

**HEALTH AND WELLBEING BOARD**  
**10th March, 2021**

**Present:-**

Councillor David Roche	Cabinet Member, Adult Social Care and Health <b>(in the Chair)</b>
Ben Anderson	Director of Public Health
Steve Chapman	Temporary Chief Superintendent/District Commander, South Yorkshire Police
Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG
Chris Edwards	Chief Operating Officer, Rotherham CCG
Councillor R. Elliott	Health Select Commission
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Suzanne Joyner	Strategic Director, Children and Young People's Services, RMBC
Sharon Kemp	Chief Executive, RMBC
Councillor J. Mallinder	Improving Places Select Commission
Dr. Jason Page	Governance Lead, Rotherham CCG
Kathryn Singh	Chief Executive, RDaSH
Paul Woodcock	Strategic Director, Environment and Regeneration, RMBC
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

**Report Presenters:-**

Iain Cloke	Engagement Lead, Age UK Rotherham
Lesley Dabell	Age UK Rotherham
Jenny Lingrell	Joint Assistant Director, Commissioning, Performance and Inclusion
David Vickers	Chair, Rotherham Older People's Forum

**Also Present:-**

Gavin Jones	South Yorkshire Fire and Rescue Service
Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC
Jacqueline Wiltschinsky	Head of Service, Public Health

**Guests**

Ben Aveyard, Barbara Booton, Maxine Dennis and Rod Kersh.

Apologies for absence were received from Lesley Cooper (Healthwatch Rotherham), Gill Hunt (NHS England), Anne Marie Lubanski (Adult Care, Housing and Public Health, RMBC) and Richard Jenkins (The Rotherham Foundation Trust).

**144. DECLARATIONS OF INTEREST**

There were no Declarations of Interest to report.

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

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

**146. COMMUNICATIONS**

(1) The Chair reported that ,on 11<sup>th</sup> February, the Department of Health and Social Care (DHSC) had published a White Paper setting out legislative proposals for a Health and Care Bill. This included proposals around integrated care systems that could have a significant impact on the way of working.

The final details were expected to be released mid/end of April.

The Chairs of the South Yorkshire Health and Wellbeing Boards were to send a joint letter to Sir Andrew Cash, Chief Executive of the Regional ICS.

(2) The dates of the Health and Wellbeing Board for the 2021/22 Municipal Year had now been agreed. Diary invitations would be sent out shortly for these meetings.

**147. MINUTES OF THE PREVIOUS MEETING**

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

Arising from Minute No. 135 (Aim 1: All children get the best start in life and go on to achieve their full potential), Suzanne Joyner, Strategic Director CYPS, advised that a report had been submitted to the Health Select Commission on the findings of the Children's and Young People Mental Wellbeing survey.

Resolved:- (1) That the minutes of the previous meeting held on 13<sup>th</sup> January, 2021, be approved as a correct record.

(2) That the Governance Advisor ascertain if Minute No. 133(2) (5 Ways to Wellbeing video) had been actioned.

**Action:- Dawn Mitchell**

(3) That the report submitted to the Health Select Commission be circulated to Board members.

**Action:- Suzanne Joyner/Becky Woolley**

**148. SPECIAL EDUCATION NEEDS AND DISABILITIES STRATEGY**

Jenny Lingrell, Joint Assistant Director, Commissioning Performance and Inclusion, presented the Special Education Needs and Disabilities (SEND) Strategy for approval.

The Strategy set out the key outcomes for children and young people (up to the age of 25) and identified the key priorities and objectives that would deliver them. It identified how the work would be organised and the oversight and accountability that was in place.

The previous version of the SEND Strategy was only ever produced in draft form and was criticised for not reflecting the voices of children, young people or families due to a lack of co-production activity. In order to provide the strategic direction for the joint Strategy, a co-produced 'Voices' day had been held in November 2019 where young people, parents, carers and practitioners came together to reflect on Rotherham's journey in relation to inclusion and agree the next steps and priorities.

