

HEALTH AND WELLBEING BOARD
21st September, 2022

Present:-

Councillor Roche	Cabinet Member,
Ben Anderson	Director of Public Health
Chris Edwards	NHS South Yorkshire Rotherham Place
Shafiq Hussain	Voluntary Action Rotherham
Suzy Joyner	Strategic Director, Children and Young People's Services
Jason Page	Medical Director, NHS South Yorkshire Rotherham Place
Natalie Palmer	Healthwatch Rotherham
Chris Siddall	Head of Service, Culture Leisure and Tourism (representing Paul Woodcock)
Michael Wright	The Rotherham Foundation Trust

Also Present:-

Report Presenters:-

Norsheen Akhtar	Yorkshire Sports Foundation
Gilly Brenner	Public Health Specialist
Kelly Crompton	Strategic Lead, Inclusion
Kate Grey	Specialist Public Health
Alex Hawley	Consultant in Public Health
Nathan Heath	Assistant Director, Education and Inclusion
Martin Hughes	Head of Neighbourhoods
Garry Parvin	Service Manager, Commissioning

Apologies for absence were submitted by Councillor Cusworth, Sharon Kemp, Laura Kosciwicz, Kathryn Singh, Ian Spicer and Paul Woodcock.

17. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

18. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The member of the press present at the meeting did not wish to ask any questions.

19. COMMUNICATIONS

The Chair congratulated Dr. Jason Page who had been appointed Medical Director for NHS South Yorkshire Rotherham Place and would now become Vice-Chair of the Health and Wellbeing Board.

20. MINUTES OF THE PREVIOUS MEETING

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

Further to Minute Nos. 57 of 16th March and 4 of 22nd June, (B:Friend), it was noted things had moved on since and a number of Social Prescribing initiatives included children. It was felt worthwhile to submit an update to the Board on Social Prescribing.

Further to Minute No. 6 (Joint Strategic Needs Assessment), it was noted that several training sessions had been arranged for Council staff, Elected Members and a wider audience.

Resolved:- (1) That the minutes of the meeting held on 22nd June, 2022, be noted.

(2) That an update be provided to the next meeting on Social Prescribing.

21. THE BEST START AND BEYOND FRAMEWORK

Alex Hawley, Consultant in Public Health, presented a report on the Best Start and Beyond Framework.

Since Spring 2021, Public Health had led a partnership approach to developing the specification for a re-commissioned 0-19s Public Health Nursing Service, a process which was now approaching its conclusion, with mobilisation of the newly awarded contract due to commence in the Autumn, working towards and a go-live date of April 2023.

The Board then received the following powerpoint presentation:-

Purposes of Framework

System Overview

- Services for children, young people and families
- Activities affecting wider determinants

Toolkit

- Mapping against wider determinants, principles, priority lenses, life stages, enabling outcomes

Vision

- All children and young people get the best start in life and go on to achieve their potential
- A best start to life means having the best possible health and wellbeing

Principles

- Proportionate universalism
- A whole pathway approach
- Evidence-based
- Involving local people
- A compassionate approach
- Making every contact count

- Prevention – to tackle the ‘causes of the causes’
- Challenging clinical variation
- Acting at the earliest possible stage
- Reducing the slope of inequality

Priority Lenses

- Poverty
- Compassionate approach
- Parental health
- Transitions
- Mental health

