

HEALTH SELECT COMMISSION

Date and Time:- Thursday 21 November 2024 at 5.00 p.m.

Venue:- Rotherham Town Hall, The Crofts, Moorgate Street, Rotherham. S60 2TH

Membership:- Councillors Keenan (Chair), Yasseen (Vice-Chair), Baum-Dixon, Bennett-Sylvester, Clarke, Duncan, Garnett, Ismail, Hall, Havard, Lelliott, Rashid, Reynolds, Tarmey and Thorp.

Co-opted Members – Robert Parkin and David Gill representing Rotherham Speak Up.

This meeting will be webcast live and will be available to view [via the Council's website](#). The items which will be discussed are described on the agenda below and there are reports attached which give more details.

Rotherham Council advocates openness and transparency as part of its democratic processes.

Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair or Governance Advisor of their intentions prior to the meeting.

AGENDA

1. Apologies for Absence

To receive the apologies of any Member who is unable to attend the meeting.

2. Minutes of the previous meeting held on 3 October 2024 (Pages 5 - 19)

To consider and approve the minutes of the previous meeting held on 3 October 2024 as a true and correct record of the proceedings and to be signed by the Chair.

3. Declarations of Interest

To receive declarations of interest from Members in respect of items listed on the agenda.

4. Questions from members of the public and the press

To receive questions relating to items of business on the agenda from members of the public or press who are present at the meeting.

5. Exclusion of the Press and Public

To consider whether the press and public should be excluded from the meeting during consideration of any part of the agenda.

For Discussion/Decision:-

6. Place Partners Winter Planning - Annual Update (Pages 21 - 28)

To receive an annual update in respect of the Rotherham Place Winter Plan.

7. Public Health Peer Review (Pages 29 - 71)

To receive an update in relation to a peer review undertaken in respect of Public Health.

8. Health Select Commission Work Programme - 2024/2025 (Pages 73 - 75)

To consider the Health Select Commission's work programme for 2024/2025.

For Information/Monitoring:-

9. South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee (Pages 77 - 85)

To receive and consider the minutes and recommendations of the 10 October 2024 South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee, and the revised Terms of Reference as approved during that meeting.

The full agenda and reports pack can be accessed via:

[Agenda for South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee on Thursday 10 October 2024, 1.00 pm | Sheffield City Council](#)

10. Health and Wellbeing Board Annual Report (Pages 87 - 109)

To receive and consider the Health & Wellbeing Board's Annual Report in respect of how this can inform the future work of the Health Select Commission.

11. Urgent Business

To consider any item(s) which the Chair is of the opinion should be considered as a matter of urgency.

Sharon Kemp.

SHARON KEMP OBE,
Chief Executive.

**The next meeting of the Health Select Commission
will be held on Thursday 23 January 2025
commencing at 5.00 p.m.
in Rotherham Town Hall.**

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HEALTH SELECT COMMISSION
Thursday 3 October 2024

Present:- Councillor Keenan (in the Chair); Councillors Yasseen, Bennett-Sylvester, Clarke, Garnett, Havard, Rashid, Reynolds, Tarmey and Thorp.

Apologies for absence:- Apologies were received from Duncan, Ismail and Hall.

The webcast of the Council Meeting can be viewed at:-

<https://rotherham.public-i.tv/core/portal/home>

21. MINUTES OF THE PREVIOUS MEETING HELD ON 25 JULY 2024

Resolved:-

That the minutes of the meeting held on 25 July 2024 be approved as a true and correct record of the proceedings.

22. DECLARATIONS OF INTEREST

The following declarations of interest were made:-

Member	Agenda Item	Interest Type	Nature of Interest
Councillor Garnett	Agenda Item 7 – TRFT Annual Report	Personal Interest	Employment with TRFT

Councillor Garnett did not participate in the consideration of this item as a result of the disclosed interest and retired from the Chamber.

23. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

24. EXCLUSION OF THE PRESS AND PUBLIC

There were no items of business on the agenda which required the exclusion of the press and public from the meeting.

25. INTRODUCTION AND OVERVIEW FROM KYM GLEESON, MANAGER, HEALTHWATCH ROTHERHAM

The Chair welcomed Kym Gleeson, Manager, Healthwatch Rotherham and Andrea McCann, Engagement Officer, Healthwatch Rotherham to the meeting.

The Healthwatch Manager explained that the structure of Healthwatch was similar to the structure of the NHS, with Healthwatch England sat above the 153 local Healthwatch offices in the UK. They set out Healthwatch's recently amended values; equity, collaboration, independence, truth and impact and explained the various models under which Healthwatch operated.

As Healthwatch England was now 10 years old, the operating model was to undergo evaluation to ensure that this reflected the best offer and to improve consistency.

Rotherham Healthwatch was hosted by Citizen's Advice, which was felt to offer additional benefits enabling those who consulted Healthwatch to simultaneously access other information and support services through Citizen's advice without the delay of a separate referral and intervention.

Notwithstanding the benefits of co-location and collaboration, Healthwatch Rotherham remained a totally independent service, with their own strategic board steering work and the development of priorities.

The service received enquiries from individuals or relatives of individuals seeking elements of care or support with a health condition. All enquiries were recorded anonymously, collated, and channelled appropriately. Healthwatch were also involved in the task and finish group to refresh the Health and Wellbeing strategy, ensuring that the voice and concerns of Rotherham residents were at its heart.

Healthwatch delivered 'Let's Talk' sessions in conjunction with community partners on topics of their choosing, including a CPR information session recently delivered in collaboration with Yorkshire Ambulance Service which provided reassurances to a heart support group regarding ambulance availability, call categorisation, CPR and defibrillation processes.

Andrea McCann had been upskilled to enable her to train community groups and empower them to become community ambassadors supporting specific groups such as those living with Diabetes. Healthwatch had also worked with public health to deliver sessions on smoking and vaping to college students. Further information concerning this work was accessible via the Healthwatch Rotherham website.

Healthwatch conducted 'enter and view' work, under powers still not fully understood by many health and social care services, which could only be refused by the subject service where it would significantly adversely impact delivery. In order to justify an enter and view visit, Healthwatch must have significant intelligence and cannot randomly select visit subjects. Visits this year had included a care home and a GP practice.

It was stressed that Healthwatch worked in partnership with services, with such visits providing constructive criticism and feedback enabling services

to understand the experiences of service users. Subjects received advanced notice of planned visits, and they were shared publicly with QR codes and other media encouraging wider public engagement and the completion of questionnaires. These were shared with both staff and service users.

Reports and recommendations were shared with the organisations visited prior to publication to provide them with the opportunity to refute or otherwise comment on the findings, in the interest of fairness.

Healthwatch Rotherham was a small team dealing with a broad scope of health and social care issues across the Rotherham borough, supported by volunteers. Their aim was to gather as much feedback as possible to enable them to understand the issues occurring in Rotherham, through the lens of those affected, acknowledging that often individuals are the experts on their own health and its associated impact.

With just three members of staff, Healthwatch Rotherham had provided information to 189 individuals, issued a newsletter which reached 628 people, attended 680 engagement and outreach events, signposted people to 114 local and national organisations, attended 32 community groups and attended 203 meetings between April and October 2024.

Healthwatch believed high quality training underpinned staff's ability to deliver an optimal service, with 40 training sessions undertaken to support their work. More detail would be shared with the Commission concerning Healthwatch's extended reach and the work undertaken to grow this further following the publication of the Annual Report in June 2025.

The Healthwatch Manager requested that Members sign up to the Healthwatch newsletter, acted as ambassadors for Healthwatch and made their constituents aware of the services Healthwatch could offer. They requested that the Council considers adding Healthwatch Rotherham to its newsletter to extend reach.

They explained that services and advice could be accessed anonymously online, or in person every Thursday between 9.30 am and 12.30 pm at the Citizen's Advice offices in Rotherham Town Centre.

The Chair thanked Healthwatch Rotherham for the presentation and invited questions from members.

Councillor Havard stated that she was familiar with Healthwatch's work through her involvement in the carers group. They queried whether there were any challenges around engagement with the public and if so, how did Healthwatch overcome those.

The Healthwatch Engagement Officer advised that engagement is difficult, noting that perseverance was vital. They explained that there was the desire to reach underrepresented groups across Rotherham,

which they had addressed by making good use of Rotherham's strong networking, attending events and meeting people involved in various fields to develop a strong professional network, acknowledging that this will be constantly developing and evolving over time.

Councillor Havard queried whether officers could share information with the Neighbourhood Teams to include in their newsletters to ensure that links to Healthwatch were shared borough wide.

The Chair suggested that this could form a recommendation.

Councillor Garnett asked how Healthwatch intended to progress the emerging themes for 2024/25.

The Healthwatch Manager advised that there were several lines of inquiry being considered, and noted that a number of the areas highlighted as emerging themes reflected workstreams already under development outside of Healthwatch and it would be of no benefit to duplicate work being undertaken elsewhere. They used mental health as an example of a strong theme, not just within the borough, but nationwide, noting that Healthwatch worked with Rotherham, Doncaster and South Humber NHS Foundation Trust (RdaSH) in 2023 to look at the crisis service, so they had already fed into improvements in that area. They explained that Healthwatch would conduct a holistic review of all emerging themes in January 2025 to consider the way forward and noted that GP services was a significant issue. They were addressing the concerns raised by working with individual practices.

Councillor Garnett queried whether there were any plans to formally refer any of those emerging themes to the Health Select Commission for consideration.

The Healthwatch Manager advised that there were no plans to do this at present, but following full review in January, this was something Healthwatch would consider if there was any area that it had tried to address and where it felt unable to make significant progress. They welcomed the Health Select Commission's support in this.

Councillor Bennett-Sylvester welcomed Healthwatch's presence in the town centre, however they expressed concerns around the digital divide and the adverse impact on his ward's constituents in terms of their ability to access services. They asked whether Healthwatch had considered using the 'open arms' service through Rotherfed to increase the availability of face-to-face access to Healthwatch's services. Councillor Bennett-Sylvester also echoed Councillor Havard's suggestion of utilising the Council's neighbourhood teams and queried how much asset mapping had been done to identify the community resources at Healthwatch's disposal for community outreach work.

The Healthwatch Manager advised that they had tried a number of the 'open arms' surgeries and events, but unfortunately these had delivered a relatively low footfall and given the size of the Healthwatch team, impact and value was a key consideration. This was not to say that this would be entirely ruled out in future should the need arise. They further explained that in order to address digital exclusion, there was a range of information that Healthwatch could provide in person through its connections with numerous community groups, but they are open to further extending their network and in person reach.

Councillor Bennett-Sylvester asked if Healthwatch would be receptive to invitations to ward surgeries to consider the needs of constituents.

Healthwatch confirmed that such opportunities would be welcomed.

Councillor Thorp explained that they held concerns for individuals affected by epilepsy in terms of employment issues following diagnosis, and general public awareness of how to respond to seizures. He explained that he had become aware of some new materials available to support epilepsy awareness and queried whether Healthwatch could become involved in promoting and disseminating those materials.

The Healthwatch Manager explained that they understood that for someone unfamiliar with epilepsy, witnessing someone suffering a seizure could be a dramatic and distressing experience and very difficult for someone to know how to respond appropriately. As such, Healthwatch would very much welcome access to any materials and would be happy to promote services aimed at increasing epilepsy awareness.

They also advised that they would encourage any epilepsy sufferers experiencing difficulties gaining or sustaining employment post diagnosis to challenge employers to respond appropriately in line with their duties under the Equality Act which offered protection from discrimination.

Councillor Thorp explained that the epilepsy society would be sharing the materials with him and asked if Healthwatch was happy to have these forwarded.

The Healthwatch Manager confirmed that they would.

The Chair requested that Councillor Thorp also share these with the Governance Advisor so that they could be disseminated to the Health Select Commission as a whole.

Councillor Yasseen noted that within the presentation, the services priorities and the emerging themes were two very different lists. They queried the relationship between the two, and how emerging themes became priorities.

The Healthwatch Manager clarified that the emerging themes were the issues that were currently or recently coming through, whereas the priorities were those issues that Healthwatch had worked on over the previous year. They explained that the priorities were established through a years' worth of engagements, with the prevalence of issues supporting the generation of Healthwatch's work plan. They cited the 'easy read' offer for people with autism as an example of this. Historically the availability of the 'easy read' offer had been very low, but had been grown significantly as a result of being a priority, which had led to Healthwatch supporting Rotherham Hospital with its easy read offer to assist in their communications with individuals with learning disabilities.

Councillor Yasseen explained that they were aware that there had been historical difficulties for Healthwatch around engagement with BAME (Black and Minority Ethnic) communities. They explained that this linked with an issue reflected in the subsequent agenda item, the TRFT Annual Report, in terms of health inequalities and therefore sought clarity around whether Healthwatch believed this was an area that should be strengthened and how Councillors could support Healthwatch in that area.

The Healthwatch Manager confirmed that the service did have links with a couple of groups that supported BAME communities, acknowledging that the service has had to work hard to build trust through consistent engagement in order to fully understand and represent the issues affecting BAME communities. They confirmed that this remains a priority for Healthwatch, which could be strengthened further.

Councillor Clarke queried how lived experience of poverty fed into the work of Healthwatch and how digital exclusion impacts on those living in poverty, asking if the service would welcome the experiences of constituents from her ward on how these hardships translate into health inequalities.

The Healthwatch Manager explained that whilst poverty was not within the remit of Healthwatch, associated factors of poverty and the health impacts of them are so they would be interested in hearing any relevant case studies. They confirmed that their host Citizen's Advice would likely be better placed to provide advice and assistance to support those living in poverty, citing this as one of the benefits of the collaborative working between the two organisations referred to within the presentation.

Councillor Clarke explained that they held concerns around the mental health impacts, and increased risk of infectious diseases to those experiencing hardship, particularly in the case of those affected by fuel poverty.

Resolved:-

That the Health Select Commission:

1. Noted the role of Healthwatch and the contents of the presentation delivered.
2. Requested that details of Healthwatch's offer was shared with all Councillors and relevant Council Officers for onward circulation to constituents via Neighbourhood Teams, to support the service's reach across the borough.
3. Requested that the information and materials shared with Councillor Thorp by the Epilepsy Society was shared with all Members of the Health Select Commission.

26. TRFT ANNUAL REPORT

In light of the declaration of personal interest made by Councillor Garnett, they left the Chamber during consideration of this item.

The Chair welcomed Michael Wright, Managing Director, Sally Kilgraff, Chief Operating Officer and Helen Dobson, Chief Nurse, TRFT to the meeting and invited them to deliver the presentation.

The TRFT Managing Director advised the Commission that 2023/24 had been an exceptional year in terms of demands on the Trust's services, with the Trust managing a number of challenges and delivering successes, nonetheless.

Chief Nurse Helen Dobson explained that there had been significant improvements in relation to a range quality and patient experience issues over the previous twelve months, with emphasis and investment on continuous quality improvement with a programme of training supporting staff enablers driving improvements in infection prevention and control, resulting in shortlisting for a national award in this area.

Intrinsic to the ability to deliver high quality care was a stable and well-trained workforce. There had been huge successes in this area within midwifery and support workers, with significant improvements in retention and almost all vacancies filled. Emphasis was shifting from internationally educated nurses to local recruitment, including the ReSTORE programme which sought to integrate the refugee population with existing nursing qualifications from their home countries into the local healthcare system.

They outlined work undertaken through staff networks to promote and enhance diversity and inclusion, with TRFT preparing to hold its second annual cultural celebration event. This work had also resulted in a nomination for a national award.

TRFT had begun to introduce a series of 'joy in work' events, drawing on research which reflected that staff who were happy and enjoyed their jobs would be more productive. Events had a health oriented underlying themes as well as boosting morale, productivity and creating healthy competition between teams. The next planned event was veteran's awareness, linked to remembrance Sunday in November 2025.

The Trust had introduced a clinical accreditation programme over the last year which assessed a broad range of domains, allowing best practice to be identified.