The 'Voices' Day had agreed a specific set of outcomes for children with SEND in Rotherham. The outcomes were originally formulated by the SEND Strategic Board via an outcomes-based accountability process. These were shared with attendees at the 'Voices' day and it was agreed that they did reflect the priorities of children, young people and their families. A scorecard and strategic action plan had also been developed.

Oversight for the Strategy was the responsibility of the SEND Strategic Board which would meet bi-monthly. The SEND Strategic Board reported to the Rotherham Place Board.

It was also noted:-

- Strong element of parent/care input
- There was a suite of indicators that sat under the Voice outcome on the performance scorecard, which was considered by the SEND Board, that enabled agencies to look at whether they were continuing to consult and co-produce against the agenda; there were specific measures related to Voice and consultation
- Parents and carers were embedded throughout the governance arrangements for SEND and represented on the SEND Board
- A piece of deep dive work was to be undertaken to hold agencies to account in terms of outcomes and use the experience of families to evidence that
- For each of the 4 outcomes, a scorecard had been developed which would report to the SEND Strategic Board. A refined set of headline measures would be reported quarterly to the Place Board which would also receive a detailed spotlight update 3 times a year

Resolved:- That the SEND Strategy and the SEND Joint Commissioning Strategy be approved.

**149. DEVELOPING A PREVENTION LED SYSTEM IN ROTHERHAM**

Ben Anderson, Director of Public Health, gave the following powerpoint presentation:-

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### Why Prevention

- 95% of liver disease was attributable to 3 preventable causes – alcohol, obesity and viral hepatitis
- 90% of first heart attacks related to 1 of 9 modifiable factors
- 80% of diabetes spend was treating avoidable illness and complications
- 2/3s of premature deaths could be avoided through improved prevention, early detection and better treatment
- 42% of cancers in the UK were preventable
- 17% of deaths in adults over 35 were attributable to smoking

### Twin Paradigms for Sustainable Care Systems

Managing Demand	Preventing Demand
Increasing supply	Improved lifestyles and tackling the wider determinants of health
Waiting targets	Prevention services
Service flow and efficiency	Health checks
Improving discharge	Screening and immunisation
Changing skill mix	DPP
New models of care	Tackling variations
Drives expectation, increases throughput, creates demand and cost	Supports empowerment, reduces throughput, stems demand and costs
Extends life expectancy and prolongs health and care service need	Extends healthy life expectancy, reduces inequalities, delays health and care service need

### Prevention and Health Inequalities

- Demonstrating the gaps in Rotherham males and females – treatment and care effect/prevention effect
- Obese children Year 6 (2015/16-2017/18)
- Hospital stays for alcohol-relating harm (2013/14-2017/18)
- Incidence of lung cancer (2012-16)
- Emergency hospital admissions for all causes (2013/14-2017/18)
- Emergency hospital admissions for CHD (2013/14-2017/18)
- Emergency hospital admissions for COPD (2013/14-2017/18)
- Hospital admission rates

### A Whole System Approach to Prevention

- Joint report “Meeting the Prevention Challenge in the East Midlands: A Call to Action” supporting a direct response to the NHS 5YFV
- Practical recommendations for Providers and Commissioners across Health and Care covering:-
  - Leadership and Governance
  - Commissioning and Delivery Services
  - Staff Wellbeing
  - Sustainability and Corporate Responsibility

#### Leadership and Governance

- Embed prevention within NHS leadership with an identified broad level prevention champion
- Create the governance structures required to deliver on prevention from policies to performance management including the use of health Impact Assessment and Health Equity Audit tools
- Ensure strategic level Public Health input to NHS planning and delivery through the 'Core Offer' from the local authority
- Working through the health and Wellbeing Board to deliver system level prevention
- Advocate for prevention within the wider system

#### Commissioning and Delivery Services

- Adopt a whole pathway approach considering opportunities for Primary, Secondary and Tertiary Prevention across services
- Ensure that prevention was systematic and delivered at the required scale to deliver a population level impact
- Embed Making Everything Count within services, maximising support for lifestyle change with clear pathways to support
- Rigorously challenge clinical variation raising the bar for all in the management of risk factors and chronic conditions
- Adopt the 'Proportionate Universalism' approach to target investment to maximise impact on the 'window of need'

