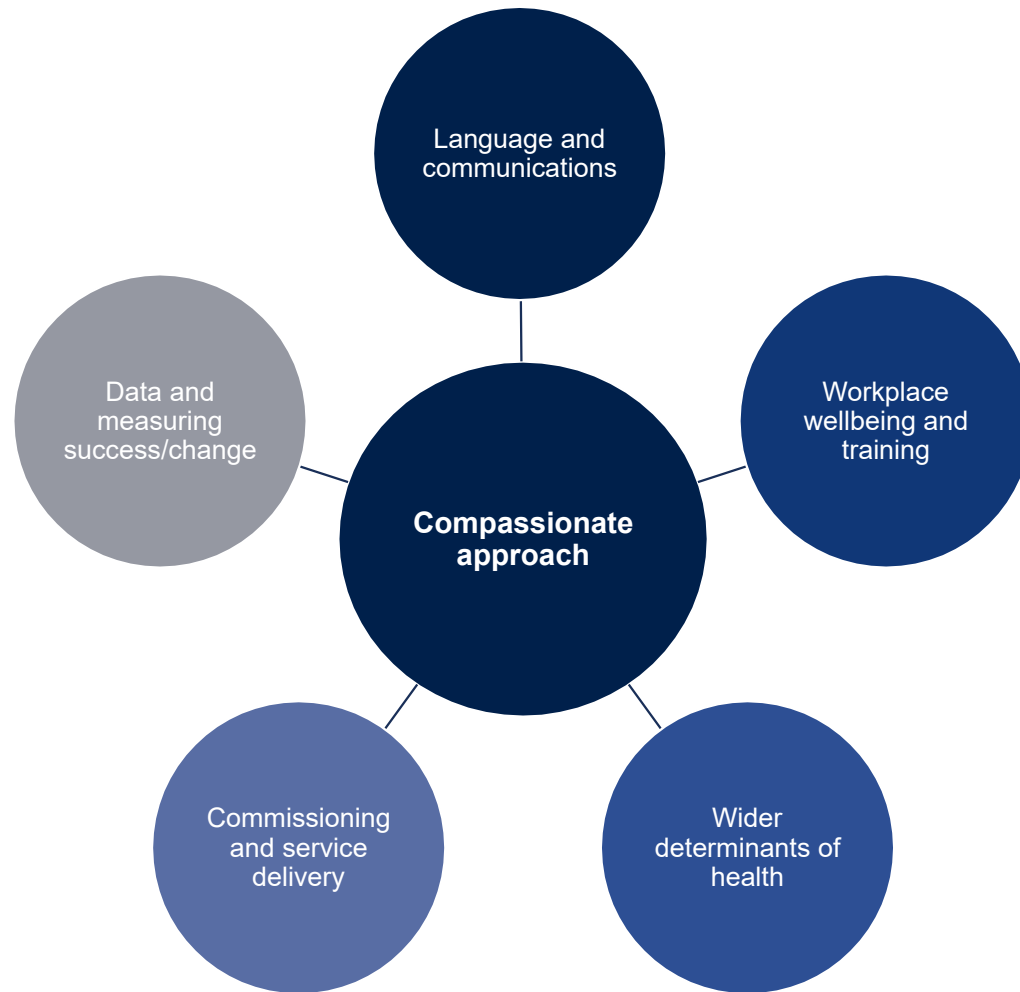
Twelve Months on...

- Compassionate Approach was introduced to the Board in January 2023, this presentation is a reflection of what has been done in the last 12 months.
- The key focus of the work is to embed the core principles of the compassionate approach in practice and maximise long term health gains.
- Aims are to encourage a personalised approach to healthy weight, to reduce stigma and remove barriers to successful lifestyle change/s.

Context

- There's a growing movement and evidence base that supports taking a 'compassionate approach' to weight to achieve long term outcomes.
- This approach involves:
 - Actively tackling weight stigma and body shaming
 - Focussing on healthy habits and sustained behaviour change over time, rather than on weight loss as the primary success measure
 - Emphasising the importance of social change over individual 'lifestyle choices'
 - Taking a person-centred and holistic approach
 - Addressing the wider and commercial determinants

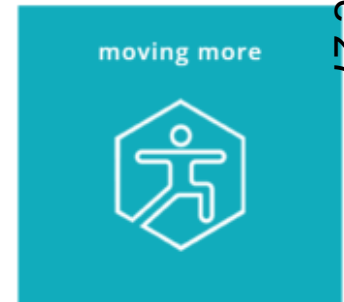
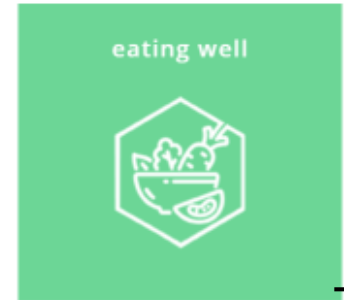
What does this mean in practice?



Sharing learning across South Yorkshire and more widely

Overview of Developments – Influencing Residents

- **Training:** Trained a range of people and organisations, including development day for 0-19 and school catering.
- **Recruitment:** 3 extra nursery nurses, to enable a 3-to-4-month supportive visit.
- **RotherHive:** Sections on eating well and moving more now included on RotherHive.
- **Advertising and sponsorship:** an advertising and sponsorship policy is in development and will include consideration of the commercial determinants of health.
- **Planning:** using the planning process to support a healthier food system.



Overview of Developments - Strategic

- **Working Group:** The Working Group is currently meeting on a quarterly basis and is developing a partnership action plan to help embed compassionate approach into Rotherham.
- **JSNA:** Language around weight and obesity changed to reflect compassionate approach.
- **Food Network:** Incorporated into the action plan for the Food Network.
- **National consultation:** e.g. review of NICE guidance for weight management.
- **Best Start and Beyond Framework:** The compassionate approach is one of the lenses.
- **South Yorkshire Mayor:** Looking at Public Transport Advertising (similar to London Transport).

Case study: Rotherham Healthwave

- T2 weight management services (and smoking cessation) services have been recommissioned – launched October 2023
- Emphasis in the new service on:
 - Personalisation
 - Diversity of the offer
 - Measuring wider outcome measures – (including MH and wellbeing) – rather than just weight
 - Sustainability!
- *“We have been with many weight loss programmes before...We have never ever learned or been educated with such ultimate encompassing knowledge, dedication, and striving to help us achieve our goals.”*



Free weekly activities			
	Venue	Time	Activity
Mon	New York Stadium	3-5pm	Bat and Chat
	Health Suite	6.15-7.15pm	Fitness Class
Tue	Maltby Leisure Centre	12-1pm	Badminton
	New York Stadium	1-2pm	Pilates
Wed	Wath Leisure Centre	12-1pm	Swimming
	New York Stadium	5-6pm	Tai Chi (fortnightly)
Thu	Rotherham Leisure Centre	11-12pm	Badminton
	Aston Leisure Centre	6-7pm	Badminton
	Youth & Employability Hub	6-7pm	Themed Cooking Class (fortnightly)
Fri	The Centre in Brinsworth	12-1pm	Pilates
	New York Stadium	2-3pm	TRX Fitness

Refer yourself and sign up for FREE via rotherham-healthwave.connecthealthcarerotherham.co.uk/

Case Study: Moving Rotherham

- 4 priorities are Active Champions, Active Environments, Active Communities, Active Communications.
- Increased focus on wider physical activity and health opportunities with a new subgroup and action plan
- Focus of actions is on **normalising physical activity for everyone**, embedding physical activity into everyday life, including widening opportunities to be active outdoors and supporting the least active to become more active, such as through social prescribing.
- Example: community group in Maltby supported to incorporate an active session into their social time, they chose Boccia.

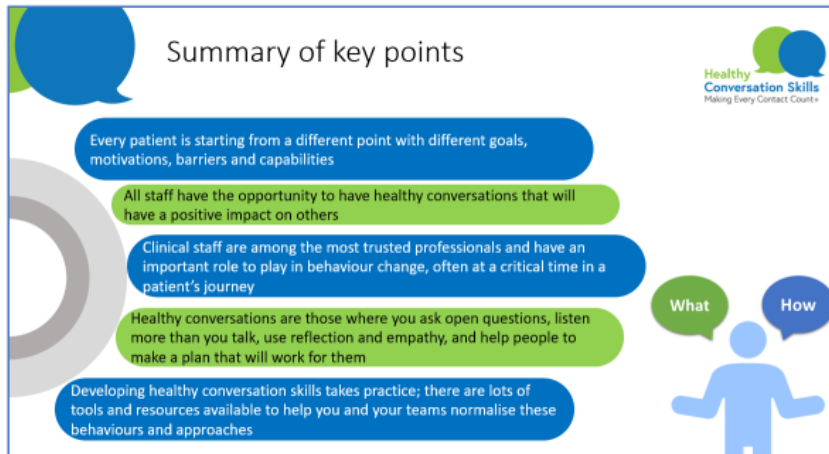


Case study: Language and communications toolkit

- Came from feedback given by members of the Compassionate Approach Working Group in August.
- The purpose of the toolkit is to inform and provide examples of compassionate language and communication. It includes sections on writing, conversations and imagery.
- Presented to the Working Group in November. Full draft sent out shortly after. Feedback was positive, particularly around the writing and imagery sections. Potential for the conversation section to be condensed.
- Next steps will be creating a condensed conversation guide and trialling it with contact workers. To be sent out to comms leads.



Case study: Supporting people with long-term conditions



- Work to reach out to patients with diabetes and engage them in weight-management interventions
- Script was carefully constructed, considering the impact of stigma and communicating risk in neutral terms – positive outcomes reported
- Training also in development within TRFT to embed this approach more widely through MECC training which will help to ensure this approach is applied to working with our LTC patients

Next steps

- The working group is currently meeting on a quarterly basis with an action plan in place.
- Priorities that have been identified:
 - Developing our data to measure and monitor the impact of this approach.
 - Mapping of current weight management and intervention services and resources.
 - Promoting the Language and Communication Toolkit as a resource for staff
 - Continuing to roll out training, including for adult social care staff
 - Aligning the compassionate approach to strengths-based approaches in adult social care
 - Exploring how we support schools and the wider health and social care workforce to embed the approach
 - Developing our approach to evaluation and measuring success
 - Engaging local people around the compassionate approach, including aligning to the 'Say Yes' campaign
 - Reviewing learning from diabetes programme and consider how this could be incorporated into other programmes (e.g. Health Checks)

Recommendations

For the Health and Wellbeing Board to:

- Note the progress made to embed a compassionate approach to weight and weight stigma over the last twelve months
- Consider additional opportunities to embed the compassionate approach into practice

South Yorkshire VCSE research

Rotherham headline findings

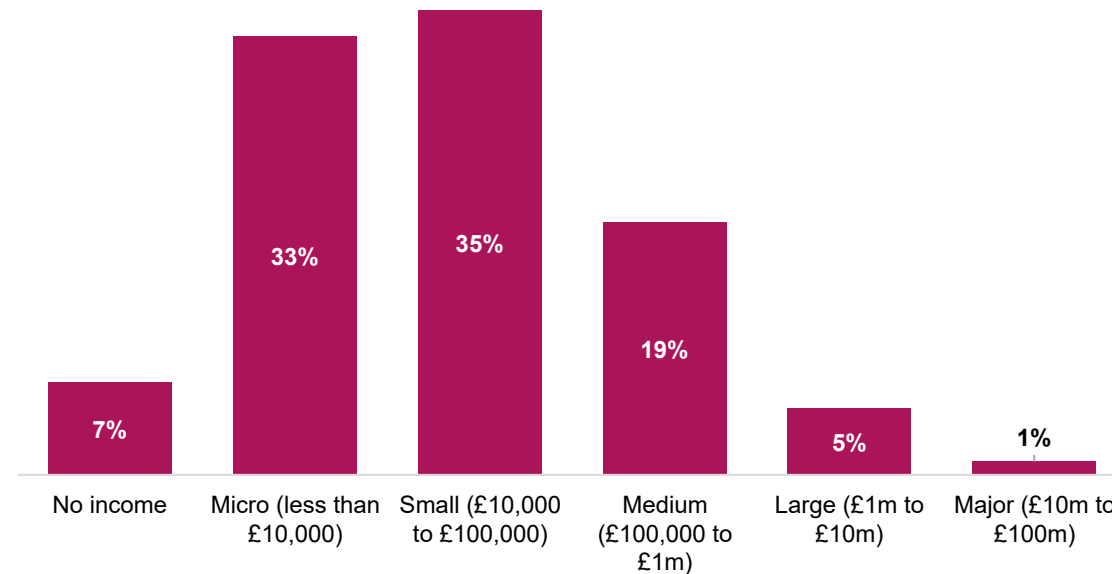


Purpose and methods

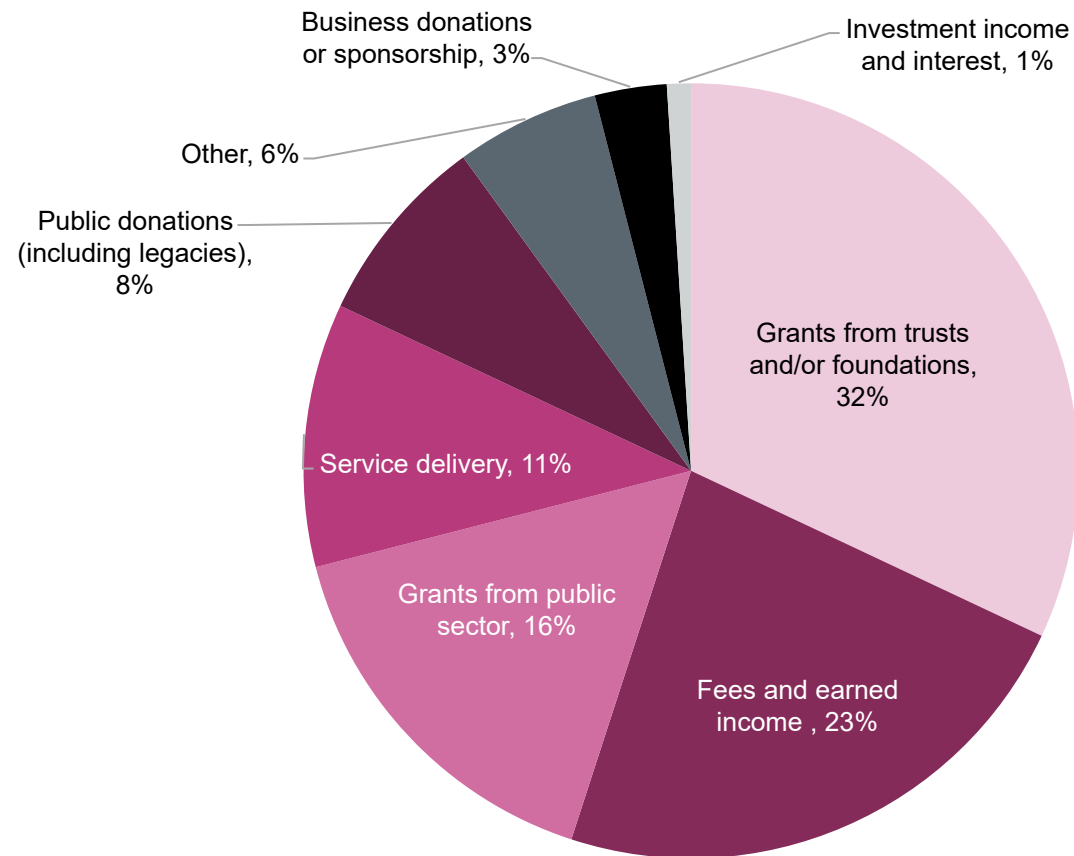
- **Up-to-date picture of VCS in South Yorkshire**
 - Previous Rotherham state of sector survey in 2015
 - Significant challenges recently due to Covid-19 and cost-of-living
- **Two strands of research**
 - Administrative data analysis (using publicly available datasets)
 - Online survey of VCSE organisations
 - 326 responses overall (103 working in Rotherham)

What does the VCS in Rotherham look like?

