

HEALTH AND WELLBEING BOARD
10th June, 2020

Present:-

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| Councillor David Roche | Cabinet Member, Adult Social Care and Health (in the Chair) |
| Lesley Cooper | Healthwatch Rotherham |
| Dr. Richard Cullen | Strategic Clinical Executive, Rotherham CCG |
| Chris Edwards | Chief Operating Officer, Rotherham CCG |
| Councillor R. Elliott | Health Select Commission |
| Sally Hodges | Strategic Director, Children and Young People's Services |
| Shafiq Hussain | Chief Executive, Voluntary Action Rotherham |
| Una Jennings | District Command, South Yorkshire Police |
| Sharon Kemp | Chief Executive, RMBC |
| Carole Lavelle | NHS England |
| Anne Marie Lubanski | Strategic Director, Adult Social Care, Housing and Public Health |
| Councillor J. Mallinder | Improving Places Select Commission |
| Dr. Jason Page | Governance Lead, Rotherham CCG |
| Terri Roche | Director of Public Health |
| Kathryn Singh | RDaSH |
| Angela Wood | Chief Nurse, TRFT (representing Richard Jenkins) |

Report Presenter:-

Ruth Fletcher-Brown Public Health Analyst

Also Present:-

Becky Woolley Policy Officer, RMBC

94. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

95. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

96. COMMUNICATIONS

Pharmaceutical Needs Assessments

The Chair reported that an announcement has recently been made by the Department of Health and Social Care that the requirement to renew Pharmaceutical Needs Assessment has been suspended until April 2022. This was in response to the recognised pressures of the COVID-19 response. Rotherham Public Health had already raised concerns

regarding the ability to carry out a thorough and appropriate consultation with partners, who are understandably facing challenging circumstances and therefore this announcement is welcomed.

The Health and Wellbeing Board will retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. It was noted that the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 would be updated in due course.

97. MINUTES OF THE PREVIOUS MEETING HELD ON 11TH MARCH, 2020

The minutes of the previous meeting of the Health and Wellbeing Board were considered.

Resolved:-

That the minutes of the previous meeting held on 11th March, 2020, be approved as a correct record.

Arising from Minute No. 82 (Shaping Places Funding Bid), it was noted that this was now on hold due to the Covid-19 pandemic.

Arising from Minute No. 84 (Rotherham Loneliness Action Plan 2020-2022), it was appreciated that meetings of partner organisations may be currently on hold. However, any comments should be emailed to Becky Woolley.

ACTION:- Board Members/Becky Woolley

98. CORONAVIRUS: RESPONSE AND RECOVERY

Terri Roche, Director of Public Health, presented a report on Rotherham's response to the Coronavirus outbreak and recovery plan.

Following notification from the World Health Organisation, the Public Health Pandemic Flu Plan was activated and a pandemic influenza co-ordinating group instigated. The Response Plan set out the precautionary, proportionate and flexible arrangements for the management of response and recovery to a pandemic as well as clarity of roles, responsibilities and response arrangements. A Rotherham COVID-19 Silver Command (RCSC) was set up to co-ordinate the response to the pandemic with an action plan devised outlining the response to the pandemic and the key actions for all partners (Appendix 1 of the report submitted).

The UK was now approaching the next phase of responding to the ongoing COVID-19 pandemic, as the peak of the current epidemic wave had passed (mid-April), and a relaxation of current extreme social distancing measures was being considered. National plans were being devised and communicated for “testing, tracking and tracing”: scaling up testing for the disease, tracking its spread through the population, and tracing contacts of confirmed cases, in order to contain the rate of spread of the disease in a more targeted way

The report set out the work taking place within the Borough of the Rotherham COVID-19 Silver Command and on Contact Tracing, Tracking and Testing.

It was reported that a new key priority was the development of a COVID-19 Outbreak Control Plan which had to be submitted to Central Government by the end of June. A meeting had been held the previous day where the Terms of Reference and framework for the Plan had been agreed. There was also a need to ensure that the Borough was ready for any response building on the good practice already in existence.

Public facing engagement would be set up to support the Outbreak Control Plan.

The Chair thanked all the Key Workers and officers of the various organisations for all their hard work during the pandemic.

The challenge was how to work effectively on the recovery whilst still dealing with the response.

It was noted that there was to be a publicity campaign launched later in the year on the importance of members of the public receiving an influenza vaccination.