#### Staff Wellbeing

- NHS staff and their families make up a significant proportion of our local populations. Supporting them to achieve and maintain good health delivered business and population health benefits
- Develop policies to support good health in relation to active travel, workplace food and drink offers, smoking and alcohol use, work/life balance
- Ensure good quality management of staff absence and ill health adopting policies that supported staff to manage long term conditions and balanced their health needs with their work
- Consider sign up to the Workplace Wellbeing Charter

#### Sustainability and Corporate Responsibility

- Develop a Corporate Responsibility Strategy that considered how NHS organisation's impacted upon population level prevention
- Consider the impact of estates, transport, commissioning and procurement policies and activities on the local population and economy
- Consider the food and beverage retail offer within NHS buildings promoting healthy options and working to remove sugary snacks and beverages from the offer
- Consider how NHS organisations can support employability within the local population through placement and apprenticeship options to support the local worklessness agenda

Discussion

- Rotherham's four Health and Wellbeing aims were prevention focussed:-
  - Children getting the best start in life
  - Rotherham people enjoying the best possible mental health and wellbeing and having a good quality of life
  - Rotherham people living well for longer
  - Rotherham people living in healthy, safe and resilient communities
- Prevention and reducing inequalities were our strategic principles
- But do we have the systematic approach to prevention across our organisations to maximise our delivery?

Michael Wright, Assistant Chief Executive, TRFT, stated that the Trust was keen to work collectively and interrogate the data that underpinned emergency admissions in an effort to understand why some patients were not getting earlier intervention and thereby came through on a more planned elective pathway rather than as an emergency admission.

Discussion ensued with the following issues raised/clarified:-

- Further work was required to understand the different pathways and what was happening in different Wards of the Borough
- There was a need to build expectation and aspiration to enable people to come forward at an early stage when at a preventable level of taking therapy rather than higher level treatments. It was a massive piece of work to raise that aspiration and understanding of the health literacy in the population
- Prevention and early intervention had been discussed for some time. The Board would need to explore this over the coming months. Developing local matrix and through the population health management workstream would assist
- The driver should be to extend healthy good life and delay people joining a disease register
- Nationally the focus would always be on access to treatment

Resolved:- (1) That the presentation be noted.

(2) That if any Board member had any further comments, they should email Ben directly.

**Action:- All Board members/Ben Anderson**

(3) That the presentation slides be provided to all Board members.

**Action:- Ben Anderson/Becky Woolley/Dawn Mitchell**

**150. UPDATE FROM THE LOCAL OUTBREAK ENGAGEMENT BOARD**

Sharon Kemp, Chief Executive RMBC, gave the following verbal update on behalf of the Local Engagement Board:-

- Since the last Board meeting, on 22nd February the Government had announced its Roadmap out of lockdown which set out the various stages/dates of the relaxation of lockdown
- Rotherham had seen a reduction in case rates – 145 positive cases per 100,000 on the 7 day rate. However, it was still one of the higher areas in the country. This was likely to be related to the fact that a lot of Rotherham's employment required people to go into and work from a workplace
- The testing centres at Midland Road, Herringthorpe Stadium, Maltby and Dinnington were still using the PCR tests. In the afternoons they were becoming collection sites for lateral flow kits for families and bubbles of school children
- Riverside House was and would continue to be a testing centre
- Businesses with under 50 employees could now register for lateral flow tests
- The Council had established a Self-Isolation Payment Scheme in January in light of the success of the 2 national schemes. 78 applications had been received of which 76 had been approved
- Rotherham would continue to increase its local contact tracing offer where information was received directly from the national Test and Trace system of those individuals they had not been able to contact. The team, which had had its number of team members increased, contacted individuals by telephone/email or knocking on doors
- Letters had been sent out in January to those that fell within the new criteria for the clinical extremely vulnerable cohort. These individuals had been supported by the Community Hub. This classification was until 31<sup>st</sup> March with further information awaited from Government
- There had been significant communications activity including support of the local vaccination take up

The success of vaccination programme was illustrated in the case rate data by age group and a clear line could now be seen between the 65+ age groups where case rates were down to 49 per 100,000 in the 65-69 age group, 34 per 100,000 in 70-74 age group and 44 per 100,000 in 80+ age group as opposed to higher rates in the working age population. There was a clear distance in case rates between those vaccinated and those not showing the impact of the programme.

