

HEALTH AND WELLBEING BOARD
Wednesday 29 March 2023

Present:-

Councillor Roche	Cabinet Member, Adult Social Care and Health In the Chair
Ben Anderson	Director of Public Health
Councillor Cusworth	Cabinet Member, Children and Young People
Helen Dobson	Chief Nurse, TRFT (representing Richard Jenkins)
Chris Edwards	Executive Place Director, NHS South Yorkshire Integrated Care Board
Polly Hamilton	Assistant Director, Regeneration and Environment (representing Paul Woodcock)
Sharon Kemp	Chief Executive, Rotherham MBC
Laura Kosciwicz	Chief Superintendent, South Yorkshire Police
Sheila Lloyd	Deputy Chief Executive and Executive Director of Nursing and Allied Health Professionals, RDaSH (representing Toby Lewis)
Dr. Jason Page	Medical Director, NHS South Yorkshire Integrated Care Board
Ian Spicer	Strategic Director, Adult Care, Housing and Public Health
Helen Sweatton	Assistant Director, Commissioning, Performance and Quality (representing Nicola Curley)
Dr. Neil Thorman	Executive GP Lead

Report Presenters:-

Gilly Brenner	Consultant in Public Health
Susan Claydon	Head of Locality and Family Support Strategic Lead, CYPS
Leanne Dudhill	Head of Human Resources and Organisational Development
Alex Hawley	Consultant in Public Health
Martin Hughes	Head of Neighbourhoods
Andrew Turvey	Consultant in Public Health
Rebecca Woolley	Public Health Specialist

Also Present:-

Leonie Wieser	Policy Officer
Katherine Harclerode	Governance Advisor

Apologies for absence were submitted by Toby Lewis, Claire Smith, Paul Woodcock, and Michael Wright.

70. DECLARATIONS OF INTEREST

There were no declarations of interest.

71. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

The Chair confirmed that no questions had been submitted.

72. COMMUNICATIONS

The Chair noted that the meeting of the Integrated Care Partnership (ICP) was to be the same day as the strategy was due to be launched. It was felt that the strategy was excellent and had had wide consultation.

In discussion, it was noted that the masterplan was to fully link up plans.

73. MINUTES OF THE PREVIOUS MEETING

Resolved:-

- 1) That the minutes of the previous meeting on 26 January 2023, be agreed as a true and correct record.

74. FAMILY HUBS, (INCLUDING RELATIONSHIPS CHARTER)

Consideration was given to a presentation by the Head of Locality and Family Support in respect of Family Hubs delivery. The family-centred approach was described:

- **Accessible** - non-judgemental support in a mix of physical and virtual spaces
- **Attuned to local needs** – connecting families with the right help at the right time
- **Whole-family** support offered – avoiding ‘bouncing’ between services
- **Informative** – the whole range of support is communicated simply and consistently
- **Inclusive** – services are responsive and co-produced with parents and families
- **Transformational** – improvements are system-wide and long-lasting

The delivery expectations for Family Hubs were identified. The Service was received physically or in person at a family hub building, with the relevant information, professional or practitioner. The Service was accessed through the family hub network but received elsewhere (e.g. VCS organisation, via outreach, clinical setting). Universal and specialist support could be accessed through a digital and virtual offer. There were a range of funded themes.

The Family Hub Principles were also described. These included promoting access through clearly branded and communicated hub buildings, virtual offers and outreach. Moving from services organised for under fives, to families with children of all ages, reduced fragmentation. It was noted that the key emphasis on early years and the ‘Start for Life’ offer would remain. A relationship-centred approach meant that practice in a family hub built on family strengths and looked to improve family relationships to address underlying issues. Joining up locally brought

existing family help services together, into a place where services are delivered that is a base for professionals. It was felt that this approach was better connected because family hubs drive progress on joining up professionals, services and providers (state, private, voluntary, community) – through co-location, partnerships, data sharing, shared outcomes and governance. An information gateway allowed families to know about all the services delivered anywhere within the network-physical, virtual or via outreach, and beyond. Family hubs brought together services for families with children of all ages (0-19) or up to 25 with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.

