

HEALTH AND WELLBEING BOARD
26th May, 2021

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health
Ben Anderson	Director of Public Health
Nathan Atkinson	Assistant Director, Commissioning (representing Anne Marie Lubanski)
Steve Chapman	Temporary Chief Superintendent/District Commander, South Yorkshire Police
Councillor V. Cusworth	Cabinet Member, Children and Young People
Chris Edwards	Chief Operating Officer, Rotherham CCG
Sharon Kemp	Chief Executive, RMBC
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Kathryn Singh	Chief Executive, RDaSH
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Gilly Brenner	Public Health
Jessica Dunphy	Public Health
Phil Hayes	RotherFed
Julie Hodgkinson	Live Inclusive
Hayley Rundle	B:Friend

Also Present:-

Lesley Cooper	Healthwatch Rotherham
Gavin Jones	South Yorkshire Fire and Rescue Service
Becky Woolley	Policy Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from Dr. Richard Cullen (Rotherham CCG), Richard Jenkins (TRFT), Suzanne Joyner (RMBC), Anne Marie Lubanski (RMBC), Dr. Jason Page (Rotherham CCG) and Paul Woodcock (RMBC).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from the member of the press present at the meeting.

3. COMMUNICATIONS

Suspension of the requirement to produce Pharmaceutical Needs Assessments by April 2022

Following a national postponement last year in response to COVID pandemic, Pharmaceutical Needs Assessments were due to be renewed and published by Local Authority Health and Wellbeing Boards in April

2022. Normal practice in Rotherham was to start to prepare approximately a year prior to publication, to ensure thorough engagement and consultation periods.

However, due to ongoing pressures across all sectors in response to the COVID-19 pandemic, the national requirement to publish renewed Pharmaceutical Needs Assessments had now been suspended further until October 2022. Local Authority Health and Wellbeing Boards would retain the ability to issue supplementary statements to respond to local changes and pharmaceutical needs during this time. Updated national Pharmaceutical Needs Assessments guidance was planned to be published in the summer. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 would be updated to reflect this change in due course. The intention in Rotherham was to await the new guidance and then begin preparations for the PNA review and consultations in the autumn.

Board Membership

The membership of the Board included 3 Elected Members one of whom was the Deputy Leader, however, due to the review of Cabinet Member portfolios that was no longer possible. Discussions were to take place with the Leader and senior officers as to a third Member. Once known, details would be circulated to the Executive.

4. MINUTES OF THE PREVIOUS MEETING

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

Resolved:- That the minutes of the previous meeting held on 10th March, 2021, be approved as a correct record.

5. JOINT STRATEGIC NEEDS ASSESSMENT

Gilly Brenner, Public Health Consultant, and Jessica Dunphy, Public Health Consultant, gave the following powerpoint presentation on the Joint Strategic Needs Assessment:-

What is the JSNA

- “An assessment of current and future health and social care needs of the local community”
- This includes specific health and social care behaviours e.g. smoking but also wider determinants of health such as housing and access to green spaces
- The information found from the JSNA can be used to inform strategy, policy and action by an organisation in the Borough
- All local authorities must produce a JSNA but there was no specific format meaning that they varied between areas
- Rotherham’s version of the JSNA was the Rotherham Data Hub:
<http://www.rotherham.gov.uk/data/>

What does the Rotherham JSNA contain

- People
- Socio-economic
- Environment
- Community and neighbourhoods
- Health behaviours

Structure of Theme Sections

- Initial introductory page introducing the topic, its overall relevance to good health and key points for Rotherham
- Covid lens – a page discussing the current impact of Covid on this topic and some potential impacts for the future
- Data for Rotherham – local authority level data or, where available, Ward level or lower super output area (LSOA) level data
- Useful links – links to further reading
- List of data sources

Impact of Covid

- The long term impacts of Covid were yet to be fully determined but they were likely to be worse in more deprived areas and to worsen any pre-existing inequalities in all areas
- Deprivation in Rotherham was high compared to England as a whole. A third of Rotherham residents lived within the top 20% most deprived areas in the country and overall deprivation increased between 2015 and 2019 according to the Index of Multiple Deprivation (IMD)

Risk Factors affecting DALYs (Disability Adjusted Life Years)

- Smoking
- High blood glucose
- Diet
- High BMI
- High blood pressure
- High cholesterol
- Alcohol use
- Occupational risk
- Cold homes
- Air quality

Headline Data Examples

- 75.6% of adults classified as overweight or obese
- 0.5% of workers cycle to work
- 25% of 16-64 year olds not economically active
- 14% of residents utilise outdoor space for health or exercise purposes
- Gismo search for 'weight' – RUCST weight loss programme