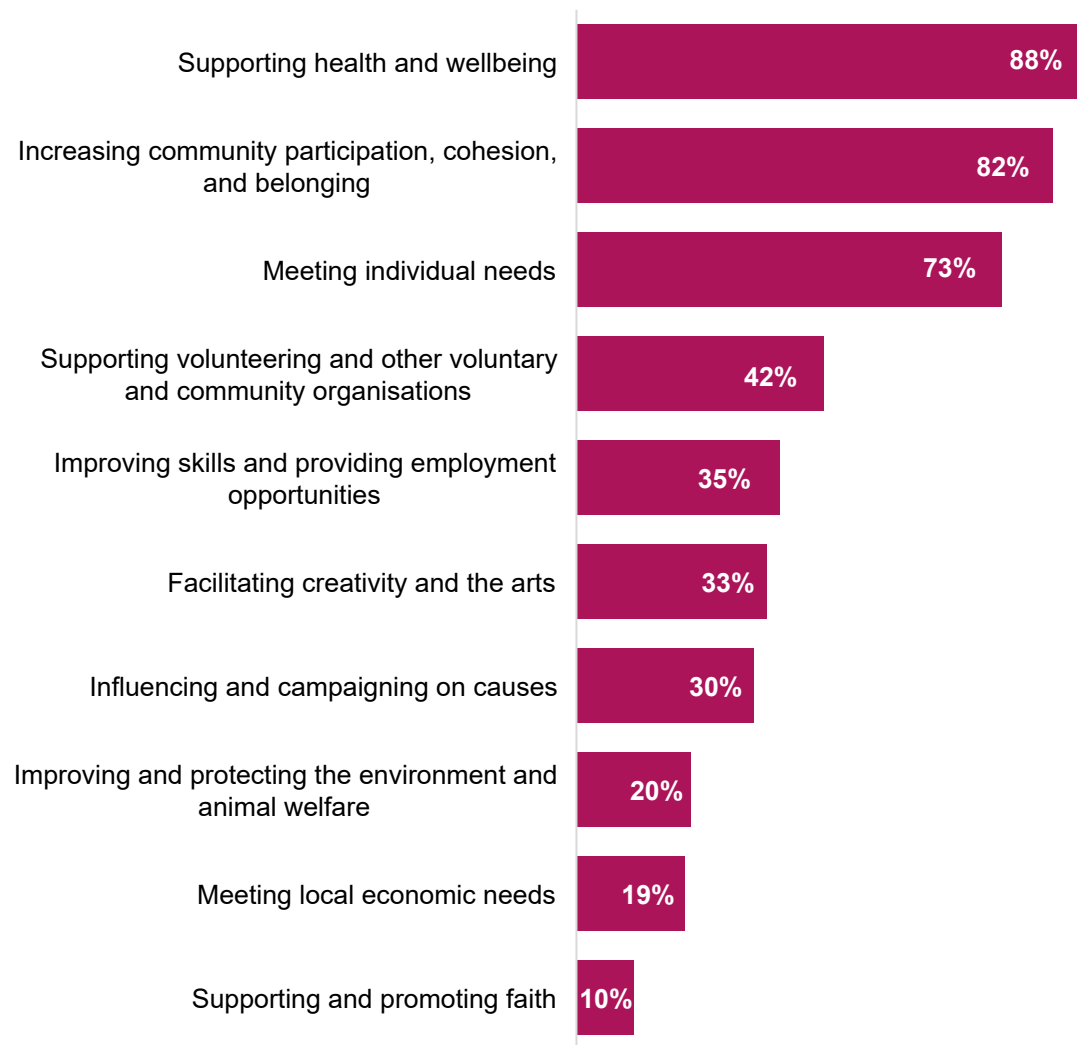
- **Total of 750 registered third-sector organisations in Rotherham**
 - 654 charities, 56 CICs, 26 societies, 14 CASCs.
 - Estimated 3,778 employees, 4,218 volunteers, 1,759 trustees.



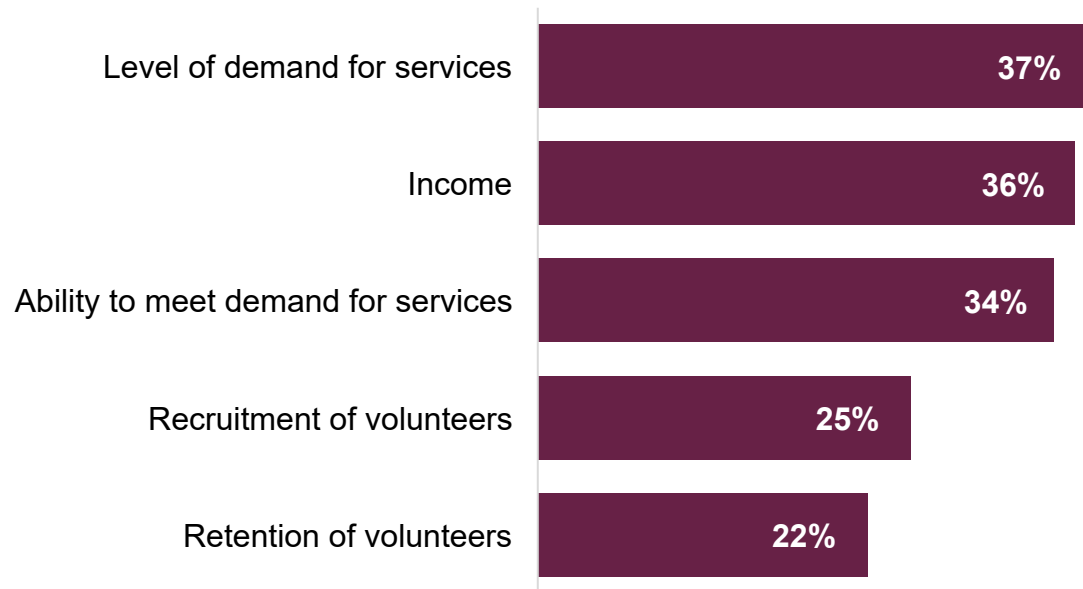
How is the VCS in Rotherham funded?



What does the VCS in Rotherham do?



What are the key challenges?



We are having increasing **difficulty** in **attracting volunteers** help us run our activities.

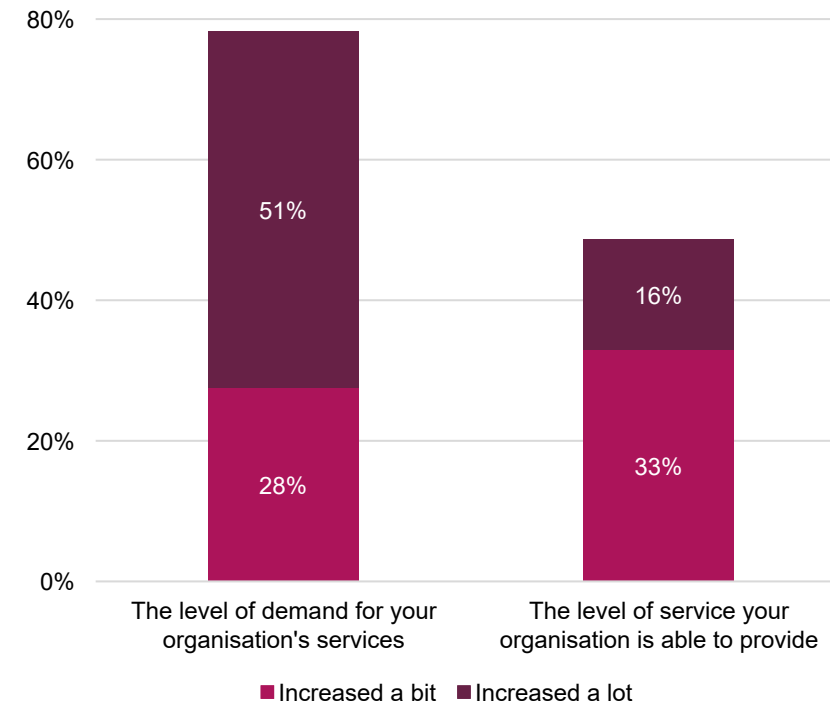
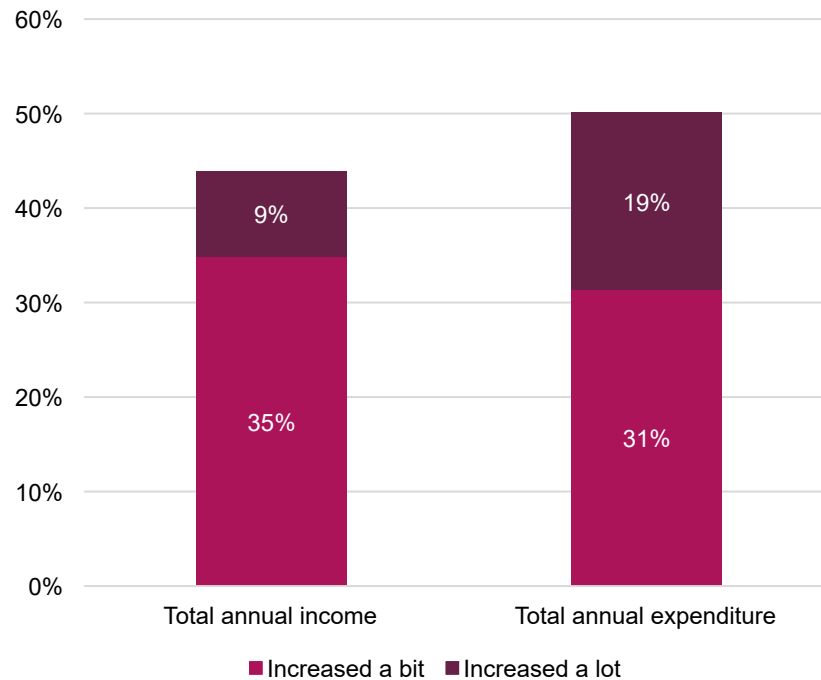
Cost of living crisis has impacted on **services demand**, which we have met. However, this has been dependent on us using a level of our reserves to support this.

It is becoming more and more difficult to remain **sustainable**. Funding from government does not cover our costs.

We have had a **drop in donations and grants**, we get no funding from local or national governments we have to find our own funding, it has always been difficult to get **funding** for core costs but now this has become **much more difficult**. we are experiencing an **increased demand for our services at a time when we have a decrease in funding**.

What support is needed?

Many challenges due to Coronavirus and Lockdowns as we've had an **increase in mental health related issues** but funding was interim but the issues have long term consequences.



Demand for our services is growing exponentially as the **availability of** other advice and information **services is decreasing** yet sourcing funding to cover this demand is incredibly difficult and time-consuming and most **funding opportunities are fragile and short term**. It is risky for a voluntary organisation to increase its capacity to meet the demand without secure funding to underpin it but people needing our service are desperate and the issues they are presenting with increasingly complex.

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

Paul Woodcock, 24th January 2024

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

Deliver a loneliness plan for Rotherham.

Promote health and wellbeing through arts and cultural initiatives.

Ensure Rotherham people are kept safe from harm.

Develop a borough that supports a healthy lifestyle.

Priority 1: Deliver a loneliness plan for Rotherham

Key areas of progress include:

- **The loneliness action plan has been updated and is in delivery.**
- Work is taking place on the JSNA chapter on loneliness, which will include qualitative information from some of Rotherham's inclusion groups (veterans, carers, neurodiverse adults and parents and carers of children with SEND).
- Delivery of revised MECC loneliness training will commence in February
- **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**
- Ward priority setting will take place after the May' 24 elections, with publication scheduled for September 2024. Council services and partners will be invited to contribute local intelligence in advance of May '24 to help inform priority setting.

Priority 2: Promote health and wellbeing through arts and cultural initiatives.



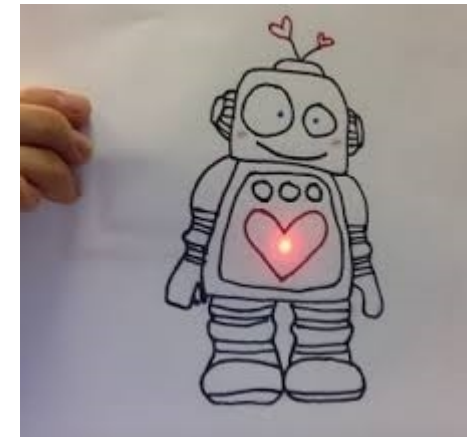
Key areas of progress include:

- **Rotherham Show** took place on the 2 and 3 September 2023, attracting an estimated audience of 88,918.
- The Council continues to deliver on the design of the **Children's Capital of Culture** programme:
- The second annual UPLIFT Skate and Arts Festival took place in April 2023 with an estimated audience of 6,000 and featured a Teenage Market celebrating young makers and entrepreneurs.
- WoW Rotherham took place in June 2023 with elements of the programme designed and delivered by Children's Capital of Culture Trainee Festival Makers.

Priority 2: Promote health and wellbeing through arts and cultural initiatives.

Key areas of progress – continued:

- Activities are being delivered in libraries for people of all ages to connect, be active and learn new skills, and widen the accessibility of library services, through: Pop-up libraries, Reading gardens, Makerspaces, Authors' visits and performances, Fun palaces
- 1000 people attended Fun Palaces in October at various venues across the borough. Skills shared included origami, gardening, crochet, wood turning, cake decorating, brass bands, gaming & keyboarding.
- The Makerspace Project culminated in an exhibition at Riverside House, from works produced at all 5 libraries. Groups of school children, & members of the public had a go at using equipment and materials to make pinch pot birds, 3D pavilions, 2D clay figures and sewed pyjamas and hearts for the neonatal ward.



**MAKERSPACE
ACTIVITY – Wath
Library, Sept 2023**
- Combine
science with
crafts to make
circuits out of
paper and bulbs

Priority 3: Ensure Rotherham people are kept safe from harm.

Key areas of progress include:

- Work is ongoing to embed referral pathways with key partners in Rotherham through the Home Safety Partnership Referral Scheme and Safe and Well checks.
- Safeguarding Board Chairs meetings are now established to maintain the relationship between the safeguarding boards and work on crosscutting issues.
- **Delivery of vaccination programme for Covid-19 and flu.** 40651 Covid Vaccinations have been given in Rotherham in 2023. The equates to a 74% Autumn Vaccination Uptake.
- This is now business as usual and delivery and uptake will be monitored at service level, with assurance received by the Health Protection Committee.

Priority 4: Develop a borough that supports a healthy lifestyle.

Key areas of progress include:

- **A borough-wide MECC training offer on physical activity has been developed.** New training offer agreed from Yorkshire Sport to be rolled out in train-the trainer model to social prescribers, health care assistants and care homes to support wider understanding of benefits and opportunities for physical activity for all.
- **Rotherham Food Network** is now established. Membership is still growing, and actions are on track. Further detail including action plan was shared with H&WbB in Nov 23.
- **Work is ongoing to enable all partner staff to support neighbourhoods and communities to thrive.** A partnership offer on training on strength-based approaches is being rolled out. General Awareness training is delivered via an e-learning package and it now available to all IT enabled council staff. Training for place partners is being commissioned this quarter.



Next steps

Priority 1: Deliver a loneliness plan for Rotherham

- A presentation on ward priority setting is scheduled for the March Health and Wellbeing Board

Priority 3: Ensure Rotherham people are kept safe from harm.