Life Stages

- 1001 days (conception to 2nd birthday) - Every child has the best start to life
 - Pregnancies are planned and well prepared for
 - A compassionate approach to weight in pregnancy
 - Harms of substances in pregnancy are reduced
 - Perinatal mental health is robust
 - Infant feeding – informed and supported choice
 - Breastfeeding initiation is supported and length of exclusive breastfeeding is supported
 - Continuity of care from midwifery to health visits is optimised
- Early years (2-5) - All children are ready to start school at age 5
 - A compassionate approach to weight is adopted that influences the home environment and within Early Years settings
 - We take shared responsibility for building a culture where Early Years education is valued across all communities
 - All eligible children are enabled to take up their early education entitlement
 - Parents are seen as educators
 - Children achieve a good level of development at age 5
- School age (including children not attending school) - All children and young people can reach their potential
 - Education settings adopt a whole school approach to child health
 - The health of children not attending school has parity of esteem
 - Good sleep habits are promoted
 - Good child emotional and mental wellbeing is promoted and supported
 - All children and young people have access to and good attendance at the most appropriate educational setting
 - Resilience and agency is built by ensuring young people can benefit from having places to go and things to do
- Transition to adulthood - Every child ready to live as independently as is within their capacity
 - All young people have agency and resilience for a successful transition to adulthood and support is available when needed

- Young people benefit from a person-centred understanding of need and choice of support/opportunity

It was noted that the steering group included representatives of Public Health, Children and Young People's Services, Joint Commissioning, Early Help, Early Years Education, Foundation Trust, ICB and RDaSH.

Discussion ensued with the following issues raised/clarified:-

- The need for clarity as to what work was taking place in the various groups/steering group to avoid duplication
- Should the health written statement include SEND
- The concept of family hubs was still being explored

Resolved:- That the development and implementation of a Best Start and Beyond framework be supported.

22. PHARMACEUTICAL NEEDS ASSESSMENT

Kate Grey, Specialist Public Health, gave the following powerpoint presentation on Mapping the Pharmaceutical Needs Assessment:-

Pharmaceutical Needs Assessment (PNA) Requirements

- Statutory requirements
- Required every 3 years
- Must describe the current need for pharmaceutical services, the current provision of pharmaceutical services locally, whether current need was met by existing service provision, potential future need and potential need for new services

How are PNAs used

- Pharmacies were private businesses but had to apply to NHS England and Improvement (NHSE/I)
- PNAs guided NHSE/I decisions on applications
- They signalled to market where an application was likely to be successful
- They could affect the conditions of approval e.g. hours of operation, services required
- They did not determine whether applications were made
- They could not influence where new pharmacy applications were located

Process Overview

- Responsibility of the Health and Wellbeing Board
 - Prepared by Public Health Team with oversight from Steering Committee
- Data collection from NHSE/I, NHS BASA, pharmacies, JSNA
Analysis using SHAPE Maps, deprivation analysis throughout

- Internal review
- External consultation – 60 days (24th May-26th July, 2022)
- Review by Health and Wellbeing Board September 2022
- Publication by 1st October 2022

Coverage

- 60 pharmacies
- 1 dispensing appliance contractor
- 4 dispensing GPs
- 24.5 community pharmacies per 100,000 population (>national average of 21.3 as at 2017)

Access

- 86% of population live within 15 minute walk
- 97% live within one mile walk
- 100% live within 10 minute drive (during rush hour)
- Inclusion of cross-border pharmacies did not affect figures

Services

- Essential Services
 - Dispensing of prescriptions
 - Dispensing of repeat prescriptions
 - Discharge medicines service
 - Promotion of healthy lifestyles
 - Signposting
 - Support self-care
 - Disposal of unwanted medicines
- Advanced Services
 - Appliance use review (no providers but service needs met through Rotherham-wide service led by specialist nurses)
 - Community pharmacist consultation service (good coverage 97%)
 - Flu vaccine (good coverage 81% of pharmacies plus GPs)
 - Hep C testing (low coverage (4 providers) and poor geographical spread but reflected national picture, low demand, services provided elsewhere)
 - Hypertension case finding (new service)
 - New Medicine Service (good coverage 91%)
 - Smoking cessation (new service)
 - Stoma appliance customisation
- Locally Commissioned Services
 - Over the counter labelling service
 - Palliative care
 - Champix (community smoking cessation)
 - NRT pregnancy
 - Emergency hormonal contraception
 - Supervised consumption
 - Needle exchange