Resolved:- That the update be noted.

**151. UPDATE ON AIM 4: ALL ROTHERHAM PEOPLE LIVE IN HEALTHY, SAFE AND RESILIENT COMMUNITIES**

Paul Woodcock, Strategic Director, Regeneration and Environment, and Steve Chapman, Temporary Chief Superintendent and District Commander, South Yorkshire Police, gave the following powerpoint presentation on Aim 4: All Rotherham people live in healthy, safe and resilient communities

Priority 1 – Delivery of a loneliness plan for Rotherham – What’s working well

- Befriending support continued to be in place for local people via the Rotherham Community Hub and the voluntary and community sector
- A promotional video was produced and shared via social media sharing positive stories about befriending
- Work continued to reach out to ‘at risk’ groups
- The loneliness Making Every Contact Count training had been updated to reflect referral routes and the impact of Covid-19
- The Board Chair had been asked to present on work taking place around loneliness as an example of good practice

Issues to address

- There had been an increase in younger people reporting that they were feeling lonely all the time or sometimes (according to the second mental health survey)
- Parents were reporting their children were suffering from being in the home for too long leading to increased anger, frustration, loneliness and mental health deterioration
- Carers had reported loneliness, isolation, reduced contact/no contact with other family members and not feeling connected to the outside world
- There had been an increase in local people requesting support with loneliness through the Rotherham Community Hub

Next Steps

- Continue to operate the Rotherham Community Hub to provide support to local people
- Take forward learning from the Rotherham Community Hub and the Rotherham Heroes approach
- Rollout of Making Every Contact Count training as from March 2021
- Continue with the Place Communications and Engagement planned activity
- Evaluate Year 3 Mental Health and Suicide Prevention Small Grants Scheme and take learning forward

Priority 2 – Promote health and wellbeing through arts and cultural activities – What’s working well

- Around 200,000 people had engaged in online activities and targeted events as part of the Rotherham Together Creative Programme

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- Activities had included:-
  - Wildflower Park land art commissioned at Clifton Park
  - Light and Hope projection onto the side of the Rotherham Minster
  - Two partnerships with Women of the World
  - 'No Leotards Necessary' programme of physical activity through guided exercises, self-led walks and activities in parks
  - Online Story Time with Rotherham libraries
  - Virtual celebrations for the Chinese New Year
- The Library Service had actively contacted more vulnerable users and were offering click and collect and e-books/e-magazines etc.

### Issues to address

- The joint workshop between the Health and Wellbeing Board and the Cultural Partnership Board had been delayed due to workforce capacity
- Library buildings had been mainly closed during the pandemic meaning it had not been possible to hold activities and events as planned
- Many Culture, Sport and Tourism staff were currently redeployed on essential Covid work i.e. testing
- Parks and open spaces had been busy particularly during periods of good weather

### Next Steps

- The Rotherham Together Programme would culminate in March 2021 with the opening of a memorial garden at Thrybergh Country Park – Hope Fields
- Work was ongoing to prepare for the re-opening of libraries (no earlier than 12<sup>th</sup> April)
- The joint workshop for the Health and Wellbeing Board and the Cultural Partnership Board had been rescheduled for the summer

### Priority 3 – Ensure Rotherham people are kept safe from harm – What's working well

- The Council and South Yorkshire Police were undertaking joint patrols around Covid-19 hotspots and problematic areas
- A dedicated Mental Health nurse was in place within Community Safety and referrals were increasing
- Successful partnership working was taking place around domestic abuse
- There had been investment in Neighbourhood Policing Teams who were leading work to respond to district organised crime
- A campaign had been launched to encourage everyone to 'Spot the Signs' of CSE
- South Yorkshire Fire and Rescue had had positive engagement with local housing associations regarding the Home Safety Partnership Referral Scheme