- Work with other partnership boards on crosscutting issues relating to safety and safeguarding: Next safeguarding chairs meeting is planned for early March to focus on outcomes frameworks and performance monitoring.
- The Combatting Drugs Partnership for Rotherham will present their annual progress update to the Health and Wellbeing Board in March.

Priority 4 – Develop a borough that supports a healthy lifestyle.

- Annual update from the Moving Rotherham Board will come to Health and Wellbeing Board in March.
- A workshop is being organised on Spatial Planning, Climate and Health

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One
Adoption
Agency
SOUTH YORKSHIRE

YOUR REGIONAL ADOPTION AGENCY

Foetal Alcohol Spectrum Disorder (FASD) Project

A two-year funded project for One Adoption South Yorkshire overseen by RAA Leadership programme for Centres of Excellence

Development of a FASD pathway



Staffing

All staff now fully employed and commissioning agreement completed

- Project Manager – 3 days per week
- Assistant Education Psychologist – 2.5 days per week
- Senior Education Psychologist – 1 day per week
- Education Psychologist – ½ day per week
- Business Support – 3 days per week





Key Project Deliverables

- Foetal Alcohol Spectrum Disorder (FASD) pathway development and implementation
- Education Psychologists contribute towards support for adopted children with FASD in school
- Work with the Integrated Care Board (ICB) to develop an understanding of effects of FASD and develop initial support services
- Reduction of temporary/permanent exclusions for adopted children with FASD
- Development of SEND support plans for adopted children with FASD
- Work with Virtual schools to design a single integrated offer across South Yorkshire
- Education Psychologist to link with Universities, National and International research to develop approaches for supporting children with FASD
- Education Psychologist will work directly with adopted children effected by FASD



Key challenges

- Recruitment to all positions
- Identifying numbers effected by FASD in South Yorkshire
- Bench marking to demonstrate impact
- Identifying clinical staff as part of Assessment and Diagnosis working group
- Measuring the impact of the project across the two years due to FASD being currently under identified
- Ensuring development of FASD pathway is scalable beyond the One Adoption Service



Work to date

- **Formation of Steering Group**
 - Oversight and guidance of project
- **Sub Board**
 - Oversight of working groups and feed into Steering group on progress, issues and key decisions
- **Prevention and Awareness Working Group**
 - Led by Angela Fawcett (Deputy Chief Nurse) & Mandy Craig (SCSP Vulnerability Manager)
- **Intervention and Support**
 - One Adoption South Yorkshire including service users with lived experience
- **Assessment and Diagnostic**
 - First meeting arranged for 5th February
 - Working group key attendees





Assessment and Diagnostic

Considerations

- What does diagnosis/assessment look like?
- Who does the diagnosis?
 - One service
 - Multi disciplinary team
 - Clinical or none clinical with relevant training
 - Public or private service
- When/how to identify who needs diagnosis?
- Separate assessment or part of a neurodevelopment pathway assessment?



Next steps

- Work with Neurodevelopmental working group through ICB
- Identify clinical lead for Assessment and Diagnosis (A&D) working group
- Identify who needs to be part of Assessment and Diagnosis working group
- Set up initial meeting programme
- NICE quality guidelines: how to implement for FASD
- Consider funding options: 2 year funding, Adoption Support Fund, other



Useful Links

- National FASD - [Home - National FASD](#)
- FASD Learning with Hope - [FASD: Learning with Hope – Our family's journey toward a bright future \(wordpress.com\)](#)
- Nice Quality Standards - [Fetal alcohol spectrum disorder \(nice.org.uk\)](#)
- Me and my FASD - [Me and My FASD - Me & My FASD](#)



BRIEFING	TO:	The Health and Wellbeing Board
	DATE:	24 January 2024
	LEAD OFFICER	Katy Lewis – Carers Strategy Manager Strategic Commissioning Adult Care Housing and Public Health Tel: 01709 822834 katy.lewis@rotherham.gov.uk
	TITLE:	Carers Strategy – Status Update January 2024

Background

1.1

This is one of a series of reports prepared for the Health and Wellbeing Board and serves to update on the progress made in association with The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham.

A previous report presented September 2022 provided an update on the; finalisation and publication of the strategy, the outcomes of an engagement exercise and the progress made against Aim 3 milestones detailed in the Health and Wellbeing Board Action Plan 2022 to 2025.

This report serves to provide a further update on progress made against the strategic aims in the first two areas of focus in the strategy. The Council and partners have worked to deliver the actions with unpaid carers being placed at the heart of this process through their direct involvement in The Borough That Cares - Strategic Group.

1.2

Strategic Context:

The Borough That Cares – Strategic Framework 2022-2025 Creating a carer friendly Rotherham was developed in partnership with colleagues across the Council, Health and the Voluntary and Community Sector and most critically, people with lived experience. The Strategic Framework set out a vision for working with and supporting carers and provided a road map for how change will be facilitated directly with carers.

The Borough That Cares Strategic Framework has three areas of focus:

Area of Focus	Focus	Key Objective
Area of Focus 1	Carer Cornerstones	Consolidating a community offer for carers – ensuring 3rd sector organisations are stabilised
Area of Focus 2	Creating Communities of Support	Ensure organisations work together to provide services that are flexible and accessible throughout the borough.
Area of Focus 3	Carer Friendly Borough	Carers feel their role is understood and valued by their community.

1.3	<p><u>Local Context</u></p> <p>It is estimated that more than 31,000 carers are providing unpaid care in Rotherham, often alongside work or education, for someone who otherwise couldn't manage without their help due to illness, disability, addiction, or mental ill health. This care is often invisible.</p> <p>Unpaid carers form the backbone of the social care system, which would not be able to function without their support. Caring for a loved one can be a positive and rewarding experience, but carers need support to continue their vital role. Devoting significant time to unpaid care can not only lead to a downturn in carers' health, but it can also make it difficult for them to maintain social relationships and to keep working or learning, which can affect their financial security. More people are caring for a loved one than ever before, and organisations within Rotherham remain committed to helping carers.</p>												
Key Issues													
2.1	<p>Publishing of the Borough that Cares Strategic Framework</p> <p>The Framework was formally launched on 24th November 2022 and published on the Council's website at: The Borough that Cares Strategic Framework – Rotherham Metropolitan Borough Council</p>												
2.2	<p>Engagement with Carers and other stakeholders</p> <p>A permanent post of Carers Strategy Manager was appointed to in July 2023. The post holder will take responsibility to deliver the objectives of The Borough that Cares – Strategic Framework 2022-2025 and develop unpaid carers strategies for future implementation. Having a key role in co-production to design support options, the Carers Strategy Manager will involve people with lived experience of being an unpaid carer and engage key stakeholders across the health and social care system and the voluntary sector.</p> <p>Over a four month period (August to November 2023), the Carers Strategy Manager completed a review of existing carer support services and the advice and information offer to carers.</p> <p>Over Quarter 4 of 2023/24 the information gathered will be evaluated to inform next steps.</p>												
2.3	<p>Progress against the milestones in Aim 3 of the Health and Wellbeing Board Action Plan 2022 - 2025</p> <p>Bi-monthly updates against Aim 3 actions have been received by the Health and Wellbeing Board and the current position is:</p> <table><tr><th colspan="4">Aim 3 - Priority: Ensure support is in place for carers.</th></tr><tr><th>No.</th><th>Milestone</th><th>Timescale</th><th>Outcome</th></tr><tr><td>3.1</td><td>Refresh the information, advice, and guidance available to carers, including the launch of the carer's newsletter.</td><td>April 2022 – March 2023</td><td>Completed</td></tr></table>	Aim 3 - Priority: Ensure support is in place for carers.				No.	Milestone	Timescale	Outcome	3.1	Refresh the information, advice, and guidance available to carers, including the launch of the carer's newsletter.	April 2022 – March 2023	Completed
Aim 3 - Priority: Ensure support is in place for carers.													
No.	Milestone	Timescale	Outcome										
3.1	Refresh the information, advice, and guidance available to carers, including the launch of the carer's newsletter.	April 2022 – March 2023	Completed										

	3.2	Take an integrated approach to identifying and supporting carer health and wellbeing through working with partners to develop a carers health and wellbeing action plan.	April 2023 – March 2024	Completed
	3.3	Establish locality specific carer partnership / network groups.	April 2023 – March 2024	Not progressed due to the outcome of the engagement activity
	3.4	Introduce co-production programme with communities to build our carer friendly Borough.	April 2023 – March 2024	Completed
	3.5	Introduce an assurance process for all published Information, Advice and Guidance to ensure the relevance, accuracy, and accessibility.	April 2023 – March 2024	Completed
	3.6	Ensure carers feel their role is understood and valued by their community.	April 2024 – March 2025	To be reviewed and new milestones agreed for the final year of the strategy
	3.7	Delivery of Carers emergency services.	Sept 2023	Completed
2.4	Accelerating Reform Fund <p>On 24th October 2023 the government announced the new Accelerating Reform Fund. In order to participate, local authorities are asked to form consortia with other local authorities in their integrated care system (ICS) geography. Then, working together with the NHS and other partners, the consortia are required to outline innovation projects to be taken forward. At least one project must be focused on unpaid carers and priorities have been defined by DHSC.</p> <p>Priority 4: ways to support unpaid carers to have breaks Priority 7 : ways to conduct effective carer's assessments / outcomes and collaboration Priority 8 : services that reach out to, and involve, unpaid carers through the discharge process Priority 11: ways to better identify unpaid carers in local areas Priority 12 : ways to encourage people to recognise themselves as carers and promote access to carer services.</p> <p>Rotherham is leading the consortia with Sheffield, Barnsley and Doncaster to prepare and Expression of Interest with Sheffield, Barnsley and Doncaster for submission before the deadline of 12 January 2024 with a 9th February confirmation of funding. The total potential funding to be allocated to Rotherham is a minimum of £168,000 to support project delivery across February 2023 to March 2025. The outcome of the submission and details of the approved projects will be reported in future iterations of this report.</p> <p>The findings of co-production activity with Rotherham Unpaid Carers has informed the project proposals. Similar co-production activity has been undertaken by consortia partners.</p>			

Key Actions	
3.1	<p>In order to complete the actions identified at 2.3 a programme of engagement with 11 carers groups that support carers of people with a variety of issues, such as mental ill health, dementia, physical disabilities and parent carers. Young carers also contributed their views. The main themes identified in the engagement were:</p> <ul style="list-style-type: none"> • The requirement to have some form of flexible respite option from their caring role. • A local offer of health and wellbeing activity to enable them to maximise any time away from their caring role. • Recognition that carers have individual needs and 'one size services' do not fit all. • An easy to use resource to find the support and guidance they need. • Recognition of their role and joined up services to reduce the requirement to explain their needs repeatedly. <p>In addition to the above:</p> <ul style="list-style-type: none"> • An update of the Carers' pages on the RMBC website in co-production with key stakeholders has been undertaken. This work is ongoing in conjunction with the corporate refresh of the Council's website. • The Borough That Cares Strategic Group has agreed new Terms of Reference and has become the Borough That Cares Network Group. The Group is developing an action plan aligned to the focus of the strategic framework. • An evaluation of the Emergency Care Scheme completed and options for the renewal of the contract, which is due to expire on 31st March 2024, have been identified and agreed. This will secure the provision of the service to 2027.
3.2	<p>Better Care Fund</p> <p>A Better Care Fund allocation for unpaid carers has been utilised in the provision of 19 small grants issued to community groups for projects focusing on improving Carers' health and wellbeing.</p> <p>These projects are funded until 31st March 2024, the outcomes of which will inform next steps.</p>
3.3	<p>Agree new milestones for 2024/25 to report to the Health and Wellbeing Board</p> <p>A work programme for the Carers Strategy Manager and decisions on next steps will be made, in quarter 4, 2023/24. New actions aligned to the final year priorities identified in the Borough that Cares Strategic Framework to be proposed to the Health and Wellbeing Board in March 2024 for the year 2024/25.</p>
3.4	<p>Update of the Strategic Framework</p> <p>Co-production on the refresh <i>The Borough That Cares – Strategic Framework 2022-2025</i> <i>Creating a carer friendly Rotherham</i> will be programmed in Q1 of 2024/25.</p>

Implications for Health Inequalities

4.1	<p>An equality analysis of the support for unpaid Carers in Rotherham is in progress and an action plan will be developed where required. Any future service development will include completion of individual equality screening assessment.</p> <p>The Small Grants for Carers Wellbeing Programme provided intelligence of community assets previously unidentified. In addition to this, of the 19 grant recipients, 4 benefitted people with protected characteristics that historically have been under-represented in service provision, these being LGBT; carers from the Chinese community and female BAME carers.</p> <p>In a report published March 2021, Public Health England identified that Carers are twice as likely to suffer from poor health compared to the general population due to lack of information and support, financial concerns, stress and social isolation and the physical demands of caring.</p> <p>Carers UK responds to Public Health England's report on Caring as a Social Determinant of health Carers UK</p> <p>Research undertaken by the Carers Trust evidenced that certain groups of unpaid carers (female carers, older carers, LGB+ carers, and carers from ethnic minority communities, and carers from a low socio-economic background) found it harder to access suitable services, and often stated they didn't know about/receive support.</p> <p>The Local Picture:</p> <p>Rotherham has a significant population of all minority groups identified in the Carers Trust research as having limited knowledge about, or access to services. The socio-economic profile of the population is characterised by less affluent white British individuals or areas of high ethnic diversity.</p> <p>21.2% of the LSOA's* in Rotherham are classified as e-withdrawn, having the least engagement. This correlates with more deprived neighbourhoods of urban regions. This presents a further barrier, limiting knowledge and access to services.</p> <p><i>*Lower Super Output Area</i></p>
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Recommendations

5.1	<p>That the Health and Wellbeing Board note the content of this latest update that covers the period from the previous report to December 2023 and agree that new milestones for 2024/25 to be reported to HWB are to be agreed by March 2024.</p>
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Update on Aim 4: All Rotherham people live in healthy, safe, and resilient communities

Paul Woodcock, 24th January 2024

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

Deliver a loneliness plan for Rotherham.

Promote health and wellbeing through arts and cultural initiatives.

Ensure Rotherham people are kept safe from harm.

Develop a borough that supports a healthy lifestyle.

Priority 1: Deliver a loneliness plan for Rotherham

Key areas of progress include:

- **The loneliness action plan has been updated and is in delivery.**
- Work is taking place on the JSNA chapter on loneliness, which will include qualitative information from some of Rotherham's inclusion groups (veterans, carers, neurodiverse adults and parents and carers of children with SEND).
- Delivery of revised MECC loneliness training will commence in February
- **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**
- Ward priority setting will take place after the May' 24 elections, with publication scheduled for September 2024. Council services and partners will be invited to contribute local intelligence in advance of May '24 to help inform priority setting.

Priority 2: Promote health and wellbeing through arts and cultural initiatives.



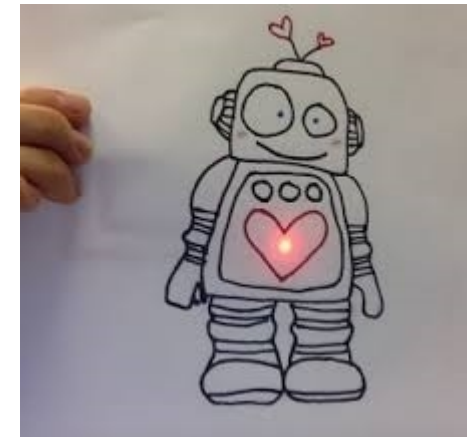
Key areas of progress include:

- **Rotherham Show** took place on the 2 and 3 September 2023, attracting an estimated audience of 88,918.
- The Council continues to deliver on the design of the **Children's Capital of Culture** programme:
- The second annual UPLIFT Skate and Arts Festival took place in April 2023 with an estimated audience of 6,000 and featured a Teenage Market celebrating young makers and entrepreneurs.
- WoW Rotherham took place in June 2023 with elements of the programme designed and delivered by Children's Capital of Culture Trainee Festival Makers.