60 Day Consultation

- Published on Council website
- 6 questions based on guidance from NHSE/I sent to all local pharmacies and dispensing doctors, Rotherham HWBB members, all neighbouring HWBBs, TRFT and RDaSH, NHSE/I, Healthwatch, Local Pharmaceutical Committee, Local Medical Committee and CCG
- 7 responses in total. 2 ‘tests’ so removed from analysis

Consultation – Takeaways

Findings

- One respondent consistently expressed some dissatisfaction with PNA, however, no indication from comments that PNA had not fulfilled its function
- No indication that local pharmacy offer was not in alignment with national requirements
- Some frustration that pharmacies do not cater to occasional emergency requirements beyond scope of existing contractual requirements

Implications

- No substantial changes to content of report or recommendations
- Include note report regarding emergency requirement for consideration by NHSE/I

Conclusions/Statements

- There was sufficient choice with regard to obtaining pharmaceutical services in Rotherham
- Pharmaceutical services that were necessary to meet the health needs of the population were all essential services and select advanced services (NHS Community Pharmacist Consultation Services, Flu vaccination, New Medicines Review Service)
- Pharmaceutical services that had secured improvements or better access – all other advanced services plus all locally commissioned services
- There were no identified future needs for pharmaceutical services. Monitoring of the Waverley site development should be conducted within the lifetime of the PNA to assess whether a future need emerges
- There were no other NHS services that affected pharmaceutical service needs

Responding to emerging needs – proposed process

- NHSE/I continue to send notification of any pharmacy closures to the Council’s Public Health Team
- Steering Committee to meet annually or as needed in response to changes to review any emerging needs or changes to provision and make recommendations to the HWBB

Discussion ensued with the following issues raised/clarified:-

- It was noted that the Government was considering removal of the obesity measures that had been brought in last year
- There was a national workforce shortage at pharmacies
- Cross-border pharmacies were taken into account in the mapping analysis, however, they did not affect any of the key statistics

Resolved:- (1) That the Pharmaceutical Needs Assessment (PNA) be approved for publication.

(2) That the proposed process for the ongoing review of pharmaceutical needs be approved.

23. CARERS STRATEGY

Further to Minute No. 47 of 26th January, 2022, Garry Parvin, Adult Care Housing and Public Health, presented an update on the Carers Strategy and detailed the steps taken to develop the attached final Carers Strategy document through extensive co-production with carers and carers organisations.

“The Borough That Carers – Strategic Framework 2022-2025 Creating a carer friendly Rotherham” was designed to provide a focal point for the delivery of the priorities relating to unpaid carers under the Health and Wellbeing Board Aim 3 (All Rotherham people live well for longer). The specific milestones contained within Aim 3 (3.1 - 3.7) had a focus on ensuring support was in place for carers from April 2022 onwards.

In order to deliver the tangible improvements to demonstrate full milestone attainment within the specified delivery dates, it was recommended that there be a detailed action plan with agreed owners and performance measures to sit underneath the Strategy document. In the spirit of the development of the Carers Strategy, further co-production was required with carers, carers organisations and other key stakeholders making up the Borough That Cares – Strategic Group to detail the agreed and fully endorsed action plan. This activity must be concluded within the 2022/23 financial year to meet the requirements of Aim 3.

Discussion ensued with the following issues raised/clarified:-

- Welcome the inclusion of young carers in the Strategy and on the task group
- Opportunity to discuss with CYPS as to how to get the issue/improve the understanding of young carers into schools/education and how they could be supported
- Through the co-production work that had taken place it was essential that feedback from carers was received on the cost of living issues facing them and those entering the caring role

Resolved:- (1) That the progress made be noted.

(2) That the proposed co-production exercise for the development of an action plan to sit under the Carers Strategy that would deliver Aim 3 milestones be approved.

(3) That a further report be submitted in due course detailing the outcome of the co-production exercise with recommendations aligned to the completed action plan prior to April 2023.

