

HEALTH AND WELLBEING BOARD
16th March, 2022

Present:-

Councillor D. Roche	Cabinet Member, Adult Social Care and Health
Ben Anderson	Director of Public Health
Chris Edwards	Chief Operating Officer, Rotherham CCG
Shafiq Hussain	Chief Executive, Voluntary Action Rotherham
Suzy Joyner	Strategic Director, Children and Young People's Services
Dr. Jason Page	Governance Lead, Rotherham CCG
Natalie Palmer	Healthwatch Rotherham
Paul Woodcock	Strategic Director, Regeneration and Environment
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Laura Gough	Head of Safeguarding Quality and Practice, RMBC
Mike Niles	B:friend

Also Present:-

Gavin Jones	South Yorkshire Fire and Rescue Service
Dawn Mitchell	Governance Advisor, RMBC
Leonie Wieser	Policy Officer, RMBC

52. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

53. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting and no questions had been submitted in advance of the meeting.

54. COMMUNICATIONS

The Chair congratulated Chris Edwards on his recent appointment as Place Director for Rotherham and the SYICB Deputy Chief Executive.

55. MINUTES OF THE PREVIOUS MEETING

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

Arising from Minute No. 46 (Housing Strategy), it was noted that the Strategy was still in the consultation phase.

Resolved:- That the minutes of the previous meeting held on 26th January, 2022, be approved as a true record.

56. SAFEGUARDING CHILDREN BOARD ANNUAL REPORT

Laura Gough, Head of Safeguarding Quality and Practice, gave a powerpoint presentation on the Rotherham Safeguarding Children Partnership (RSCP) Annual Assurance report for October, 2020-September, 2021. The report provided a summary of assurance that the RSCP had sought to keep children and families safe in line with statutory guidance. The key priorities were:-

- Safe at Home
- Safe in the Community
- Safe Safeguarding Systems

The key focus throughout 2020-21 was on:-

- Ensuring that the Partnership response to the Covid-19 pandemic effectively safeguarded children both at strategic and operational level, regular senior leadership meetings and development of the operational Vulnerable Children's Group being an example of good practice of which came the baby clinic
- Developing the governance framework, assurance work of the Executive Group and Delivery Groups to strengthen accountability e.g. serious child safeguarding incidents, notification of and local Child Safeguarding Practice Reviews
- Better cross-agency scrutiny, constructive challenge and multi-agency audit work
- Launch of revised Neglect Strategy
- Independent scrutiny delivered through the role of RSCP Independent Chair, external inspection and Peer Review

Key assurance sought around

- Children in Education especially for those who became EHE (Electively Home Educated) (where a large increase in numbers had been seen) or who were missing from education
- Adequacy of CAMHS provision – large increase in the number of children with mental health issues and especially eating disorders exposed a shortage of TIER 4 beds and long waiting lists for treatment
- Ensuring CSE/CE work was continuing and effective
- Multi-agency Safeguarding and Self-Assessment challenge sessions were facilitated jointly with practitioners from both Adult and Children's Services

What is working well

- Governance and ownership across 3 key partners – CCG, RMBC and SYP – this has evolved and strengthened over the last year
- Wider engagement and willingness of safeguarding partners to work together including Public Health and Adult Services
- Safeguarding Awareness Week
- Child Death Overview Processes (CDOP)

What we need to do more of

- Embed neglect awareness across the whole of Adult and Children agendas
- Ensure that all agencies understand the Early Help Pathways to access family support and how to undertake Early Help Assessments
- CE/CSE – ensure that all agencies understand and were alert to the signs that might indicate that adults/children they worked with may be at risk of criminal or sexual exploitation and how to share information through the right channels
- Ensure continued effective and joined up leadership across the whole Safeguarding agenda especially as family/fuel poverty and hardship increases and impacts on family lives