Progress with the delivery model was described. Progress included instilling a strong appetite to develop Family Hubs and to deliver transformation across partners; holding regular Task & Finish Groups with agreed chairs across key funded strands; establishing an Operational Group held regularly; facilitating a delivery team; carrying out a needs analysis, coproducing the model of delivery and headline delivery plan which was submitted and agreed by a national team as part of an iterative process; securing wholesale evidence-based training programmes; and developing a digital evidence-based offer for families.

Further elaboration on the role of evidence-based programmes was noted. These programmes included The Solihull Approach Programme, Family Foundation Preparation for Parenthood, Solution Focused Brief Intervention, Triple P Online, Attachment and Bonding, Cultural Competency in maternity and beyond, PEEP (Peers early education programme) Home Learning Environment, Perinatal Mental Health Programme, and Reducing Parental Conflict.

Current work was being undertaken to agree branding and communications, roll out training programmes across public and voluntary sector, develop the digital offer, publish Start for Life Offer, develop the Parent Carer Panel, and to recruit.

In discussion, the following points were raised:-

- SY ICP/ICB have made school readiness a key aim. It will be important to ensure all areas of Rotherham are reached.
- Within the SY ICP strategy, the headline for ages 0-5 was to reduce health inequalities. This will require all partners to take a child-centred view rather than a focus on any individual service.
- The importance of a safe place to sleep also complements this agenda.
- Further, it will be helpful to parents and children to ensure that Rotherham Health App and Healthy Together are linked in.
- If libraries could also be linked, these are good resources for signposting and support for the digitisation within communities. Further, the museum group are a resource for engagement with families at community venues.

- It was agreed that 0-5 is a key age group to focus on to set children up for a good experience of school, especially among those who have additional educational needs. Work on an early years strategy had begun which would reach beyond the existing strategy around childcare sufficiency. It was acknowledged that early years is much more than childcare. As had been seen with the financial inclusion and homelessness strategies, these linkages put Rotherham in a stronger place.

Resolved:-

- 1) That the progress be noted and an update be received in six months' time.

75. AIM 3 UPDATE BY BOARD SPONSORS

Consideration was given to a presentation in respect of progress associated with Aim 3 of the Health and Wellbeing Strategy which was presented by the Chief Executive of Rotherham MBC on behalf of the Council and TRFT. The two key priorities comprising Aim 3 were described in the presentation:

- 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.

In regard to Priority 1, to ensure support is in place for carers, progress was described. The Borough That Cares Strategic Framework had been agreed by the Health and Wellbeing Board in September of last year and formally launched on Carers Rights Day in November 2022. The strategy set out the vision that was to guide partnership approaches in the work to ensure that carers in Rotherham stay mentally and physically healthy, and economically active, for longer. Underpinning the strategy was a three-year roadmap, with each year grounded in a specific area of focus: creating carer cornerstones in year one (22/23), creating communities of support in year two (23/24), and solidifying a carer friendly borough in year three (24/25) and beyond.

To ensure Carers were supported when they have a breakdown in care through delivery of Carers emergency services, this service was commissioned by the Council. The service provided emergency care and support in situations when the unpaid carer becomes incapacitated and are unable to fulfil their role. This service aimed to provide interim cover to prevent admission to residential care and support people to remain at home.

Progress was also described regarding implementation of Priority 2, to support local people to lead healthy lifestyles, including reducing the health burden from tobacco, obesity and drugs and alcohol. This work linked into the Prevention and Health Inequalities Group.

Ongoing work to identify and treat inpatient smokers as part of the QUIT programme was noted. The treatment of tobacco dependence was established at TRFT across all inpatient pathways. This included mandated smoking status screening at point of admission with automated notification of all smokers to the Tobacco Treatment Team. KPI data from January 2023 showed 89% of inpatients had smoking status recorded within 24 hours of admission, and 69% of smokers received a specialist assessment from a Tobacco Treatment Advisor.