Resolved:-

That the action plan, the hierarchy and the update of place response be noted.

99. UPDATE FROM COVID-19 GOLD PLACE BOARD

Sharon Kemp, RMBC, and Chris Edwards, RCCG, gave a verbal update on the work of the COVID-19 Gold Place Board.

The Board’s focus had very much been on ensuring that, as a partnership, there was a collective response to the local challenges across Primary and Acute care systems and Adult Social Care. This had resulted in a cohesive way of working for the local communities. However, work was now underway on revising the plans, for submission in August, as to what the next stage might look like.

There had been significant engagement with the voluntary and community sector with over 480 volunteers, over 4,000 health and wellbeing checks carried out by all agencies and support services and in excess of 3,000 requests for support made to the Rotherham Heroes Programme.

It was noted that whatever plans were produced for the next period would plan for every eventuality and would have to be fluid to allow reaction to any unexpected issue.

Resolved:-

That the update be noted.

100. IMPLICATIONS FOR MENTAL HEALTH AND SUICIDE PREVENTION OF COVID-19

Kathryn Singh, RDaSH, gave the following powerpoint presentation on Aim 2:-

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

- Strategic Priority 1
Improving mental health and wellbeing of all Rotherham people
- Strategic Priority 2
Reducing the occurrence of common mental health problems
- Strategic Priority 3
Improving support for enduring mental health needs (including dementia)
- Strategic Priority 4
Improve the health and wellbeing of people with learning disabilities and autism

Mental Health/Learning Disabilities and Autism Service Update

- Majority of MH/LD and A Services continued with some adjustments:
Digitalisation to address social distancing rules
Check-ins with vulnerable groups
- Some staff redeployed into critical service areas from less critical ones
- Capacity in Psychiatric Intensive Care Units remained high throughout
- Have provided access to urgent mental health support 24/7
- Continued focus on suicide prevention
- Services saw an initial reduction in demand now seeing this increasing – mirrored across the region and nationally
Services have had to move ‘online’ in many cases
Impact of this now being experienced

Interruption to ongoing care
Later presentations with more complex needs
Starting to see an increase in MH Act Assessments since easing of lockdown restrictions

Children and Young People

- Initial reduction in demand now starting to return to normal levels
Nationally some evidence to suggest there is a growth in suicidal ideation
Information suggests significant growth in demand in following areas:-
Parental conflict, sadness, domestic violence and sleeping issues

MH/LD&A Future Concerns

- Growth in demand expected
- Anticipate a psycho-social impact
- Existing health inequalities are likely to be exaggerated
- Disproportionate impact on those with existing mental health problems
- Depression is highly prevalent post-disasters and is often co-morbid with PTSD
- Anxiety, panic disorder and phobias
- Increase in substance use and alcohol intake
- Adjustment disorders

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

- Good links with the Hub
- As start to design RDaSH's recovery programme works, ensure contact with locality hubs and the support that the Service could provide on a more granular level in the community

Ruth Fletcher-Brown, Public Health, gave a verbal update on suicide prevention and bereavement support.

Bereavement support

- A report had been considered by the COVID-19 Gold Place Board on bereavement provision across the board working with voluntary and community sector support
- Acknowledgement that bereavement support was an area that had not received equal provision across the whole of the Borough with people accessing support through the Hospice in the past
- Scoping exercise underway looking at the key messages for staff and Place partners on how people felt comfortable having discussions with those who had experienced death

Listening Ear

- Had been piloted across Yorkshire and Bassetlaw. The COVID-19 Gold Place Board had committed to continued funding until

- December 2020 for anyone who had been bereaved through this period
- Would include telephone support as well as possible online support
- Work would take place with Communications partners to get the message out to the public

Suicide Prevention

- Being kept under review
- Need to review the local assistance prevention and action plan to provide reassurance that appropriate actions were in place to address the At Risk groups
- Research following SARS that whilst you could anticipate who may be at risk there may be other groups that were not on the radar
- Looking at some industries that may be heavily impacted as well e.g. hospitality and the number of young people who worked within the industry affected by its closure
- Very good support from the Police and Neighbourhood Services giving real time data so actions could be put into place to support families and local communities and what actions needed to be taken to prevent further stress to others
- A full review would be undertaken of the Plan and the training offer
- All partners were requested to continue promoting Amporo

Discussion ensued with the following issues raised:-

- The action plan would also address loneliness
- Communities and individuals were showing great resilience which needed to be built upon; never had there been an opportunity like there was currently where people were talking about their mental health and how they were looking after their mental health
- The Public Health and Wellbeing COVID-19 Group was considering repeat health assessments which would look at Public Health data and other data to ascertain how the pandemic was impacting on different groups

Resolved:-

That the updates be noted.