Priority 2: Promote health and wellbeing through arts and cultural initiatives.

Key areas of progress – continued:

- **Activities are being delivered in libraries for people of all ages to connect, be active and learn new skills, and widen the accessibility of library services, through: Pop-up libraries, Reading gardens, Makerspaces, Authors' visits and performances, Fun palaces**
- 1000 people attended Fun Palaces in October at various venues across the borough. Skills shared included origami, gardening, crochet, wood turning, cake decorating, brass bands, gaming & keyboarding.
- The Makerspace Project culminated in an exhibition at Riverside House, from works produced at all 5 libraries. Groups of school children, & members of the public had a go at using equipment and materials to make pinch pot birds, 3D pavilions, 2D clay figures and sewed pyjamas and hearts for the neonatal ward.



**MAKERSPACE
ACTIVITY – Wath
Library, Sept 2023**
- Combine
science with
crafts to make
circuits out of
paper and bulbs

Priority 3: Ensure Rotherham people are kept safe from harm.

Key areas of progress include:

- Work is ongoing to embed referral pathways with key partners in Rotherham through the Home Safety Partnership Referral Scheme and Safe and Well checks.
- Safeguarding Board Chairs meetings are now established to maintain the relationship between the safeguarding boards and work on crosscutting issues.
- **Delivery of vaccination programme for Covid-19 and flu.** 40651 Covid Vaccinations have been given in Rotherham in 2023. This equates to a 74% Autumn Vaccination Uptake.
- This is now business as usual and delivery and uptake will be monitored at service level, with assurance received by the Health Protection Committee.

Priority 4: Develop a borough that supports a healthy lifestyle.

Key areas of progress include:

- **A borough-wide MECC training offer on physical activity has been developed.** New training offer agreed from Yorkshire Sport to be rolled out in train-the trainer model to social prescribers, health care assistants and care homes to support wider understanding of benefits and opportunities for physical activity for all.
- **Rotherham Food Network** is now established. Membership is still growing, and actions are on track. Further detail including action plan was shared with H&WbB in Nov 23.
- **Work is ongoing to enable all partner staff to support neighbourhoods and communities to thrive.** A partnership offer on training on strength-based approaches is being rolled out. General Awareness training is delivered via an e-learning package and it now available to all IT enabled council staff. Training for place partners is being commissioned this quarter.



Next steps

Priority 1: Deliver a loneliness plan for Rotherham

- A presentation on ward priority setting is scheduled for the March Health and Wellbeing Board

Priority 3: Ensure Rotherham people are kept safe from harm.

- Work with other partnership boards on crosscutting issues relating to safety and safeguarding: Next safeguarding chairs meeting is planned for early March to focus on outcomes frameworks and performance monitoring.
- The Combatting Drugs Partnership for Rotherham will present their annual progress update to the Health and Wellbeing Board in March.

Priority 4 – Develop a borough that supports a healthy lifestyle.

- Annual update from the Moving Rotherham Board will come to Health and Wellbeing Board in March.
- A workshop is being organised on Spatial Planning, Climate and Health

Health and Wellbeing Strategy Action Plan: January 2024 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	Ongoing (up to March 2025)	Alex Hawley, RMBC Helen Sweaton, ICB/RMBC		The terms of reference of the group have been revised at the September meeting (25 th), 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.
Develop our approach to give every child the best start in life.	1.2	Continue to implement Breastfeeding Borough declaration, through delivery of Rotherham backs breastfeeding campaign <ul style="list-style-type: none"> Creating directory of breastfeeding friendly businesses Explore link to Be Well at Work Increase number of trained peer supporters by 50% 	October 2024	Sam Longley, RMBC, TBC, TRFT		Work ongoing with the Rotherham Backs Breastfeeding Campaign – Business packs have been produced and promotion to commence January 2024. Voluntary Action Rotherham through Family Hubs working with the 0-19's to develop the

						peer support training and volunteer recruitment.
	1.3	Analyse impact of new 3-4 months universal visit to identify opportunities to develop the healthy child programme	October 2024	Sam Longley and Michael Ng		New universal 3-4 months visits have commenced. Target of 70% coverage to be achieved by Q4.
	1.4	Develop printed resources and updated website 'Giving your child the best start in life' (Family Hubs start for life offer) <ul style="list-style-type: none"> • Consultation • Finalised offer <p>Ensure sustainable online offer by establishing ongoing website ownership</p>	December 2024 March 2025	Alex Hawley		Discussions have taken place with VAR Family Hub Facilitator (December 2023) about involving the Parent Care Panel in reviewing current web resource and in developing future contents and style of the Start for Life Offer (online and printed).
			March 2025			

	1.5	<p>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:</p> <ul style="list-style-type: none"> • Listening to women and families with compassion which promotes safer care • Supporting the workforce to develop their skills and capacity to provide high quality care • Developing and sustaining a culture of safety to benefit everyone • Meeting and improving standards and structures that underpin the national ambition. 	March 2024	Sarah Petty, Head of Midwifery, TRFT		<p>Work is continuing within maternity services to achieve all aspects of the 3 year delivery plan. An action plan has been developed to address the four elements of the plan which has been agreed with the LMNS. An LMNS assurance visit is planned for the 23th of January 2024 to assess our progress against the action plan. Of the four themes within the 3 year delivery plan, evidence has been presented via board papers each month addressing the work done within Maternity Services in each of the areas. Particular improvements have been made around theme 4, with the collection of data to highlight areas of deprivation. In the coming months, this intelligence will enable us to co-design services for the most in need mothers and babies, addressing any inequalities.</p>
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Support children and young people to develop well.	1.6	Develop and agree prevention-led approach to children and young people's healthy weight with partners, building on childhood obesity pathway review needs assessment work and using 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 action plan from this workshop. A language/comms resource is being developed. Trained operational staff from school catering. The HWB Board will be updated on progress in developing the prevention-led approach and its embedding with services in January 2024. Three school nurses are being trained to deliver the SHINE programme in targeted schools.
	1.7	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		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.
	1.8	Continue to focus on improving early years take-up in targeted areas of Rotherham (Central) to have wider holistic benefit on key development measures	July 2023 July 2024	AD Education and Inclusion, RMBC (update: Aileen Chambers, Paula Williams)		In Autumn 2023, take up of 2 year old early education is 94.2%. Take up is usually highest in this term as there are more place available. Take-up in the Central area has increased from 73% in Summer to 93.2% in Autumn and in Coleridge from 70% to 77%. The deep analysis of location of children not engaging and reasons for non-attendance is still taking place and outcome is expected later this term. We are working closely with Social Care colleagues to identify any CiN/CP children who are eligible for but not taking up 2 year old places and sharing this information so that further support can be provided.

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 th 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"> Rotherhive Five Ways to Wellbeing Great Big Rotherham To Do List 	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 early 2024.</p> <p>Key actions are:</p> <ul style="list-style-type: none"> • Strengthening JSNA chapter on MH • Mental health Needs assessment • Asset mapping • MECC training on MH and loneliness <p>Reporting back to board June/September</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</p>

						<p>for CYP and adults and an input with a family member who had been bereaved by suicide.</p> <p>Suicide prevention awareness training session delivered as part of suicide awareness week, attended by 13 people from across the partnership</p> <p>New L&D system will enable tracking for future training delivery</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. Resource has been distributed to all schools and colleges, EY providers</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> <p>Referrals to Amparo (suicide bereavement service) to date (2023/24): 18 referrals in Rotherham (72 SY)</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		<p>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.</p>
	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		<p>Rotherham has launched employment for everyone. employment is for everyone is a project that four organisations have created in Rotherham (Speakup, Dexx, Art Works, EDLounge) supported by RMBC, Community Catalysts and the South Yorkshire Integrated Care System</p> <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</p>

						working with a number of regional employers to promote the benefits of employing people with SEND.
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"> • Implementation of MH ARRS roles • Long term plan eating disorders, IPS and EIP targets by March 2024 • Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024 	March 2024	<p>Kate Tufnell, ICB- Rotherham</p> <p>Julie Thornton, RDaSH</p>		<p>There are 54 milestones identified for Community Mental health Transformation.</p> <p>As at November 2023:</p> <ul style="list-style-type: none"> • 18 are on track for delivery/completion. • 17 are off track with mitigating actions. • 12 are not started, delayed or at risk (risk log in place). <p>Progress in Q3 2023/4 on the 12 milestones (on the risk log):</p> <ul style="list-style-type: none"> • Peer Support Service - Procurement process has commenced. • Community Connectors - contracting completed and timeline in place for mobilisation. • PCN Mental Health Hubs planning underway to go live in December. <p>SY Provider Collaborative leading on Eating Disorders pathway & model</p>

						<p>development. Outline proposals anticipated in March.</p> <p>IPS for SMI – Plan to increase access are being agreed with the Provider in December.</p> <p>EIP – Continues to perform well against national LTP indicators.</p>
	2.10	<p>To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require:</p> <ul style="list-style-type: none"> • Partnership working to ensure an early intervention and crisis prevention model is developed • Mobilisation of the Touchstone Safe Space (alternative to crisis) provision • Mobilisation of social care pathways 	March 2024	<p>Andrew Wells, RMBC</p> <p>Julie Thornton, RDaSH</p> <p>Kate Tufnell, ICB – Rotherham</p> <p>Ruth Fletcher-Brown, Public Health</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 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	Timescale	Lead(s)	BRAG rating	Progress update
Ensure support is in place for carers.	3.1	Refresh the information, advice and guidance available to carers, including the launch of the carers newsletter	March 2023	AD Strategic Commissioning, RMBC		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. Further milestones will be developed for year 3 of the strategy - April 2024 onwards - as informed by the outcomes of the co-production work.
	3.2	Take an integrated approach to identifying and supporting carer health and wellbeing through working with partners to develop a carer health and wellbeing action plan.	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	AD Strategic Commissioning, RMBC		The Borough That Cares Network have commenced an action plan to capture how member organisation's activity improves carers health and wellbeing.

	3.3	Establish locality specific carer partnership / network groups	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	AD Strategic Commissioning, RMBC		The initial findings, from the co-production activity show there are numerous small support groups of varied focus. 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.
	3.4	Introduce co-production programme with communities to build our carer friendly Borough	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	AD Strategic Commissioning, RMBC		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. Outcomes from these initial conversations will be used to create new action points for the Health and Wellbeing Strategy Action Plan, from April 2024
	3.5	Introduce an assurance process for all published Information, Advice and Guidance to ensure the relevance, accuracy and accessibility	April 2023 – March 2024 (as part of delivery of area of focus 2 of strategic framework)	AD Strategic Commissioning, RMBC		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.

	3.6	<p>Ensure carers feel their role is understood and valued by their community</p> <ul style="list-style-type: none"> • Develop Carer friendly communities action pack • Empowerment Plan – align carers reps (navigators) to key strategic meetings • Pull community generated content through to The Borough that Cares virtual platform 	April 2024 – March 2025 (as part of delivery of area of focus 3 of strategic framework)	AD Strategic Commissioning, RMBC		Activity set to commence April 2024 with new milestones to be agreed for 2024/25.
	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		ACH&PH DLT approved progressing of the preferred commissioning option on 19 December 2023, re-commissioning activity is currently in progress to secure the service for 2024 to 2027.

Support local people to lead healthy lifestyles,	Develop the healthy lifestyles prevention offer/pathway					
	3.8	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 Show

including reducing the health burden from tobacco, obesity and drugs and alcohol.						and at the tenant engagement event. The Say Yes communications and engagement plan for 2024 was approved by Place leadership in December and will include a focus on six key themes: alcohol; cancer; diabetes; loneliness; breastfeeding; and self-care during Winter.
	3.9	Review the current service specification for social prescribing and recommission the service	March 2024	Claire Smith, SY ICB Deputy Place Director		Service specification has been reviewed with partners; appropriate engagement taken place. Service has been procured and is in standstill period on track to commence 1st April 2024.
	3.10	<p>Review Rotherham Place offer for social prescribing and implement an integrated pathway (with consideration of a Lead Provider Social Prescribing Partnership Model):</p> <ul style="list-style-type: none"> 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 	September 2024	Claire Smith, SY ICB Deputy Place Director		Integrated Social prescribing service has been procured (integrated various services including social prescribing in UECC and Mental Health with the Long Term Conditions service). Contact made with Sheffield Hallam University to appropriately review pathways across Place to support development model. Meeting in Jan 24 to proceed

						Review of ARRs roles has also taken place across South Yorkshire with report shared
Strengthen understanding of health behaviours and health inequalities						
3.11	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 Novemb er 2023 Proposal 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.</p> <p>The first phase has been the design and rollout of a survey through Maltby/Wickersley and Rother Valley South PCNs. There was a delay due to technical challenges, but this has now been resolved and work is back on track. As of Jan 5th, over 650 people living with long term conditions in Maltby and Dinnington had responded to the survey. This phase will close at the end of January, and results will be analysed and circulated across the system to generate initial recommendations.</p>

						The next phase of this project will involve a qualitative follow-up to develop further insight and action.
3.12	Explore options to coordinate community engagement activities around health at Place and develop approach to share findings <ul style="list-style-type: none">Proposal to Health and Wellbeing Board	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						
3.13	Ensure partners are engaged in implementation of Drug and Alcohol Related Death (DARD) review process including <ul style="list-style-type: none">Establishment of quarterly DARD panel meetingsAnalysis and review to inform upstream activity, prevention and understanding of issues to improve service delivery.	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			Quarterly meeting established. First DARD panel date set for 29/02/24.	
3.14	Deliver NHSE funded pilot to support frequent attenders to ED with complex Alcohol and Mental Health needs through an outreach team providing holistic support offer.	March 2024	Amanda Marklew, TRFT		Project still being delivered successfully, however funding beyond March 2024 not secured	

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	Sam Jackson, RMBC, Gordon Laidlaw ICB Kerry McGrath, VAR		Messaging around loneliness and befriending are scheduled at least once every four weeks at the moment – this is reviewed quarterly as part of the Council's overall communications plan. Regular messaging is also going out via neighbourhoods ebulletins aligned to local ward priorities.
	4.3	Update and deliver loneliness action plan	Update November 2022	Ruth Fletcher-Brown, RMBC		Work is taking place on the JSNA chapter on loneliness, which will hopefully include qualitative information from