24. WARD PLANS

Martin Hughes, Head of Neighbourhoods, gave the following powerpoint presentation on Ward Plans:-

Thriving Neighbourhoods

'Our vision for Rotherham is for every neighbourhood to be a thriving neighbourhood, where people are able to work together to achieve a good quality of life. We want to work with local people to find solutions to local issues and to build on our heritage and assets. We will help create vibrant communities in which people feel happy, safe and proud. To do this, we will make it easier to get involved in the local community, work closely with our partners and local voluntary and community groups, enhance our town and village centres, green spaces and libraries and effectively tackle community issues'

To achieve

- Neighbourhoods that are safe and welcoming with good community spirit
- Residents who are happy, healthy and loving where they live
- Residents are able to use their strengths, knowledge and skills to contribute to the outcomes that matter to them

Principles

- Expanding opportunities for all – target the most help at those who need it so no-one is left behind
- Recognising and building on our strengths to make positive change – making the best use of local assets, including buildings, parks and public spaces, as well as harnessing the knowledge and skills of community groups and local residents
- Working with our communities – ensuring residents are at the heart of everything we do. Involving local residents in the things that matter to them and making sure we design our services based on input from those who use them
- Focussing on prevention – reduce the risk of problems arising in the first place and when they do, we will intervene to prevent them from worsening

Strengths-based Approach

- Recognising and building on the existing skills, resources, knowledge, experience and heritage within our communities
- Empowering Councillors, partners and residents to work together to find creative solutions to the local issues that matter most to them
- Council commitments:-
 - Place communities at the heart of everything we do
 - Always ask and listen to ensure we are addressing the things that matter to residents
 - Be innovative in how we involve residents so that it maximises their skills and knowledge
 - Problem solve collaboratively with communities ‘work with’ and not ‘do to’
 - Identify and support the motivation to act within communities
 - Nurture relationships within neighbourhoods
 - Build the capacity and resilience of the community and local community organisations

Place-based Approach

- Ward Councillors as community leaders – bringing people together to tackle locally identified Ward priorities
- Neighbourhoods Team – facilitate community involvement and co-ordinate local networks and partnerships tackling those local priorities
- Working collaboratively – with Council services, other service deliverers (e.g. Police, NHS), Parish Councils, voluntary community and faith organisations, residents and other stakeholders

Ward Priorities

- Refreshed and published annually (June) – Ward Plans – Rotherham Metropolitan Borough Council
- Informed by local data, input and advice from Council services and partners and local community intelligence
- Include priorities around themes such as:-
 - Environment – including street scene, parks and green spaces
 - Community safety and anti-social behaviour
 - Community resilience and infrastructure including cost of living
 - Children and young people
 - Transport and road safety
 - Physical and mental health and wellbeing
- 13 Wards specifically reference health and wellbeing

All children get the best start in life and go on to achieve their potential

- 17 Wards reference children, young people and families

All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

- 9 Wards reference mental health

HEALTH AND WELLBEING BOARD - 21/09/22

All Rotherham people live well for longer

- 2 Wards reference supporting older people

All Rotherham people live in healthy, safe and resilient communities

- All 25 Wards include priorities that impact on the wider determinants of health
- Employment and the economy – 3 Wards
- Crime and community safety – 21 Wards
- Environment – 24 Wards
- Housing and tenancies – 3 Wards
- Planning – 2 Wards
- Culture, Leisure, Sport and Green Spaces – 13 Wards
- Supporting local community groups – 16 Wards
- Cost of living – 13 Wards
- Covid recovery – 7 Wards
- Loneliness and isolation – 8 Wards

Going forward – supporting delivery of the Board's aims and priorities within neighbourhoods

- Strengthen the link between the Strategy and Ward priorities/plans
- Regular reporting on activity taking place in neighbourhoods to the Board and providing evidence of impact
- Use the Strategy to inform future Ward priorities
- Use community intelligence to inform future strategic aims and priorities
- Raise the profile of the Strategy with Ward Members and residents
- Promotion of place-based and strengths-based working
- Promotion of early intervention and prevention
- Strengthen partnership working within neighbourhoods
- Shared learning and development