Patient experience had also been a focus with a number of innovative initiatives implemented, some of which had drawn national attention, all with the aim of making time in hospital a more pleasant and dignified experience. The in-patient survey conducted produced data which identified the Trust as the most improved of 70 organisations who used that provider, and when compared with CQC (Care Quality Commission) Data the Trust were amongst the 7 most improved Trust's in England.

They acknowledged that there was still more work to be done to improve patient experience but cited that the Trust's focus was on being the best at getting better for the time being. In order to do this, the Trust had drawn information from a range patient experience data from a range of sources such as complaints and Healthwatch. For the coming year, the Trust would focus on the launch of a patient advice and liaison service and a carers charter and the Commission was appraised of data concerning the Trust's performance in that area during the previous year.

The Managing Director, TRFT, outlined the annual staff survey process and parameters, outlining that participation rates had improved from approximately 40% to 67%, with no Trust achieving more than 69% participation. The Trust had moved from the bottom quartile in respect of the areas assessed to the upper quartile in the past four years, approaching the best in country in some areas. The Trust was thrilled with these results and intended to build upon them.

They did note that one of the key challenges staff had faced was violence and aggression. As such, the Trust had invested in body worn video cameras for staff and had worked in collaboration with South Yorkshire Police to secure prosecutions where staff had been subjected to assaults. Work to eradicate poor behaviour toward staff continued.

The Chief Operating Officer cited that the background of industrial action against an increase in demand on services had provided a challenging year at times, particularly in maintaining service delivery across emergency and elective care. Despite this, progress had still been made in reducing waiting times.

Historically, TRFT had been one of the field test sites for the move away from the 4 hour emergency care standard, so after 4 years of working to

different standards the Trust returned to working to that standard last year. This required lots of work with staff, with different care pathways in place which staff needed to adjust to.

Despite this, improvements were made, with the Trust performing at 54.8% against the 4 hour standard at the start of the year, improved to 62.9% by the end of March. The Trust acknowledged that there was more to do to improve this further and work had been progressed with the ambulance service and community services pre and post treatment to improve flow to further enhance this further. The latest published figures from August 2024 stood at 68.7%.

In respect of elective care, the Trust had focussed on the return to the 18 week referral to treatment standard post Covid. Given the impact of industrial action, targets had moved into this year however, by the end of March 2024 the Trust had only 22 patients waiting over 65 weeks. By the September 2024, 65 week waits were eliminated in line with the national ask.

Cancer standards changed in year, reducing from 10 to 3 standards. These were in respect of diagnosis and treatment times. The Trust had made real progress against those and had introduced stretch targets to exceed the national ask, including no more than 1% of patients waiting more than 6 weeks for a diagnostic test.

As an integrated Trust with a number of community services, the Trust had consistently achieved the 2 hour urgent community response standard and had made great progress with increasing virtual ward capacity with strong step up and step down pathways. The Trust had also worked with health and social care partners alongside the voluntary sector over the last year to develop a 'transfer of care hub'.

TRFT's Managing Director confirmed that the Trust had achieved its financial plan, noting that this was a deficit plan of £4.715 million, achieving £11 million in efficiency savings and spent £12.3 million of capital on investments in estate, IT infrastructure and medical equipment.

They explained that TRFT had a partnership with Barnsley Hospital NHS Foundation Trust, with Dr. Richard Jenkins as Chief Executive of both, a joint strategic partnership group and joint delivery group which considered opportunities for collaboration, synergy and efficiencies which had delivered a joint gastroenterology service, considered clinical services reviews, commissioned a joint leadership development programme and explored commercial opportunities such as joint tendering to realise better value for money.

The Chair thanked TRFT for the comprehensive report and presentation and invited questions.

Councillor Bennett-Sylvester drew on personal experience and noted inconsistency in care ranging from very good to so poor that care was sought elsewhere. He queried whether those who had elected to seek care elsewhere were considered as a driver of improvement, given that this might represent difficulties around engagement but mindful of the learning opportunities those experiences might provide.

The Chief Nurse advised that where the Trust is aware that service users had sought care elsewhere due to dissatisfaction, this was looked at. They explained that this was why they encouraged patients and family members to come forward and share their views and experiences, acknowledging that complaints were a valuable tool for driving service improvements. Written responses were offered to complaints where required, however, local resolution meetings were preferred to allow those affected to communicate their experiences face-to-face.

Councillor Bennett-Sylvester noted that the complaints data reflected in the report and presentation appeared to have remained stable in terms of numbers, however, given that this was against a backdrop of increased demand, queried whether this was indicated of a reduction in complaints in real terms.

The Chief Nurse confirmed that this was a reduction in real terms.

Councillor Havard noted that the report and presentation made mention of a new public health Consultant. They asked for more information about that role and their focus, aside from the working groups outlined in the presentation.

The Managing Director advised that Andrew Turvey was a joint appointment working across the Trust and RMBC, who had been in role for just over a year. They explained that a lot of work had been done around patients who failed to attend appointments, they had worked with the quit team in relation to smoking cessation and managed the healthy hospitals team and prevention work in conjunction with Ben Anderson, Director of Public Health, RMBC.

The Director of Public Health, RMBC advised members that Andrew had been a good addition to the place team in terms of public health, supported by the Better Care Fund prevention programme working across the community, primary and acute sectors and leading on the development of the update of the health and wellbeing strategy.

Councillor Havard queried how the Trust engaged with GP services e.g. in terms of training etc.

The TRFT Managing Director explained that he worked with Dr. Jason Page who was a GP and the Medical Director for the South Yorkshire Integrated Care Board (ICB), Rotherham Place, who provided advice and support as required. TRFT's Medical Director and Deputy Medical

Director were closely linked with GP practices, and the out of hours service included GPs. The Chief Nurse added that training opportunities delivered by the Trust accommodated wider participation across all primary care as appropriate.

Councillor Thorp asked why the decision had been taken to close down staff accommodation, querying whether this was solely based on costs or whether there were other factors involved and if the Council had been approached to see if anything more could be done to allow those properties to remain in use.

The TRFT Managing Director explained that the Trust had conducted ongoing assessments of the accommodation, and more recently fire risk assessments which had identified that significant amounts would have to be spent to maintain the buildings. They explained that annual capital available to the Trust as outlined in the presentation was £12 million, which included all medical equipment, maintenance, wards and strategic works. As such, the costs associated with maintaining the accommodation was not affordable.

Councillor Thorp asked whether the Trust had any plans to address parking issues at the hospital which were affecting residents in neighbouring properties. They also asked whether consideration had been given to building a multi-storey parking facility.

The TRFT Managing Director advised that parking had been an issue for some time, which had seen the Trust invest in ANPR technology to manage parking more effectively, alongside creating additional spaces a short distance away from the hospital building and encouraging the use of public transport where possible. They stated this remained an ongoing challenge which the Trust would continue to review.

Councillor Keenan advised the Commission that the accommodation closure was an area which had prompted concerns and invited Council officers to provide further information concerning the Council's readiness to respond.

The Governance Advisor outlined that as a result of concerns raised the Chair had consulted with Councillor Baker-Rogers, Cabinet Member for Adult Social Care who had in turn contacted TRFT, and Health and Ian Spicer, Strategic Director of Adults, Housing and Public Health. As a result the Chair was advised that the Trust had conducted listening events and were conducting one to ones with staff members affected by accommodation closures to understand individual needs and develop solutions. Likewise, the Council's Homeless Team was available to offer advice and support to those affected.

Councillor Thorp asked whether there was any potential to seek external investment in both the accommodation and/or car parking, through the Council or otherwise to resolve the issues for Rotherham residents with

financial neutrality from the Trust's perspective.

The TRFT Managing Director advised that he did not believe that had been explored and could be considered and was aware of other hospitals using outsourced parking functions and multi-storeys. There would likely be significant costs associated with any multi-storey development, but agreed that TRFT would discuss this further.

Councillor Yasseen queried whether the Trust intended to demolish the high rise blocks, or the single storey accommodations or both.

The TRFT Managing Director confirmed that there were no plans for any of the accommodation to be demolished. Due to the costs associated with maintenance the three apartment blocks were to remain unoccupied until such time as the longer term strategy was fully understood.

Councillor Yasseen wanted to understand what had caused the increase in demand for TRFT services, noting the progress against the 4 hour urgent and emergency care standard despite this and alongside the shift in policy. They also noted that the target had not been met and, whilst acknowledging the significant progress, wanted to understand what was being done to achieve that.

The Chief Operating Officer explained that the increased demand had presented in terms of both walk in patients and ambulance arrivals. There was work ongoing with the new Public Health Consultant to understand levels of deprivation and how that affects services accessed. They explained that the mindset shift when reverting to the 4 hour standard had proved more challenging than expected, however discussions with other field test sites had reflected that their experiences were similar. Further work was underway looking at pathways pre-hospital, within the hospital and within the urgent and emergency care centre. Eight additional doctors were recruited over the Summer and rotas were redesigned in order to demand match. These changes were implemented in August and the impact was beginning to be seen. Work had also been undertaken to strengthen the community offer which had also begun to make a difference.

Councillor Yasseen queried how having GP services within the urgent and emergency care centre was supporting overall service delivery.

The TRFT Chief Operating Officer explained that the urgent and emergency care delivered an out of hours GP service overnight, and the Trust had co-located some community services in the urgent and emergency care centre (UECC) overnight and at the weekend linked to the NHS 111 service. The Trust had also employed some GPs to work in the UECC during normal hours servicing those patients who presented with a primary care need.

Councillor Yasseen asked whether they had understood correctly that industrial impact had less significant for Rotherham Hospital than elsewhere.

The TRFT Chief Operating Officer advised that doctors did take industrial action however, lots of planning was undertaken to allow the hospital to maintain its urgent and emergency care services safely and maintain elective services. The Trust had had to cancel some theatre and outpatient work to maintain emergency services, but had minimised the impact effectively which was the key difference to experiences elsewhere.

Councillor Yasseen noted that the report detailed that 14% of patients from deprived areas were likely to miss their appointments versus 7% of patients from more affluent areas. They queried whether the Trust understood the causes of that disparity, and asked what they were doing to address those health inequalities.

The TRFT Manager advised that Andrew Turvey had commenced work to understand those reasons which could be employment based, transport based or otherwise in order to develop solutions. They noted that work was in its infancy.

Councillor Yasseen commented that there were differences across hospital departments in relation to how appointments were communicated, with some being via the NHS app, some via text message or email and some via hard copy correspondence. She queried whether those communication inconsistencies across services within the same hospital contributed appointments being missed and if so were there plans to address this.

The TRFT Chief Operating Officer explained that the Trust was moving to include more services in the app, considering the different booking processes currently used.

Councillor Tarmey noted the improved position around staffing level and questioned what the Trust had done differently to fill vacancies and plug gaps in rotas.

The TRFT Chief Nurse explained that this had been an area of focus for the Trust for a couple of years and the work undertaken was reflected in the data. Particularly the work done around retention had been picked up by NHS England and the Trust's shortlisting for the nurse employer of the year award was connected to the work done around retention. There had been a focus through the people and culture strategy on the working environment, involving clinical teams and ensuring the Trust was engaging staff and focussing on the basics. There was also a lot of work undertaken around leadership, inclusion and safety which had predominantly focussed on nursing staff but which was being extended to other staff groups. The Trust had arrived at a position where UECC, midwifery and community nursing had waiting lists of individuals wanting

to join the Trust.

Councillor Tarmey noted that in his experience, outsourced car parking facilities at hospitals resulted in higher costs for service users and that had the potential to widen health inequalities further and asked if TRFT would factor that into any future parking solutions.

The TRFT Chief Nurse referred the Commission to the launch of the carers charter detailed in the presentation and added that concessionary rates would be offered to carers which would assist in that area. They also noted that in feedback provided both to the hospital and through Healthwatch, service users had reported wanting to see the return of reliable public transports links to the hospital which had yet returned to pre-covid levels.

Councillor Havard explained that constituents had reported having to access services at Bassetlaw Hospital due to a lack of available beds at Rotherham and had noted difficulties around information transfer between the hospitals and queried whether there were issues around this.

The TRFT Chief Operating Officer explained that it was unusual for an ambulance to divert from Rotherham to Bassetlaw, but this could occasionally happen when a particular hospital was experiencing exceptional pressure. In terms of record sharing, this was easier the more records become electronic and was easier when transfers were planned. They explained that they would raise this with the IT Director as they were conducting work around records integration across the wider geographical area. They also noted that there had been significant progress made in relation to accessing GP records, but that record sharing generally remained a challenge and particularly across Counties.

Resolved:-

1. That the Health Select Commission noted the TRFT Annual Report for 2023/24.

27. HEALTH SELECT COMMISSION WORK PROGRAMME - 2024/2025

Resolved:-

That the Health Select Commission:

1. Approved the work programme.
2. Agreed to undertake full scoping and prioritisation of the three items under consideration for a full review as identified in the work programme, and agreed to convene a meeting for this purpose.
3. Agreed that the Governance Advisor be authorised to make any required changes to the work programme in consultation with the Chair/Vice Chair and reporting any such changes back to the next meeting for endorsement.

28. SOUTH YORKSHIRE, DERBYSHIRE AND NOTTINGHAMSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Resolved:-

That the Health Select Commission:

1. Noted the postponement of the 5 September South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee meeting.
2. Noted that an update and minutes from the rescheduled meeting on 10 October 2024 would be brought to the to 21 November 2024 Health Select Commission meeting.

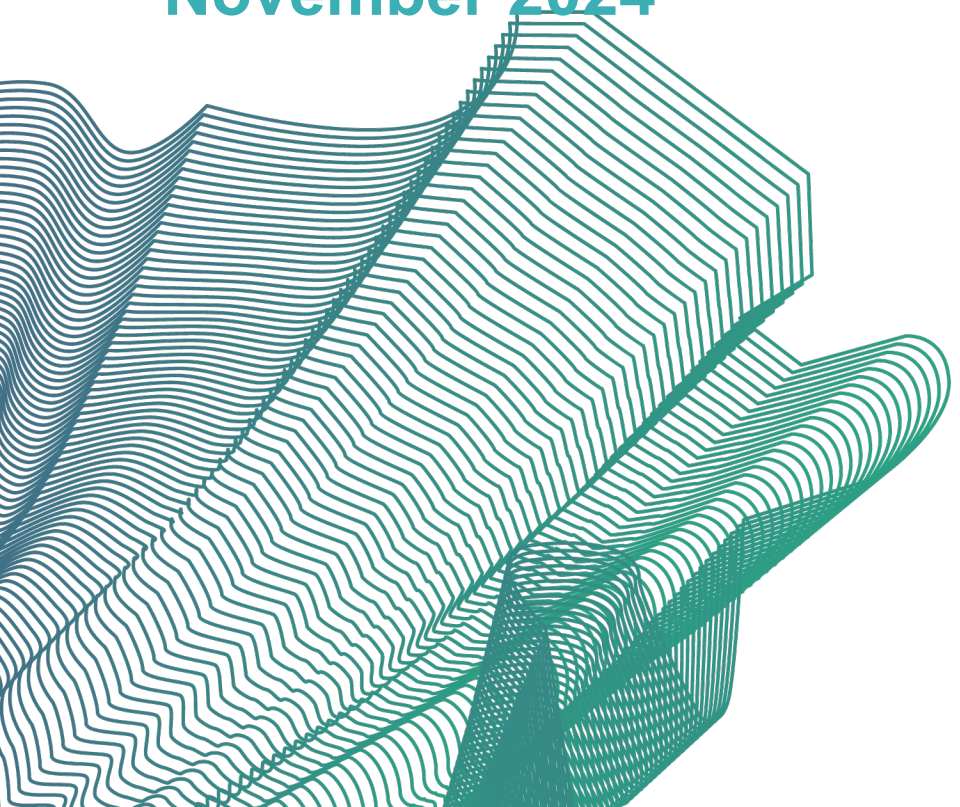
29. URGENT BUSINESS

The Chair requested that Members consider the current pre-meeting schedule and whether this was prohibitive to participation and to share views with the Governance Advisor for collation and consideration, noting that any suggestions would be welcomed.