Discussion ensued with the following issues raised/clarified:-

- The Vulnerable Child Partnership Group, chaired by the Head of Service who managed the Front Door, and also attended by representatives of Early Help, had provided an invaluable forum for problem solving and planning for vulnerable groups of children during the pandemic and lockdown periods
- The parents of children that were Electively Home Educated had to make sure there were arrangements in place in terms of registering their children to be home educated and that the education met certain standards. Should there be concerns about those children, there were robust Safeguarding processes in place to be followed. Although a Health representative sat on the Vulnerable Group, it was not thought that Primary Care was informed of any concerns
- A Local Authority's statutory role in terms of children educated at home was quite limited and had no right of entry into a home. The role of the Vulnerable Group was crucial in alerting agencies to any concerns
- The forthcoming increase in fuel prices would see an increase in fuel poverty and real challenges for families which in turn could have associated Safeguarding issues

Chris Edwards reported that, subject to Parliamentary approval, the CCG would cease to exist by the end of June. He undertook to make sure that the new Integrated Care Board would continue the partnership work.

Resolved:- That the Rotherham Safeguarding Children Partnership (RSCP) Annual Assurance report for October, 2020-September, 2022, be noted.

57. **B:FRIEND**

Mike Niles, B:friend, gave the following powerpoint presentation:-

- 2017 Charity launched out of a garage in Doncaster
- 2018 Received National Lottery funding
- 2019 Project expanded across the whole of South Yorkshire
- 2020 Covid-19 increased demand more than ever seen before
- Present Now created over 1,700 befriending pairings

Befriending – Principles

- Cuppa and chat each week
- Face-to-face
- Local
- Friend rather than volunteer
- A good match is not just about shared interests
- People feel safe and can 'be themselves'
- No such thing as the 'perfect pairing'
- Promote power symmetry
- Opportunities for neighbours to demonstrate their skills and value
- Establish clear boundaries
- Aim for positive endings: onward referral or repairs

Social Club – Principles

- A key strand of intervention
- Unique sessions
- Each week was different
- Rooted in theory
- Focussed on the Five Ways to Wellbeing model
- Members felt safe and could 'be themselves'
- Promote shared identity and what people had in common
- Activities were fun and purposeful
- Opportunities for members to demonstrate their skills and value
- Actively encourage co-designed sessions
- Anti-ageism zone: acceptance of everyone

Some Numbers

- 305 befriend pairings made
- 182 social bundles created and delivered
- 64 partner organisations worked with
- 384 social club sessions delivered
- 180 telephone social club sessions
- 873 total number of older neighbours supported
- 26% attrition rate
- 7,680 cups of tea/coffee made
- 114 legacy pairings confirmed
- 18,825 volunteer hours (total)

Since we started

- 725 current befriending pairings (average increase of 257% per year) (last year was 1% increase)
- 873 current older neighbours being reached (average increase of 196% per year) (last year was 28%)

How we compared last year

- 114 South London Cares
- 66 North London Cares
- 30 Liverpool Cares
- 280 Time to Talk Befriending
- 40 SCCCC
- 305 b:friend

Social Value Add

- According to the Social Value Engine tool, every £1 invested in the project returns £8.20 in social value add. The result was compound impact over time

Defining Principles

- No-one should have no one
- We facilitate meaningful community connections to transform an individual's value of themselves, reduce their feeling of loneliness and develop agency to enable someone to build resilience in later life
- Our befriending project will always be free at the point of delivery. We never charge for friendship and always prioritise face-to-face: in person and in the community
- We strive to reduce social isolation and improve wellbeing for older people and young people alike by creating opportunities for community togetherness
- We reject any form of discrimination and always act decisively to instances of prejudice
- We bring people together to dilute division created by age, heritage, digital skills and attitudinal divides
- Activity was equitable and collaborative. We consult older neighbours when making decisions and only accept voluntary contributions to ensure anyone can participate regardless of financial circumstance

Pledge Contract

- Strive relentlessly to be an inclusive organisation
- Champion good mental health by providing access to staff and volunteers
- Pay the UK Living Wage to all staff
- Target net zero annual carbon emissions