Links to the JSNA

- [Homepage – Rotherham Data Hub](#)
- [Socio-Economic – Rotherham Data Hub](#)
- [Environment – Rotherham Data Hub](#)
- [Community and Neighbourhoods – Rotherham Data Hub](#)
- [Health Behaviours – Rotherham Data Hub](#)
- [People – Rotherham Data Hub](#)

Future Actions

- Greater focus on prevention and inequalities
- Greater input across place – CCG, Healthwatch Rotherham and VAR all contributed data this year
- TRFT and RDaSH keen to contribute some data during this calendar year e.g. smoking, IAPT (Improving Access to Psychological Therapies)
- As part of input across place, greater inclusion of information about long term conditions such as cancer and cardiovascular disease
- Links to work around Population Health Management
- Incorporating an interactive 'Ward profile' element within the JSNA, collating all data at Ward level into one place rather than having to go through each section individually
- Acknowledging delays to data available at new Ward level
- Changes to Ward boundaries this year may reduce the degree of comparable data available for the next few years
- Incorporating a 'lifecourse' element where data relevant to each life stage (child, young adult, adult, elderly) across all themes was brought together

Discussion ensued with the following issues raised/clarified:-

- A JSNA should provide a good starting point for understanding the issues in Rotherham, but also provides links to further detail held
- It was person-centred with demographic information together with other influencers on health, from health behaviours to wider determinants and the interplay between these factors
- A summary of some key developing evidence or expected impacts of Covid. Some of the information was based on national surveys but it be some time before a full understanding was gained and ability to analyse the wide range of impacts of the pandemic
- The data page compared Rotherham to its nearest statistical neighbour and the England average as well as showing trends over time
- Some pages would have the old Ward data; the new Ward data was available under the Ward profiles
- The map was an initial look at the impact of Covid. It was already expected that areas with higher deprivation were likely to be impacted worse by the pandemic, due to higher rates of infection, loss of income, missed in-school education etc.

- For a significant proportion of residents, the pandemic was likely to have had a negative impact that would exacerbate inequalities
- DALYs = Disability Adjusted Life Years = The sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability. The top 10 risk factors were those that contributed most to ill health and reducing quality of life. This inclusion was welcomed as the agenda was moved to prevention and early intervention
- Whilst many of them were considered as health behaviours, it was known that they were highly influenced by the conditions in which people grow, play, learn and live
- It was hoped to incorporate a more interactive version of Ward profiles to enable Members and others to better understand the issues specifically relevant to their local area, acknowledging the challenges that the new Ward boundaries brought to the availability of data and trends
- It was also the aim to make it easier to see the data specifically relevant to different stages of the life-course
- Importance of feeding the JSNA into Directorates
- DALYs could be used to inform the Rotherham Place Plan
- The importance of an understanding of the impact of Covid on socio-economic in terms of the response and recovery plan

It was noted that a seminar was to take place in the summer on the JSNA.

Gilly and Jess were thanked for their presentation.

Resolved:- That the Joint Strategic Needs Assessments and future actions be noted.

6. 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 meeting of the Board, there had been further relaxing of the lockdown in accordance with the Government's roadmap
- Rotherham's rates as of 24th May for all ranges had been 24.5 per 100,000 population which was a much better position. In the over 60's it was 5.9 per 100,000. This was near to the England average (approximately 60th local authority). This was due to the hard work of many and the responsible behaviour of Rotherham's citizens
- There had been a reduction in the number of hospital admissions which was currently in single figures. This had been a stable position for the past few weeks
- A watchful eye was being kept on those areas where the Indian variant was present as to the impact on hospitals. Regional work with colleagues would continue to ensure Rotherham was in the best position should there be a change in the infection rate

- There was still good take-up of testing with the centres still available at Maltby, Midland Road and Dinnington. The need for supervised testing was being reviewed at the moment given that Riverside House was offering that facility. Increasing numbers of the public were taking up the offer of home testing and the collect service that was available through either the PCR site or customer services and libraries
- Local contact tracing work continued and had seen a completion rate of above 90% and much higher on most days
- There had been a positive uptake of the vaccines across the Borough. The decision to use the Primary Care network had made a number of local venues and GP surgeries available thereby making it much easier for members of the public to get access to the vaccine. There would be continued encouragement for everyone to take up the opportunity of a vaccine when offered
- There were no significant pockets of areas where vaccine take-up was low but it was constantly reviewed

Chris Edwards, CCG, reported that the model used in Rotherham for the roll out of the vaccine had been a real success with 24% of the population left to vaccinate. Rotherham was ahead of the 3 other authorities in South Yorkshire and other parts of England. The vaccine supply was probably the limiting factor but the deadline would be met.