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Health Select Committee Rotherham Winter Plan

November 2024



South Yorkshire
Integrated Care Board

Rotherham, Doncaster
and South Humber
NHS Foundation Trust

The Rotherham
NHS Foundation Trust

Rotherham
Metropolitan
Borough Council



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Agenda Item 6

What worked well last winter

- BCF discharge monies including £500k investment schemes plus organisational investments
- 2407 additional appointments in primary care including ARI hub. 1856 attendees/77%
- Positive working with YAS, including community in-reach and 3 PUSH pathways and on scene referral to the Community Respiratory Exacerbation Service
- Acute front door, extended SDEC hours, flexible shifts to support cover, overnight portering
- B5 converted to nurse led discharge ward
- Community ready unit with dedicated support for TTOs
- Introduction of Therapy Discharge to Assess model with 403 patients supported October – April
- Closer working between IDT and community teams through the Transfer of Care Hub for admission avoidance and discharge
- Virtual ward frailty/respiratory step up & step down pathways for those who would otherwise be in an acute bed. Aligned with urgent community response for greater flexibility of resource
- Additional community resource Home from Hospital 20 hours per day 7 am – 11pm 7 days a week Nov- March. 259 shifts/1810 hours enablement resource released through service improvement. Additional therapy locum/community nurse resource
- Cohorted community beds on spot purchase basis with improved bed management
- 3 VCS pathways with 88% and 72% patient wellbeing ratings for social prescribing and personal health budgets respectively
- Reduced mental health out of area placements (0 at start of the year)

Challenges

- High incidences of acute respiratory infections, flu peaked in January, alongside D&V (impacting on acute beds and care home closures). Covid not a significant factor last year (end of testing)
- Increased demand for primary care appointments
- Unprecedented growth in attendances at UECC (reflecting national trend)
- Additional escalation beds opened resulted in SDEC/B5 being bedded creating pressure on ED plus increased demand on discharge team & community discharge pathways
- Increased complexity, acuity, end of life & out of area placements
- Workforce challenges across health, social care and independent providers
- Impact of workforce/cost of living pressures in care homes, reducing the options for managing surge
- Placement of mental health patients out of area

External

- Industrial action impacting on planning time /staffing and recovery lag with over 20 incidences in 2023-4
- Potential impact of GP collective action 2024-5
- Re-introduction of 4 hour standard – significant change to working practice
- Increased admissions to Rotherham hospital from out of area residents

Summary of Key Plans 2024-5

Area	Impact
Investment	
<p>Better Care Fund money to support Acute Respiratory Infection hub for more primary care appointments, additional support to care for people at home, additional winter beds with therapy support, social care resource to support discharge and extended hours for discharge transport and community ready lounge plus an increase in voluntary service bursaries to support discharge</p>	<p>Targeted additional support to known system pressure points to reduce discharge delays and improve flow through the system</p>
Primary Care	
<p>Enhanced access to primary care Vaccination programme</p>	<p>Improve access to treatment, support for vulnerable patients, reduce avoidable attendances at ED</p>
Alternative pathways to ED	
<p>Introduce heart failure virtual ward pathway and remote tech</p>	<p>Supporting more people at home to reduce admissions promote early discharge</p>
<p>Support for care homes through re-launch of falls and deterioration pathway, pilot smart lights for falls detection and trusted assessor roles</p>	<p>Reduced avoidable conveyances, less risk to residents, reduced demand</p>

Summary of Key Plans 2024-5

Acute Care	
Six transformation workstreams including working with Yorkshire Ambulance Service to reduce avoidable conveyances/access to SDEC; ambulatory care, internal pathways; patient flow; workforce and digital. Increased medical cover in ED and use of SDECs. Additional escalation beds. Increased portering at peak times.	Improve patient experience and patient flow enabling those requiring acute care to be seen in a timely way
Discharge	
Develop and embed Transfer of Care Hub/Discharge to Assess Model. Increase enablement capacity Spot purchase additional community winter bed capacity according to demand Increase patient transport	More accurate assessment of need as people are assessed in own home, reduced risk to patient through more timely discharge Increase resource in discharge pathways to manage peaks in demand
Children's Services	
Vulnerable children and family oversight & assurance including fortnightly place meetings. Transformation and business continuity plans for all portfolios. Identified resource to be re-allocated to manage peaks	Improved support for individuals and families. Re-allocation of resource to manage peaks
Mental Health	
Additional roles to support high intensity needs and housing officer, short stay crisis beds and on-line support for advice and information Re-launch of safe space	Improve in-patient experience and patient flow. Improved patient experience and reduced length of stay. Support for most vulnerable



During winter high numbers of patients attend ED and primary care for general coughs and colds and vulnerable groups are at high risk of admission for flu/covid, placing additional pressure of the system.



It is essential that we provide the opportunity for patients to be vaccinated to:

- A) ensure patients are protected
- B) prevent avoidable hospital admissions and additional demands on the system.



In addition front line health and social care staff are at risk of catching flu and Covid, with the risk of staff shortages due to high sickness rates and the impact on service provision.



The ICB has responsibility for overseeing the vaccination programme and at a place level, we need to be assured that provider organisations have plans in place to deliver flu and covid vaccine programmes for eligible patients and staff.

Why is it important to vaccinate

What is the Rotherham Plan

- All PCNs and Practices signed up to the Covid and Flu programme
- Working closely with ICB comms team to promote vaccinations
- Proposed pop ups:
 - Breathing Space to increase respiratory patient uptake
 - Riverside for RMBC front line health and care staff
- Discussions taking place across the Rotherham system to address other at risk groups

Risks

- Last year we saw a reduction in patient uptake nationally
- Work to do to raise the importance of vaccinations across all cohorts with particular emphasis on:
 - Respiratory patients, SMI, Immunosuppressed & LD
 - Eligible staff across Health and Care

Winter Vaccination Programme

- **COVID/Flu (Annual Vaccine)**
- You can get both the NHS flu and COVID-19 vaccines if you:
 - are aged 65 or over (including those who will be 65 by 31 March 2025)
 - have certain health conditions
 - are pregnant
 - live in a care home for older adult

FLU ONLY (Annual Vaccine)

- children aged 2 or 3 years
 - school-aged children (Reception to Year 11)
 - children aged 6 months to 17 years with certain long-term health conditions
- **Pneumococcal (One off Vaccine not administered Annually)**
 - if you're aged 65 or over
 - Babies at 12 weeks and a booster at 1 year
- **RSV (Currently a One-off Vaccine not administered Annually but this is being reviewed)**
 - if you're pregnant or aged 75 to 79 – if you turned 80 on or after 1 September 2024, you're also eligible for the vaccine until 31 August 2025
- **Pertussis (One off Vaccine not administered Annually)**
 - administered all year round but GPs have been asked to invite all Pregnant Woman who have not had a vaccine due to recent outbreaks and decline in Uptake Nationally.

Cost of Living Support

Warm Welcome Campaign

- RMBC works together with partner organisations across Rotherham to ensure a Warm Welcome for residents across a range of spaces across the borough. Warm Welcome spaces provide an opportunity for people to come together, share and use resources, with many spaces, such as our libraries, putting on additional activity sessions through the winter. A list of warm spaces is available here [Warm Welcome Campaign](#)

Money Matters

There is a range of local help, and national support available which is accessible by the RMBC website [Money matters – Rotherham Metropolitan Borough Council](#)

Open Arms – Community Support Hubs

- In February 2023 the delivery of a new community-based support project - Open Arms – began.
- RotherFed, Citizens Advice, Laser Credit Union, and Voluntary Action Rotherham, have partnered to develop and deliver a coordinated response to support communities most affected by the cost-of-living crisis.
- This project will deploy our Community Engagement team and Advisers to deliver Information, Advice and Guidance ‘one stop shops’ across ten areas.
- The support delivered will have a strong focus on financial and social inclusion, empower communities with a foundation of support, and make better use of community assets.
- Each hub has a drop-in session in each location throughout the day every fortnight and will be there for local people when they need it. [Open Arms - Community Support Hubs - Rotherham Federation](#)

Committee Name and Date of Committee Meeting

Health Select Commission – 21 November 2024

Report Title

Public Health Peer Review

Is this a Key Decision and has it been included on the Forward Plan?

No

Strategic Director Approving Submission of the Report

Ian Spicer, Strategic Director of Adult Care, Housing and Public Health

Report Author(s)

Ben Anderson, Director of Public Health
ben.anderson@rotherham.gov.uk

Ward(s) Affected

Borough-Wide

Report Summary

Rotherham's Public Health function underwent Peer Review on 8th – 10th October 2024 as part of the Regional Association of Directors of Public Health network's programme. The review was undertaken based on the LGA Public Health Strengths and Risks Tool, with feedback provided in a power point presentation at the end of the visit. This report provides the Health Select Commission with the findings of the Peer Review team and presents the initial response to the recommendations.

Recommendations

That the Health Select Commission:

1. Note the findings of the Peer Review of Public Health.

List of Appendices Included

- Appendix 1 LGA Public Health Strengths and Risks Tool
- Appendix 2 PH Peer Review Storyboard
- Appendix 3 Rotherham Public Health Peer Review Feedback Slide Pack.

Background Papers

None

Consideration by any other Council Committee, Scrutiny or Advisory Panel

None

Council Approval Required

No

Exempt from the Press and Public

No

Public Health Peer Review

1. Background

- 1.1 The Yorkshire and Humber Association of Directors of Public Health Network is undertaking a programme of Peer Reviews across all Public Health teams in the region as part of its Sector Led Improvement approach.
- 1.2 The Peer Reviews are being led by one of the region's Directors of Public Health, supported by the ADPH Network's Manager and a team of senior public health staff from within the region. The reviews follow standard Peer Review methodology and are based on the LGA's Public Health Strengths and Risks tool.
- 1.3 To determine the focus of the Peer Review the Public Health SMT undertook a self-assessment process using the LGA Strengths and Risks tool in April 2024, followed by a facilitated reflection session in June 2024 supported by two LGA Associates, both of whom had experience as Directors of Public Health. Based on this process three of the seven domains of the Strengths and Risks Tool were identified for further focus through the Peer Review, these were Leadership and Governance; Culture and Challenge; Making a Difference.
- 1.4 Rotherham's Peer Review was undertaken over 3 days between the 8th and 10th October 2024, by a Peer Review team led by Deborah Harkins, DPH for Calderdale.

2. Key Issues

- 2.1 The specific Key Lines of Enquiry agreed with the Peer Review team were:

- Leadership and Governance

Does the operating environment for Public Health in Rotherham support the achievement of the Borough's Health & Wellbeing Strategy, and are public health leaders collaborating with partners on the Health & Wellbeing Board to deliver the Board's Strategy and objectives for Rotherham and mutually beneficial outcomes through a Health in All Policies approach?

- Culture and Challenge

Does the Public Health function in Rotherham demonstrate a commitment to transparency in reporting, performance monitoring, scrutiny, and public engagement? Is public voice and community feedback integrated into decision-making processes to drive tangible change and reduce health inequalities?

- Making a Difference

Are the needs identified by the JSNA and other health needs assessments effectively embedded into public health decision-making processes, with sufficient measures in place to improve population outcomes and reduce health inequalities in line with the Borough's Health and Wellbeing Strategy?

- 2.2 To explore these further the review team were provided with a range of key documents relating to Public Health in Rotherham, including the Health and Wellbeing Strategy and the Rotherham Health and Care Partnership Plan, and given access to the agendas and minutes of relevant meetings. The team then spent 3 days on-site during which they conducted interviews and focus groups, holding more than 20 meetings and speaking to more than 75 people from across the Health and Wellbeing partnership and the wider Council.

The Peer Review feedback was overall very positive, with the team identifying many strengths and delivering the following key messages: -

- Honesty, openness, and willingness has enabled us to hear from a breadth of people.
- The public health team is incredibly well respected, knows itself and adds value.
- Determination of partners to rebuild over the last ten years and the positive impact this has had on the strength of partnership working and governance.
- The Children's Capital of Culture is a fantastic example of how sharing power with children and young people is re-building trust and impacting health and wellbeing.
- Public health is effectively embedded in the wider health system and the wider health system is fully engaged in the health and wellbeing board on delivering the strategy.

The team also identified the following areas for further consideration: -

- The refresh of the Health and Wellbeing Strategy provides the perfect opportunity to build on the huge strengths identified and the appetite to become more focussed on outcomes.
- We heard some tangible, positive examples of where a health in all policies approach was being developed and there is huge scope to go further on this.
- Is there space for looking ahead, what are going to be the potential common challenges and challenges to that partnership working and how can a public health approach support?
- In looking ahead, consideration could be given to system value for money from PH investment and forthcoming financial pressures as current contracts come to term.
- Consider improving the understanding of the providers regarding the breadth of data and information requested and how this informs the JSNA and decision-making.
- Strong sense that Public Health need to do more to engage with and work within communities of place.
- Voice of "hard to reach" communities did not feature strongly in what we heard, with some recognition that this is an area requiring focus.
- Community insight could be clearer and more consistent in informing decision making, alongside the data.
- There is also a consideration for not only listening to communities, but also 'closing the loop' with feedback.

- The team may want to consider how the Children’s Capital of Culture can be utilised to ensure that the voice of the child is heard in informing Public Health plans and activity.
- Not always clear how public health is operating within communities and ensuring the community voice is fully reflected in the JSNA.
- Linked to the above, it is also unclear how communities are supported to understand the JSNA, and the priorities identified for their area, and the processes in place to support this.
- May need to consider how PH intelligence reflects the increasing diversity of the communities in Rotherham and how they can shape the future of the borough.
- JSNA could be more influential in terms of identifying strategic priority outcomes for the future and where to target resources to achieve them.
- Does there need to be wider ownership of the “so what of the JSNA”, and is the new HWB strategy a vehicle for this?

The following four key recommendations were given by the team: -

1. In the health and wellbeing strategy refresh, consider:
 - a. Focus on outcomes.
 - b. Priorities informed by intelligence and engagement.
 - c. Consider population groups as well as geographical areas.
2. The Director of Public Health and the public health team have real credibility. Colleagues and partners would welcome the team going further as positive disrupters and helping to maximise the impact that the cultural, physical and economic regeneration has on the health and wellbeing of the population.
3. Public Health Team to reflect on how it interfaces and influences with both seldom heard communities (including those with protected characteristics), and communities of place, in how it addresses health inequalities. This may include looking for best practice outside the Borough, as well as holding reflective joint workshops with internal and external partners to empower these communities.
4. Look at further opportunities to build capability within the rest of the council to maximise the impact on health and wellbeing outcomes.

The Peer Review Feedback presentation was given to the DPH and a number of the partners who were interviewed on the final day of the review. This group included the Lead Member for Adult Social Care and Public Health, the Strategic Director Children and Young People’s Services, the Deputy Chief Executive and Rotherham Place Director of NHS South Yorkshire and the Chief Executive of Voluntary Action Rotherham. The slides have also been shared with the Council’s Strategic Leadership Team, the Public Health Team and Health Select Commission.

The Peer Review Feedback will support the continuous improvement of the Public Health function in Rotherham and is feeding into the current work to refresh the Borough’s Health and Wellbeing Strategy. It will also underpin

the Public Health Service Plan for 2025/26 which will be developed over the next three months.

3. Options considered and recommended proposal

- 3.1 Health Select Commission note the outcome of the Public Health Peer Review.
- 3.2 Health Select Commission offer any further recommendations for addressing the areas for consideration and recommendations of the Peer Review.

4. Consultation on proposal

- 4.1 The Peer Review consisted of over 20 meetings, with over 75 participants.

5. Timetable and Accountability for Implementing this Decision

- 5.1 No decision is being taken.

6. Financial and Procurement Advice and Implications

- 6.1 No finance considerations for this item.

7. Legal Advice and Implications

- 7.1 Legal advice not required for this item.

8. Human Resources Advice and Implications

- 8.1 No staffing implications for this item.

9. Implications for Children and Young People and Vulnerable Adults

- 9.1 The Peer Review has made recommendations for the Public Health team and the wider Public Health function to give consideration to how we engage with communities of place and those who are sometimes described as 'hard to reach' or 'seldom heard' communities. One of the review recommendations is to look at best practice outside of the organisation and to work with internal and external partners to empower these communities. This focus will include both children and young people and vulnerable adults, and should ensure that there is a stronger voice for them within the JSNA and the work of the Public Health Team.