Discussion ensued with the following issues raised/clarified:-

- There were 25 Wards in the Borough but neighbourhoods were a lot smaller than a Ward
- Neighbourhoods worked to a Ward-based model primarily; Primary Care geographically did not align neatly but did not mean there could not be conversations with GP practices
- Baseline data from Public Health would be sought for any project such as oral health to assess where there had been a particular impact although a lot of the information was from case studies/anecdotal
- The projects highlighted in the presentation were to illustrate how neighbourhoods were working to translate the Strategy into work. Officers and Members could share good practice and thereby cascade across the Borough

Resolved:- That the presentation be noted.

25. STRATEGIC POSITIONING OF PHYSICAL ACTIVITY

Gilly Brenner, Public Health Specialist, and Norsheen Akhtar, Yorkshire Sports Foundation, gave the following powerpoint presentation:-

Why physical activity matters

- Inactivity in Rotherham >national average
- Almost 1 in 30 inactive (<30 minutes per week)
- Higher rates in some groups including long term conditions with most to gain in terms of reducing risk
- It is everyone's business
- It is fun

Background

- Local Authority Healthy Weight Declaration January, 2020 – food and physical activity
- Strategic review of physical activity July, 2021 – submitted to Board November 2021
- Lots of ambitions then prioritised into 4 key themes

4 Priorities

- Normalising physical activity/building a social movement
- Employers supporting the workforce to be active
- Frontline workers confident to talk about and signpost to physical activity
- Strengthening social prescribing including embedding physical activity

Big Conversation Event

- 4th July at the Town Hall
- >70 people, wide range of partners including VCS and Health
- Started to flesh out conditions to make the ambitions realised
- Individuals signed up to the priority they will work on

What Next

- 12th and 13th October workshops each theme
- 3rd Big Active Conversation in November
- Moving Rotherham governance re-launched
- Final Big Active Conversation – plans agreed and adopted with delivery responsibilities
- Moving Rotherham wider partners continue Big Active Conversations once a year

Resolved:- That the initiative be supported and a further update submitted in 6 months.

26. HEALTH AND WELLBEING STRATEGY AND ACTION PLAN REFRESH - 2022-2025

In accordance with Minute No. 13 of 22nd June, 2022, Ben Anderson, Director of Public Health, and Leonie Wieser, Policy Officer, submitted a revised Health and Wellbeing Strategy and Action Plan for 2022-2025 with the aid of the following powerpoint presentation:-

Refresh of Priorities May-September 2021

- The Strategy content has been refreshed based on the priorities that were agreed by the Board in September 2021
- This refresh of priorities was the result of discussions and consultation with Board members
- Board meeting discussion in May 2021:-
Agreement that the 4 existing aims of the Strategy remained relevant and should still be the overarching outcomes that the Board was working towards
Strategic priorities underpinning aims should be refreshed
- Draft version of refreshed priorities produced with input from Board sponsors and other relevant leads
- Consultation with Board members July 2021
- New priorities agreed at September 2021 Board meeting
- Strategy content refreshed to align with agreed priorities
- New action plan developed 2022-25

4 Aims

- Aim 1: All children get the best start in life and go on to achieve their full potential
- Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- Aim 3: All Rotherham people live well for longer
- Aims 4: All Rotherham people live in healthy, safe and resilient communities

Strategic Priorities

- Points and comments raised as part of consultation with Board members and wider stakeholders included that:
 - Maintaining alignment with the Place Plan remained a priority. This had particularly informed the development of the priorities for Aims 1 and 2
 - Activity to reduce the health burden from tobacco, drugs and alcohol should feature with the Plan. This is now one of the priorities within Aim 3
 - There was some discussion regarding the overlap between Aims 3 and 4 and where activity should sit. It was emphasised that lifestyle interventions should sit within Aim 3 and developing a Borough that supports healthy lifestyles should sit within Aim 4. This has informed some changes to the Aims 3 and 4 priorities:-

Aim 1: All children get the best start in life and go on to achieve their full potential:

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

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

Promote better mental health and wellbeing for all Rotherham people

Take action to prevent suicide and self-harm

Promote positive workplace wellbeing for staff across the partnership

Enhance access to Mental Health Services

Aim 3: All Rotherham people live well for longer:

Ensure support is in place for carers

Support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol

Aim 4: All Rotherham people live in healthy, safe and resilient communities:

Deliver a loneliness plan for Rotherham

Promote health and wellbeing through arts and cultural initiatives

Ensure Rotherham people are kept safe from harm

Develop a Borough that supports a healthy lifestyle

Crosscutting priorities:

Work in partnership to maximise the positive impact of anchor institutions

Strategic Priority 2 Support safe and equitable recovery from the Covid-19 pandemic

Develop the Pharmaceutical Needs Assessment

Work in partnership to further develop the Rotherham Data Hub and assess population health

Resolved:- That the report be approved.

27. HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE AND UPDATES ON MEMBERSHIP

It was noted that there had been a number of changes due to the new Integrated Care System of which Rotherham was known as “NHS South Yorkshire”.

The Integrated Care Partnership was a wider group of partners that was responsible for setting the strategic direction of the plan for South Yorkshire.

The ICP had agreed that each of the 4 South Yorkshire Health and Wellbeing Boards would nominate 5 members each to the core membership. Rotherham's nominations were:-

Sharon Kemp, Chief Executive, RMBC
Councillor David Roche, Chair of HWBB
Richard Jenkins, Chief Executive, The Rotherham Foundation Trust
Kate Davis, Chief Executive, Crossroads
Suzanne Joyner, Strategic Director, Children and Young People's Services, RMBC

Resolved:- (1) That consideration be given at the next meeting to the sponsors of each of the 4 Strategy Aims.

(2) That the nominations to the ICP Board be endorsed.

28. VENUES OF FUTURE BOARD MEETINGS

It was noted that discussions were taking place with a view to reinstating Oak House, Bramley, as a meeting venue and it was hoped the January meeting would be held at Wentworth Woodhouse.

Resolved:- That the next meeting of the Board be held in the Town Hall, Rotherham.

29. VACCINATIONS

At the last meeting of the Place Board it had been announced that Rotherham had the highest rate of vaccinations in the whole of South Yorkshire and well above the English average.

A difficult flu season was anticipated this year and it was planned to co-administer the flu jab and Covid booster wherever possible so as not to delay.

The Phase 5 patient cohort would be called for their Covid boosters of which there were approximately 140,000 eligible in Rotherham. Each Primary Care network was to undertake their own immunisations with each one setting up their own site but venues would include the Foundation Trust, RDaSH, and the New York Stadium.

It was very important that Rotherham again achieve high coverage for the winter particular as public perception of the pandemic had vastly changed over the past 12-18 months.

It was stressed that flu was just as important as Covid this season.

Resolved:- That the update be noted.

30. SHARE LEARNING FROM THE TEAM AROUND THE SCHOOL PROJECT

Nathan Heath, Assistant Director CYPS, and Kelly Crompton, Strategic Lead, Inclusion, gave the following powerpoint presentation on the Rotherham Team Around a School (TAS):-

Background

- Public Health England (now Office for Health Improvements and Disparities)
- Funding for improving mental health and wellbeing for pupils especially through times of transition
- Multi-professional; Specialist Inclusion, Education Psychology and Early Help
- TAS offer established September 2021 to support pupils, families and schools this academic year whilst also providing a sustainable legacy

TAS Parameters

- Desktop exercise to target schools based on Free School Meals/GRT/BAME suspension and exclusions to reduce inequalities
- 6 original schools identified in partnership (4 primary and 2 secondary)
- Professionals must work in unique manner tailored to setting and individuals
- Bespoke provision not utilised previously to emphasis impact