			Delivery to March 2025			<p>some of Rotherham's inclusion groups (veterans, carers, neurodiverse adults and parents and carers of children with SEND). Gathering this data is in progress now.</p> <p>Delivery of revised MECC loneliness training will commence in February (targeting wards where loneliness has been identified as a priority).</p> <p>Findings from focus groups will further contribute to developing the training once complete.</p>
	4.4	Promote volunteering opportunities	March 2024	Kerry McGrath, VAR		We currently have 73 volunteer opportunities advertised on our website.
	4.5.	<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"> • Board members contributing intelligence and insight into annual refresh of Ward priorities • Board receiving annual report on delivery against ward priorities and 	May-Sept 2024	Martin Hughes		<p>Ward priority setting will take place after the May' 24 elections, with publication scheduled for September 2024. Council services and partners will be invited to contribute local intelligence in advance of May '24 to help inform priority setting.</p>

		impact on loneliness, and health and wellbeing	March 2024 tbc			
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		<p>Rotherham Show has been successfully delivered for 2023.</p> <p>Rotherham's largest cultural festival returned to Clifton park on 2-3 September.</p> <p>New for this year's show was the Festival Village, curated by Flux Rotherham. In this new space, visitors were treated to music from Rotherham Drummers United and The Bewonderment Machine, poetry from Ray Hearne, a wonderful workshop from artist and designer Ellie Way, and traditional dance by Wath Morris Minors.</p> <p>Visitors also had the opportunity to see popular attractions, including the Vintage Vehicle Rally, strongmen competitions, Let's Circus, the Chuckle Tent and, of course, the much loved Made in Rotherham horticultural show.</p> <p>Throughout the weekend the show celebrated the spirit of the</p>

						borough and gave people the chance to enjoy an amazing free festival of culture, entertainment, and family fun.
	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	<p>Deliver a series of activities in libraries for people of all ages to connect, be active and learn new skills, and widen the accessibility of library services, through:</p> <ul style="list-style-type: none"> • Pop-up libraries • Reading gardens • Makerspaces • Authors' visits and performances • Fun palaces 	March 2025	Zoe Oxley, RMBC		<p>The Fun Palaces Ambassador is continuing to meet with community makers, groups and venues to follow up and provide on-going support to amateur makers across Rotherham. The Ambassador will be attending the National Fun Palaces Action Research Session on 23rd & 24th January in London.</p> <p>The Makerspace Project, in conjunction with Brightbox and FLUX, culminated in an exhibition, at Riverside House, from works produced at all 5 libraries. The launch date was Saturday 18th November when a Makerspace Market Day took place. From 20th – 30th</p>

						November Christmas pop-up pilots took place at Riverside House, in the café area, where groups of school children, & members of the public had a go at using equipment and materials to make pinch pot birds, 3D pavilions, 2D clay figures and sewed pyjamas and hearts for the neonatal ward.
	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		Death cafes are taking place at Mowbray on a bi-monthly basis on the 3rd Thursday of the month.
	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		<p>The Café continues to run monthly at Maltby, from 5.45pm – 6.45pm. New dates for 2024 have been shared with partners and advertised via social media.</p> <p>Conversations are taking place about the potential of developing the Menopause group and accessing funding through a programme targeting new audiences and places which aren't currently taking part in physical activity. Initial</p>

						<p>discussions included introducing a physical activity session for the group which could be women's self-defence classes, a walking group, meditation, Pilates or badminton linking with Places Leisure.</p> <p>A meeting is also taking place in the New Year with social prescribing link workers, for the Raven Primary Care Network, who are aiming to set up a menopause group, that would be peer support based & would like some advice & support.</p>
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.	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. Next

						meeting planned for early March to focus on outcomes frameworks and performance monitoring.
	4.13	Delivery of vaccination programme for Covid-19 and flu	Annual target	Denise Littlewood, RMBC		<p>40651 Covid Vaccinations have been given in Rotherham in 2023. The equates to a 74% Autumn Vaccination Uptake.</p> <p>This is now business as usual and delivery and uptake will be monitored at service level, with assurance received by the Health Protection Committee.</p>
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"> • Active workforce • Social movements • Front line workers signposting • Local social prescribing structures 	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 with oversight by Wider Physical Activity and Health Subgroup maintains oversight. Annual update will come to Health and Wellbeing Board in March.
	4.15	Develop a borough-wide MECC training offer on physical activity	March 2023	Gilly Brenner, with Norsheen Akhtar, Yorkshire Sport Foundation		New training offer agreed from Yorkshire Sport to be rolled out in train-the trainer model to social prescribers / link workers (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	Hold a workshop for the board on Spatial Planning, Climate and Health	March 2024	Gilly Brenner and Sally Jenks, RMBC		Workshop agenda draft proposed and scheduled for 27th March.
	4.17	<p>Conduct research and engagement with priority groups on the development of inclusive and accessible outdoor sports facilities, through the PlayZone initiative</p> <p>Further, more in depth consultation to take place through to the spring following submission of Narrowing the Focus document to The Football Foundation.</p> <p>Submission of final priority places documentation to The Football Foundation.</p>	<p>Sept 2023</p> <p>January-April 2024</p> <p>July 2024</p>	Chris Siddall, RMBC		<p>Initial consultation has taken place with YP at Brinsworth, Dalton, Maltby, Wath and Kimberworth Park during October half term holidays.</p> <p>“Narrowing the focus” phase to be completed by the end of January. Further consultation period of 8-10 weeks to follow.</p> <p>Slight delay has been due to capacity within the team, but this has now been rectified.</p>

	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 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 this quarter (Jane-March '24) to commission an outside organisation to deliver the Enhanced Awareness (Level 2), Practitioner (Level 3) and Place Partners (Level4) training.

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)		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 conducted State of the Sector research for South Yorkshire, including a place approach.</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	March 2023	Michael Wright, TRFT		The TRFT health inequalities group is progressing the health inequalities dashboard to allow more detailed scrutiny

		segmenting our waiting list based on wider patient needs.	Continuing to November 2023			<p>of variation in patient healthcare access and experience. This is due to be launched next month.</p> <p>Theatre transformation group is developing a suite of pre-optimisation initiatives to support better patient outcomes, including: health promotion and information sharing; piloting pre-op screening and intervention; piloting referrals to digital weight management.</p> <p>Other projects underway include: examining the potential equity impacts of the MEOC initiative; developing training to support the use of health coaching and health literacy in 'Making Every Contact Count'; understanding differential access to treatments across services (e.g. insulin pumps).</p>
	5.6	Ensure local services are informed, and able to co-produce responses to Cost of Living pressures through:		Martin Hughes		The Humanitarian and Communities Group are currently pulling a Delivery Plan for the 2024/25

		<ul style="list-style-type: none"> Regular meetings of Humanitarian and Communities Group Responding to issues identified by agreeing key actions and reporting annually to the board Escalating risks and challenges to the board 	Ongoing Sept 2024 tbc Ongoing			months. Aim for this to be approved by March 2024.
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		Not yet started but will commence in 2025. The PNA annual steering group is taking place in October 2023.
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.	April 2023 April 2024 April 2025	Lorna Quinn, RMBC		The JSNA refresh is complete and has been published for 2023. Updates will be provided through the mailing list and the steering group.

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 2024.</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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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">Place PartnershipsFamily HubsLocal Maternity and Neonatal NetworkChildren’s social care servicesPrimary Care NetworksChildren and Young People’s AllianceChildren and Young People’s Health Equity CollaborativeMental Health Provider CollaborativeNational Centre for Child Health Technology (NCCHT) at Sheffield Olympic Legacy ParkBloomberg Harvard City Leadership Programme for South Yorkshire										
Going Further as SY	<p>Focus on development in early years so that every child in South Yorkshire is school ready</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 ¹			
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">Locally identified priority groups (Including: people from ethnic minority heritage, Gypsy, Roma and Traveller communities, asylum seekers, people with learning disabilities, homeless, LGBTQTrans communities.Clinical areas:<ul style="list-style-type: none">maternitysevere mental illnesschronic respiratorydisease, early cancer diagnosis andhypertension and high lipids	
Approaches/commitments	<ul style="list-style-type: none">community voice and insights to enable changes to servicesco-produce local programmes with local communities and people with lived experiencework with communities and people with lived experience to improve mental health and well-being and to remodel and integrate mental health services	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">proactive carewhole-person approachself- management of physical and mental health and wellbeing 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.

¹ 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 annual physical health check for people with serious mental ill health	Specialist Tobacco Treatment Advisors supporting people in contact with secondary care mental services to stop smoking (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">• People with serious mental health conditions and those with learning disabilities and autism to improve their physical health.• People with serious physical long-term conditions to enable them to have good mental health.• Ethnic minority communities to support improvements in physical and mental health.			
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	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			
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">• developing a supportive culture• increasing awareness and understanding of mental health• Reducing stigma and discrimination	<ul style="list-style-type: none">• access and experience of services• Talking therapies, psychological therapies for depression and anxiety disorders in adults• inequalities in health outcomes for the most and least deprived communities in Rotherham• barriers for Black, Asian and Minority Ethnic communities to accessing mental health care.• Covid-19 impact on access
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">RotherhiveFive Ways to WellbeingGreat Big Rotherham To Do List	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">Implementation of MH ARRS rolesLong term plan eating disorders, IPS and EIP targets by March 2024Implementation of Community Mental Health Integrated primary / secondary care transformation programme by March 2024	To work in partnership to enhance the Mental Health Crisis Pathway (early intervention, prevention, social care & crisis). This will require: <ul style="list-style-type: none">Partnership working to ensure an early intervention and crisis prevention model is developedMobilisation of the Touchstone Safe Space (alternative to crisis) provisionMobilisation of social care pathways
	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
Group/ body overseeing delivery	Borough that Cares Strategic Group/ delivery of Borough that Cares Strategic framework	Prevention and Health Inequalities Place Group Combatting Drugs Partnership (note: this is also covered in Aim 4, priority 2: Ensure Rotherham people are kept safe from harm.) Tobacco Control Group Moving Rotherham: Physical Activity Health Sub-Group		

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	Work together to increase economic participation and support a fair, inclusive and sustainable economy <ul style="list-style-type: none">Reduce the economic inactivity rate in South Yorkshire to less than 20% across our places by 2028/30<ul style="list-style-type: none">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 2028/30Enable all our young people that are care leavers in South Yorkshire to be offered the opportunity of good work within health and care by 2024Establish a South Yorkshire Citizens Assembly for climate change and accelerate progress towards environmental statutory emissions and environmental targets					Collaborate to value & support our entire workforce across health, care, VCSE, carers, paid, unpaid. Developing a diverse workforce that reflects our communities <ul style="list-style-type: none">Develop a Workforce Strategy that will enable us to collaborate across South Yorkshire to educate, develop and support our entire workforceFor our statutory partners to accelerate progress towards a workforce that is diverse and representative of all our communitiesContribute 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			
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						
Group/ body overseeing delivery	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	Business Growth Board (Employment and Skills Board and Town Deal Board) RMBC - One Council (BHBC) Inclusive economy Strategic Housing Forum Rotherham Together Partnership (Strategic Partnership Group and CEO group) SYMCA boards Operational groups: Town Centre Operational Group			

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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**Unadopted Minutes of the Public meeting of the
NHS South Yorkshire Integrated Care Partnership Board
27 September 2023 1.30 – 3.00 pm
Council Chambers, Doncaster**

Present:	
Pearse Butler	South Yorkshire ICB (ICP Vice Chair)
Dolly Agoro	Co-chair, Doncaster Inclusion and Fairness Forum (via teams)
Damian Allen	City of Doncaster Council
Councillor Angela Argenzio	Sheffield City Council (via teams)
Nigel Ball	City of Doncaster Council via teams)
Gavin Boyle	Chief Executive Officer, South Yorkshire ICB
Councillor Wendy Cain	Barnsley Metropolitan Borough Council
Alexis Chappell	Strategic Director Adults Wellbeing and Care (DASS) (via teams)
David Crichton	ICB Chief Medical Officer, SYICB
Kate Davis	Chief Executive, Crossroads, Rotherham
Greg Fell	Director of Public Health, Sheffield City Council
Julian Hall	South Yorkshire Housing Association
Will Cleary-Gray	ICB Executive Director of Strategy and Partnership, SYICB
Mark Janvier	Director of Corporate Governance and Board Secretary, SYICB
Fran Joel	Healthwatch, Doncaster
Christine Joy	ICB Chief People Officer
Sharon Kemp	Rotherham Metropolitan Borough Council
Rachael Leslie	Interim Director of Public Health, City of Doncaster Council
Jason Page	GP, Rotherham
Steven Pleasant	Healthy Life Expectancy Lead, South Yorkshire Mayoral Combined Authority
Councillor David Roche	Rotherham Metropolitan Borough Council
Helen Steers	Voluntary Action Sheffield
Michael Wright	Deputy Chief Executive, Rotherham and Barnsley Hospitals (NHS) Foundation Trust

In attendance:

Andy Ashcroft	Director of Communications and Engagement, SYICB
Barbara Coyle	Associate Director Public Health Analysis, SYICB (via teams)
Margaret McDadd	Business Manager, SYICB
Marianna Hargreaves	Strategy and Partnerships Lead, SYICB (via teams)

Mark Janvier	Director of Corporate Governance and Board Secretary
Nicholas Mapstone	Non-Executive Director, Barnsley (NHS) Foundation Trust
Steven Pleasant	Health Life Expectancy Lead, SYMCA
Karen Shaw	Executive Assistant, SYICB, Sheffield Place (minutes)
Ruth Speare	Consultant in Public Health Policy and Assurance Team, SYMCA
Alan Walker	South Yorkshire Mayoral Combined Authority
Presenters:	
Matt O'Neill	Executive Director, Growth and Sustainability, Barnsley Council (via teams)
Tina Slater	Head of Employment and Careers, South Yorkshire Mayoral Combined Authority
Tom Smith	Barnsley Council (via teams)

Apologies:

Kathy McArdle	Barnsley Council (Regeneration and Culture)
Councillor Nigel Ball	City of Doncaster Council
Councillor Rachael Blake	City of Doncaster Council
Oliver Coppard (Chair)	South Yorkshire Mayoral Combined Authority
Sheena McDonnell	Barnsley Hospital (NHS) Foundation Trust
Adrian England	Independent Chair, Mental Health, Learning Disability and Autism Partnership, Barnsley
Andrew Gates	SYMCA
Richard Jenkins	Chief Executive, Rotherham and Barnsley (NHS) Foundation Trust
Martin Swales	South Yorkshire Mayoral Combined Authority
Wendy Lowder	SYICB Executive Place Director, Barnsley
Carly Speechley	Barnsley Hospital (NHS) Foundation Trust
Cathy Winfield	SYICB Chief Nursing Officer

35/23	Welcome The Chair welcomed members to the meeting.	
36/23	Apologies Apologies were received and noted as above.	
37/23	Declarations of Interest No declarations of interest were noted at today's meeting.	