Rotherham had shown a steady increase over the last 4 months for alcohol successful completions and had shown an increasing trend over the previous 10 months for non-opiate completions, whereas the England average had remained static. Rotherham had exceeded National averages in Q3 data. It was noted that figures from 2023/24 may have been impacted by some expected disruption caused by a change of provider. However, the new service model, once embedded, was anticipated to have a positive impact in the longer term.

A partnership plan focussed on tobacco had been developed and presented to the Board. The Tobacco Control Action Plan was presented to Health and Wellbeing Board in January. The Tobacco Control Steering Group would continue to oversee the actions with representatives from across Place and use the dashboard of indicators to monitor progress.

Learning from the Place Development Programme had been fed back to various groups, including the Prevention and Health Inequalities Enabler Group and the Place Board. Significant analytical work was undertaken through the Place Development Programme. Discussions about how to take this learning forward were being held as part of the Place Plan refresh, as noted in detail in the update presentation from the Prevention and Health Inequalities Enabler Group.

Progress to review and establish the drug-related death pathway to identify improvements across the system was described. Work was ongoing to develop a process to learn from deaths from drug misuse, improve services and gain intelligence around needs and where they were not being met. This work was being done by Public Health and reported to both the Safer Rotherham Partnership and the Combatting Drugs Partnership. It was noted that the rates of drug related deaths had increased nationally. A local review had been undertaken and had highlighted increased age-standardised mortality rates for deaths related to drug misuse over three-year periods for Rotherham as well as Yorkshire and the Humber, and England. Further in-depth analysis was scheduled in March/April to establish any identifiable themes.

A new information management system had been purchased in partnership with Barnsley, Doncaster and Sheffield to record and report drug-related deaths which would mirror the suicide work to improve ability to respond to trends across South Yorkshire. A full-time Police role had been established to operate the real-time surveillance and support the

learning panels. Also, a pilot funded by NHS England was progressing to support frequent attenders to ED with complex Alcohol and Mental Health needs through an outreach team providing holistic support offer.

An NHS England Peer to Peer review was held in December 2022, with positive results. The project was becoming embedded within the community as intended, influencing positive change and reducing Blue light Calls significantly. The one-year pilot was initially going to run until March 2023, but an extension to March 2024 was agreed in February 2023. TRFT was the only site in England that had progressed the pilot.

No milestones under Aim 3 were rated as 'off-track', but five were rated as 'at-risk'. This included the following actions:

- Refresh of information, advice and guidance available to carers, including the launch of the carers' newsletter. Newsletter development had been delayed due to capacity issues. Informal arrangements were in place to share information, advice and guidance.
- Actions as part of delivery of area of focus 2 and 3 of the Carers strategic framework were rated amber. A dedicated officer resource, Carers Strategy Manager, commenced in post 6 March. It was felt that this appointment would accelerate progress to co-produce the Action Plan and deliver the associated objectives and priorities. Priority was being given to advancing work in this area, including, for example, through promotion of national initiatives such as Carers UK – Carers Active Hub, a resource to help carers to increase activity levels and improve their health and wellbeing.

Next Steps to be undertaken relating to Priority 1, Ensure support is in place for carers, were described:

The Carers Strategy Manager had commenced developing an Expert by Experience programme and would establish locality-specific carer partnership network groups with increased diverse representation of unpaid carers. A co-production approach would be carried out to determine a detailed action plan. The co-production outcomes would be presented to the Health and Wellbeing Board in Sept 2023. An assurance process for all published Information would be introduced. The Advice and Guidance offer would be assessed to ensure the relevance, accuracy and accessibility. Overall progress would be reported into the Health and Wellbeing Board and board sponsors, via the Health and Wellbeing Strategy Action Plan.

Development of a partnership prevention campaign with a focus on upstream prevention messaging was underway. Options had been developed, and community insights had begun shaping this campaign. This would be reviewed for approval by all partners and launched in the coming weeks/months. The next presentation from the Prevention and Health Inequalities work had the latest information on the progress. Content had also been written for the expansion of RotherHive to include

wider health issues (such as smoking, weight, physical activity). This would be ready to launch by the end of March/early April.