TAS Offer – October 2021 – 6 original schools

- Remote workshops for school staff to access support from EPS
- Access to NHS and Ofsted endorsed wellbeing and healthy relationships programme for Year 6 pupils, with parent app, with bespoke to Rotherham transition resource provided for all Year 7 pupils also including a parent app
- Weekly support from Specialist Inclusion Team to promote awareness of mental health, wellbeing and relationships with pupils, staff and families

TAS Extension

- TAS extension February 2022 (51 primary schools 2,072 pupils)
- Wellbeing curriculum, staff training and wellbeing and parent app (some onsite offer)
- National pilot of Deep Dive Restorative Approach programme for targeted schools (8)

TAS Reporting and Impact

- Initially developed and overseen by a TAS Governance Group, TAS Operational Group was quickly formed to oversee the day-to-day implementation

HEALTH AND WELLBEING BOARD - 21/09/22

- Progress on the implementation of the project was reported regularly to CYPS Directorate Leadership Team and the Covid Education Recovery Cell
- Warwick Wellbeing Scale (Year 6 and 7 pupils)
- School and RMBC colleague survey
- Case studies
- 2,493 young people were reached through the Team Around the School project
- 57 schools were targeted
- 49% of the young people live in most deprived 30% LSOA of England

Impact and Learning (Schools)

- 100% of teachers reported that they are integrating the SEMH resources and language in their teaching
- 88% of teachers have reported that most of their classes have benefited from Happy Breathing which can be used as a tool to self-regulate
- 95% of teachers reported that their classes are now able to talk about their character strengths
- 75% of teachers have seen the self-esteem of pupils improving over the course of the project
- 93% of teachers have found that pupils now have a better understanding of the importance of relationships
- 97% of teachers reported that they have seen an improvement in pupil awareness of how to build positive relationships
- 67% of teachers have found that pupils now better understand the link between how they are feeling and what they can achieve
- 100% of teachers reported that they have been able to use the 'goal setting' language through regular teaching
- The restorative practice reached and had an impact with families as much as it did children
- Both schools and Educational Psychology Service benefitted from unique way of working
- SEMH structured progressive curriculum including lessons, plans, journals and assessment tools all supported approach
- School leaders report that Specialist Inclusion professionals co-delivering the sessions enabled pupils to open up more due to it not being a member of school staff. This also led to 'booster' sessions for targeted pupils
- Specialist Inclusion developed bespoke transition programmes with KS3 and KS2 pupils and this led to pupils being able to better problem solve when faced with issues as they have a further range of strategies to use to overcome situations and positive manage their feelings and wellbeing
- National Restorative Approach pilot developed whole school approach with pupils and families
- Early Help colleagues working with Specialist Inclusion to provide additional support to identified families on school site

Discussion ensued with the following issues raised/clarified:-

- Sleep Right Wake Bright launched in May 2022
- Early Help and Specialist Inclusion working together to provide support to families on site
- The learning from the project would be taken to colleagues in different areas around the country
- TAS model was influencing the direction of travel long term for the Inclusion Service
- There had been very limited funding but had had significant impact which was influencing the way forward

Resolved:- That the report be noted.

31. ISSUES ESCALATED FROM THE PLACE BOARD

There were no issues to report.

32. BETTER CARE FUND PLAN

The Board received, for information, an overview of the Better Care Fund Plan for 2022-23. The BCF planning template was in line with the 2022-23 Better Care Fund Policy Framework and the Better Care Fund Planning Requirements 2022-23.

The BCF planning template (Appendix 1) showed that the planning requirements, as set out in the BCF Policy Framework 2022-23 were fully met.

Resolved:- (1) That the documentation be approved for submission to NHS England on 26th September, 2022.

(2) That the plan for reinvestment of BCF funding to support carers be supported.

33. MINUTES OF THE MEETING OF THE ROTHERHAM PUBLIC ICP PLACE BOARD HELD ON 4TH MAY 2022

The minutes of the Rotherham ICP Place Board held on 4th May, 2022, were noted.

34. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 23rd November, 2022, commencing at 9.00 a.m. in Rotherham Town Hall.