10. Equalities and Human Rights Advice and Implications

- 10.1 An EIA is not required for this report. However, as per 9.1, the Peer Review recommendations to with respect to 'hard to reach' or 'seldom heard' communities will include many of those communities covered by the Equalities Act and to whom the Council has a duty.

11. Implications for CO₂ Emissions and Climate Change

11.1 No Climate Implications from this report

12. Implications for Partners

12.1 The Public Health Peer Review was primarily focused on the RMBC Public Health Team, but due to the nature of the Team's work, and the review framework also covered the work of the wider Health and Wellbeing and Place Partnerships. In taking forward some of the areas for consideration and the recommendations there will be a need for the involvement of partners, particularly those who are members of the Health and Wellbeing Board.

13. Risks and Mitigation

13.1 No specific risks or mitigations are raised by this report

Accountable Officer(s)

Ben Anderson, Director of Public Health

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This report is published on the Council's [website](#).

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Appendix 1:

Detail of the Public Health Strengths and Risks Tool as published on - [Public health strengths and risk tool | Local Government Association](#)

Public health strengths and risk tool

The Association of Directors of Public Health (ADPH) and the Local Government Association (LGA), in consultation with SOLACE, have developed a tool to support system leaders in local authorities in defining and ensuring good public health at place.

Public health

| 01 Feb 2023

- The tool was initially developed in collaboration with East Midlands ADPH and the LGA and based on the ADPH London DPH Peer to Peer reflective process/self-assessment
- The original tool has now been updated and an online version created. The updated tool has been sense checked through consultation with Directors of Public Health (DsPH) through the ADPH networks.
- The purpose of the tool is to provide an opportunity for structured reflection on:
 - Strengths and assets
 - Challenges and opportunities.
 - Identify mitigating action to address issues/potential areas of risk in relation to public health
- The tool is designed to support sector led improvement and can be used flexibly by Directors of Public Health and local authorities to understand how effective they are in setting their own ambitions for public health, and the ways they work with partners.
- There are seven sections that make up the tool that mirror the Adult Social Care risk tool with health inequalities themed throughout.
- The conclusions from this strengths and risks self-assessment exercise should enable leaders to be confident that the key elements of the council's role in relation to public health have been assessed using an objective and tested process.
- The LGA can provide some support to local and regional colleagues in adopting and completing the tool. For more information or for technical support, please contact PHRiskTool@local.gov.uk.

∨ Aims

^ Aims

- To promote self-awareness amongst Directors of Public Health and their senior colleagues, supporting them in targeting their energies and limited resources on the right issues and identifying action to address their most pressing risk factors/outcomes in need of improvement.
- To ensure that councils' political and executive leaders are aware of the public health challenges and strengths in their area and can take these into account in their decision making and be confident that their council is addressing the right public health challenges.
- To enable ADPH networks to identify and prioritise the issues as part of their sector-led improvement plans
- It is designed to support continuous improvement – and not to be used for performance management purposes
- Underpinned by sector led improvement principles

∨ How it works

∨ **Aims**

∧ **How it works**

The focus of the process is on improvement-based self-awareness (a feel), rather than external inspection and is designed to be proportionate and not too onerous to complete. It is not a performance assessment tool in the traditional sense, but is designed to inform peer challenge, aid mutual support, and build solutions to mitigating key risks and to identify and champion key strengths.

The tool encourages Directors of Public Health to discuss and involve their senior management team in the completion of the tool, but the Director of Public Health should have full ownership of both the process and the content, and should sign it off before it is submitted.

Statistical data is not required as part of the self-assessment however we do recommend whether any other data sets would be helpful as part of the analysis of the findings from this process; the LGA publishes a number of research reports on LG Inform which might be useful for this purpose.

∨ **Accessing the tool**

∨ **The seven domains**

∨ **Features and benefits**

^ **The seven domains**

1. **Leadership and governance:** Political and organisational context, and priority given by the council to public health.
2. **Culture and challenge:** Organisational culture and participation in sector led improvement and other activities, to support and challenge. Including continuous improvement.
3. **Making a difference:** Effectiveness of services, evaluations, and use of data sets/information/analytics e.g., the Joint Strategic Needs Assessment (JSNA) in monitoring outcomes and impact.
4. **Partnerships:** All relevant partnerships including the Health and Wellbeing Board, Integrated Care System (ICS), voluntary and community sector (VCS), etc to improve the health of the population and reduce health inequalities.
5. **Use of resources:** Budget situation and workforce pressures for the local authority and partners.
6. **Commissioning and quality:** Current state of local public health services including the availability, quality, diversity and sustainability of services and the capacity to influence and shape market provision.
7. **Health protection:** Health protection capacity and capabilities within the public health team, local authority, place, and wider system including reflections on the impact of COVID-19 and preparedness for health protection incidents. As part of this, a reflection on the impact of health protection incidents on health inequalities

v **Features and benefits**

^ Features and benefits

- Owned by the director of Public Health
- Used flexibly re timescale and how deep the Director of Public Health wants to go for each domain
- Stimulate thinking; highlight strengths and successes as well as issues/risks
- Data in and data/information out controlled by DPH, for example, read across to other self-assessments and analysis from completing the risk tool self-assessment Team building exercise and opportunity to reflect
- Provides a common framework/language between ADPH networks and local authorities - opportunities for peer-to-peer work
- Aggregated data can help to bring focus to discussions at network/regional/national level and to focus SLI activities
- Demonstrate trends over time
- Basis for comparative information

Published by: **The Association of Directors of Public Health (ADPH) and the Local Government Association (LGA), in consultation with SOLACE**

Reference code:

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Public Health Peer Review Storyboard	Directorate	Adult Care, Housing & Public Health
	Date	September 2024
	Ambition - contribution to the delivery of the Council Plan	<p>In the Public Health service, we aim to improve the health and wellbeing of Rotherham residents, reduce health inequalities and protect the population from health harms. We work with Health and Wellbeing Board and Place partners to prevent ill health and to commission services to support active healthy lives.</p> <p>The Public Health team works across the council, partner anchor institutions and the voluntary community sector in a system leadership role to contribute to a breadth of the commitments in the Council Plan, the Place Plan and the Health and Wellbeing Strategy.</p> <p>The 4 guiding principles in the Council Plan are well aligned to our Public Health approach:</p> <ul style="list-style-type: none"> • Expanding opportunities for all – a focus on inequalities and universal proportionalism. • Recognising and building on our strengths to make positive change – a strengths-based approach to community development work and recognition of the importance of neighbourhoods and our residents as assets for health. • Working with our communities – work informed by engagement and reaching out to seldom heard voices. • Focussing on prevention – a relentless focus on the upstream, helping people to remain healthier for longer. <p>Contribution examples to the 5 Council Plan themes are given below:</p> <p><u>Every neighbourhood thriving</u></p> <ul style="list-style-type: none"> • Rotherham has been chosen by Sport England as a Place Partnership Expansion place to receive additional funding for a systems-delivered approach to physical activity overseen by the Moving Rotherham partnership this year. This will include working in our neighbourhoods to determine what support they need to work, live and play in environments that promote physical activity. • Joint leadership with the Children and Young People’s Service of Rotherham’s Family Hubs Programme underpinned by a strong Best Start and Beyond Framework. • Working with the Neighbourhoods service to provide data and support to inform ward planning and ward-based community activity. • Supporting the Humanitarian group on cost-of-living responses and income maximisation approaches. • Engagement and closer working with colleagues in Planning to provide responses on planning policy and applications. • Say Yes campaign engagement activity to support targeted positive health communications and collaboration with partners. <p><u>People are safe, healthy, and live well</u></p> <ul style="list-style-type: none"> • Public Health commission services for stop smoking and weight management (Rotherham Healthwave), sexual health, drug and

alcohol services and NHS health checks and workplace CVD health checks to support health service provision.

- Contribution to system-wide focus on reducing health inequalities including leading and convening the Prevention and Health Inequalities Group.
- Providing opportunities for front line workers and volunteers across Rotherham to support people to access services that can support their health, including maximising their household income, through providing Making Every Contact Count training.
- Maximising opportunities of additional national grant funding through Combatting Drugs Partnership and Smokefree Generation.
- Inclusion Health Framework developed to support a way of working to consider seldom-heard groups and health inequalities associated.
- Lead and convene the Better Mental Health for All strategy group and delivery of action plan, as well as Suicide Prevention and Concordat, informed by a recent Mental Health Needs Assessment.
- Lead and convene the Rotherham Food Network, working with partners across the borough on the broad themes of healthy and sustainable food, recently achieving Bronze award from Sustainable Food Places.

Every child able to fulfil their full potential

- Public Health commission the 0-19 service providing Health Visitors and School Nurses to support families, including school-age vaccinations.
- Commissioned an additional universal 3-4 month visit using Family Hubs and Start for Life funding (incremental roll-out commenced in September 2023).
- Lead for the implementation of the Best Start and Beyond Framework, to support Children's Public Health. The BS&B Framework has oversight of funded workstreams and responsibility for Place Plan transformation milestones for best start.
- Oversee the implementation and management of the Family Hubs programme. Phased publication of Start for Life Offer online within the branded digital offer for Family Hubs.
- Public Health are leading the development of the universal Baby Pack Programme.
- A Breastfeeding Friendly Borough Declaration has been signed by Local Authority, Acute Trust and Director Public Health on behalf of Health and Wellbeing Board.
- Convene school leader sessions every quarter to facilitate ongoing health-related discussions and support to schools.
- Provide oversight and chair the CDOP (Child Death Overview Panel) to review all local child deaths and facilitate system learning, which included hosting a South Yorkshire event and changes to swimming lessons for children with learning disabilities.
- Support for the Rotherham Loves Reading Take 10 campaign.

Expand economic opportunity

- Support engagement with local employers through the South Yorkshire Employment is for Everyone programme, supporting

		<p>recruitment of candidates with learning difficulties into the workforce.</p> <ul style="list-style-type: none"> • Deliver the Rotherham Be Well @ Work scheme to supporting local business to review how their business practices and policies can be shaped to support positive health and wellbeing for their workforce. • Commissioning of the Workplace CVD Health Checks programme. <p><u>A cleaner, greener local environment</u></p> <ul style="list-style-type: none"> • Representation on One Council Climate Change Workstream Board, including supporting trial of climate impact section of the service plan for 2024/25. • Contribution to planning and spatial / place developments, advocating for the inclusion of green spaces and opportunities for physical activity and social interaction to be incorporated into design, as well as nature recovery and climate adaptation to improve the health promoting potential of our neighbourhoods.
	<p>What's working well?</p>	<p>Below sets out some key areas of success for the 3 topics of the peer review:</p> <p>Leadership and Governance</p> <p>The Public Health team has created and maintains strong partnerships across Rotherham. The Director of Public Health (DPH) has a good level of visibility in key strategic discussions, including Council Strategic Leadership Team, Place Leadership Team, Place Board, Health and Wellbeing Board and the South Yorkshire Integrated Care Partnership (SY ICP).</p> <p>The Health and Wellbeing Board functions well with strong partner involvement, including senior level Board Sponsors for each of its 4 aims. The Consultants in Public Health also have portfolio areas aligned to these themes. The Board is chaired by the Cabinet Member for Adult Social Care and Public Health, who also meets regularly with the Joint South Yorkshire Health and Wellbeing Board Chairs, a meeting to which the senior leadership of the SY ICB are also invited to attend.</p> <p>Through this partnership, strong Health and Wellbeing Board representation on the SY ICP has been achieved, ensuring good alignment of the ICP Strategy with the four SY Health and Wellbeing Strategies.</p> <p>There is a common 'golden thread' in terms of health, wellbeing and reducing health inequalities running through the Council Plan, the Rotherham Plan, the Health and Wellbeing Strategy, the South Yorkshire ICP Strategy and the Rotherham Place Plan. The Public Health team has set out a clear and strong narrative for a prevention led system in Rotherham and the impact of the wider determinants of health.</p> <p>The DPH also chairs the Place partnership's Prevention and Health Inequalities Group, through which many of the partnership's priorities are being driven which specifically relate to reducing inequalities.</p>

There is a strong level of partnership working and collaboration to address key public health issues such as mental health and wellbeing, physical activity, food, tobacco, combatting drugs and alcohol. The team is very effective in working across organisational boundaries, building partnerships and understanding future pressures. There are a range of topic specific partnership, operational or groups for each of these areas to monitor action plans, maintain oversight of progress amongst partners and provide assurance to Health and Wellbeing Board.

Our approach to systems leadership is about building a culture of acknowledgement of the ways in which all parts of the system (different organisations and their services) are needed for achieving impact on improved health outcomes and reduced inequalities. Facilitating ways of working collaboratively and putting prevention and health improvement central to the agenda. Through Sport England Place Expansion Programme we have been able to support a Rotherham Systems Leadership training programme for physical activity partners to deepen understanding and opportunities of working in a systems approach to tackling inactivity in our borough together.

Culture and Challenge

There is a learning culture within the team, with participation in the Association of Directors of Public Health (ADPH), Office for Health Improvement and Disparities (OHID) and other sector-led learning and development events. The DPH supports a proactive culture which aligns with the wider council in a way that welcomes learning and supports challenge, including peer and sector-led improvement opportunities. The team has been re-structured in recent years to develop apprentice and practitioner level posts to ensure a career development pathway and support local talent into Public Health careers.

The Public Health team's work is scrutinised through various channels including the Health Select Commission, Overview and Scrutiny Management Board, and to a lesser extent the Improving Lives and Improving Places Select Commissions, in addition to other governance structures such as SMTs, DLTs, Place Board and the Health and Wellbeing Board.

The team has sought challenge through the internal audit process, with audits of Tobacco Control and the Health Protection function completed in recent years.

External challenge is proactively sought on public health work, recent examples include:

- The Sustainable Food Places Bronze Award
- Say Yes Campaign (Stand out media)
- Big Active Conversation (Yorkshire Sport Foundation)
- Place Development Programme (NHS England)
- The Mental Health Concordat

There is strong data and intelligence capacity and capability within the Public Health team, and this is enhanced and complimented by

collaboration with Performance colleagues and further collaboration at Place and system level. The Rotherham Office of Data analytics (RODA) brings together NHS and Public Health analysts across the Rotherham Place. The South Yorkshire (DAISY) Network brings together four NHS offices of data analytics with LA analysts and others in the system from the Police and voluntary sector. There is also participation in the regional Yorkshire and Humber Public Health Intelligence Network (PHINE). These collaborations facilitate shared learning and development opportunities.

Robust systems are in place to assure quality and reliability of monitoring data. Performance of Public Health services are routinely monitored and reported to SMT and the Cabinet Member, including using externally validated performance frameworks and standards. The team uses data to inform their annual Public Health Service Plan and subsequent contributions to the Council Plan and Council Year Ahead Development Plan.

A range of dashboards have been developed to monitor and track achievement of outcomes for a number of key Public Health led partnerships including the Rotherham Place Prevention and Health Inequalities Group, the Health Protection Committee, Tobacco Control Group, Combatting Drugs Partnership and Rotherham Food Network.

Public engagement and collation of engagement feedback is an important part of Public Health work which informs action plans and initiatives. Good examples exist of public engagement work led by Public Health, such as Dinnington and Maltby long-term conditions population health management engagement work and mental health engagement with key inclusion groups. Wider systems partnership engagement is also an important part of our work and good examples include Family Hubs, Big Active Conversation and Food Network Partnership Event.

Making a Difference

The Public Health team lead the development and collation of the Joint Strategic Needs Assessment (JSNA) hosted on Rotherham data hub website. The annual refresh by the Steering Group means partners and cross-Council contributions are regularly updated and provide a narrative for key health-related data for the borough. This includes ward profiles which are used to inform ward plans developed by Ward Councillors.