101. HEALTH AND WELLBEING BOARD STRATEGIC PRIORITIES

Becky Woolley, Policy Officer, reported that, following, the COVID-19 pandemic, it had been recommended that the Board review its priorities. The review would consider:-

- The biggest pressures as a partnership
- Evidence around the potential medium to long term impacts of COVID-19 in Rotherham

- Capacity across the system to respond to the projected impacts
- Opportunities to learn from our response to COVID-19

Proposed next steps

Subject to agreement by the Board, the following key actions are proposed:-

- June – initial consultation with Board members regarding the refresh of priorities
- July-August – review of the Health and Wellbeing Strategy and the Board's strategic priorities
- September – a development session would be facilitated by the Local Government Association to confirm the Board's priorities and key areas of focus

Discussion ensued on the proposal with the following issues raised:-

- Whilst some of the Board's priorities may still be relevant, some of the actions that sat underneath may need to change e.g. timescales or further actions included to address issues such as mental health and health inequalities
- The priorities would need to be kept under review given the current uncertain situation
- Importance of continued work with Rotherham Together Partnership

Resolved:-

1. That a review of the Health and Wellbeing Board strategic priorities be approved.
2. That initial feedback be provided on the review including:-
 - What were the biggest pressures facing the system in the immediate and longer term?
 - What needed to change to enable the Board to respond to these pressures?
 - What had worked well in the Board's response to Covid-19?
 - What would the Board want to keep i.e. new ways of working, positive behavioural change?

ACTION:- Becky Woolley/Board Members

102. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Terri Roche, Director of Public Health, introduced the 2019 independent annual report which focussed on the period of life between conception and a child's second birthday, the so-called "1001 Critical Days".

Evidence showed that the first 1001 days was critical to life-long health and wellbeing. It was not only a significant time for the child, but also incredibly relevant to parents and would be parents.

With it being acknowledged that early public investment set the foundation for greater societal return on such investment, by paying attention to this important area now, and reducing inequalities, it was hoped to lessen expensive interventions that would have potentially been required later in life.

The focus of the 2019 annual report was:-

- The First 1001 Days – a legacy for life
- Key influencers on the First 1001 Days
- Preparing for Parenthood
- Pregnancy
- The First 2 Years of Life including showcasing what Rotherham was doing

The First 1001 Days – Window of Opportunity

- Between conception and a child's second birthday
- Critical to lifelong health and wellbeing
- Not every baby had the same opportunities in Rotherham
- Impact of parental behaviours
- Wider social influences e.g. living in areas with polluted air

What we can do together

Work in a partnership with our services to improve the health and wellbeing of families and their young children in particular having a focus on:-

- Reduction in smoking in pregnancy rates
- Improve diet and nutrition
- Promote physical activity
- Increase breastfeeding prevalence
- Increase Ages and stages Questionnaire – 3
- Improve air pollution
- Support offered by Public Health Commissioned Services

The report also provided an update on the progress made on the recommendations contained within the 2018 annual report.

An offer was extended to all partners for presentation of the report to any meetings felt appropriate.

Resolved:-

That the report be noted.

103. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Chair introduced the Health and Wellbeing Board's second annual report 2019/20.

The report reflected on the progress made as a partnership over the past year as well as what had worked well, what the Board was worried about and what it would do next.

The Chair expressed his pride of the strength of the partnership and how it had worked together to respond to COVID-19. He thanked all partners for their commitment to the Board over the past year and for their ongoing commitment in response to the pandemic.

The report illustrated some of the key progress made during 2019 and how the Board had met its statutory role. The next key step would be to review its priorities in the context of the long term consequences of COVID-19 whilst continuing to respond to some of the key issues outlined in the "what are we worried about?" section of the report.

Resolved:-

That the report be noted.

104. DATE AND TIME OF NEXT MEETING

Resolved:-

That a further meeting be held on Wednesday, 16th September, 2020, commencing at 9.00 a.m.