2022 b:friend Interventions around social determinants of health

- Preventative intervention around connection
- Volunteers considered a key community asset
- Investment in Social Value Add projects

HEALTH AND WELLBEING BOARD – 16/03/22

- Multi-year commitment to keeping people well
- Meaningful relationships were a ‘need to have’
- Leading UK provider of community-led befriending

Discussion ensued with the following issues raised/clarified:-

- Voluntary Action Rotherham and the CCG, in partnership with Sheffield Hallam University, had undertaken evaluation with a cohort of clients taking part in the Social Prescribing Scheme. Could befriending be included in the evaluation?
- Rotherham had a Social Value Policy; part of the next step for the partnership was to extend the “ask” within that to understand the value of volunteer hours and the impact on services and peoples’ health and wellbeing
- The project totally fitted with the ethos of the Health and Care Bill currently going through Parliament i.e. looking at the whole person

Mike was thanked for his presentation.

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

(2) That Chris Edwards and Shafiq Hussain meet with Mike Niles to discuss further the possibility of including the project within the evaluation carried out by Sheffield Hallam University and possible funding opportunities.

ACTION:- Chris Edwards/Shafiq Hussain

58. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Ben Anderson, Director of Public Health, presented the Annual Report 2022 which had concentrated on understanding the impact of Covid-19 in Rotherham March, 2020-January, 2022:-

Section 1 - Covid-19 in Rotherham (as at 31st January 2022)

- 2nd March, 2020 – first case of Covid-19 confirmed in Rotherham
- 20th March, 2020 – first death within 28 days of a positive Covid-19 test in Rotherham
- 79,615 Covid-19 infections officially recorded in Rotherham (of which 3,739 were possible reinfections)
- 992 deaths with Covid-19 recorded as a cause of death on the death certificate in Rotherham
- 547,994 doses of Covid-19 vaccine provided in Rotherham
- 85.7% of eligible people in Rotherham (aged 12 and over) had received at least one dose of a Covid-19 vaccine

Inequities and Covid-19

Deprivation

- Mortality rates in the most deprived areas in England were more than double those in the least deprived areas as of April 2021
- Rotherham was ranked 44th most deprived authority in England making it amongst the 14% most deprived local authority area in England

Health

- Covid-19 related morbidity and mortality was higher in people with underlying conditions including diabetes, obesity, chronic obstructive pulmonary disease, dementia and hypertensive diseases
- All of these conditions were more prevalent in Rotherham than in all England

Employment

- A relatively high proportion of the Rotherham population was employed in work that has a high risk of exposure to Covid-19 i.e. jobs which cannot be done from home, required working in close physical proximity to others, lower grade occupations and jobs disproportionately performed by Black, Asian and Minority Ethnic (BAME) people

Section 2 – Covid-19 and the individual

Physical and Mental Health

- Physical Activity and Healthy Weight
 - Reduced activity levels: 32% of the local adult population was inactive from May, 2020-May, 2021 (an increase of 2.6%) vs 28% nationally
 - Increased sedentary behaviour and inactivity expected to result in a 'deconditioning' effect
 - Nationally, large increase in % of Reception and Year 6 children who were overweight/obese. Expect this trend to be replicated in Rotherham where 27% of Reception aged children were obese before the pandemic)
 - Further widening of inequalities in obesity expected.
- Mental Health
 - Young people in Rotherham reported a decline in overall mental health and increased levels of anxiety, stress, boredom and feeling sad/low in June 2021 as compared to the beginning of the pandemic
 - The pandemic heightened loneliness leading to a high volume of referrals for befriending support
 - Rotherham carers reported elevated levels of anxiety, isolation, worry and physical exhaustion during the pandemic
 - Suicide rates – initially fell slightly but still remain significantly higher than for all England. January 2022 had seen a rise with 7 suicides reported, the highest number since 2019