The JSNA is updated and developed as part of an ongoing process and annually presented to the Health and Wellbeing Board. The key health and wellbeing issues are identified using an evidence-based and asset-based approach with consideration of the wider determinants of health. The outputs of the JSNA are disseminated to professional audiences including council employees, and partners understand the health needs of the population. Training and development sessions relating to how to use the JSNA have been developed and delivered by the PH analysts on an annual cycle.

There are a wide range of opportunities to use data to inform commissioning, strategies, action plans, consultation and engagement, and performance dashboards, these then typically report to partnership

	<p>boards/committees. Public health data is also used to inform responses to the planning and alcohol licensing application processes and subsequently to inform decisions.</p> <p>With Cabinet approval, Adults Strategic Commissioning and Public Health have worked in partnership to recommission all 4 Public Health pathways, to the combined value of over £100 million (over the next 10 years), including:</p> <ul style="list-style-type: none"> • All age Sexual Health Services (go-live 01/04/22) • All age Alcohol and Drugs Services (go-live 01/04/23) • NHS Health Checks (go-live 01/07/22) • Healthy Lifestyles Services (go-live 01/10/23) • 0-19s Children’s Public Health Nursing Services (go-live 01/04/23). <p>For each of these new contracts a health needs assessment was conducted and public and stakeholder engagement to inform the development of the specification. Innovative financial and contract models have been developed to deal with specific issues and challenges, such as the need to accommodate the absence of an uplift in the Public Health Grant and short-term grant funding, minimising impact on the core contract. Continuous learning has developed by approaching the pathways in succession, including business case planning, social value moderation and risk and communication plans.</p>
<p>What are we concerned about?</p>	<p>These are areas that we consider areas for opportunity or improvement for each of the 3 topic areas.</p> <p>Leadership and Governance</p> <p>The Council Plan and Health and Wellbeing Strategy are being refreshed for new publication in 2025. This provides both a risk to the existing ‘golden thread’ on health and wellbeing and inequalities, but also an opportunity to further narrate the opportunity improvements to health and wellbeing can have on the wider determinants and economic opportunity.</p> <p>There was significant number of new Councillors at the last election and a newly appointed Cabinet Member for Adult Social Care and Health. We are aware this change requires new working relationships to be developed, embedding the new chair of the Health and Wellbeing Board and clear articulation of aims, narrative and challenges of Public Health.</p> <p>Culture and Challenge</p> <p>We have concerns that changes in OHID capacity to lead Communities of Improvement and support Sector Led Improvement approaches have the potential to impact regional networks and the support and learning that they bring for Rotherham’s Public Health Team.</p> <p>There are opportunities to learn from best practice on public involvement from partners, such as exemplified in the development of the Children’s Capital of Culture on taking engagement through to co-production. The Sport England Place Expansion Programme provides an opportunity to test some of these ways of working in neighbourhoods to improve physical activity uptake.</p>

	<p>Making a difference</p> <p>Understanding local population health and wellbeing is limited by data availability and robustness. Data sharing with NHS organisations and GPs is complex but could provide significant opportunities for better monitoring and measuring impacts of health care and wider public health interventions on population health and health inequalities, including for primary care quality and outcomes.</p> <p>The public are only involved in development of the JSNA to a small extent and there is work to do around ensuring the JSNA includes resident voice, is current, fit for purpose and used effectively as the evidence base for local decision making.</p> <p>Nationally Local Authorities are working in challenging circumstances and that is no different in Rotherham. Residents face significant financial challenges in their day-to-day living that impact on their health and wellbeing outcomes. Changing the systems to facilitate healthier living is complex and being done under significant financial constraints across partners in all parts of the system, which reduces capacity to act and deliver and for change to create impact.</p>
<p>What actions are we taking and by when?</p>	<p>Actions and risk mitigation that is already planned to address concerns are listed below.</p> <p>Leadership and Governance</p> <p>Public Health are leading the refresh and of the Health and Wellbeing Strategy, working in consultation with Board partners and Rotherham residents for example through recent Consultation work that took place at the Rotherham Show. There is ongoing work with the new Cabinet Member to support them in their new portfolio area and provide briefings across the breadth of scope of Public Health.</p> <p>Delivery of Public Health outcomes to continue via the Prevention and Health Inequalities Action Plan and the Health and Wellbeing Strategy Action Plan.</p> <p>Culture and Challenge</p> <p>Rotherham's DPH will take on the role of Chair for the Yorkshire and Humber ADPH network in December 2024, and will be working with the network's Sector Led Improvement Lead and OHID colleagues to ensure the continued value of the regional Communities of Improvement.</p> <p>Internally the team will continue to develop its learning culture, building a professional development approach to support the new team structure.</p> <p>New Councillors and Cabinet Member provide a new and welcomed opportunity for a fresh eyes, scrutiny, and challenge.</p> <p>Public Voice is a strong theme for development across the Adult Care, Housing and Public Health directorate. The Public Health Team will</p>

continue to engage in this development through the inclusion of more public voice within the JSNA, our Population Health Management work and in taking forward the Sport England Place Expansion Programme.

Making a difference

There is continued development of the Public Health Intelligence Dashboards, accompanied by work to support their use and ensure they make an impact. During the autumn the 2024 DPH Report will be published, with a focus on primary care in Rotherham, which will make further recommendations to support the wider healthcare system.

Public Health will continue the borough-wide focus on mitigating impacts of the cost-of-living rises and supporting people out of poverty through cross-Council programmes to ensure high uptake of all available advice and support.

Monthly quality and / or performance meetings are held for all contracted services to ensure we continue to be assured of value, impact, and outcomes.



ADPH
Yorkshire
and Humber

Rotherham Public Health Peer Review

Feedback from the Peer Review team
10th October 2024

Peer Review Team

Debs Harkins, Director of Public Health for Calderdale Council

Rose Dunlop, Deputy Director of Public Health for Bradford Council

Jen Connolly, Associate Director (Improving Population Health) for West Yorkshire Combined Authority
and West Yorkshire Integrated Care Board

Geoff Barnes, Deputy Director of Public Health for the North-East Lincolnshire Council

Phil Hollingsworth, Service Director (Communities) for Barnsley Council

Marc Hall, Network Manager for ADPH Yorkshire & the Humber & Peer Review Programme Manager

The Purpose of the Review

- Peer challenge is one key tool of Sector Led Improvement for learning and development
- Supports Public Health services achieve the best possible outcomes for local people
- Builds on existing capacity to identify strengths and challenges
- Shares experience and knowledge
- Reflects on how well embedded local Public Health is within the Health and Wellbeing Partnership and what can be done to strengthen it
- We are providing feedback as critical friends, not as assessors, consultants or inspectors
- We have 'held up the mirror'

The Process of the Review

- The Review Team has reviewed a range of information to ensure we were familiar with the council and Health and Wellbeing Board in Rotherham, the challenges it is facing and plans for the future
- We have spent three days across both sites and during the whole process which we:
 - spoke to more than 75 people
 - gathered information and views from more than 20 meetings
 - additional research and reading – almost 60 documents!
 - collectively spent more than 159 hours to determine our findings – the equivalent of one person spending just under four-and-a-half work weeks in Rotherham
- Feedback session at end of on-site visit

A thank you from us

- Preparation, planning and organisation has been impressive
- The reception and welcome has been outstanding
- People have been open and honest

We would like to give a thank you to everyone who has taken the time to speak with us throughout this review process

The Scope and Brief of the Review

Key Lines of Enquiry:

- Leadership and Governance

Does the operating environment for Public Health in Rotherham support the achievement of the Borough's Health & Wellbeing Strategy, and are public health leaders collaborating with partners on the Health & Wellbeing Board to deliver the Board's Strategy and objectives for Rotherham and mutually beneficial outcomes through a Health in All Policies approach?

- Culture and Challenge

Does the Public Health function in Rotherham demonstrate a commitment to transparency in reporting, performance monitoring, scrutiny, and public engagement? Is public voice and community feedback integrated into decision-making processes to drive tangible change and reduce health inequalities?

- Making a Difference

Are the needs identified by the JSNA and other health needs assessments effectively embedded into public health decision-making processes, with sufficient measures in place to improve population outcomes and reduce health inequalities in line with the Borough's Health and Wellbeing Strategy?

Respected
Supportive
Culture
Working-together
Governance
Joined-up
Social-prescribing
Contribution
Intelligence
Transparent
Strong-partnerships
Collaboration
Compassionate-approach
Visibility
Well-connected
Insights
Relationships
Valued
Strong-leadership
Knowledgeable
Influence

Quotes of the week

"In the context of the strong relationships, how easy is it to disagree and for Public Health to be a positive disruptor"

"Huge respect for what PH manage as a small team"

"How do you eat an elephant? (not all at once)"

"People value the HWBB"

"Public health make it easy for us to work with them"

"PH needs to get into the experts by experience realm a lot more"

"We don't have difficult conversations, we have difficult issues"

"PH is well led, high visibility – I know where to go and they turn up"

"They're very flexible and approachable – nothing stands still"

"Sometimes their voice in the room is enough, sometimes we seek additional specialism"

"PH and Neighbourhoods are natural bed-fellows"

"More of a dance than a wrestling match"

"Trust is key"

"Not enough time and resources for PH to be fully aligned into communities"

"Ben is an anchor for several viewpoints"

"Could be better at building research and evaluation into what we do, to capture the impact of our work"

"We don't celebrate what we do, we just do it"

"I'm glad we had name badges as I was unclear who works for which organisation"

"The HWBB is well respected"

"We want to put residents at the centre of everything we do"

"Being a good partner can't be taken for granted – have to work at it"

"JSNA – we all really understand the problems from the data – I can't always see how it relates to the action"

"The [PH] team could be braver in seeking to ensure the voice of the community is being heard, alongside the data"

"The [PH] team could do more to engage with and work with communities"

Key Messages

- Honesty, openness, and willingness has enabled us to hear from a breadth of people
- The public health team is incredibly well respected, knows itself and adds value
- Determination of partners to rebuild over the last ten years and the positive impact this has had on the strength of partnership working and governance
- The Children's Capital of Culture is a fantastic example of how sharing power with children and young people is rebuilding trust and impacting health and wellbeing
- Public health is effectively embedded in the wider health system and the wider health system is fully engaged in the health and wellbeing board on delivering the strategy

Key Line of Enquiry 1

Leadership and Governance

Does the operating environment for Public Health in Rotherham support the achievement of the Borough's Health & Wellbeing Strategy, and are public health leaders collaborating with partners on the Health & Wellbeing Board to deliver the Board's Strategy and objectives for Rotherham and mutually beneficial outcomes through a Health in All Policies approach?

Leadership and Governance

Strengths

- There is a clear and consistent demonstration of Partnership working to deliver that has been prioritised, invested in and modelled
- This is embedded through the governance which hard wires but hides the wires
- Clear benefit of strong and stable leadership across the partnership landscape
- There is a great deal of respect for and talent within the public health team, and its leadership, which is valued across the partnership and organisation

Leadership and Governance

Areas for Further Consideration

- The refresh of the Health and Wellbeing Strategy provides the perfect opportunity to build on the huge strengths identified and the appetite to become more focussed on outcomes
- We heard some tangible, positive examples of where a health in all policies approach was being developed and there is huge scope to go further on this
- Is there space for looking ahead, what are going to be the potential common challenges and challenges to that partnership working and how can a public health approach support?
- In looking ahead, consideration could be given to system value for money from PH investment and forthcoming financial pressures as current contracts come to term

Key Lines of Enquiry 2

Culture and Challenge

Does the Public Health function in Rotherham demonstrate a commitment to transparency in reporting, performance monitoring, scrutiny, and public engagement?

Culture and Challenge

Strengths

- Clear 'golden thread' of performance reporting across the partnership
- The Prevention and Health Inequalities Framework Report is helping partners look at performance differently
- Positive outcomes approach in Public Health commissioned services
- Positive leadership of the Health & Wellbeing Board and greater sense of challenge and accountability of all partners

Areas for Further Consideration

- Consider improving the understanding of the providers regarding the breadth of data and information requested and how this informs the JSNA and decision-making

Key Lines of Enquiry 2

Culture and Challenge

Is public voice and community feedback integrated into decision-making processes to drive tangible change and reduce health inequalities?

Culture and Challenge

Strengths

- Strong examples of co-production with providers and service beneficiaries in commissioning
- Example of a community-centred approach in Maltby and Dinnington, and Elected Members are working with PH intelligence to identify and deliver community-centred hyper-local priorities

Areas for Further Consideration

- Strong sense that Public Health need to do more to engage with and work within communities of place.
- Voice of “hard to reach” communities did not feature strongly in what we heard, with some recognition that this is an area requiring focus.
- Community insight could be clearer and more consistent in informing decision making, alongside the data.
- There is also a consideration for not only listening to communities, but also ‘closing the loop’ with feedback.
- The team may want to consider how the Children’s Capital of Culture can be utilised to ensure that the voice of the child is heard in informing Public Health plans and activity

Key Line of Enquiry 3

Making a Difference

Are the needs identified by the JSNA and other health needs assessments effectively embedded into public health decision-making processes, with sufficient measures in place to improve population outcomes and reduce health inequalities in line with the Borough's Health and Wellbeing Strategy?

Making a Difference

Strengths

- Public health intelligence fully embedded in local health system at all levels and the Integration of local public health team with Rotherham health partners as good as we have seen anywhere
- JSNA genuinely shaping specific priorities and service development across the local health system and NHS are full partners in the delivery of the health and wellbeing strategy
- RODA illustrates the strength of partnership working (real trust between partners)
- JSNA/dashboards are a well valued intelligence resource within the council and becoming increasingly influential in shaping service development/delivery in wider parts of the council
- Public health supporting the development of data and intelligence skills across council and partners
- Good progress in the last year in integrating the public health and planning agenda

Making a Difference

Areas for Further Consideration

- Not always clear how public health is operating within communities and ensuring the community voice is fully reflected in the JSNA.
- Linked to the above, it is also unclear how communities are supported to understand the JSNA and the priorities identified for their area, and the processes in place to support this
- May need to consider how PH intelligence reflects the increasing diversity of the communities in Rotherham and how they can shape the future of the borough
- JSNA could be more influential in terms of identifying strategic priority outcomes for the future and where to target resources to achieve them
- Does there need to be wider ownership of the “so what of the JSNA”, and is the new HWB strategy a vehicle for this?

Recommendations

- In the health and wellbeing strategy refresh, consider:
 - Focus on outcomes
 - Priorities informed by intelligence and engagement
 - Consider population groups as well as geographical areas
- The Director of Public Health and the public health team have real credibility. Colleagues and partners would welcome the team going further as positive disrupters and helping to maximise the impact that the cultural, physical and economic regeneration has on the health and wellbeing of the population
- Public Health Team to reflect on how it interfaces and influences with both seldom heard communities (including those with protected characteristics), and communities of place, in how it addresses health inequalities. This may include looking for best practice outside the Borough, as well as holding reflective joint workshops with internal and external partners to empower these communities
- Look at further opportunities to build capability within the rest of the council to maximise the impact on health and wellbeing outcomes

Thank You

Any Questions?

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Health Select Commission – Work Programme 2024-2025 – presented in June 2024**Chair: Cllr Keenan****Vice-Chair: Cllr Yasseen****Governance Advisor: Kerry Grinsill-Clinton****Link Officer: Ben Anderson**

The following principles were endorsed by OSMB at its meeting of 5 July 2023 as criteria to long/short list each of the commission's respective priorities:

Establish as a starting point:

- What are the key issues?
- What is the desired outcome?

Agree principles for longlisting:

- Can scrutiny add value or influence?
- Is this being looked at elsewhere?
- Is this a priority for the council or community?

Developing a consistent shortlisting criteria e.g.