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### Issues to address

- Continuing to address Covid hotspots and supporting outbreak control work from an enforcement perspective
- Challenges around the visibility of safeguarding issues
- Temporary pause to the Victim Perpetrator programme due to CRC being absorbed by the Probation Service
- Level of acuity and complexity of the referrals made to the Mental Health nurse
- Current uncertainty relating to the ongoing funding of the Mental Health nurse

### Next Steps

- A joint safeguarding partnership development session would be taking place in March
- Continuing to enforce the lockdown rules particularly as schools and businesses gradually re-opened
- Resolving funding options for the Mental Health nurse role

### Discussion ensued with the following issues raised/clarified:-

- Befriending Guidance produced by Public Health and supplied to volunteers and the community as well as information regarding suicide prevention and free online training from Zero Suicide Alliance
- Rotherham Together Creative Programme specifically developed to respond and support Covid-19 – 3 key themes – Joy, Gratitude and Hope
- 736 Covid-19 Enforcement related actions to date including warnings to business premises and to individuals
- 73 Closure of Prohibition Notices served on premises
- Over 400 Fixed Penalty Notices served to date
- A lot of work ongoing around domestic abuse with people and key messages in place around how Covid-19 might have affected demand for services. Although demand for services may feel reduced, would there be historic domestic abuse reports in the future. It was known that the referrals going into MARAC were becoming more complex in nature
- South Yorkshire Police had set up an initiative called Multi-Agency Tactical and Co-ordination Group which focussed on perpetrators. The top 4 perpetrators based on risk were discussed every month, in a similar way to which victims were discussed at MARAC, with the aim of reducing the risk posed to victims by such
- Joint Co-Located Teams in the 3 localities had worked on organised crime disruption identifying where crime groups were, the vehicles they used, who was visiting the houses and Gang Injunctions issued where appropriate. It had resulted in significant arrests and warrants being obtained

- Although there had not been an increase in CSE referrals, it was acknowledged that there may be a delay in the reporting of/responding to concerns. It was important that partners and members of the public were able to spot the signs of CSE
- CRC was now absorbed by the Probation Service and the service was no longer available. The Safer Rotherham Partnership had the funding to commission the Victim Perpetrator Programme but no service to accept the tender. The work continued and it was hoped to have an agency in place soon
- Work was ongoing to find a funding solution for the Mental Health nurse

Paul and Steve were thanked for their presentation.

## **152. HEALTH AND WELLBEING BOARD PRIORITIES AND ACTION PLAN**

Becky Woolley, Policy Officer, presented the latest update on the Health and Wellbeing Board's priorities and action plan.

It was noted that a further update on the Joint Strategic Needs Assessment was to be submitted to the May meeting. The content had been updated to increase the focus on the health inequalities and also include Covid-19.

Pre-pandemic, there had been a bid submitted to the Shaping Places Fund around Green Spaces and the use of Green Spaces for physical activity in Rotherham (Aim 3). That work had been paused during the height of the pandemic but had now re-started. The bid had now passed through to the Discovery Phase which brought a small amount of funding for engagement work with communities and system mapping to inform the final submission. An update would be submitted in due course.

Resolved:- That the update be noted.

## **153. ROTHERHAM'S OLDER PEOPLE AND THE IMPACT OF COVID-19**

The Board received the following presentation by David Vickers, Chair of the Rotherham Older People's Forum, and Iain Cloke and Lesley Dabell, Age UK Rotherham:-

Why is this important?