Development of partnership plans focussed on alcohol was also described. An action plan on alcohol had been developed, which would go through the Combatting Drugs Partnership on 30th March 2023. Further, the tender for the new drugs and alcohol service had been awarded to the new provider and mobilisation was underway. The new service model included a separate pathway for alcohol, which would incorporate tailored clinical care pathways to address individual risk and need, with delivery from a range of community venues. The new service model included enhanced hospital liaison and outreach services, which sought to address Rotherham's identified needs.

In discussion the following points were made:

- An upcoming 10 K was an opportunity to support Priority 2.
- It was felt that the Council should be proud of the progress made.

Resolved:-

- 1) That the report be noted.

76. PREVENTION AND HEALTH INEQUALITIES UPDATE

Consideration was given to a presentation by Director of Public Health Ben Anderson and Public Health Specialist Rebecca Wooley in respect of progress in prevention and health inequalities. The presentation covered five priorities, including strengthening understanding of health inequalities, developing healthy lifestyles, supporting prevention and early diagnosis of chronic conditions, promoting equity of care, and harnessing partners roles as anchor institutions.

Priority 1, Strengthen our understanding of Health inequalities, involved three areas of activity: improving the understanding of health inequalities in Rotherham, ensuring that partners have access to bespoke data products, and ensuring that data around health inequalities informs commissioning, decision-making and service-delivery.

There were three key areas of progress relating to Priority 1: development of an interactive health inequalities tool, research around the impacts of the COVID-19 pandemic, and delivery of MECC and JSNA training. Next steps were to explore opportunities to rollout training around health inequalities, picking up on the findings from the SY Health Inequalities Event; profiling each of the inclusion groups outlined within the strategy; exploring opportunities to build primary care data into this programme of work, including the development of PCN profiles; and considering asset-based community development and understanding of communities as part of the approach to tackling health inequalities.

Priority 2, Develop healthy lifestyles - prevention pathway, involved action to reduce the prevalence of smoking in Rotherham and narrow the gap between our most and least deprived communities; increase the proportion of people in Rotherham who are a healthy weight; reduce alcohol-related harm for people in Rotherham; and support older people in Rotherham to retain their independence and age well.

Key areas of progress had been achieved, including an umbrella prevention brand was in development to support with upstream prevention messaging and campaigns; RotherHive was being expanded to incorporate sections on healthy eating, physical activity and smoking; a local tobacco control action plan and e-cigarette policy had been agreed by the Health and Wellbeing Board in January; work to embed the compassionate approach to weight had started, including training and development and changes to commissioning and service delivery; the OHID approved drug and alcohol grant funding project plans had been agreed; and an action plan had been developed from appreciative enquiry approach to address broader physical activity aims with stakeholders.

Next steps regarding these workstreams were noted, including work to launch and utilise the prevention brand to engage with local people around their health and wellbeing; to continue to develop the RotherHive resources to support with signposting and local people finding local advice and support; and to map the support available to help with the modifiable risk factors associated with poor health in Rotherham, with a focus on identifying inequities and variation across Rotherham.

Priority 3, Support the prevention and early diagnosis of chronic conditions, comprised several key aims, including reducing the health burden of cardiovascular disease in Rotherham, improving the management of diabetes, reducing the health burden of chronic respiratory disease in Rotherham, increasing the proportion of cancer diagnoses made at stage 1 or stage 2, and ensuring people get support with their mental health at the earliest possible stage.

Key areas of progress included significant analytical work undertaken through the Place Development Programme, relaunch of the NHS Health Checks programme, rollout of the lung health checks programme, delivery of the Community Transformation Programme within mental health, and an audit underway to baseline Rotherham's position against the NHSE Prevention High Impact interventions and the Core20Plus5 clinical areas.