Tobacco

- Increase in successful attempt to quit in 2020/21
- Some indications of a significant overall reduction in smoking
- Increase in smoking prevalence amongst younger adults (18-21 years) and older teenagers
- Possible exacerbation of inequalities in smoking prevalence between groups along economic lines

Alcohol and Substance Misuse

- Changes in drinking behaviour observed at different stages in pandemic
Initially bulk buying of alcohol
Later, some evidence that as much as a third of people had reduced intake
Evidence that around a fifth of people drank increased alcohol consumption during lockdown
Alcohol-related hospital admissions initially fell but then surged following easing of lockdown restrictions
- People who inject drugs reported reduced access to essential services including difficulties accessing HIV and hep C and safe injecting equipment

Education

- Up to 8,417 Rotherham students were sent home per half term in academic year 2020/21
- Approximately 183,198 days of education were lost in 2020/21 alone in Rotherham
- Nationally, average educational attainment scores at 16 varied significantly according to deprivation level of local authorities

Section 3 - Covid-19 and our Communities

Community Cohesion

Volunteering

- Decrease in formal regular volunteering undertaken locally
- Unprecedented levels of community cohesion especially during the early stages of the pandemic
- Community Hub responded to over 7,900 requests for support and 1,280 volunteers by January, 2022

Community responses to food poverty

- Nationally 33% increase in the number of emergency food parcels distributed across the United Kingdom in 2020/21 vs 2019/20
- Four fold increase in the number of parcels provided in Rotherham
- 19,466 parcels in 2020/21
- Community partnerships and generosity key

Community Safety

Local experiences have broadly reflected the national picture

- Crime in South Yorkshire reduced substantially following the implementation of lockdown 1. Crime had been increasing towards pre-pandemic levels since national lockdown measures were lifted
- Some offence types remain low e.g. burglary. This was likely to be linked to changes in personal behaviours and routines including more people working from home
- The number of domestic abuse reports in Rotherham had remained stable despite concerns of a major increase

Section 4: Covid-19 and the Economy

Business: Facts and Figures

- Over 20% of local businesses reported having made redundancies since the start of Covid-19 by December, 2020. This varied by industry with 50% of retail companies and 40% of construction companies reporting having made redundancies
- 44% of companies in the accommodation and food sectors reported they had less than 3 months' worth of cash reserves remaining in December, 2020
- 31% of Rotherham residents were estimated to be working from home resulting in a net increase of 3,000 individuals based in Rotherham as fewer residents travelled outside the Borough for work. This was highly localised with some Wards e.g. Rotherham Central and Wath upon Dearne experiencing a net outflow of workers

Business Debt and Financial Vulnerability

- Overall, Small and Medium Enterprise (SME) indebtedness in England and Wales in June, 2020 was 40% higher than in 2019
- Within Rotherham, SME indebtedness had increased by 59% by June, 2020 as compared to 2019
- Indebtedness varied considerably by area within Rotherham

Employment

- 5.3% of the Rotherham population (8,590 people) claimed Universal Credit in December, 2021 vs 3.5% in December, 2019, pre-pandemic
- Throughout the pandemic, Rotherham's rate of Universal Credit claimants had been higher than the national or regional rate and varied by Ward
- From late 2021, the number of pay-rolled employees nationally exceeded pre-pandemic numbers. Driven by an upswing in employment amongst young people and jobs in hospitality and leisure sectors

Wages and Debt

- After a sharp fall at the start of the pandemic, median pay per month had recovered and then grown nationally and locally
- When adjusted for inflation, median weekly earnings for all jobs nationally were up 3.6% in April, 2021 compared with April, 2020 after a decrease of 0.9% in real terms between 2019 and 2020
- However, evidence of widening inequalities in wealth
- One-third of families in the top income quintile saved more than usual in the first 2 months of the pandemic whereas lower income families were more likely to have taken on additional debt
- 50% of people with savings under £1,000 had used them to cover everyday expenses