38/23	<p>Minutes/Action Log From Previous Meeting held 27 July 2023</p> <p>The minutes of the meeting held on 27 July 2023 were approved as a true and accurate record of the meeting.</p> <p>The Integrated Care Partnership noted the Action Log.</p>	
39/23	<p>Questions from the public</p> <p>A late question had been received from a member of the public, Mr Tim Brown, relating to the Integrated Care Board/Integrated Care Partnership's commitment to tackling racism in South Yorkshire. Andy Ashcroft advised that a similar question had been received previously from Mr Brown on this subject and it was proposed to reissue the response as before. The Chair requested that the response be shared with the ICP membership also.</p>	AA
40/23	<p>Strategy and Delivery</p> <p>Pathways to Work Commission</p> <p>The Chair introduced this item by highlighting that across South Yorkshire and, in particular, the Integrated Care Board, the Local Authorities and the Mayoral team there was a need to work in a different way in order to think about employment to drive economic opportunity.</p> <p>He introduced Matt O'Neill, Executive Director Growth and Sustainability, Barnsley Council who presented this item.</p> <p>Mr O'Neill informed the Integrated Care Partnership that over the course of the last 12 months, Barnsley had worked to set up an independent Commission launching in July 23, with a single line of enquiry, which was to look at how we enable all of Barnsley's working age population, particularly those currently outside of the labour market, i.e. those with health challenges or caring responsibilities, back into the labour market. Going forward, this would be relevant across all of South Yorkshire and the country. He was working in partnership with the Mayoral team to deliver this initiative and learning would be shared across South Yorkshire and other parts of the country once the work had concluded.</p> <p>The Commission would bring together a range of experts in their field to generate valuable insights following reflection on the evidence gathered and presented. Acting as an independent body, they would shape the final commission report and recommendations to stakeholders and government. The Commission is chaired by Alan Milburn. He expressed particular thanks to commissioner Salma Yasmeen who had attended the launch of the Commission on her first day as CEO of Sheffield Health & Social Care Partnership.</p>	

	<p>One important distinction to note was that economic inactivity is not about people who want to work i.e. job seekers but the population which fall outside and are almost hidden from the metrics that are recorded. There are currently circa 40,000 people in Barnsley who have significant barriers, such as caring responsibilities, mental health, long-term sickness, retirement, or students, precluding them from returning to employment and all these factors present opportunities to address how we look to break down some of the barriers, channel our collective energy and funding streams to put in place new interventions and look at how we change things to increase economic participation.</p> <p>He outlined the intent of the Commission sessions held in July and subsequent sessions planned for September, November and January. Gathering data would be key but is also very challenging but the Department of Work and Pensions would be working as an Adviser to the Commission and therefore the Commission would be working with Government to look at new solutions on how to use data to target residents in the Borough and across South Yorkshire.</p> <p>Learning would also be taken from international programmes in Canada, New Zealand and Australia and from other areas across the world where new ways of working are being put into practice. Further conversations would be held with health partners to consider key issues and barriers as well as having policy conversations around levers at national level for further devolution. There would also need to be conversations with employers to see how they can help to facilitate change.</p> <p>The Commission has 12 months to complete the work with the final report and recommendations expected at the end of June 2024, which would be shared with central Government, The Council and the Mayoral Office. He outlined the four key themes of the Programme as: -</p> <ul style="list-style-type: none"> • Understanding who is out of work. • Understanding who needs help to work. • Understanding what helps people to work. • Understanding how to build better pathways to work. <p>He then described the opportunities for impact and the cohorts in scope through this Commission, although noting that further refinement of the cohorts would be required.</p> <p>Lastly, he sought support from the Integrated Care Partnership on the following areas: -</p> <ul style="list-style-type: none"> - Feeding into a Commission session focussed on health in January. - Feeding into employer surveys and/or providing data on effectiveness of health interventions - Sharing any relevant case studies/employer data on what works to support staff to return to work. Information was currently available from the Hospital and the Council. 	
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	<p>The Chair thanked Matt O'Neill for his presentation and agreed there would be a further discussion offline on how to support the session planned for January.</p> <p>Action: Matt O'Neill's team to reach out to the ICP (via the ICB) to enable input to feed into the commission in January.</p> <p>Members were asked for their thoughts/questions.</p> <p>Juliann Hall enquired how people who are currently economically inactive were able to feed into the Commission and if there is data already through co-design work could this be utilised? She was advised that over the Autumn, structured/unstructured interviews with this cohort would be held to gain learnt/lived experience from across the Borough and the interviews would be followed up in the New Year with quantitative polling linked into the research questions. Matt O'Neill welcomed the sharing of any data currently available and asked this be sent to the PathwaysToWork@barnsley.gov.uk.</p> <p>Angela Argenzio highlighted access to work with regard to people with disabilities and asked how employers could be reassured to make reasonable adjustments as this would incur a cost and training. There are voluntary sector organisations that deliver a range of training which could be utilised more widely. We need to consider the impact on health inequalities to try and resolve the reasons why people are inactive and then become too ill to work. She was advised that a framework would be produced which could be applied anywhere in the country cognisant of local factors. In terms of the cohort around disability, this was a big area in terms of opportunity and there had been a listening event held in conjunction with the voluntary sector to hear their views which would help to inform the framework and could then be applied elsewhere.</p> <p>Tom Smith added that there was a particular challenge around de-risking employment for the employee, potential employee and employers as in some areas there were issues with regard to capacity and capability; they don't have the tools to undertake reasonable adjustments. This would be reinforced when speaking to employers, but we also need to provide better employment bridges for people to help them stay in work for longer. There is a big piece of work to undertake with employers around good work, healthy work which would be a priority.</p> <p>Dr David Crichton highlighted the Working Win Scheme and the evaluation which would be available to feed into the Commission.</p> <p>Dr Jason Page raised his concern around the cohort of population who were inactive for over 5 years and were over 50 and asked what the plan was to engage with this group.</p>	MO
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	<p>Greg Fell acknowledged the size of the Programme and the nuances therein but sought clarity in terms of the impact – how do you balance the numbers versus the outcomes?</p> <p>Matt O'Neill responded to the points noted.</p> <p>Working Win is a key partner to the programme and had provided evidence to the Commission last week and he would be keen to explore how best practice could be utilised across the Borough.</p> <p>With regard to the Over 50 cohort, he advised that currently the Commission was assessing the reality and impact the programme could have and were looking at interventions, but this cohort is picked up by other services and partners and an employment programme may not be the right thing to do right now.</p> <p>Gavin Boyle thought it would be desirable to understand the direction of cause and effect. Although health was seen as a causative factor in driving economic inactivity, he thought it would be interesting to read across i.e. does economic inactivity lead to poorer health outcomes. This would be discussed at the January session.</p> <p>Damian Allen fully supported the Commission's work and drew attention to a recent article in The Guardian around workforce trends which he would like to see included in the scope of the Commission. He also enquired if there was any intention to do systems dynamics modelling as part of the Commission's baseline work. He was advised that the research in The Guardian was being picked up as part of the body of evidence. With regard to the stocks, flow and scope there was evidence of where this could be applied. One example was the creation of a designated leader as in the Canadian model, who would broker services across the different functions and build capacity and capability in localities. Work was underway to see how this could be applied for the ultimate delivery model.</p> <p>Dolly Agoro drew attention to the cohort with caring responsibilities with regard to their capacity and capability versus the capacity and capability of employers. There are a large number of people in this cohort who are inactive. Is there already a sustainable framework for this cohort we could draw on?</p> <p>Kate Davis enquired how much volunteering had been explored as a bridge into work and how this would be monitored. She was advised that all options were being explored to provide people with a positive experience in work; the voluntary sector was a large part of this.</p> <p>Damian Allen highlighted the role of intermediate labour and the place-based dimension to the Commission which he thought needed to come through as a theme.</p>	
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	<p>Matt O'Neill thanked the Chair for the opportunity to share the work of the Commission with the Integrated Care Partnership.</p> <p>The Chair concluded the discussion, acknowledging that a core role of the Integrated Care Partnership was to think about employment in a broad context, including health and inequalities, and looked forward to shaping the session planned for January.</p> <p>The Integrated Care Partnership noted the presentation.</p>	
41/23	<p>South Yorkshire Mayoral Combined Authority (SYMCA) Employment and Health</p> <p>Steven Pleasant introduced this item.</p> <p>He acknowledged that the presentation from the Commission was a significant piece of work for South Yorkshire as well as Barnsley. How the Integrated Care Partnership engages and utilises it in terms of its framework would be key.</p> <p>Tina Slater would describe the work being done between the SY Mayoral Combined Authority (SYMCA), the local Councils, and the NHS through the Working Win programme, which seeks to offer employment opportunities to people with health conditions in primary care. Although this was significant and exemplary it was not commensurate in terms of the scale and scope with regards to the ambition across South Yorkshire. It is a reflection about celebrating and being appreciative but also recognising the prompts from the upcoming presentation i.e., what do we need to do differently and where do we draw the learning from?</p> <p>Tina Slater, Head of Employment and Careers, SYMCA, provided an overview of the programmes and the wider SYMCA remit.</p> <p>The ask of the Integrated Care Partnership was:</p> <ul style="list-style-type: none"> • How can we work better together to support Employment and Health? Although Working Win is a model of excellence in South Yorkshire it would be important to build on its successes. Working together to shape the Work Well bid for South Yorkshire and gaining additional insight from partners to inform the Employment and Health mapping exercise were sighted as examples of where the Integrated Care Partnership could support this work going forward. <p>The Chair opened the meeting for questions/comments.</p> <p>Councillor Roche commended the Working Win Programme which had worked well in Rotherham but suggested this was currently was not being done jointly with Health and Wellbeing Boards, Integrated Care</p>	

	<p>Partnership etc and was a SYMCA Plan Partnership Strategy. He therefore sought further clarity on the governance structure between SYMCA and the Integrated Care Partnership for taking this forward. He was advised that this was not known at present but would form part of the next steps. SYMCA was working closely with the ICB on a pre-pilot programme which had been put forward to the Department for Work and Pensions around a hyper local approach in South Yorkshire. She appreciated that Working Win was a SYMCA programme but that it was integrated with primary care. The next stage would be to consider a joint approach and application.</p> <p>Greg Fell raised three points: -</p> <ol style="list-style-type: none"> 1. How good and robust is the system convenor role? 2. Need to be mindful of the data evaluation point which is really hard to get hold of and join together. 3. What are the focal points for the good work/fair work agenda? <p>She advised that in terms of the good work/fair work agenda, there is quite of bit of work to do in this space and discussions are on-going with the Integrated Care Board to see how this can be progressed. The system convenor role was currently under discussion. With regard to data evaluation, SYMCA would use data already available and work with the Local Authorities and the Integrated Care Board to ensure that the programme responds to the local data and therefore the local population needs.</p> <p>Helen Steers drew attention to data and insight at community level. Thinking about the work in Barnsley it would be important to understand people in context to start to engage them in positive activities. There is a lot of community embedded support that brings a range of support around people, and it would be important to consider in this work. There are good opportunities, but she thought we should build up from a community level and think about who we care about and in a more granular way how we support them differently. Tina Slater acknowledged these points and suggested they could be included in the local provider events.</p> <p>Marianna Hargreaves reflected on the presentations and reminded members of the link with the research, development and innovation agenda as there are an increasing number of players in this area, particularly around health and care and therefore there is an opportunity to think about economic potential and how, in South Yorkshire, we support and develop highly skilled and more specialist jobs.</p> <p>Steven Pleasant concluded the discussion. He thanked Tina Slater for the presentation and acknowledged the work undertaken in South Yorkshire which had been significant. Similar pieces of work had been done in other regions and the evidence from this suggests that place-based relationship models deliver significantly better outcomes than top-down transactional models. There would be an opportunity to reflect on the emerging learning which tells us we need to think broader, but we also</p>	
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	<p>need to reflect that we won't have hands on all the levers to effect the change and this therefore would be a significant discussion going forward.</p> <p>The Integrated Care Partnership noted the presentation.</p>	
42/23	<p>Supporting our Health and Care Workforce as anchor institutions</p> <p>Ruth Speare and Christine Joy jointly presented this item.</p> <p>The paper presented outlined the connections between the anchor institution roles and health and work. Christine Joy reminded members that this was around taking a population health approach to the workforce and would require a mindset shift to plan and invest differently in health and wellbeing services, which would need to be more targeted on the health needs of the people/population.</p> <p>Ruth Speare described how we could collectively harness our anchor roles across South Yorkshire to create good and accessible employment opportunities for the population.</p> <p>Christine Joy went onto highlight that one of the Integrated Care Partnership's bold ambitions was to value and recognise the workforce, both in paid and unpaid roles in the health and care sector. Currently it is estimated that there are 320,000 people actively involved in health and care across the region; 130,000 of those are unpaid carers for friends and family, 65,000 are volunteers, 72,000 work in paid roles in health, a further 37,000 work in adult social care and various other groups. 100,000 of this population will have their own long-term conditions so there are opportunities to support our own workforce to be healthier.</p> <p>She thought that the Integrated Care Partnership's approach provided an opportunity to discuss how we need to work differently to improve the health of our communities working in partnership to focus on the wider determinants of good health and not solely on responding to poor health. What would it mean if we invested in the health and wellbeing of the entire health and care workforce and what could we do as employers to support our people/population to be as healthy as they could be and remain in work, which the paper described.</p> <p>She then asked for members' views on the following: -</p> <ul style="list-style-type: none"> - What would really 'investing' in work and health look like? - How could we collaborate more effectively as anchor employers to support a healthier workforce? Wide public sector? All employers? - All employers need a healthy workforce, what are the opportunities for collaboration with the private sector? <p>Members offered their thoughts and views: -</p>	

	<p>Greg Fell welcomed the preventative approach but commented that preventative programmes already largely exist, and they are currently under-resourced and are rightly focussed on whole population health rather than employment by any one sector of the economy and so this would need some thought. He also drew attention to areas to address e.g. toxic bullying etc, inequality and low pay and ageing – how do we enable people to stay in health enhancing work for longer?</p> <p>Councillor Roche expressed his support, on behalf of Rotherham Health and Wellbeing Board, for the work which he thought already linked with Rotherham's priorities. However, he suggested that a lot of work at Place level had already taken place with employers to address some of this, for example, in Rotherham there is the Place Anchor Institution Action Plan which covers inequalities, retention, progression, inclusivity etc and supports health and wellbeing.</p> <p>Nicholas Mapstone offered his observations around obesity and the work done in Dartford and Gravesend which he thought may be useful and also the work of the Yorkshire and Humber Academic Health Science network on blood pressure monitoring. He also felt that targeting procurement activity into South Yorkshire could be helpful.</p> <p>Dolly Agoro enquired about the self-employed in the workforce, how do we assess this cohort?</p> <p>Sharon Kemp was supportive of the work but suggested that we challenge ourselves about the Real Living Wage. In order to make a difference to people's lived experience and their opportunities, then employers should aspire to achieve to pay the real living wage, acknowledging the current economic climate.</p> <p>Alan Walker drew attention to the work already underway which complements this. A major goal within the plan is around employment to ensure that everyone in South Yorkshire of working age works for an organisation that is classified as a fair employer that promotes health and wellbeing. He commented that the recommendations to support the plan had been largely drafted by colleagues in the private sector. He suggested that the terminology around good work/bad work should be refined so it was consistent across the region.</p> <p>The Chair concluded the discussion. The Integrated Care Partnership was supportive of the work, but the challenge would be what needs to happen next to make a difference and he suggested this be picked up outside of the meeting.</p> <p>The Integrated Care Partnership noted the report.</p>	
43/23	ICP Operational Group	

	<p>Will Cleary-Gray provided an oral update on the work of the ICP Operational Group which had been set up during the development of the Integrated Care Strategy and recently refreshed to further support the Integrated Care Partnership. It was noted that the group is not a decision-making group, and that the aim is that it is steered by the ICP Board.</p> <p>The group had been thinking about what discussions need to be brought to the Integrated Care Partnership to bring out the bold ambitions within the strategy and how it supports wider working across the partnership. He highlighted how the Integrated Care Partnership had started to align some of its existing focus around this. Work is also on-going to align the leadership to support this.</p> <p>Previously there had been a discussion around the distributed leadership approach advocated by the Operational Group and he advised that a proposition would be shared at the next meeting to describe this. It was also noted that a proposition on the joint commitments and how these are taken forward would be shared for consideration at the next meeting.</p> <p>Action: Will Cleary-Gray to share a proposal outlining a distributed leadership approach and initial thinking on how we take forward the joint commitments for consideration by the ICP Board</p> <p>Finally, the Operational Group would be considering how it could support the Integrated Care Partnership to frame its agenda going forward.</p> <p>The Integrated Care Partnership noted the update.</p>	WCG
44/23	<p>Health Equity Advisory Panel</p> <p>Professor Alun Walker presented this update.</p> <p>Key points were noted as follows: -</p> <ul style="list-style-type: none"> - Terms of Reference had been agreed with the Mayor focussing on his ambition for health in this region - Some things are outside the scope of the region and will require advocacy of national government, if we want to achieve will need national government - Panel comprises 20 members from across all relevant stakeholders - Significant progress has been made since March. - Ten core aspirations, one framed around Fair employment <ul style="list-style-type: none"> - three examples: - <ol style="list-style-type: none"> 1. Be born safely and in good health 2. Live in communities that are inclusive, empowered, resilient and safe 3. Be protected from commercial activities that harm health. 	