- T: Time: is it the right time, enough resources?
- O: Others: is this duplicating the work of another body?
- P: Performance: can scrutiny make a difference
- I: Interest: what is the interest to the public?
- C: Contribution to the corporate plan

Meeting Date	Agenda Item
20-Jun-24	Introduction and overview from Ben Anderson, Director of Public Health, RMBC Nominate representative to the Health, Welfare and Safety Panel
25-Jul-24	Introduction and overview from Claire Smith, Director of Partnerships/Deputy Director of Place (Rotherham), South Yorkshire ICB Introduction and overview from Michael Wright, Managing Director/Deputy Chief Executive, TRFT Oral Health Review Report LGA Adult Care peer review
03-Oct-24	TRFT Annual Report Introduction and overview from Kym Gleeson, Manager, Healthwatch Rotherham
21-Nov-24	Place Partners Winter Planning - Annual Update Public Health Peer Review

23-Jan-25	Adult Social Care Domiciliary Care Item TBC - Possibly Sleep Pathways
27-Mar-25	Item TBC - Possibly Single Point of Access (Referral process) Adult Social Care Item TBC - Possibly Physical Activity for Health (Sport England)
01-May-25	Item TBC - Update regarding relocation of Lung Clinic to Rotherham Hospital (SY ICB) Item TBC - Possibly RDaSH, YAS and TRFT Quality Accounts

Items for Scheduling

TBC	Menopause - Date TBC Possible workshop involving place, health and community partners, e.g. RUCT, TRFT, RDaSH, Mind etc.
TBC	Oral Health Review (Re-scoping of Review undertaken in 2023) Review preferred, subject to scoping.
TBC	Single Point of Access (Referral process) Adult Social Care - Tentative March 2025 Report/presentation from the service outlining process and performance.
TBC	Social Prescribing Review (Possible focus on loneliness and services in rural areas) - Date TBC Possible review following full scoping.
TBC	Sleep Pathways (Referred in by OSMB) - Tentative Jan 2025 Report/presentation from the service outlining position, plans and performance.
TBC	Physical Activity for Health (Sport England) - Tentative March 2025 Possibly a report and presentation from the service and/or relevant partner organisations outlining position, plans/initiatives and performance.

TBC	<p>Adult Mental Health - Date TBC</p> <p>Report/presentation from service to provide an update and overview of changes implemented and outline the current position or workshop in conjunction with delivery partners.</p>
TBC	<p>Update regarding relocation of Lung Clinic to Rotherham Hospital (SY ICB) - Tentative May 2025</p> <p>Update/presentation from the ICB regarding the progress of the relocation of the Lung Clinics for Barnsley and Rotherham to Rotherham Hospital as part of the Oncology Transformation Programme's Stabilisation Phase. Referred in by JHOSC.</p>
TBC	<p>Maternity Services (including Sexual Health and Reproductive Rights) - Date TBC</p> <p>Possible review - full scoping required.</p>
TBC	<p>RDaSH, YAS and TRFT Quality Accounts - Tentative May 2025</p> <p>Presentation of quality accounts from place health partners. Commission to consider formal response.</p>

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**South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and
Scrutiny Committee**

Meeting held 10 October 2024

PRESENT: Councillors Ruth Milsom (Chair), Eve Keenan, Smith, Councillor Mick Stowe (Barnsley) and Nigel Turner (Substitute Member)

1. APOLOGIES FOR ABSENCE

- 1.1 An apology for absence had been received from Councillor Roger Jackson. Councillor Nigel Turner attended as a substitute.

2. EXCLUSION OF PUBLIC AND PRESS

- 2.1 There were no items of business identified where the public and press may be excluded from the meeting.

3. DECLARATIONS OF INTEREST

- 3.1 There were no declarations of interest.

4. MINUTES OF PREVIOUS MEETING

- 4.1 The minutes of the previous meeting of the Committee held on 25th March 2024 were agreed as a correct record.

5. PUBLIC QUESTIONS AND PETITIONS

- 5.1 No public questions or petitions had been submitted prior to the meeting.
- 5.2 Nora Everitt was in attendance at the meeting seeking to ask a public question. Notice of this request had been received shortly before the start of the meeting, and the Chair of the Committee, Councillor Ruth Milsom, agreed to use her discretion and permit the question to be asked. However, as the question concerned the Terms of Reference of the Committee, it would be heard after that item.

6. TERMS OF REFERENCE UPDATE

- 6.1 The report which provided the Committee with revised terms of reference, was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council), who confirmed that the addition to the Terms of Reference was at point “c” and had been made necessary by new government guidance which removed the Committee’s power to appeal to the Secretary of State.
- 6.2 **RESOLVED:** That the Committee agrees the revised terms of reference.
- 6.3 The Chair invited Nora Everitt to introduce herself and ask her question.

Ms Everitt asked-

1. *“Are the Committee aware that the Barnsley people get health services for community mental health, learning difficulties, autism and dementia health needs from South West Yorkshire PFT? (Partnership Foundation Trust) But this Trust covers Kirklees, Calderdale and Wakefield as well as Barnsley. Why are Derbyshire and Nottinghamshire Councils included in this Committee? But not West Yorkshire Councils (3 of which are relevant)? Surely the Committee should focus on South Yorkshire Councils and not include any Councils affected by Trusts who overlap with more than one ICB area?”*
 2. *“Barnsley Mental Health Forum of Mental Health service users and carers are presenting our model of co-production to the NHS England Experience and Transformation Team this week. We work strategically with the local trust and community provider and service users to improve services, with continual input. But we have no input or influence at SYICB or Barnsley Place ICB. Would this Committee support our aim to work alongside SYICB and Barnsley Place ICB to roll out our model of good practice in co-production wider?”*
- 6.4 In response, the Chair confirmed that Ms Everitt would be provided with a written response, which would be published on the Council’s website. Deborah Glen (Policy and Improvement Officer, Sheffield City Council) advised that the regional membership of the Committee and whether it should be reduced to South Yorkshire only, had been discussed previously and it had been decided to retain the existing Committee configuration, as some services went outside South Yorkshire boundaries (for example Oncology, which was Item 9 on the agenda). Additionally, if any services included different areas, such as West Yorkshire, a special joint scrutiny committee could be convened. However, only one joint scrutiny committee could request consultation on each service issue, so it was important to avoid potential duplication of requests.

7. **NON EMERGENCY TRANSPORT SERVICE ELIGIBILITY CRITERIA**

- 7.1 The report which briefed the Committee on the new, nationally set eligibility criteria for Non-Emergency Patient Transport (NEPT) services, and the approach that the NHS South Yorkshire Integrated Care Board (SYICB) was taking to assess, and mitigate, any risk this could have on how individuals/communities across South Yorkshire get to/from their NHS care, was presented by Lesley Carver (Urgent & Emergency Care Programme Manager, ICB), David Crichton

(Medical Director, ICB), Chris Dexter, Managing Director- Patient Transport Services, South Yorkshire Ambulance Service), and Richard Kennedy (Involvement Manager, NHS South Yorkshire).

- 7.2 Members discussed the booking service and whether it could be simplified for the benefit of groups such as the elderly, who might find it difficult to use. Members were concerned that areas with high levels of deprivation were often further from hospitals, and that it would be expensive for users from these areas to pay the money for transport and then claim it back. It was suggested that a bus pass system would be preferable. This would also benefit patients who had a lot of appointments to attend. David Crichton advised that this suggestion would be considered. Lesley Carver advised that simplifying the forms which people were required to complete, was also being worked on.
- 7.3 Members asked whether information had been provided in an easy read format for patients with learning disabilities and other people who might benefit from that format. David Crichton confirmed that the ICB should ensure this was included as cognitive impairment was one of the qualifying criteria for patient transport.
- 7.4 Members expressed concern over extra pressure potentially being put on Community Transport, given they were already stretched, and asked if the ICB could provide funding to enable Community Transport to expand. David Crichton advised that under the new ICB structure, closer working with the Mayoral Combined Authority was taking place and this enabled the ICB to have input into what public transport services were needed, e.g. to hospitals. The ICB would also continue to work with the voluntary sector and community groups.
- 7.5 Members requested separate figures be provided for Bassetlaw. David Crichton advised that this was not straight forward as some residents would use East Midlands Ambulance services, but it could be looked in to for the next update to the Committee.
- 7.6 Members asked whether monitoring would take place as to whether the changes would cause patients to miss appointments. David Crichton advised that non-attendance figures were monitored, and this had been identified as a risk. The use of virtual and telephone appointments, where appropriate, had been embedded since the Covid pandemic and increasing digital inclusion was a priority for the ICB.
- 7.7 **RESOLVED:** That the Committee: -
1. Notes that there are new national eligibility criteria for Non-Emergency Patient Transport services to replace the current locally agreed criteria;
 2. Has reviewed and provided feedback on the work that the South Yorkshire Integrated Care Board is undertaking, to understand the implications of implementing these criteria, including the assessment of risks and the development of appropriate mitigations; and
 3. Requests a further update on the application of the new criteria in six months.

8. NON SURGICAL ONCOLOGY

8.1 The report which provided an update on the progress of the non-surgical oncology transformation programme was presented by Dr Trish Fisher (Consultant Clinical Oncologist, Clinical Director of the South Yorkshire and Bassetlaw Cancer Alliance) and Mark Tuckett (Chief Strategy Officer for Sheffield Teaching Hospitals NHS Foundation Trust).

8.2 The following information was given in response to questions and comments from Members:

- Concerns over the removal of services from Barnsley were acknowledged, however this had been necessary as there had only been one oncologist who worked between Barnsley and Rotherham. Rates of patients not attending had been monitored and no increase had been observed. It was not currently possible to safely return the service to Barnsley hospital, however the current configuration was not the final one. Ultimately the aim was to have multi-disciplinary teams in various locations supervised by consultants.
- Various tactics for attracting applicants for jobs had been tried, consultants were often attracted to bigger hospitals with more equipment. This was an ongoing process and new recruitment materials were being developed.
- Separate figures for Bassetlaw could be provided.
- There were three Physician's Associates at Weston Park, and they could not prescribe or order radiology. They were tasked with seeing new patients, having been introduced appropriately, and taking them through all the documentation and paperwork. This meant that the Doctor could see three patients in forty-five minutes rather than one, which was a much more efficient use of time. No increase in the number of Physicians Associates was currently planned.
- Four speciality doctors had been appointed and all training places had been filled.
- The "Advanced clinical practitioners" mentioned in the report were nurses and pharmacists.
- Work previously presented to the Committee on patient voice, was included in the appendix to the report. The Patients Affected by Cancer Board was also a means of patient engagement.
- Work was being done to investigate which groups of people did not attend screening, and how they could be supported and encouraged to attend. MENCAP were also involved in investigations into take up of screening. Also, the Big Purple Buses had gone out into the community e.g. to community centres, so staff could discuss issues such as why women from some minority communities had a lower rate of attendance for breast cancer screenings.
- The "transformation programme" was not a euphemism for cuts to budgets or services. Oncology was a priority nationally and NICE regularly approved new drugs. The service was gearing up to do more, and intended to make itself sustainable, and make it everybody's job to look after cancer.
- Previously some staff who had been upskilled, had been poached by other

Trusts but now staffing had increased this was easier for the service to cope with. The work environment could be stressful, and attempts were made to support colleagues and bring teams together.

- Stabilisation of the service was proceeding in a satisfactory way, however there was still some risk in small teams e.g. the Central Nervous System team, which only had two consultants at present, and one of them was due to retire.

8.3 The Chair requested that Rotherham and Barnsley Councils' Health Committees be updated on the progress and success of the relocation of the Lung Clinic to Rotherham Hospital

8.4 **RESOLVED:-** That the Committee:-

1. Notes the approach to the Non-Surgical Oncology transformation programme;
2. Notes progress being made as part of the Stabilisation Phase including the temporary development of a fourth lung clinic site for Rotherham and Barnsley patients;
3. Requests a further update on Non-Surgical Oncology in six months; and
4. Requests that Rotherham and Barnsley Councils' Health Committees be updated on the progress and success of the relocation of the Lung Clinic to Rotherham Hospital.

9. WORK PROGRAMME

9.1 The report was presented by Deborah Glen (Policy and Improvement Officer, Sheffield City Council).

9.2 Deborah Glen advised that the meeting of the Committee scheduled for 3rd December might have to be changed to an alternative date due to availability of Councillors. It was also noted that the meeting in March might have to be postponed as it would be in the pre-election period for the local elections for some of the constituent councils.

9.3 **RESOLVED:** That the Sub-Committee agrees the work programme, including the additions and amendments identified and notes the possible need to reschedule the December and March meetings.

10. DATE OF NEXT MEETING

10.1 It was noted that the next meeting of the Committee will be on a date and time to be confirmed.

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Terms of Reference for the South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee

The South Yorkshire, Derbyshire and Nottinghamshire Joint Health Overview and Scrutiny Committee is a joint committee appointed under Regulation 30 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and is authorised to discharge the following health overview and scrutiny functions of the authority (in accordance with regulations issued under Section 244 National Health Service Act 2006) in relation to health service reconfigurations or any health service related issues covering this geographical footprint:

a) To review and scrutinise any matter relating to the planning, provision and operation of the health service in its area, pursuant to Regulation 21 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

b) To make reports and recommendations on any matter it has reviewed or scrutinised, and request responses to the same pursuant to Regulation 22 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

c) To comment on and make recommendations about proposals in respect of which a relevant NHS body or a relevant health service provider is required to consult, pursuant to Regulation 23 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, as amended by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) (Amendment and Saving Provision) Regulations 2024, and exceptionally to make a call in request to the Secretary of State.

d) To require a relevant NHS body or relevant health service provider to provide such information about the planning, provision and operation of the health service in its area as may be reasonably required in order to discharge its relevant functions, pursuant to Regulation 26 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

e) To require any member or employee of a relevant NHS body or relevant health service provider to attend meetings to answer such questions as appear to be necessary for discharging its relevant functions, pursuant to Regulation 27 of the Local Authority (Public Health, Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

f) To scrutinise the commissioning and provision of health and social care services by the local Integrated Care Boards (ICBs) and Integrated Care

Partnerships (ICPs) in accordance with the legislative framework established by the Health and Care Act 2022.

Principles

- The purpose of the committee is to ensure that the needs of local people are an integral part of the delivery and development of health services across this geographical footprint.
- The committee's aim is to ensure service configuration achieves better clinical outcomes and patient experience.
- As new NHS work streams and potential service reconfigurations emerge, the JHOSC will determine whether it is appropriate for the committee to jointly scrutinise the proposals under development. Each local authority reserves the right to consider issues at a local level.
- All Members, officers, members of the public and patient representatives involved in improving health and health services through this scrutiny committee will be treated with courtesy and respect at all times.

Membership

- The Joint Committee shall be made up of six (non-executive) members, one from each of the constituent authorities.
- A constituent authority may appoint a substitute to attend in the place of the named member on the Joint Committee who will have voting rights in place of the absent member.
- Quorum for meetings of the Joint Committee will be three members from local authorities directly affected by the proposals under consideration.

The 6 Committee Member Authorities are:

Barnsley MBC
Derbyshire County Council
Doncaster MBC
Nottinghamshire County Council
Rotherham MBC
Sheffield City Council

Covering NHS England and the following 3 NHS Integrated Care Boards (ICBs):

South Yorkshire ICB
Derby and Derbyshire ICB
Nottingham and Nottinghamshire ICB

Working Arrangements:

- The Committee will meet on an ad-hoc basis as topics require scrutiny.

- The Committee will agree the hosting and chairing arrangements.
- Meetings will take place in the Town Hall of the local authority hosting the meeting.
- Agenda, minutes and committee papers will be published on the websites of all the member local authorities 5 working days before the meeting.
- When possible, meetings will be recorded and/or webcast; however, this cannot be guaranteed on all occasions.
- There is a standing agenda item for public questions at every meeting. Time allocated for this will be at the discretion of the Chair.
- Members of the public are encouraged to submit their questions 3 working days in advance of the meeting to enable Committee Members time to consider issues raised and provide an appropriate response at the meeting.
- The Committee will identify and invite the appropriate NHS witnesses to attend meetings.

Last updated October 2024.

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HEALTH AND WELLBEING BOARD

ANNUAL REPORT 2023/24

A HEALTHIER ROTHERHAM BY 2025



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FOREWORD

I am delighted, as the outgoing Chair of the Health and Wellbeing Board, to present our sixth annual report. Our Health and Wellbeing Board is built on strong partnership working across key organisations in the borough. I would like to thank all the partners for their commitment to delivering Rotherham's Health and Wellbeing Strategy and working together to improve outcomes for local people. I have happily chaired the Health and Wellbeing Board over the past nine years, and I am very thankful to everyone who has made the role, with all its challenges, a rewarding one, as we have made strides to improve the health and wellbeing of Rotherham residents.