Resolved:- That the update be noted.

7. TIMELINE - IMPLEMENTATION OF THE HEALTH AND SOCIAL CARE WHITE PAPER

Chris Edwards, CCG gave a verbal update on the implementation of the Health and Social Care White Paper.

On 11th February, 2021, the Department of Health and Social Care had published its White Paper Integration and Innovation: working together to improve health and social care for all. The proposals followed the journey of integrating care, a journey that South Yorkshire and Bassetlaw had been on since 2016, and put it on a statutory footing involving the 5 Clinical Commissioning Groups in South Yorkshire and Bassetlaw transforming into a national Integrated Care System.

It was proposed that it would become statutory from 1st April, 2022.

It was not envisaged that a big difference would be seen in Rotherham and maintain the existing strong working partnership and benefit from the effects of working in a wider footprint across South Yorkshire and Bassetlaw.

Resolved:- That the update be noted.

8. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Chair and Ben Anderson, Director of Public Health, presented the 2020/21 Annual Report “A Healthier Rotherham by 2025” with the aim of the following powerpoint presentation:-

Due to the COVID-19 pandemic, the Board had continued to meet virtually, and as the report showed, it had achieved much over the past year such as its work on loneliness, encouraging better physical health and activities, supporting young people’s mental health, setting up an unpaid carers group that was supporting the refresh of the Carers Strategy and placing an increasing emphasis on the wider determinants of health.

There was still a lot more work to be done on tackling health inequalities, including inequalities between Rotherham’s least and most deprived communities. The Board had committed that this would be its main area of focus, to ensure that the health of the most vulnerable was improving the fastest. In the coming year, The Board would need to refresh its priorities, taking into account the impact of the pandemic, as well as the changes that would be brought in through the Health and Care Bill.

As well as partners working closely together on the response to the COVID-19 pandemic, there has also been significant progress made over the past year to support delivery of the Health and Wellbeing Strategy:-

- Engaging with the Local Maternity System on the Maternity Transformation Plan
- Implementation of the Mental Health Trailblazer in schools ‘With Me in Mind’
- Delivery of the Suicide Prevention and Self-Harm Reduction Action Plan, including promoting information around debt advice and signposting to Rotherhive website, sharing information for people at risk of relationship breakdown, helping carers and following up missed appointments
- Pooling knowledge, expertise and resources across the partnership with regards to the mental health and wellbeing of our workforce
- Launching the Moving Rotherham campaign to encourage local people to be more physically active
- Establishing an unpaid carers group to ensure carers had the support they needed throughout the pandemic. This group has also been closely involved in the co-production of the Carers Strategy

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- Tackling loneliness and social isolation during COVID-19, including reaching out to at-risk groups, raising awareness via social media and redeveloping the MECC training
- An estimated 400,000 people engaged in the Rotherham Together programme, which was developed to respond and support recovery from COVID-19. The programme focussed on 3 key themes: Joy, Gratitude and Hope and provided innovative and COVID-secure ways to foster connectedness
- Working with the other Boards across the Rotherham Together Partnership to deliver the safeguarding protocol, including coming together to discuss mental health as a cross-cutting issue
- Maintaining a link between the Health and Wellbeing Board and the Local Outbreak Engagement Board

What are we worried about?

- There were large gaps in life expectancy and healthy life expectancy both within the Borough and compared with the national average. Moreover, the coronavirus pandemic had exacerbated existing health inequalities, with the most disadvantaged communities being hit the hardest
- The leading causes of death in Rotherham included ischaemic heart disease (IHD), stroke, lung cancer, COPD and Alzheimer's / dementia
- Mental Health and wellbeing

What will the Board do next:-

- The current priorities and action plan ran until June, 2021. The next step would be to engage with Board members to update the Board's priorities and the action plan which underpinned the Strategy
- Embed a prevention-led systems approach across the Place
- Work with the South Yorkshire and Bassetlaw ICS to shape the future arrangements
- Continue to monitor the longer-term impacts of the pandemic on our communities
- Focus on reducing health inequalities between our most and least deprived communities.