Next steps in respect of Priority 3 were to build the findings of the audit work into the Prevention and Health Inequalities Strategy and Action Plan, establish a PHM Operational Group to take forward the learning from the Place Development Programme, and drive work around personalisation, for example, producing physical activity videos targeted towards people with chronic pain, frailty etc.

Priority 4 - Tackle Clinical Variation and promote equity of access to care, comprised several aims, including narrowing the gap in maternity outcomes for ethnic minority women and women from deprived communities; reducing premature mortality for people with learning disabilities, autistic people and those with severe mental illnesses; improving access to social prescribing for ethnic minority communities; and mitigating against digital exclusion.

Key areas of progress noted included the continuity of care model within maternity having been launched within TRFT in December 2022, which linked with the Core20Plus5 clinical areas; work underway to deliver commitments around improving the health of people with learning disabilities, including improving uptake of enhanced health checks, improving access to health promotion and cancer screening programs and rolling out the Oliver McGowan training for all NHS and social care staff; and a Digital Exclusion Strategy developed for Rotherham with relevant links to the Prevention and Health Inequalities Group. Next steps for Priority 4 included engagement with primary care around clinical variation.

Priority 5 - Harness Partners roles as anchor institutions, comprised several aims, including improving the health and wellbeing of our workforce across the place partnership, employing people from deprived communities and inclusion groups in Rotherham; increasing our local spend to support Rotherham's economy; reducing our environmental impact.

Key areas of progress were noted, including Self-assessments undertaken undertaken by all Place partners using the JRF framework, workshops with key stakeholders having used findings from these assessments to identify priority actions, and an anchor action plan had been drafted for submission for Place Board approval in April. Subject to approval at Place Board, the next step was delivery of the action plan which included actions around analysing recruitment and retention practices from an equalities perspective, baselining local spend within procurement and social value, using our estates differently to foster health and wellbeing, joint action to deliver on net zero commitments, and embedding consideration of health inequalities within decision-making.

Several points of feedback from the Health Inequalities Event were noted:

- Significant energy and support across South Yorkshire
- Need to focus on workforce development and staff understanding the context/challenge around health inequalities
- Usefulness of the 'intervention decay model'
- Work in the 'seams' – particularly between community-based interventions and service-based interventions

- Linked to the above, importance of community engagement, targeting the communities of public health interest

In discussion, the following points were raised:

- The large scale of the work was felt to be noteworthy.
- The importance of partners working on this together to make a real impact was emphasised.
- Changes to management approaches can lead to inequality in outcomes because of differences in motivation to seek care.
- Patients least likely to seek care often are the most in need of care; consideration will be needed around how this leads to differences of resource, funding and practical changes.
- There was an opportunity to shift how early young people are experiencing chronic conditions.
- Metrics currently emphasise flow and moving people through services, rather than health.
- Slides from the ICP would be shared regarding school readiness and the 0-5 age group.

Resolved:-

- 1) That the update be noted.
- 2) That the Board endorse the next steps that have been outlined, which will inform the action plan.

77. COMBATING DRUGS PARTNERSHIP

Consideration was given to a presentation by Ben Anderson, Director of Public Health, and Laura Kosciwicz, Chief Superintendent of South Yorkshire Police which described partnership efforts in relation to combatting drugs. A National 10 Year Drug Strategy aimed to break drug supply chains, deliver a world class treatment and recovery system, and achieve a shift in the demand for drugs.

Timelines for National Outcomes were noted. By the end of 2024/25 it was expected that the whole-of-government mission will have:

- prevented nearly 1,000 deaths
- delivered expansion of treatment capacity
- contributed to the prevention of 750,000 crimes
- closed over 2,000 more county
- delivered 6,400 major and moderate disruptions of activities of organised criminals,
- significantly increased removal of criminal assets,

Anticipated Rotherham Outcomes by the end of 2024/2025 were:

- 440 additional adults in treatment, 25 young people in treatment
- Increase continuity of care between prison discharge and engagement in treatment to 75%
- 38 additional people to attend residential rehab in 2024/25

Progress in relation to the ask of Local Place included an established CDP including geography, core membership, SRO and additional roles; agreed Terms of Reference, a completed Needs Assessment, and a Draft Action Plan created/in development.