	<ul style="list-style-type: none"> - Next steps would be to finalise recommendations, finish and agree enablers section, edit examples of good practice, complete statistical overview and present draft report to Mayor. - Listening event for seldom heard groups planned for early November in order to gain their perspective. <p>The Chair thanked Professor Walker, noting this would come back to the ICP once the report was complete.</p> <p>The Integrated Care Partnership noted the update.</p>	
45/23	<p>Concluding comments and any other business</p> <p>Any Other Business</p> <p>No further business was discussed.</p> <p>Concluding comments</p> <p>There were no concluding comments.</p>	
46/23	<p>Date of next meeting</p> <p>30 November, 9.30 – 12 noon, SYMCA offices, Sheffield</p>	

Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 18 October 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net / Wendy Commons: wcommons@nhs.net
Apologies:	Wendy Allott, Chief Finance Officer (Roth), NHS SY ICB Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Nicola Curley, Director of Children's Services, RMBC Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Primary Care Representative, RPCCG
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members Present:

Chris Edwards (**CE**), Executive Place Director (Rotherham), NHS SY ICB
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB
 Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB
 Claire Smith (**CS**), Deputy Place Director (Roth), NHS SY ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, RMBC
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS South Yorkshire ICB
 Shafiq Hussain (**SH**), Chief Executive, VAR
 Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
 Julie Thornton (**JT**), Care Group Director (Roth), RDaSH
 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
i32/10/23	Place Performance Report
<p>CS explained that Rotherham's quarterly Place review meeting with SY ICB had been held on 11 October to assess our progress. This included a deep dive into primary care performance which forms part of next month's public Place Board agenda.</p> <p style="text-align: right;">Action: LG for agenda</p> <p>CS went on to give highlights from this month's performance report:</p> <ul style="list-style-type: none"> • IAPT access continue to perform well and exceed the target • Cancer continues to be a challenged area with the 28 day diagnosis only being met in July so far. • Referral to treatment (RTT) is challenging with 535 patients in Rotherham waiting over 52 wks. TRFT gave assurances around meeting the target of zero • Diagnostics – is an area of challenge but compares well • A&E performance was at 63% in September. A good position compared to South Yorkshire and the Trust is working to sustain this achievement • Ambulance delays – good performance with the over 30 minute target achieved every day in September and low numbers reported in hours lost. • More GP appointments are being offered now than pre covid and they continue to increase • There is increased care navigation at Primary care networks and a good level of face to face appointments are offered. • Urgent community response was above target after a slight dip in July. • Discharge - Rotherham performs well across South Yorkshire on all three areas. <p>CE thanked CS for the update and noted the concern is around waiting times and the impact continued industrial action could have. Members noted that no more action is planned for the time being and unions have committed to pause for a month while talks take place.</p> <p>Members noted this month's Place performance.</p>	
i33/10/23	ICB Board Assurance Framework
<p>Members received the risk register, issues log and Board assurance framework for information.</p> <p>CS advised that consideration is being given as to whether a separate risk register is required to flag local risks and determine escalation required.</p> <p>The Board noted the risk register, issues log and Board Assurance Framework.</p>	
i34/10/23	Minutes and Action Log from 20 September 2023 Meeting
<p>The minutes from the September meeting were accepted as a true and accurate record. The action log was reviewed and up to date.</p>	
i35/10/23	Communication to Partners
None.	

i36/10/23	Risks and Items for Escalation
None.	
i37/10/23	Future Agenda Items:
Standing Items <ul style="list-style-type: none"> – Rotherham Place Performance Report (monthly) – Risk Register (Monthly for information) – Place Prescribing Report (Nov) – Quality, Patient Safety and Experience Dashboard (Dec) – Quarterly Medical Director Update (Nov) 	
i38/10/23	Date of Next Meeting
The next meeting will take place on Wednesday 15 November 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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Minutes	
Title of Meeting:	Rotherham Place Board: ICB Business
Time of Meeting:	10.15 – 11.00am
Date of Meeting:	Wednesday 15 November 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Nicola Curley, Director of Children's Services, RMBC Shafiq Hussain, Chief Executive, VAR Richard Jenkins, Chief Executive, TRFT Sharon Kemp, Chief Executive, RMBC Toby Lewis, Chief Executive, RDaSH Cllr David Roche, Joint H&WB Board Chair, RMBC Dr Neil Thorman, Primary Care Representative, RPCCG Julie Thornton, Care Group Director (Roth), RDaSH
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services.
Quoracy:	No business shall be transacted unless at least 60% of the membership (which equates to 3 individuals) and including the following are present: (1) Executive Place Director and (2) Independent Non-Executive Member.

Members Present:

Chris Edwards (**CE**), Executive Place Director (Roth), NHS SY ICB
 Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB
 Shahida Siddique (**SS**), Independent Non-Exec Member, NHS South Yorkshire, ICB
 Claire Smith (**CS**), Deputy Place Director (Roth), NHS SY ICB

Participants:

Ben Anderson (**BA**), Director of Public Health, RMBC
 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
 Stuart Lakin (**SL**), Head of Medicines Management – Rotherham, NHS SY ICB

In Attendance:

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

Item Number	Discussion Items
i39/11/23	<p>Place Performance Report</p> <p>CS presented this month's performance report.</p> <p>Rotherham is performing well with diagnostic waits. Although no area nationally is achieving, Rotherham is currently 8th best out of 106. The same is true with the referral to treatment (RTT) target, again no trusts are achieving nationally but Rotherham is mid table and 40th out of 106 and for IAPT waits we are achieving the target and 39th out of 106.</p> <p>CS went on to highlight some areas of the report:</p> <ul style="list-style-type: none"> – Waits for IAPT achieving for both 6 and 18 weeks. – On cancer, reporting has been adjusted to meet the updated guidance. Against the 28 day faster diagnosis 75% target we have performed positively at around 79/80%. However achieving the 31 and 62 day cancer waiting times has proved challenging and below target. These areas are being focussed on by the Cancer Board. – RTT 18 weeks target remains in a similar position to last month with 60% achieved against the 92% target. – Rotherham has only a few over 78 week waits for elective surgery and none waiting over 104 weeks. We are still on track to recover to the required target by March 2024 and compare well across partners, helped by performance of the Sheffield Childrens Hospital. – The Trust took part in a trial for different ways of working in A&E. The A&E 4-hour target in mid-September was around 63% and doing well in comparison with other pilot sites, however the anticipated 76% will not be met. Internal scrutiny is taking place within the Trust to understand the issues. – The Trust is performing well with 15 minute handovers with the longest wait being around 35 minutes when under pressure. – GP face to face appointments - very positive at 79% which is above the national average. – There had been a small decline in August in the urgent care response but still expecting to achieve target. – Discharge metrics are doing well with the numbers waiting significantly decreased. <p>JP commented that reduction in the cancer metrics to the 28 day faster diagnosis is of concern for the Cancer Board but welcomed the Trust's approach to addressing the issue and working to new pathways.</p> <p>BA said that it would be good to include more metrics in the report on health inequalities and begin to look at what the differences in deprived and ethnic areas.</p> <p>SS was pleased to hear that Rotherham is performing comparatively well in some areas and re-iterated the need for these to be publicised and celebrated more, both locally and nationally.</p> <p>Members noted this month's Place performance.</p>

i40/11/23	Medical Director Update
	<p>JP gave an update on the work he has been undertaking in his role:</p> <p>Rotherham continues to perform well on Covid and flu vaccinations.</p> <p>Rotherham's Medicines Management Team has recently won a PrescQIPP national award for antidepressant de-prescribing. The specialist pharmacy team helped patients who have been on antidepressants for a long time to gradually reduce and stop taking them, both difficult and time consuming to support.</p> <p>JP recently attend Quality Service Improvement and Redesign Training (QSIR) which he enjoyed and looked forward to working with colleagues to use the methods learned.</p> <p>He continues as vice-chair on the Health and Wellbeing Board and is co-sponsor for Aim 1- the best start in life, and has also attended the Integrated Care Partnership Board representing Rotherham where employment and health was discussed.</p> <p>With respect to cancer work, JP has been involved in Grail, which is a new blood test that may be used by the NHS from next year to detect early cancer.</p> <p>JP continues to chair the primary care collaboration board which includes, general practice, pharmacy and optometry and medical leaders from TRFT, RDaSH and public health. As well as updating on news and local issues, local problems are discussed.</p> <p>Rotherham recently hosted a primary care access event which was attended by the majority of Rotherham practices. Good practice was discussed and practices were supported to make actions plans for their contractual requirements. This was the first time this approach has been used and a representative from NHS England attended with a view to recommending it as best practice across the country.</p> <p>Going forward, JP will look to develop relationships with dentists. He recently attended an oral health meeting where fluoridation of water was discussed. Although often high on the agenda, this is one of the areas Place could support alongside the Integrated Care Partnership.</p> <p>Place Board noted the update. It was agreed that a regular update from the Director of Public Health will also be helpful and this will be added to future agendas.</p> <p style="text-align: right;">Action: BA/LG for agenda</p>
i41/11/23	Quality, Safety and Patient Experience Report
	<p>JP presented the report highlighting:</p> <ul style="list-style-type: none"> • There is a pause on industrial action to allow for discussions and negotiation to take place. • Endoscopic Retrograde Cholangio-Pancreatography (ERCP) services have resumed at TRFT after being temporarily halted in response to Coroner concerns. • There was a link to the final report from an independent investigation into a child death in Sheffield. The ICB safeguarding team had provided oversight, assurance and support in this process. • Good progress had been made against the CQC quality improvement plan with 77 of the 78 actions completed and CQC advising that they do not have intelligence to suggest there is a risk to safety at RDaSH which the outstanding action relates to. • JP had taken part in an enhanced contract and quality practice visit following a whistle-blowing complaint to the CQC. A number of areas for improvement were

identified. SY ICB is working with the practice and will undertake a formal revisit in 3 months' time.

- In relation to infection control, Rotherham has no measles outbreak or reports of necrotising fasciitis cases as being seen in Sheffield and Barnsley but information continues to be monitored.

Members noted the report for information.

i42/11/23 Rotherham Medicines Management Report

Stuart Lakin, Head of Medicines Management advised that despite a challenging year with pressure in the team, there had been very positive cost growth with Rotherham below that for England.

The medicines safety dashboard has been launched as part of the primary care quality contract and improvements are now being seen.

Rotherham continues to ensure cost effective biosimilars are used rather than high cost drugs resulting in savings and TRFT remaining at the top of all the national comparison graphs.

Work has been carried out and practices incentivised to help them identify missed opportunities in the management of hypertension and lipid modification. The health inequalities gap has been widening in Rotherham but this work has paid off and Rotherham has no inequity in the percentage of patients achieving between the less and most deprived practices.

This work had recently won the CVD Prevent Award at the 2023 Eclipse Conference.

The team had also been double winners at the 2023 PRESCQIPP awards for the work on the antidepressant pilot. This involved identifying patients who were continuing to take an antidepressant and asking them if they wanted support to stop their medication safely. 405 patients stopped their antidepressants and 252 reduced their dose. The project is now moving to reviewing patient's hypnotics and anxiolytics which Members will be kept updated on.

SL went on to mention that the team has been carrying out work to contribute to the health inequalities agenda around the management of lipids and blood pressure. The North East and Yorkshire Analytics Team has analysed the data which is showing positive results. SL will share the information once he has reviewed the detail.

Finally, SL explained that due to the running cost exercise taking place within NHS South Yorkshire ICB, the restructure of the medicines management team in Rotherham may impact on the team's ability to continue to attain good results for Rotherham.

CE will make sure that as part of the organisational change programme that each Place should get a fair share of Medicines management support.

Action: CE

Place Board thanked SL for the update and asked him to convey congratulations to the team for their hard work in achieving the recent awards.

i43/11/23 ICB Board Assurance Framework

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

The Board noted the risk register, issues log and Board Assurance Framework. No amendments were suggested.

i44/11/23	Minutes and Action Log from 18 October 2023 Meeting
The minutes from the October meeting were accepted as a true and accurate record. The action log was reviewed and up to date.	
i45/11/23	Communication to Partners
Partners to share any of the updates in their organisations.	
i46/11/23	Risks and Items for Escalation
None.	
i47/11/23	Future Agenda Items:
Standing Items <ul style="list-style-type: none"> – Rotherham Place Performance Report (monthly) – Risk Register (Monthly for information) – Place Prescribing Report (Feb) – Quality, Patient Safety and Experience Dashboard (Jan) – Quarterly Medical Director Update (Feb) - JP – Public Health Directors Update – Partnership session (Dec) - BA 	
i48/11/23	Date of Next Meeting
The next meeting will take place on Wednesday 20 December 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)

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.15am
Date of Meeting:	Wednesday 18 October 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards /Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Wendy Allott, Chief Finance Officer (Roth), NHS SY ICB Dr Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Richard Jenkins, Chief Executive, TRFT Sally Kilgariff, Chief Operating Officer, TRFT Toby Lewis, Chief Executive, RDASH Dr Neil Thorman, Executive GP Lead, RPCCG
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members Present:

Chris Edwards (**CE**), Chairing, Executive Place Director, NHS SY ICB
 Sharon Kemp (**SK**), Chief Executive, Rotherham Metropolitan Borough Council (RMBC)
 Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
 Cllr David Roche (**DR**), H&WB Board Chair, RMBC
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS SY 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
 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
 Helen Sweaton (**HS**), Joint Commissioning NHS SY ICB/RMBC

In Attendance:

Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB
 Leonie Wieser, Policy Officer, RMBC

Item Number	Discussion Items
50/10/23	Public & Patient Questions
	There were no questions.
51/10/23	Maternity, Children & Young People's Update
	<p>HS reported that the priorities, milestone and metrics have been agreed and governance arrangements are in place. The Children and Young People's partnership Board has been re-developed to provide opportunity for voice and influence and priorities are aligned to the bold ambitions of the integrated care partnership.</p> <p>The CAMHs Looked After Children pathway is now in place, the accessibility strategy launched and the first round of funding applications being considered and an investment proposal will be considered by Council Cabinet for physical universal start for life pack to complement the digital offer.</p> <p>HS highlighted that the financial climate has impacted on transformation and innovation and that there has been delays to the implementation of two milestones, namely developing a framework to support consistent aspirations for children and young people's SEMH across the continuum and the redevelopment and implementation of the therapeutic offer to looked after children, in house foster carers/residential providers.</p> <p>Throughout Quarter 4, focus will be on:</p> <ul style="list-style-type: none"> • embedding the breastfeeding friendly borough declaration • reviewing the child development centre, • redeveloping and embedding a tiered sleep pathway • Engaging in recruitment activity to increase the number of foster carers • Ensuring children and young people with SEND and their families have access to accurate and relevant information • Producing a mental health transition pathway to support effective transition for looked after children and care leaves with SEMH needs • Maximising the use of Rotherham health record to provide a health passport to support transition from paediatric to adult services • Implementing and embedding preparation for adult guidance, including involving families in transition planning. <p>SK suggested that consideration be given as to how we can show and best communicate the impact initiatives are having on people across the Borough.</p> <p>Following a question about the review of the child development centre, HS advised that increased demand had been seen following the pandemic. Although this has now started to settle, the decision has been taken to undertake work on referrals so that children are seen quicker.</p> <p>HS confirmed that Eastwood and East Dene have been identified as the locations for the South Yorkshire CYP Alliance Early Years Intervention Project. The Safer Space to Sleep pilot will be tested in Swinton and if successful will be rolled out across all areas.</p> <p>Members thanked HS for the update.</p>

52/10/23 Rotherham Winter Plan

CS presented this year's proposed winter plan and outlined the work undertaken to develop it in collaboration with partners using learning from previous years and financially supported using better care fund monies for some initiatives.