Despite the fact that we have worked assiduously to improve health outcomes and health indicators, more still needs to be done. The current statistics shows that life expectancy for both men and women in Rotherham continues to be significantly lower than the England average. Rotherham rates for a range of health issues are worse than the national average, including: child obesity rates, smoking prevalence in adults, and residents with a long-term mental health problem. At the same time, fewer Rotherham residents indicated that they used the natural environment for health and exercise purposes compared to national figures. As a board, supporting our children to develop and flourish, our residents to lead healthy lives, creating a borough that supports good health and promoting better mental health and wellbeing for all Rotherham people are key priorities.

The Health and Wellbeing Strategy as well as the accompanying action plan, is continuously reviewed to ensure alignment with our priorities. We have also strengthened the role of our board sponsors in overseeing delivery of our aims. Furthermore, the board has overseen delivery of several key pieces of work over the past year, such as development of a framework to give every child the best start in life, a toolkit to support children, young people and families affected or bereaved by suicide, establishment of a tobacco control steering group and refresh of the loneliness action plan, including promoting volunteering. Tackling health inequalities has been core to our focus over the last year and the place-level prevention and health inequalities sub-group continues to report regularly to the board.

It is with great sadness that I am standing down as Chair, I encourage my successor, Cllr Baker-Rogers, to continue to work together with partners across Rotherham, as well as our South Yorkshire colleagues, to improve the health of our local populations, with a focus on health inequalities and strengthening prevention. As I am passing the baton of leadership of the board to the new Chair, I urge all stakeholders to maintain their support and commitment to the board's efforts in creating a healthier borough for everyone.

Again, I would like to say thank you to all partners and colleagues for their contributions, time and efforts whilst serving as Chair.



Councillor David Roche

Cabinet Member for Adult Social Care and Health, 4 March 2015 to 6 May 2024
Chair of the Health and Wellbeing Board

New Chair

It is with pleasure that I have been appointed as Chair of Rotherham's Health and Wellbeing Board. I am honored to be part of this annual report, which highlights some of the tremendous collaborative work that has taken place over the past year.

The board will continue to be a place where partners come together in a spirit of cooperation and constructive challenge to drive forward health improvements.

We will focus relentlessly on narrowing the healthy life expectancy gap faced by Rotherham's residents, to ensure that all Rotherham residents can expect to live happy, healthy and fulfilling lives.

Finally, may I use this opportunity to thank the outgoing Chair for the excellent work he has overseen for a number of years.



Councillor Joanna Baker-Rogers

Cabinet Member for Adult Social Care and Health,
Chair of the Health and Wellbeing Board

ROTHERHAM'S HEALTH AND WELLBEING BOARD

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

Organisations represented on the board include:

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

The board has a number of specific responsibilities, including producing Rotherham's Joint Strategic Needs Assessment ([web page](#)), overseeing the delivery of the Rotherham Health and Wellbeing Strategy ([web page](#)), and producing a Pharmaceutical Needs Assessment. Further details around the role of the board, including how the board has met the statutory duties over 2023/24 are outlined below.

Joint Strategic Needs Assessment (JSNA)

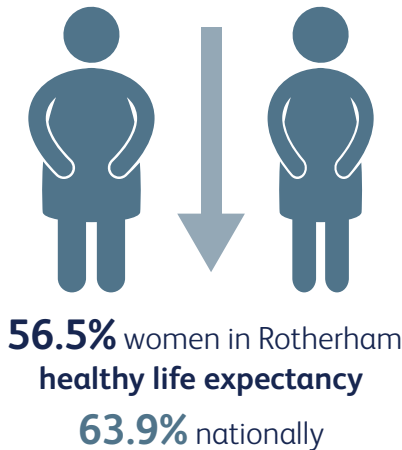
The JSNA is an assessment of the current and future health and social care needs of the local population. It brings together information from different sources and partners to create a shared evidence base, which supports service planning, decision-making, and delivery.

The JSNA is refreshed annually, and last year's update was presented to the board in June 2023. The JSNA includes a section on small geographies, where relevant information can be accessed at ward level, or even more local level (MSOA or LSOA).

Key findings showed:

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

The difference in healthy life expectancy at birth is particularly stark for women (2018-2020): at 56.5 years in Rotherham, compared to the England average of 63.9



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

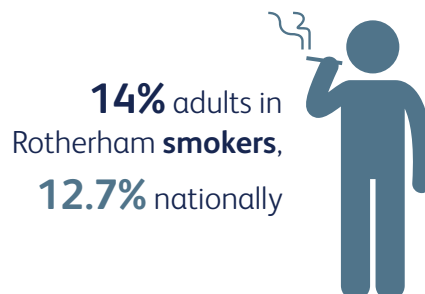
The key drivers of deprivation in Rotherham remain Health and Disability, Education and Skills, and Employment (as were in 2015).

Of 45,800 residents (aged 16-64) who were economically inactive, 35.2% were due to long-term sickness, compared to 27.2% nationally.

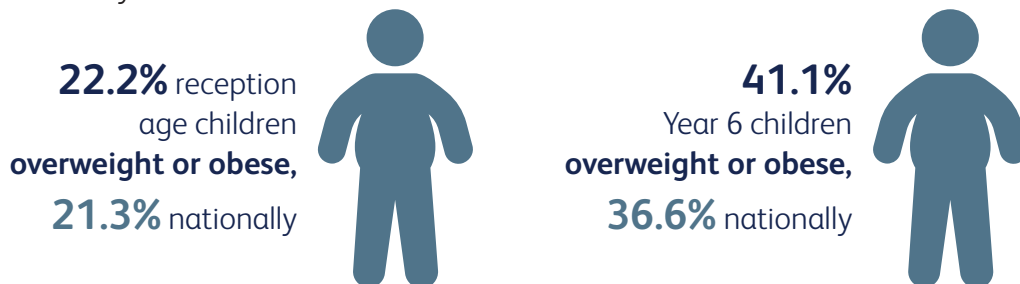
Achieving the conditions for a healthy life continues to be a concern. The estimated number of alcohol dependent adults in Rotherham is higher than the national average.

In 2021/22, there were 619 per 100,000 admission episodes for alcohol-related conditions (narrow definition), significantly worse than the national average of 494 per 100,000.

Approximately 14% of Rotherham adults (around 29,600 people) were smokers in 2022 compared to 12.7% nationally.



In 2021/22, 71.9% of adults in Rotherham were classified overweight or obese, compared to 66.5% regionally and 63.8% nationally. Child obesity rates are also higher than national average – in 2022/23, 22.2% of reception age children were overweight or obese, compared to 21.3% nationally and 41.1% of Year 6 children were overweight or obese, compared to 36.6% nationally.



Mental health and wellbeing are also a concern:

In primary care in Rotherham 2022/23, the recorded prevalence of depression (aged 18+) was 17.3%, a total of 36,892 persons, this is higher than the England value of 13.2% and has been increasing in Rotherham since 2013/14.

Data from 2018/19, show 12% of Rotherham residents reported a long-term mental health problem, which is significantly higher than the England value of 9.9%.



Environmental factors for health include:

Particulate pollution. In 2022 the percentage of mortality attributable to particulate pollution for Rotherham was 5.2% (England 5.8%).

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



Health and Wellbeing Strategy

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

The four aims of the Health and Wellbeing Strategy are:

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

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

For each of the four aims, two board members provide strategic oversight in a sponsorship role. Over the past year, we have developed the role of board sponsors to ensure that there is clarity, and in March 2023 the Board agreed a Memorandum of Understanding with Board sponsors.

This formalises the roles they fulfil and sets out the processes and activities in place to support them. The core role of the Board sponsors is:

- To have strategic oversight and ownership of their respective aim, this includes:
 - Monitoring progress against aims and removing blockages.
 - Providing strategic steer and identifying opportunities to develop their aim, including action to reduce health inequalities and actions that support integration of delivery.
- To be champions for their aim within the Board and Board activities.
- To be champions for health and wellbeing priorities in their organisations.

GOVERNANCE

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

South Yorkshire Integrated Care Board (NHS South Yorkshire)

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

South Yorkshire Integrated Care Partnership (ICP)

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

Rotherham Place Board

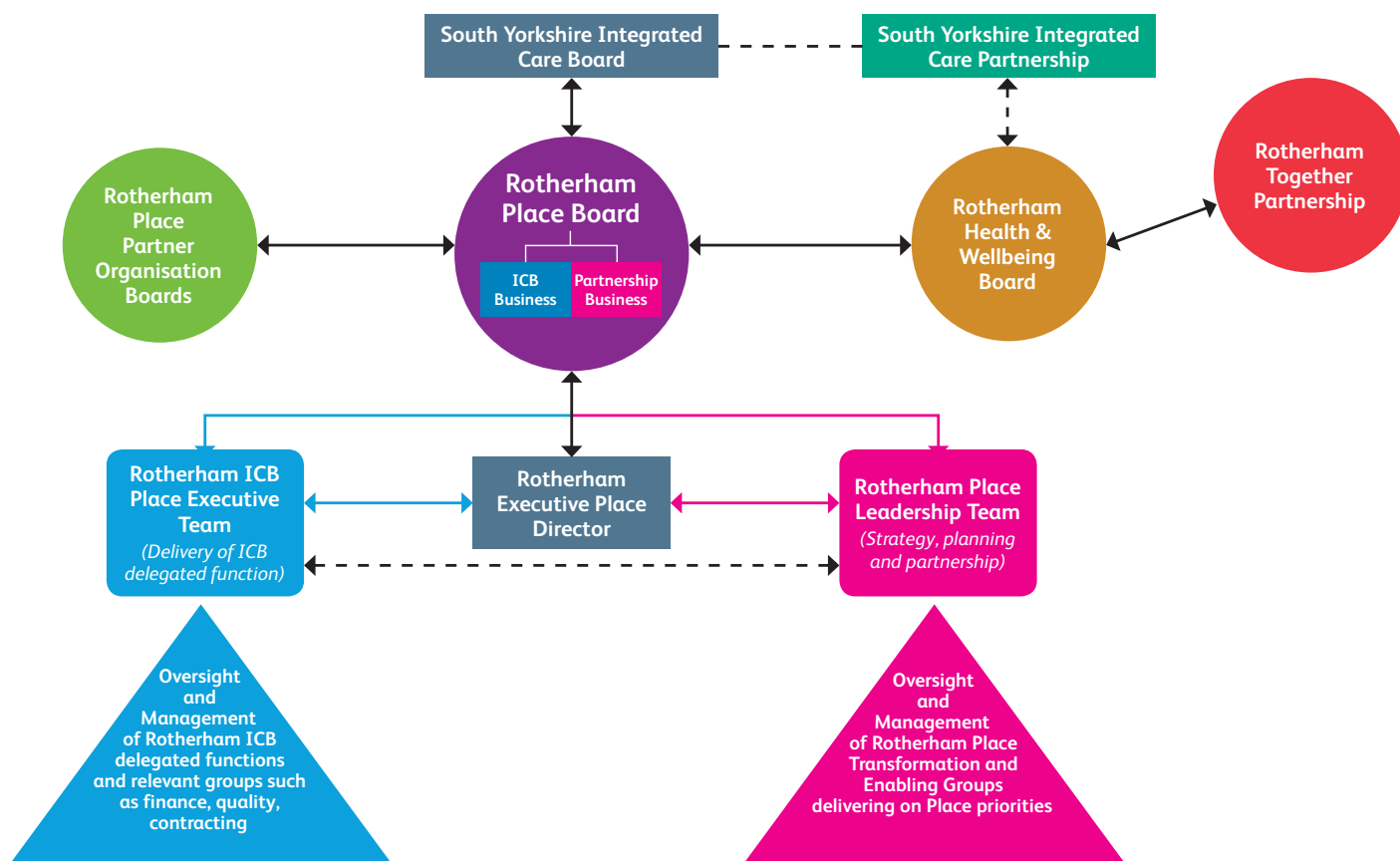
The Place Board is responsible for partnership business, providing the strategic and collective leadership to deliver the ambitions of the Place Partnership and the Rotherham Place Plan.

The Place Board is the forum where all partners across health and care in Rotherham come together to formulate and agree strategies for implementing the Rotherham Place Plan.

The Place Partnership is committed to achieving the best outcomes for people in Rotherham, ensuring alignment of relevant health and social care budgets so health, care, and support services can be bought once for a place in a joined-up way. The Chair of the Health and Wellbeing Board, along with a number of other Board Members sits on the Rotherham Place Board.

ROTHERHAM

Rotherham Place Partnership:
'High Level' Governance from 1 July 2022



Rotherham Place Board (has two roles):

1. Alignment of decisions on strategic policy matters relevant to the achievement of the Place Plan.
2. Delegated authority from the ICB Board to make decisions about the use of ICB resources in Rotherham in line with its remit.

Safeguarding

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

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

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

Rotherham Together Partnership

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

Health and wellbeing continues to be one of the key themes in the plan, with a particular focus on embedding prevention and taking action on inequalities, improving mental health, and making sure services are integrated and accessible.

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

Board Delivery in 2023/24

The following section highlights the Board's progress in delivering the Health and Wellbeing Strategy during 2023/24. This is structured against the four aims of the strategy.

AIM I:

ALL CHILDREN GET THE BEST START IN LIFE AND GO ON TO ACHIEVE THEIR POTENTIAL

This aim is focused on two priorities:

- Develop our approach to give every child the best start in life.
- Support children and young people to develop well.

This section sets out key achievements including a case study on the work delivered under this aim.

Key achievements in 2023/2024 include:

- **An independent travel training (ITT) offer has been created to support children with special educational needs or disabilities.** The travel training scheme aims to improve the Council's ability to deliver positive fulfilment of statutory duties under Section 508A of the Education and Inspections Act 2006, by promoting and implementing more sustainable travel and transport solutions.



To date, nine students have successfully completed their travel training and an additional two students are undergoing their final stages of training. The Council is looking to promote the service further, for example by attending coffee mornings with parent forums, producing promotion videos with successfully travel trained students and by offering work placements.

- **A new post-14 specialist campus opened in September 2023, providing 50 school places.** This means more children and young people can access high-quality specialist educational provision in the local area.



Forest View has been developed in partnership by the Council and Nexus Multi Academy Trust (MAT) to create a purpose-built provision. The campus – shared between Hilltop and Kelford schools - will support the need for additional special school places, extend educational opportunities for local pupils, and creates a nurturing learning environment that equips children and young people with the essential skills they need to thrive beyond school.

- **Rotherham's Family Hubs and Best Start in Life.**

The Council received £3.4million in government funding to help deliver Family Hubs and the Best Start in Life programme locally, adding value to the existing support available for families in children's centres and early help buildings. Families with children aged 0 to 19 (or up to 25 for those with special educational needs and disabilities)



can access information, advice, and support across a range of areas, including: pregnancy and birth, preparation for parenthood, health and wellbeing, education and childcare, family support and parenting, employment and training.

- **Winter Healthy Holidays 2023.** The Holiday Activity and Food Programme (known locally as Rotherham Healthy Holidays) is funded by the Department for Education. This programme required that free holiday places be made available for all children and young people from Foundation Stage 2 to Year 11 who are eligible for the following: benefit related free school meals, looked after children, asylum seekers, elected home educated, all children who have a social care or early help plan, children who attend pupil referral unit or alternative education provision.

The aims of the programme are that children and young people attending the clubs will: eat more healthily, be more active, take part in engaging and enriching activities, be safe and not isolated, and have greater knowledge of health and nutrition.

For winter 2023, there were 30 different programmes delivered across the borough. Providers offered children and young people an array of activities including: arts and crafts, swimming,



AIM I CASE STUDY:

Rotherham is now officially a breastfeeding friendly borough after the launch of a new campaign to support families to make the right choice for themselves and their babies.