Rotherham Combatting Drugs Partnership was described. A *Guidance for Local Delivery Partners* document set out how local partners in England should work together to reduce drug-related harm and join up across sectors and a framework for local drugs strategy partnerships referred to as *Combatting Drugs Partnerships*.

Aims included:

- Work together to understand the local population and how drugs and alcohol are causing harm in your area
- Identify challenges in the system and the changes needed to address them
- Identify, consider and/or support external funding opportunities to enhance or increase the partnership's ability to deliver its responsibilities and objectives.
- Complete the key tasks below as set oDrug and Alcohol Health Needs Assessment (HNA), 2022
- Complete drug and alcohol covid impact assessment (in progress)
- Complete a Rotherham Drug Market Profile, 2022
- Submit updates to the Safer Rotherham Partnership
- Management of Risk in Law Enforcement Documents
- Drug markets and drug misuse MoRiLE rationale document
- Country lines non scored document
- OCG MoRiLE Rationale Document
- Vulnerable adults non scored document
- Alcohol misuse non scored document
- Family Hub Needs Assessment (in progress)
- National Programme on Substance Abuse Deaths (NPSAD) data (awaiting)
- Pharmaceutical Needs Assessment 2022
- Existing inspection reports
- CGL 2022 CQC report
- Joint Combatting Drugs Unit

Needs Assessment Highlights were described. It was noted that successful completion of drug treatment was lower than national average. Within Rotherham there were four Organised Crime Groups (OCGs) that were believed to be actively involved in County Lines activity. There were 708 recorded drug offences in Rotherham for 2020-2021.

Community engagement told us that families were concerned about young people being drawn into drug taking. Feelings of safety surveys identified drug and alcohol misuse as reasons people felt unsafe in public spaces. The majority of service users also had a mental health need. Alcohol/Substance Misuse was one of ten top presenting needs for early help. The majority of service users were not in employment at the time of

presentation. There was a high unmet need for services, particularly alcohol misuse.

Development timeline and structure of the action plan was described, including a summary of the action plan:

- Prepare
 - Facilitate improved information sharing including with IT systems
 - Equip workers by providing education for professionals
 - Develop Combatting Drugs Communications and Engagement Strategy
- Prevent
 - Develop continuity of care in criminal justice pathway
 - Develop whole family approach
 - Develop wider support offer and capacity for increased numbers for alcohol and drugs treatment/support
- Protect
 - Develop and deliver Harm Reduction offer and Recovery pathway
 - Reduce drug related deaths
 - Implement dual diagnosis pathways and improved psychological support.
- Pursue
 - Continue effective pursue response working with partners
 - Develop focus on county lines/ exploitation of children in line with child exploitation strategy
 - Disrupt organised crime

It was noted that governance design emphasised the need for true partnership working so that no one organisation had responsible for all the delivery. The responsible partners were noted.

In discussion, the following points were raised:-

- Delivery required a high level of coordinating and agility of the services.
- The significance of the dual diagnosis issue was emphasised. This is because of the challenges involved in improving mental health unless substance misuse stops, and challenges involved in the inverse situation where substance misuse cannot be stopped due to mental health. People with a dual diagnosis were the most vulnerable, yet there has not been much provision for them. Currently, the organisational set up did not work for these situations. It was felt that any such provision should proceed with carefully measured outcomes because of the organisational issue.
- Historic changes around commissioning of services and how services reacted to those changes were acknowledged. Under the recommissioned drug and alcohol service the new provider will transition the service from 1 April, presenting an opportunity to craft additional aims around drug diagnosis and treatment that include

- more psychological support around drug and alcohol.
- A dual diagnosis pathway was newly commissioned, with further work to determine how the pathway will work and how it will be embedded. The challenges presented with the dual diagnosis were acknowledged and had led to this piece of work to bring in the pathway which will be worked with RDaSH with agreements imminent.
 - The importance of investment in working with subject matter experts in mental health was emphasised.