Recommendations

1. Living safely with Covid-19 Recognising the high exposure risks to Covid-19 due to the nature of the local economy and the high prevalence of risk factors for poor Covid-19 within the Rotherham population, there was a need to minimise the ongoing impacts of Covid-19 by:-

- Continuing to maximise Coronavirus vaccine take-up especially in vulnerable population groups
- Maintaining Covid-Safe practices within Rotherham's workplaces including support for workers to isolate when symptomatic
- Continuing to focus on risk factor reduction to ensure a more resilient population both to Covid-19 and to other health conditions
- Supporting those formally asked to shield and others who are perceived as vulnerable to regain confidence and to safely increase participation within their communities

2. Access to Health and Social Care Restore equitable access to quality Health and Social Services by:-

- Resuming services and equitably catching up with any backlogs that have been stalled by Covid-19 including screening programmes, long term condition management and health checks
- Ensuring resilient Primary Care and maximising the benefits of virtual access models developed during the pandemic so that practices are sustainable and able to offer patients appropriate care
- Stabilising and gradually bringing down waiting lists whilst ensuring harm reviews and equitable access for all those awaiting treatment
- Reinstating routine contacts with vulnerable individuals with a focus on Safeguarding

3. Mental Health work as a whole system to promote good mental health through evidence-based early intervention and prevention programmes and ensure equitable access to mental health support. This will be achieved by:-

- Addressing the wider determinants of poor mental health, loneliness, poor physical health, poor housing, unemployment and poor employment, debt and poverty

- Promoting protective factors with a focus on community assets
- Addressing inequalities by ensuring groups most disadvantaged by the pandemic, as evidenced through local health intelligence, were able to access mental health support at the right time
- Building the capacity and capability across our workforce to prevent mental health problems and promote good mental health
- Continuing to monitor changes in need, demand and rates of mental illness, self-harm and suicide to understand the longer term impacts of the pandemic

4. Physical Health Promote good physical health across the Borough with a particular focus on reducing health inequalities that have been exacerbated by the pandemic. This will involve:-

- Supporting people to live longer healthier lives by helping them to make healthier lifestyle choices particularly relating to diet, exercise, smoking and alcohol consumption
- Developing a Prevention Pathway for Rotherham to identify and respond to risk factors at an early stage and support people to access prevention services where required
- Identifying and treating illness at an earlier stage focusing on communities or groups with the highest level of need

5. Education Work to support schools with the recovery of lost education with a particular focus on:-

- Supporting disadvantaged groups to recover from the disproportionate effects of lost education including the Ofsted priority of reading through the Rotherham Readers Programme
- Supporting pupil inclusion, maximising school attendance, balanced against the challenges of the pandemic and wellbeing of both students and staff
- Providing opportunities for children and young people to catch up with their social and emotional development through extra-curricular activities and youth services

6. Health Inequalities Work in partnership to address the underlying health inequalities and the high rates of morbidity that have contributed to the disproportionate impact of Covid-19 in Rotherham through:-

- Development and implementation of a prevention and health inequalities strategy
- Continued understanding of the differing needs of Rotherham's communities and the development of delivery models that equitably direct resources towards meeting those needs
- Challenging ourselves to ensure that service quality and outcomes are of universally high standard for all communities in Rotherham

7. Economic Recovery

- Continue to monitor and understand changes to Rotherham's economy and build an inclusive economy for Rotherham
- Work with partners to ensure employment and skills provision to support all sections of society to access learning and progress in work
- Regeneration of the Borough. Make use of Levelling Up and other regeneration funding to address the impacts of the pandemic and reduce inequities
- Continue delivery of Rotherham's Economic Strategy with a focus on developing secure sustainable employment opportunities in the Borough