The Challenges

- Health inequalities between our most and least deprived communities and between Rotherham and the national average
- Mental health and wellbeing remained a concern
- The leading causes of death in Rotherham were associated with preventable risk factors
- The pandemic would continue to impact on local people's lives in the long term

Forward Look

- Implementation of the Health and Social Care White Paper – implications for our system and our partnership
- Supporting our communities through Covid recovery
- Board members' feedback in the annual review survey:
 - Further prioritisation – not trying to do everything
 - Doing more to communicate with Rotherham people about our work
 - Involving partners engaged with the wider determinants
 - Increasing our focus on health inequalities

Discussion ensued with the following issues raised:-

- The 4 aims worked well but what sat under them needed to be reviewed in light of the Covid response-recovery and strengthen prevention of health inequalities
- Tobacco needed to be included
- Economic impact of Covid particularly as furlough came to an end in September as well as the impact on mental health
- The 4 Strategy Aim leads would be requested to discuss with the project leads how the action plan may be changed/the Strategy developed
- Older people had really suffered during the pandemic and an increase in referrals for dementia expected to be seen
- Establish whether the appropriate services were commissioned and how the priorities fitted under the aims
- TRFT's focus would be to not widen the health inequality gap and work with Public Health
- Access to Primary Care was becoming an issue and striking a balance between face-to-face appointments with a GP and non face-to-face
- Mental Health Services would need to find a different way of thinking about their services and understanding the impact of long Covid
- Voluntary Action Rotherham had a big role to play in prevention and early intervention and the need to understand where resources went/what worked well and what did not

- The need to embed into the Strategy the work currently being undertaken on social value and getting the best value for the residents of Rotherham

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

(2) That the current Strategy be circulated to all Board members and that Aim sponsors review the appropriateness of their Aims.

ACTION:- **Becky Woolley**

9. 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 and gave a brief verbal update on the progress made.

It was noted that the final application bid was to be submitted to the Shaping Places Fund around Green Spaces and the use of Green Spaces for physical activity in Rotherham (Aim 3).

Resolved:- That the report be noted.

10. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Becky Woolley, Policy and Partnership Officer, submitted the updated Board's Terms of Reference for information.

Resolved:- That the updated Terms of Reference for the Health and Wellbeing Board be approved.

11. LONELINESS AND BEFRIENDING

The Chair welcomed Phil Hayes (RotherFed), Hayley Rundle (B:Friend) and Julie Hodgkinson (Live Inclusive), who gave a verbal presentation on the work that had been taking place on loneliness and befriending during the Covid pandemic.

RotherFed

- The initiative had started in a response to the pandemic in March 2020 involving some of the key VCF partners
- The Community Hub and Rotherham Heroes had been formed but very early on it had become quite clear that it was not only the practical issues of food and medicine but loneliness, isolation and disconnection were big issues too
- Resources had been deployed to make contact and had also combined forces with other providers including B:Friend, Live Inclusive, Rema, Rotherham Parents and Carers Forum, CAB, so as not to duplicate services. It became a formal network and met on a monthly basis

- Many of the calls were around welfare as much as financial issues and the clients received support much more quickly than they would have
- The next stage was to try to get people integrated into their community and how to do that
- It was not just older people but also young parents who had no-one else to talk to apart from their children
- Some of the volunteers were originally recipients of the service with their confidence having grown to such an extent as to enable them to offer support to others

Live Inclusive

- A small independent charity
- Normally worked with those referred via their GP as part of social prescribing, however, it had become quite apparent that their needs were quite different to what assessed as before the Government lockdown announcement e.g. they could not see their grandchildren etc.
- Loneliness was a massive issue
- Previously the focus had been on supporting clients in community groups; now it was to get them to go outside of their house
- Dedicated team of volunteers
- The community groups were not there presently for them to go to
- Close working in the VCS

B:Friend

- 2 case studies provided to illustrate the work of the project
- The project paired up local people from the community with old people who needed extra company for as long as they wanted it to be
- Live Inclusive would refer clients in who needed longer term support
- Approximately 600 pairings in the last year 78 of which were in Rotherham

Shafiq Hussain, VAR, reported that it was Volunteer Week shortly and there was a series of events planned with a spotlight on volunteers and the impact/benefit of them.

It was also important, as part of the collective recovery plan, to help the community groups start up again and identify where the gaps were.

It was noted that the Neighbourhoods Team had produced guidance on the opening of community buildings which was in the process of being circulated more widely.

Phil, Julie and Hayley were thanked for their presentation.

Resolved:- That an all Member seminar on Loneliness and Befriending be held in September, 2021.

12. SOUTH YORKSHIRE AND BASSETLAW INTEGRATED CARE SYSTEM: HEALTH AND CARE COMPACT

The Board received for information the terms of reference for the Health and Care Compact Partnership.

13. DATE AND TIME OF MEETINGS 2021/22

Resolved:- That a further meeting be held on Wednesday, 21st July, 2021, commencing at 9.00 a.m. venue to be confirmed.