Resolved:-

- 1) That the progress on establishing the CDP and developing the action plan be noted.
- 2) That an annual progress report against the action plan be received.
- 3) That the CDP Governance structure, which supports the CDP to overcome barriers, blockers and risks as necessary in conjunction with the Safer Rotherham Partnership, be noted.

78. PHYSICAL ACTIVITY ACTION PLAN

Consideration was given to a presentation by Consultant in Public Health Gilly Brenner on behalf of partnership work by Rotherham MBC and Yorkshire Sport Foundation in respect of a Physical Activity Action Plan. Norsheen Akhtar, from Yorkshire Sport Foundation, led on this work. This presentation was a six-month update. This was an update on the progress of the work previously described to Health and Wellbeing Board in September 2022. Health and Wellbeing Board members were supportive of the process of undertaking a review of physical activity which was done by Sam Keighley of Yorkshire Sport. This led to the development of four key priorities. An appreciative enquiry approach was then taken, with a series of workshops with a wide range of stakeholders to determine how to deliver these priorities. These workshops were held in July 2022, October 2022, and January 2023. In the final workshop, actions were proposed with key stakeholders agreeing to lead the delivery of actions. The workshops formed the Big Active Conversation, aims of which included normalising physical activity / building a social movement, employers' supporting the workforce to be active, front line workers confident to talk about and signpost to physical activity, and strengthening social prescribing, including embedding physical activity.

Priorities and associated actions were described:

- Active Champions
 - Promoting physical activity through community champions
 - Promoting physical activity through workplace champions
 - Monitoring progress of strategic physical activity work

- Active Environments
 - Employers supporting the workforce to be active
 - Safer, open green and blue spaces
 - Incorporating activity into travel
- Active Communities
 - Normalising physical activity in schools
 - Normalising physical activity in health settings and provision
 - Normalising physical activity through events or provision
- Active Communications
 - Moving Rotherham communication plan
 - Facilitate effective signposting to physical activity opportunities
 - Facilitate networking and collaboration between physical activity champions

In discussion, the following points were raised:-

- The importance of embedding physical activity within the health sector, including clinical pathways, was emphasised.
- The importance of people being empowered to talk about the benefits of physical activity within their own communities was noted.
- The workstream around provision for teenage girls was of importance as teenage girls had been identified as a group at risk to drop out of physical activity.
- It was now statutory for physical activity opportunity to be equal for boys and girls.
- In addition to normalising participation, having choice was fundamental.
- The Children's Capital of Culture included a strong physical activity element.
- Thanks to Places for Leisure, a Big Sister programme was now being offered in addition to the big brother programme.
- Swimming and swimming lessons were now being offered for Looked After Children and Care Leavers.
- Thanks to partners, it was felt that much progress had been made together to address inequalities.
- Diverting negative energy into positive interventions such as community boxing clubs promotes a safer, healthier community.
- Any further nominations to the Moving Rotherham Partnership Board should be sent to the Consultant in Public Health.

Resolved:-

- 1) That the report be noted.
- 2) That the delivery of actions identified in the plan be encouraged, enabled and supported
- 3) That opportunities to incorporate physical activity into organisational and borough strategic plans and delivery continue to be identified.
- 4) That the Board receive annual updates from the Moving Rotherham partnership.

79. THRIVING NEIGHBOURHOODS STRATEGY

Consideration was given to a presentation of the refreshed Thriving Neighbourhoods Strategy presented by Martin Hughes, Head of Neighbourhoods, and Leanne Dudhill, Service Manager, Human Resources. The refreshed strategy included a strengths-based approach. The presentation offered a six-month update on the ward priorities and how these linked into the strategic aims. These aims sought for 'Every neighbourhood in Rotherham to be a thriving neighbourhood, where people are able to work together to achieve a good quality of life.' Further, the Strategy worked toward 'Ensuring communities are at the heart of everything we do to make people feel happy, safe and proud.' The Strategy sought to achieve neighbourhoods that are safe and welcoming with good community spirit; and residents who are happy, healthy and loving where they live, with the opportunity to use their strengths, knowledge and skills to achieve what is important to them.