- Everyone has been affected by the impact of Covid-19
- Some have been affected more than others
- Older people have been disproportionately affected
- It was time for change – a moment to focus on what matters the most
- We want older people and the whole community to have the best possible recovery they could have : "Age Friendly"
- As part of this, need to involve older people and support them to have the best possible recovery

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- Important to listen to what older people were saying and involve them in finding the solutions needed
- Working together on a 'Year of Reconditioning'

### Covid-19 has disproportionately impacted older people

- Almost 1.8M people over the age of 50 had been advised to shield\* whilst everyone over the age of 70 had been advised to take extra precautions
  - 28% of people 50-69 and 24% of people 70+ said their exercise routine was being affected\*\*
  - 26% of people 50-69 and 33% of over 70s said their access to non-Covid related healthcare was being affected
  - 42% of adults aged 70+ were reporting high levels of anxiety
- \*NHS Digital Shielded Patient List Data Access on 19<sup>th</sup> January 2021  
\*\*ONS Data Coronavirus and the social impacts on Great Britain published 15<sup>th</sup> January

### Physical Health

- “I seem to have become less able in many ways. I think the less you use it the more you lose it”

### Physical deconditioning

- Older people were finding it harder to walk and were more reliant on aids
- They were also finding every day activities around the house harder to complete
- Reductions in mobility were having a knock-on effect on older people's weight, mood and energy
- Some older people had said they were falling more frequently than before

### Mental Health

- “I just feel so scared to go out, my depression has a knock on effect on my pain, not being able to go outside means my mind keeps going round in circles making me more depressed, no conversations, no laughter, in debt and overweight from takeaways. I feel unloved and unwanted” (females 55-59)

### Seeing through the eyes of older people in Rotherham

- What were older people in Rotherham saying about their journey through Covid-19?

### Positive outcomes during Covid-19

- Digital inclusion
- Wisdom of age leads to resilience
- Older people were carers too
- Supporting each other informally and through volunteering

What were the best things you had done or were doing to help get through the crisis?

- Sticking to a routine
- Staying in touch with others
- Being active
- Creativity in later life
- Mindfulness
- Helping others

How are you coping with the impact of Covid-19

- 2/3 said they were coping okay
- 1/3 were not coping
- A few were really struggling

Our needs in later life

- Self-actualisation – desire to become the most that one can be
- Esteem – respect, self-esteem, status, recognition, strength, freedom
- Love and belonging – friendship, intimacy, family, sense of connection
- Safety needs – personal security, employment, resources, health, property
- Physiological needs – air, water, food, shelter, sleep, clothing, reproduction

What were the best things other people or organisations had done or were doing to help you?

- Mostly not services
- Practical help from family and neighbours
- Local people, organisations, churches, other faith groups and community hubs
- Health Services

Thinking about “the next 6 months” what are you not able to manage?  
What feels impossible to deal with?

- Separation from family and friends
- The unrelenting demands on unpaid family carers
- Anxiety, worry about the world
- Solitary grief
- Coping with loss - of all kinds

Summary – Covid has affected everybody but how well you have weathered the storm depends on ‘the boat’ you were in

- Seize the moment
- Person-centred tailored solutions
- Celebrate wisdom of age
- Prevent, recover, recondition
- Building on resilience of age
- Whole community
- Enable not care

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- Informal not formal
- Support not services
- Positive thinking
- People actively involved
- Recover and develop assets
- Beware unintended outcomes
- Create the environment to encourage people to create solutions

How must we continue and develop our support for older people so they can make the best possible recovery from the impact of Covid-19

- How will it happen?
- Where will the conversations happen?
- Who are the right people to involve?
- Where will the actions be planned?
- Who will make sure they are implemented?
- How will they be monitored and evaluated?
- What already works?
- What is the structure for partnership?
- Where are the resources?

It was noted that Ian Spicer, Assistant Director, Adult Care and Integration, and the Chair was to meet with Lesley and her team in March to discuss this issue further.

Should any Board member have any questions, they should email either Ian or the Chair and they would be raised in the meeting with Age UK Rotherham.

Lesley, David and Iain were thanked for their presentation.

### 154. **DATE AND TIME OF FUTURE MEETINGS**

Resolved:- That meetings take place during the 2021/22 Municipal Year as follows:-

Wednesday, 26<sup>th</sup> May, 2021  
21<sup>st</sup> July  
22<sup>nd</sup> September  
24<sup>th</sup> November  
26<sup>th</sup> January, 2022  
16<sup>th</sup> March  
22<sup>nd</sup> June

all commencing at 9.00 a.m. venue to be confirmed.