Representatives from Rotherham's Health and Wellbeing Board, including the Council, The Rotherham NHS Foundation Trust, South Yorkshire Integrated Care Board, and other local partner organisations, pledged their support to make Rotherham a breastfeeding friendly borough at a launch event on 2 August 2023.

As well as signing the Supporting a Breastfeeding Friendly Borough Declaration, The Rotherham NHS Foundation Trust also launched Rotherham Backs Breastfeeding campaign to promote advice, guidance and support services for new mothers and families to ensure they have the information and confidence they need to breastfeed.

Breastfeeding provides mothers and babies with a range of benefits, including providing babies and infants with nourishment, helping to build the bond between mother and baby, and supporting the child's development.

In the UK, 47% of infants aged six to eight weeks in 2020/21 were breastfed with only one in 200 mothers deciding to continue breastfeeding after a year. The Council and health partners are now looking at ways that they can support mums who wish to continue breastfeeding.

Cllr David Roche, Cabinet Member for Adult Care and Public Health and Chair of the Health and Wellbeing Board, said: "Breastfeeding offers mothers and babies a range of benefits, but it is sad that many mothers decide to stop breastfeeding sooner than they would like to.

"There can be a lot of reasons for this, such as the need to go back to work or pressure from people around them to stop. The Council believes that mothers should be able to breastfeed as long as they want to and will be working with partners and businesses across the borough to support and advise them how they can support mothers."

Vicky Wilkinson, from The Rotherham NHS Foundation Trust's Infant Feeding Team, said: "My team in the 0-19 service work closely with mothers to ensure they get the information they need so they can make the right choices for them. We are working with residents and businesses to take away the stigma around breastfeeding. We believe that every mother should be able to breastfeed whenever she needs to without fear of being challenged or shamed."

For further information about the Breastfeeding Friendly Borough, go to www.rotherhamhealthandwellbeing.org.uk/

AIM 2:

ALL ROTHERHAM PEOPLE ENJOY THE BEST POSSIBLE MENTAL HEALTH AND WELLBEING AND HAVE A GOOD QUALITY OF LIFE

This aim is focused on four priorities:

- Promote better mental health and wellbeing for all Rotherham residents.
- Take action to prevent suicide and self-harm.
- Promote positive workplace wellbeing for staff across the partnership.
- Enhance access to mental health services.



Key achievements in 2023/2024 include:

- **Strategic communications to promote better mental health and suicide prevention social media messages promoting Rotherhive and Five Ways to Wellbeing** are scheduled at least once every four weeks as part of the Council's overall communications plan. Regular messaging is also provided via neighbourhood e-bulletins aligned to local ward priorities and the Be the One campaign has been refreshed and an active campaign is running at the moment, supported by Zero Suicide Alliance training sessions in libraries.
Further, there is the sign up to the OHID Prevention Concordat for Better Mental Health as a Health and Wellbeing Board.
- **A renewed strategic approach to physical activity** through the Moving Rotherham partnership, focusing on active champions, active environments, active communities, and active communications. Partnership achievements over the last year include training social prescribers/link workers to increase awareness of the benefits of physical activity, securing £100,000 to support additional community activities in Rotherham schools, the addition of a local activity finder on the Rotherhive wellbeing and mental health website.
- **Suicide and self-harm awareness training delivered to practitioners across the partnership and members of the public.** Three training sessions have been delivered to South Yorkshire Police Sergeants in 2023. This covered suicide prevention activity in Rotherham, sharing findings from the Real Time Surveillance system, postvention support for children and young people, adults and an input with a family member who had been bereaved by suicide.
A suicide prevention awareness training session was delivered as part of suicide awareness week, attended by 13 people from across the partnership.
- **A new diagnostic centre opened at Badsley Moor Lane**, providing an out-patient respiratory and sleep physiology service. The centre has more space, equipment and staff, and with greater capacity for certain tests, is reducing waiting times.

AIM 2 CASE STUDY:

MORE THERAPEUTIC ENVIRONMENTS FOR PEOPLE IN ROTHERHAM WHO NEED A STAY ON MENTAL HEALTH IMPATIENT WARD

Patients at a Rotherham mental health unit helped to draw up plans for a major revamp, to make it more welcoming and therapeutic.

The patients, who at the time were in Swallownest Court, in Swallownest, Rotherham, enjoyed playing a part in the planning process.

Swallownest Court, run by Rotherham, Doncaster and South Humberside (RDaSH) NHS Foundation Trust (RDaSH), has inpatient wards for adults who have a mental health problem. The wards offer care and treatment through a multi-disciplinary approach that includes doctors, nurses, occupational therapists, and psychology therapists. One ward is a psychiatric intensive care unit that offers intensive care beds for patients facing high-risk acute mental health problems.

Recently, RDaSH launched its new Clinical and Organisational Strategy, on how it would move forward up to 2028. The strategy contains 28 promises and promise number 18 says how the NHS Trust is committed to achieve more for its patients.

‘From 2023 invest, support and research the best models of therapeutic multi-disciplinary inpatient care, increasingly involving those with lived experience and expert carers in supporting our patients’ recovery’.

The physical refurbishment proposals were shaped through discussions with and experience of patients who helped ‘draw up’ the plans. One change is that a ward clerk welcomes patients and visitors upon arrival at the ward entrance, giving more of a personal touch. As well as some ‘unseen’ improvements that were required (e.g., utilities, drainage), the physical environment has been completely transformed. Communal areas have been updated and enhanced, and space maximised to create a more therapeutic environment.

Patient bedrooms and bathrooms have been refurbished with new furniture introduced. Staffing areas have also been improved. The final touches are all expected to be completed around April 2024.

These changes will aid the recovery and therapy of people with mental health problems in Rotherham, some of whom are the most vulnerable in our community.

AIM 3:

ALL ROTHERHAM PEOPLE LIVE WELL FOR LONGER

This aim is focused on two priorities:

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

Key achievements in 2023/2024 include:

- **Increased funding has allowed the expansion of tobacco control measures,** including the establishment of a Local Enhanced Stop Smoking Service. This enhanced offer will enable more people to access stop smoking support through their GP practice and other community settings. A variety of support is available through this service including behavioural support, nicotine replacement therapy and vapes. In Rotherham we have maintained a high quit rate amongst people accessing support, where 70% of people who accessed community stop smoking support from April 2023 to March 2024 have successfully quit. Increased funding has also allowed more funds to be allocated to enforcement activity to tackle underage sales and suppliers of illicit tobacco and nicotine-containing products.
- **Ensuring support is in place for carers.** The Council worked in collaboration with partners to spotlight the unwavering commitment and tireless efforts of unpaid carers. To ensure carers' are aware of their rights and feel supported, a series of impactful events, ranging from open days to informative stalls and an afternoon tea were held to commemorate Carers Rights Day, 22 to 27 November 2023. The events not only recognised the invaluable contributions that carers' make to society, but also empowered residents with essential knowledge about their rights and support available to them.
- **Establishing a local Drug and Alcohol Related Death review process.** The Council has developed local systems for drug intelligence and learning from drug and alcohol deaths, contributing to the wider system to deliver the national drug strategy locally using the Supplemental Substance Misuse Treatment and Recovery Grant (2022-2025).

This work comprises collating and analysing data on Rotherham Drug and Alcohol Related deaths, through a newly procured intelligence system, as well as identification of learning from individual cases through a new Drug and Alcohol Related Death Panel which had its inaugural meeting in February 2024. In September 2023, South Yorkshire wide launch of our aligned approaches to reducing drug related harms was held at New York Stadium.

- **A Changing Places facility has been installed in the gardens of Wentworth Woodhouse.** The specialised toilet provides a purpose-built environment, designed specifically to help disabled visitors and individuals with complex care needs. This is the fourth facility to be installed in the borough after the Council was awarded £490,000 in government funding. The newly installed facilities are part of a huge regeneration project to transform Wentworth Woodhouse with plans for the site to provide a world-class visitor destination, event spaces, overnight accommodation, restaurants, and commercial office spaces once renovated.



Changing Places facilities have previously been installed at Rotherham United's New York Stadium, Magna Science and Adventure Centre, and Grimm & Co. Additional spaces are also planned for Clifton Park Museum, Rother Valley Country Park, Gulliver's Valley Theme Park and Resort, and Thrybergh Country Park.

- **Voluntary Action Rotherham has facilitated the development of a Rotherham Recovery Community,** funded by the supplemental substance misuse treatment and recovery grant to deliver local recovery activities. The aim is to create visible and thriving recovery from dependence as a realistic goal for those who aim to change their lifestyle and behaviours.

Specific outcomes include:

- Asset based community development (ABCD) training completed with relevant partner organisations and recovery champions.
- A 'Winter Wonderland' Ball held on 24 January 2024, was attended by almost 100 people, including those in recovery, professionals supporting the recovery community development and the Mayor of Rotherham.
- £34,000 in small community recovery grants were awarded and seven activities funded across the borough, including veterans support, snooker, fitness programmes and Rotherham United Recovery social sessions.
- Established a Facebook page with recovery champions as admins, and over 500 group members.

AIM 3 CASE STUDY:

Fiona * experienced violence and addiction for many years in several different relationships. This culminated in the loss of her children to other family members and the involvement of social care.

Fiona started to use fellowship groups like Alcoholics Anonymous, Cocaine Anonymous and accessed a peer-led recovery support group in the community which was run by a recovery community champion.

They suggested that she contact the recovery programme manager to find out more about the recovery community offer, and at this meeting Fiona said that she wanted to be a recovery champion and represent the needs of women like herself, who get into drug use in abusive relationships, and who are then in her view, judged more harshly than any abusive partner.

The recovery champion development process includes a personal development plan supported by the programme manager, and training around asset-based community development and lived experience recovery organisation development (LERO).

Fiona is now an active recovery champion, working as a volunteer with young women and families and regularly attends workshops about developing a Rotherham LERO. She has had difficulties over the last year but has been supported via buddying with other recovery champions, and is growing in confidence and ability, offering assertive and astute opinions about the way forward for the recovery community in Rotherham.

** name has changed*

AIM 4:

ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES

This aim is focused on four priorities:

- Deliver a loneliness plan for Rotherham.
- Promote health and wellbeing through arts and cultural initiatives.
- Ensure Rotherham people are kept safe from harm.
- Develop a borough that supports a healthy lifestyle.

Key achievements in 2023/2024 include:

- **Supporting digital inclusion.** A workshop was held in November 2022 with residents and organisational representatives. This session was used to agree how best to support Rotherham's most digitally excluded communities, and to identify the actions that would be needed to deliver the outcomes set out in the Digital Inclusion Strategy.



Following this, a Digital Inclusion Action Plan was developed, which sets out a range of targeted activities and initiatives for the last 12 months, including working with local organisations to deliver safety talks to community groups, providing support across neighborhoods and showing residents how to complete a range of common tasks on their phones, tablets, and devices, recruiting Digital Champions, linking in with existing volunteer groups to make sure all communities can benefit from the available support and advice.

A new website has been created that includes practical support and guidance. Residents can visit the Rotherham Digital website to find out more: www.rotherhamdigital.co.uk.

- **Tackling community Safety - The Safer Rotherham Partnership (SRF)** is the borough's community safety partnership. The SRF plan outlines a number of commitments based around four key priorities, this includes: protecting vulnerable children and adults; building safer and stronger communities; protecting people from violence; and tackling organised crime.



Specific outcomes include:

Rotherham's Reclaim the Night returned for its ninth year on 23 November 2023. Residents were invited to attend an annual walk-through Rotherham Town Centre to celebrate the past, present, and future of women's empowerment.

New mobile CCTV unit launched to reduce crime and anti-social behaviour. The van is fitted with communications equipment for use as a mobile command centre, making it a useful tool for various operations and community events.

The Council secured funding via South Yorkshire Police to deliver a range of safety improvements in Rotherham Town Centre, including new lighting at Snail Hill, a replacement fire door at Wellgate multi-storey car park, and upgrades to the 'shop link' radios, which will help town centre businesses communicate with one another if an incident takes place.

Championing events supporting equality and inclusion. Throughout 2023, the Council and local partner organisations have actively informed and involved local residents, including underrepresented groups, in opportunities for participation.

The Council proudly partnered with Flux Rotherham and Children's Capital of Culture to host the second **Women of the World (WOW) Festival Rotherham**. The festival created a safe space where women, girls and non-binary people come together to discuss a range of topics, challenging societal norms and ideas that create barriers for women to succeed.

Rotherham marked **Holocaust Memorial Day** by holding an event on 25 January 2024. The event brought together faith leaders, dignitaries, Councillors, schools, and local residents to remember all those who lost their lives to genocides around the world. The theme of this year's event was 'fragility of freedom' – reflecting on how freedom is fragile and vulnerable to abuse.



The annual Rotherham Show took place on 2 to 3 September, with approximately 88,000 spectators. 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, plus traditional dance by Wath Morris Minors.



Throughout the weekend the show celebrated the spirit of the borough and gave people the chance to enjoy an amazing free festival of culture, entertainment, and family fun.

AIM 4 CASE STUDY:

COMMUNITY GROUP GOES FROM STRENGTH TO STRENGTH

A community group in Rotherham that was established two years ago has become a success and is also helping to keep people well and save lives. The group, called S62 was cofounded by Sarah Lacey, Director and Project Coordinator, and runs from The Drop-in Centre, Harding Avenue, Rawmarsh. Active partnerships with patients and citizens are essential to support good health and are central to the transformation programme currently taking place in community mental health services. The objective is to ensure that active participation is a consistent and core element of service design and evaluation, service delivery and operations, and outcomes.

S62 has sessions most days and welcomes residents of Rotherham with open arms. They are now working together with RDaSH, to have a say on services and advise on what can be improved upon.

Sarah said: “We first opened as a constituted group and over time as we grew, we expanded to become a community interest company.

“We are a group of people with lived experience of illness and mental health. Together we tackle mental health, isolation, supporting self-development of peers, poverty and recovery in the community. Just one of the sessions they hold is the Men’s Mental Health Group which meets weekly and cofounder Luke Brailsford, who facilitates the group, firmly believes it saves lives, as the men get together for company and take part in a range of activities, from eating meals together to going to watch football. Samantha Smith is S62’s newest Director and one of Rotherham’s Recovery Community Champions. Through her own lived experience, she has just launched their new Recovery Peer Support Group, The Next Chapter, which has opened up another much-needed support avenue in Rotherham.

“We are now working with RDaSH to show what peer support is and working to form best practice for peer support,” said Sarah. Peer support is where people use their lived experiences to help each other.

Residents can join group sessions, open to all adults across Rotherham, by simply dropping into one of their sessions or contacting S62 directly for further information:

This is an important focus for mental health service delivery going forward. Good health does not only come from a service received. In fact, it largely comes from other factors and experiences. How people are treated, heard, valued and supported makes a big difference to their wellbeing and to their outcomes from care.

LOOKING AHEAD

A focus on prevention and early intervention and reducing health inequalities will continue to be key to the Health and Wellbeing Board over the next year.

As a Board, we will:

- Continue to work with Board sponsors to monitor delivery of our strategy
- Continue to develop our relationships within the new South Yorkshire Integrated Care System and ensure each of our aims is aligned with the South Yorkshire Integrated Care Strategy
- Continue to focus on reducing health inequalities between our most and least deprived communities.
- Influence other bodies and stakeholders, including those with a role in addressing the wider determinants of health to embed health equity in all policies.

The Board will also oversee delivery through partnerships and partners, monitored through the Health and Wellbeing Strategy action plan, to include:

- Continue implementation of 'Best Start and Beyond' framework, identifying areas of action through Task and Finish groups as appropriate.
- Establishment of Family Hubs model of service delivery, and the implementation of family hubs start for life offer.
- Maternity and neonatal service which aims to make care safer, more personalised and more equitable.
- Continue to support children and young people's mental health and wellbeing, along with schools, health and voluntary sector.
- Promote suicide and self-harm awareness training to practitioners across the partnership and members of the public through internal and external communications.
- Increase the flexible support options available for unpaid carers to sustain them in their caring role.
- Annual delivery of Rotherham Show, creating opportunities for communities to come together and be outdoors.

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