Bed capacity has been increased this year with virtual ward in place with an ambition to reach 100 beds by January. These have been very successful but with technology being procured capacity can be expanded to reach target. Trust staffing has been increased with funding and significant recruitment effort for the virtual ward. Discussions are underway with the Trust around whole staffing capacity to determine whether current levels will meet demand and not be impacted by moving staff from other areas.

Additional plans have been put in place to protect the same day emergency care beds which has proved successful so far but will continue to be monitored.

CS went on to highlight some of the differences in the acute Trust this year:

- The 4-hour target had been re-introduced but the Trust had already been meeting its internal target around A&E performance. Work is taking place to maintain this with the introduction of four new consultants to A&E
- A handover improvement plan has been introduced and significant improvement has been seen including being below target for the number of hours lost due to delays.
- The initiative of having social workers and social prescribers at front door of A&E will continue.
- Additional patient transport will be in place to assist patient flow

In the community, examples of some of the changes introduced included:

- additional reablement hours, although it was noted that there are concerns around workforce capacity
- The PUSH model is being developed with Yorkshire Ambulance Service to avoid unnecessary conveyances which will include Rothercare enabler and additional transport
- Trusted assessor pilots will support out of area discharges and assessments will be undertaken on behalf of social workers to assist with timely discharge to care homes
- Additional mental health crisis beds will also be available.

It was acknowledged that there will be some key challenges to delivering this year's winter plan including the impact of industrial action, continued workforce with demand and sickness, cost of living pressures, the risk of Covid surges and maintaining the elective programme.

Next steps will be the implementation of the winter's schemes, completion of the tender process for home from hospital service, setting up the primary care hub and the continued roll out of trajectories for general and acute beds, virtual ward and urgent community response.

MW thanked colleagues for the assistance received by the Trust from Rotherham partners to support this year's winter plan. He reported that although there are now four more consultants in the Urgent and Emergency Care Centre, the Trust employs 58 more

doctors and 93 more nurses than it did 3 years ago, substantially reducing its reliance on agency staff.

Following a query as to whether resistance was seen from staff when using flexible options used to support across areas, MW advised that this approach has been adopted before with intermediate care beds and lessons learnt that colleagues don't welcome last minute moves. Planning is key where possible and helps reduce the impact on staff retention.

CS highlighted that the plan didn't include access to extended access for primary care to mental health crisis beds but additional money is available to fund those if required. CS and JT will discuss.

SH welcomed the input into the UECC from the voluntary sector and Age UK. Discussions are taking place around strengthening benefit advice and signposting and introducing additional voluntary sector staff into the community to keep people well at home.

Noting the recent rise in covid and the possible simultaneous impact of flu, Rotherham Place Priority Executive meetings have been re-instigated three times a week to keep an overview of the situation and escalate issues to Place Board Executives for resolution as soon as possible.

Place Board thanked CS for the insight into the Winter Plan and were reassured by the opportunity to review the detail.

LG will look to share some of the challenges and successes in the Partnership newsletter.

Action: LG

53/10/23 Feedback from Integrated Care Partnership Meeting

Cllr David Roche gave a brief summary from the South Yorkshire Integrated Care Partnership meeting held on Wednesday 27 September. The meeting had focussed mainly on employment and a presentation had been received on the work taking place in Barnsley supported by the Department of Work and Pensions. A committee of leaders has been set up which will report back in June 2024.

The South Yorkshire Mayoral Combined Authority had presented on employment and health and how local councils and health and wellbeing boards can work better to get people back into work.

There had also been a look at how, as anchor institutions, the health and care workforce could be better supported to work together. It was acknowledged that Rotherham has already made significant progress on anchor institutions work.

CE thanked DR for the feedback. Discussion followed about how the commitment to paying the living wage by all Rotherham partners as employers could make a significant difference to improving the lives of local people. Place Partners agreed to check the lowest pay level within their own organisations and further dialogue will take place at Place Leadership Team (PLT) with view to achieving living wage accreditation across Rotherham Together Partnership.

Action: All/LG for agenda

54/10/23 Communications to Partners

A winter communications plan is in place. However, GL advised that the Communications and Engagement Enabling Group is also working on ways to

communicate with staff, system partners and the public on the reasoning for some of the approaches taken across winter. These winter messaging ideas will be discussed further at Place Leadership Team.

Action: GL/LG for agenda

55/10/23 Draft Minutes and Action Log from Public Place Board

The minutes from the meeting held on 20 September 2023 meeting were agreed as a true and accurate record.

The action log was reviewed and noted as up to date.

56/10/23 Risks and Items for Escalation to Health and Wellbeing Board

Winter Plan

57/10/23 Future Agenda Items:

Future Items

- Primary Care Update (Nov)
- Mental Health Update (Nov)

Standing Items

- Transformation and Enabling Group Updates
- Bi-Monthly Place Partnership Briefing
- Feedback from SY ICP Meetings – Bi Monthly
- Place Achievements

58/10/23 Date of Next Meeting

The next meeting will take place on **Wednesday 15 November 2023** in Elm Room, Oak House from 9.00am – 10.00am.

Membership

Chris Edwards (Joint Chair)	Executive Place Director/ICB Deputy Chief Executive	NHS South Yorkshire Integrated Care Board
Sharon Kemp (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
Ben Anderson	Director of Public Health	Rotherham Metropolitan Borough Council
Richard Jenkins	Chief Executive	The Rotherham NHS Foundation Trust
Shafiq Hussain	Chief Executive	Voluntary Action Rotherham
Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH)
Dr Anand Barmade	Medical 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)

Minutes	
Title of Meeting:	PUBLIC Rotherham Place Board: Partnership Business
Time of Meeting:	9.00am – 10.15am
Date of Meeting:	Wednesday 15 November 2023
Venue:	Elm Room, Oak House, Bramley, S66 1YY
Chair:	Chris Edwards /Sharon Kemp
Contact for Meeting:	Lydia George: lydia.george@nhs.net/ Wendy Commons: wcommons@nhs.net
Apologies:	Dr Anand Barmade, Medical Director, Connect Healthcare Sue Cassin, Chief Nurse (Roth), NHS SY ICB Shafiq Hussain, Chief Executive, VAR Richard Jenkins, Chief Executive, TRFT Sally Kilgariff, Chief Operating Officer, TRFT Toby Lewis, Chief Executive, RDaSH Dr Neil Thorman, Executive GP Lead, RPCCG
Conflicts of Interest:	General declarations were acknowledged for Members as providers/commissioners of services. However, no specific direct conflicts/declarations were made relating to any items on today's agenda.
Quoracy:	Confirmed as quorate.

Members Present:

Chris Edwards (**CE**), Chairing, Executive Place Director, NHS SY ICB
 Claire Smith (**CS**), Deputy Place Director – Rotherham, NHS SY ICB
 Ben Anderson (**BA**), Director of Public Health, 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:

Wendy Allott (**WA**), Chief Finance Officer (Roth), NHS SY ICB
 Lydia George (**LG**), Strategy & Delivery Lead - Rotherham, NHS SY ICB
 Gordon Laidlaw (**GL**), Deputy Director of Communications, NHS SY ICB
 Dr Jason Page (**JP**), Medical Director, NHS SY ICB
 Cllr David Roche (**DR**), H&WB Board Chair, RMBC
 Shahida Siddique (**SS**), Independent Non-Executive Member, NHS SY ICB

In Attendance:

Jacqui Tuffnell (**JTu**), Head of Commissioning – Rotherham, NHS SY ICB
 Joanne Martin (**JM**), NHS SY ICB
 Leonie Wieser, Policy Officer, RMBC
 Wendy Commons, Support Officer, Rotherham Place, NHS SY ICB

Item Number	Discussion Items
59/11/23	Public & Patient Questions
	There were no questions.
60/11/23	Primary Care Update
	<p>Jacqui Tuffnell advised that in May 2023 the delivery plan for recovering primary care access was issued by the Department of Health.</p> <p>The plan was to empower patients, expand pathways for self-referral, expand pharmacy services to include oral contraception and blood pressure monitoring and launch pharmacy first for 7 conditions.</p> <p>Almost 50% of Rotherham patients are now registered for online services and work continues on self-referral pathways with 3 out of 6 now in place.</p> <p>There has also been a big drive towards digital telephony to include the call back function, although this has been a challenge it is on track to be achieved by all practices by March 2024. All practices have also been provided with digital tools and care navigation and have access to both local and national training. All practices (except one which is using a different system) now use AccurX software that connects patients and healthcare professionals to improve patient care.</p> <p>The Additional Roles Reimbursement Scheme (ARRS), introduced to improve access in primary care has built capacity with 115.5 wte in post by August and more appointments are now available in GP systems. Pension reforms and simplified routes for recently retired has seen experienced GPs stay in/return to practice. Discussions have taken place with local authority colleagues around raising priority for primary care facilities when considering the allocation of funds from new housing developments.</p> <p>Bureaucracy has been cut to reduce time spent liaising with hospitals and the South Yorkshire primary care alliance has commissioned work to make improvements and self-certification has been increased to reduce requests for GPs to verify medical evidence.</p> <p>General practice demand continues to rise with data showing an increase from 1.1m appointments in 2016 to almost 1.8m in 22/23.</p> <p>Engagement work has taken place with PCNs with each being provided with a summary of their data provided monthly to help them make improvements. Recovery plans were received at the end of June and agreed locally that 30% of funding is dependent on improvement with immediate change being seen in some areas.</p> <p>Rotherham has made good recovery in appointments since the pandemic with 79% of appointments in August being face to face appts.</p> <p>JT outlined a number of risks and challenges, eg continuing covid vaccine booster programmes, staff resource and morale, increasing demand and complexity and digital inclusion.</p> <p>CE advised Place Board members that JT was leaving the NHS SY ICB this month and thanked her for work on estates and primary care services in Rotherham.</p>

61/11/23 Introduction to Proactive Care

Joanne Martin explained that proactive care (also known as anticipatory care) is a 'thinking ahead' approach whereby health and social care professionals support and encourage individuals, their families and carers to plan ahead of any changes with an aim of increasing people's healthy years by up to five years.

National guidance indicates that patients with frailty, co-morbidities and/or complex needs should be considered. We are looking at this model because we have eleven years of primary care case management and carried out over 10,000 reviews in the past 12 months. It will form part of the Primary Care Network Direct Enhanced Service (DES) and links with the living well agenda and with ReSPECT outlined in the Rotherham Place Plan.

JM outlined the overarching model for proactive care, how patients will be identified by the PCN proactive care team who will develop a plan with the patient and family/carers as appropriate. This plan will continue to be reviewed as circumstances change with risks managed by the patient and care co-ordinator.

Next steps will include finalising the cohorts, agreeing social care input and approach to multi-disciplinary teams and testing out the model at the Health Village and Dearne with an aim to rollout out the model in April 2024.

Place Board Members thanked JM for the introduction and noted the details of the model being piloted. JM will give a further update in March 2024 outlining the learning from the pilot and any changes to be adopted prior to full implementation.

Action: JM/LG for forward agenda

62/11/23 Communications and Engagement Update

GL gave update on the communications and engagement priorities:

Work continues with other workstreams on digital inclusion, changes to the Rotherham Health App and the 'Say Yes' Campaign. Current campaigns include talking therapies, winter and vaccinations, 'Be Kind' and briefings and public messaging around system pressures and industrial action.

GL highlighted risk around aligning national, regional and place priorities, resource and capacity to delivery to place plan priorities, both operationally and strategically.

Momentum has slowed on transformation activity and managing public perception and focus around waiting times, GP and dentistry access is challenging.

The group intends to identify 4-5 deliverable priorities linked into place plan delivery which will be carried out across all partners and aligned to the Health and Wellbeing Board and Rotherham Together Partnership. Following a change of leads across partners, group membership will be reviewed to ensure appropriate representation. Consideration will also be given to how best to celebrate success and achievement to get more recognition for Rotherham.

Discussion followed around how to highlight the good work in Rotherham and raise our profile, locally and nationally.

Place Board thanked GL for the update and asked the group to consider how to market Rotherham, change perceptions and build a reputation by celebrating the good work, successes and achievements often reported through Place Board.

Action: GL

63/11/23 Place Achievements

A number of examples of successes and achievements had been received this month from services. These included:

- A walk and talk session for World Mental Health Day, attendance at the Rotherham Show to raise awareness of mental health and learning disability services in Rotherham and the support available,
- Rotherham Crisis Team meeting with the S62 Community Together project volunteers to improve understanding of each other's services and improve joint working across statutory and voluntary sector services,
- an article had appeared in The Guardian highlighting Rotherham as having a high rate of over 80% of patients with a dementia diagnosis – well above the national target reflecting the excellent work done being done across our older people's services as a whole.
- Following some negative feedback received by RDaSH from the Peers for All Community Group, the RDaSH Nurse Director and Patient Experience Director has been attending meetings with the group. This has resulted in changes and improvements and the group reporting feeling listened to. Reciprocally, the directors benefit from the relationship with group members and values the ideas and feedback. This approach is being considered for rollout to other community groups.

CE suggested that colleagues share the achievements within their own organisations and asked that the Communications and Engagement Group advise on where and how to get the best exposure on Rotherham's successes and achievements.

64/11/23 Place Update

CS presented the September/October edition of the Rotherham Place Partnership Update. She highlighted

- the Rotherham Place Medicines Optimisation Team supported by the Mental Health commissioner had been awarded silver for the anti-depressant review project.
- Work done on the community occupational therapy service which has resulted in waiting numbers reducing to 260 people waiting for an assessment from 1077 in June 2022 and the longest wait for allocation to 11 weeks from the previously seen 48 weeks. Work is ongoing to ensure waiting times continue to achieve positive results.
- From 1 August 2023, Rotherham Doncaster and South Humber NHS Foundation Trust became the new provider and employer of staff working within the Rotherham Neurorehabilitation service. This had formerly been provided by the Rotherham NHS Foundation Trust. This successful move reflected the positive working relationships in place across Rotherham health and care services.

Place Board noted the contents of the partnership update and will share within their own organisations with Boards and staff for information.

65/11/23	Final Designed Version of Place Plan and Summary
Members noted that a designed version of the Rotherha Place Plan and a summary version will be placed on the website (https://yourhealthrotherham.co.uk/place-partnership/) and the link sent to members so they can share with their respective Boards for information.	
66/11/23	Communications to Partners
<ul style="list-style-type: none"> – Primary Care Update – Place Achievements – Place Partnership Update – Final Health & Care Place Plan 2023-25 	
67/11/23	Draft Minutes and Action Log from Public Place Board
The minutes from the meeting held on 18 October 2023 meeting were agreed as a true and accurate record.	
The action log was reviewed and noted as up to date.	
68/11/23	Risks and Items for Escalation to Health and Wellbeing Board
<ul style="list-style-type: none"> – Place Achievements – Place Partnership Update – Final Health & Care Place Plan 2023-25 	
69/11/23	Future Agenda Items:
Standing Items <ul style="list-style-type: none"> – Updates from all groups (as scheduled) – Bi-Monthly Place Partnership Briefing – Feedback from SY ICP Meetings – Bi Monthly – Place Achievements (as and when) 	
70/11/23	Date of Next Meeting
The next meeting will take place on Wednesday 20 December 2023 in Elm Room, Oak House from 9.00am – 10.00am.	

Membership

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Sharon Kemp (Joint Chair)	Chief Executive	Rotherham Metropolitan Borough Council
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Toby Lewis	Chief Executive	Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH)
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