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

- Barnsley, Doncaster and Rotherham had very similar levels of deprivation with Sheffield having slightly less
- Huge unemployment had been expected as a consequence of the pandemic, however, it was in fact difficult to recruit across a number of the sectors
- Rotherham Town Centre had already started on its journey of restructuring so was not as reliant on office workers as other towns/cities in the area
- Public transport had been hit badly in terms of passenger numbers and was reliant on Government funding in order to continue providing a service
- In Primary Care the number of elderly patients requesting appointments had reduced, however, the reintroduction of face-to-face appointments was revealing significant health issues that required a lot of resources
- Unrealistic expectations of what was currently available Primary Care wise – manage patient expectations
- There was a feeling that the pandemic had ended and everything should be the same as it was before when in fact things were being delivered differently now
- Key areas for the Foundation Trust were obesity in young people and the increase in smoking within the 18-21 year old age bracket

It was noted that the annual report would be presented at all Council Directorate Leadership Teams.

As of 16th March, 2022, the infection rate was 310.6 per 100,000 and was increasing in Rotherham. This was partly due to the removal of restrictions and those that had received their vaccinations first losing some of their immunity.

It was suggested that a themed meeting take place at the November Board meeting on the impacts and future planning/lessons learning from Covid-19.

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

(2) That further discussions take place at the Executive Group with regard to themed meetings.

59. LEARNING FROM A DOMESTIC HOMICIDE REVIEW

Due to the unavailability of the presenting officer, this item was deferred to a future meeting.

60. UPDATE ON AIM 2 OF THE HEALTH AND WELLBEING STRATEGY

Due to the unavailability of the presenting officer, this item was deferred to a future meeting.

61. HEALTH AND WELLBEING BOARD ACTION PLAN 2021/22

Leonie Wieser, Policy Officer, presented the action plan highlighting the activity taking place.

It was planned to submit the 2022/25 action plan to the September Board meeting. Aim sponsors were requested to consider which/if any action needed to be rolled over to the new plan.

Resolved:- That the update be noted.

62. UPDATE ON THE DEVELOPMENT OF THE SOUTH YORKSHIRE INTEGRATED CARE BOARD

The Board noted the update submitted.

Chris Edwards, Chief Operating Officer RCGG, reported that the Bill was currently going through Parliament with the expected plan for the South Yorkshire Integrated Care Board to commence on 1st July with hopefully a smooth transition from the CCG to the Rotherham Place Team.

Resolved:- That the update be noted.

63. UPDATE FROM LOCAL OUTBREAK ENGAGEMENT BOARD

Ben Anderson, Director of Public Health, gave the following verbal update on the recent activities of the Engagement Board:-

- Discussions on the Living with Covid Strategy
- A number of local activities had now stopped with more to cease at the end of the month

HEALTH AND WELLBEING BOARD – 16/03/22

- Contact Tracing finished on 24th February with the team now stood down. They would support the vaccination programme until the end of June as well as supporting some of the community/business engagement on how to live safely with Covid
- Community asymptomatic and symptomatic testing would cease at the end of the month resulting in a different position with accessing tests and knowing the results. The rate had increased to 310 persons per 100,000
- It was important that the Public Health guidance to isolate if you had symptoms/a positive test continued to be pushed out to members of the public

The Board would be meeting later that week where discussion would take place as to its future operation.

It was noted that as of 15th March, there had been 49 positive patients in Rotherham District General Hospital; at the peak of the first wave there had been 72.

Resolved:- That the report be noted.

64. ISSUES ESCALATED FROM THE PLACE BOARD

There were no issues to report.

65. PLACE PLAN PRIORITIES AS AT END QUARTER 2

The Board noted the Place Plan priorities as at the end of Quarter 2.

66. MINUTES OF THE MEETINGS OF THE ROTHERHAM ICP PLACE BOARD HELD ON 3RD NOVEMBER, 2021 AND 2ND FEBRUARY, 2022

The minutes of the Rotherham ICP Place Board held on 3rd November, 2021, and 2nd February, 2022, were noted.

67. DATE AND TIME OF MEETINGS IN 2022/23

Resolved:- That meetings of the Health and Wellbeing Board be held during 2022/23 as follows:-

Wednesday, 22nd June, 2022
21st September
23rd November
25th January, 2023
22nd March

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