The Strategy provided a framework for key actions:

- Enhance the role of Councillors as community leaders
- Ask and listen to communities about the things that matter to them
- 'Work with' communities rather than 'doing to'
- Build on the strengths and assets within our communities
- Empower communities to do things for themselves
- Support people from different backgrounds to get on well together
- Build trust and pride
- Promote early intervention and prevention
- Improve services that are personalised and flexible
- Find local solutions to reduce the impact of the cost-of-living crisis

A consultation was live to ensure communities have a say in various aspects of how the Strategy is delivered, including promoting the Strategy, role of Councillors and Neighbourhood Working; informing the delivery of the strategy and an Equality Assessment – to be presented at

Improving Places Select Commission (July 2023); informing Councillors ward priorities – updated June 2023; delivering events across all of Rotherham's 25 wards; engaging in discussions with communities with protected characteristics; and online survey for the Consultation.

Place-based approaches were being used in the Strategy Delivery. This included a role for Councillors, council services, police, Primary Care Networks, Parish Councils, community groups, residents and others working collaboratively within a neighbourhood to tackle local priorities. These priorities were:

- Environment – including street scene, parks and green spaces
- Community safety & ASB
- Community resilience & infrastructure, including cost-of-living
- Children and young people
- Transport & road safety
- Cost of Living
- Physical & mental health and well-being
- Ward Plans – Rotherham Metropolitan Borough Council

The diverse roles of Councillors within the University of Birmingham's Twenty-first-century Councillor were described, as well as the Strengths-based Approach. Within the authority, the personal assets were the strengths, talents, skills, and local knowledge. Community and neighbourhood strengths included spaces, networks and services. The Strengths-based approach recognises and builds on the skills, resources, knowledge, experience and heritage within our communities and empowers residents to find creative solutions to the local issues that matter most to them. A partnership training programme on the strength-based approach is in development.

As part of this approach, Rotherham Metropolitan Borough Council has the following aims.

- 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' communities and not 'doing to' them.
- 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.

A reflection on accomplishments during the pandemic response included the following points:

- 1,286 people offered to volunteer.
- During the first 12 months of the pandemic over 1,000 households supported with prescription collection, shopping and befriending calls.
- Helped to deliver 5,284 food parcels and 1.5 million items of PPE.
- Numerous community organisations were established and existing ones expanded to develop new services.
- Rotherfed set up a Befriending Service staffed by volunteers and created the Befriending Services Network.

The example of Sunnyside supplies was provided as a social supermarket which was working to help people with a variety of needs. Ward Councillors and council staff helped set up and now work alongside Sunnyside Supplies community group to provide a Social Supermarket and Community Café.

This essential service is providing healthy, affordable groceries, a range of valuable volunteer roles, and a much-needed place to come together for those who are lonely or socially isolated, including single-parents and older people.

Delivery and transformation involved a big element of learning and development for the workforce. Raising general awareness was a current aim to increase understanding of the importance of the Strengths-based approach in helping people to live well for longer. This approach would aid in the delivery of the Health and Wellbeing Strategy in the following ways:

- Ward priorities/plans are helping to deliver the four Aims and Strategic Priorities.
- Board membership / organisations informing future ward priorities – data, local intelligence, inequalities, etc.
- Place-based working - Strengthen partnership working within neighbourhoods; focus on early intervention & prevention.
- Strengths-based working – helping communities to help themselves; joint training and development.

In discussion the following points were raised:-

- The importance of case studies to get a picture of work across the borough was emphasised.
- It was felt that events arranged around bringing people back together had been excellent.

- Partners had been impressed by the progress in learning and development that was creating a cultural competency.
- It was felt that the Council had come a long way to a strong place of partnership and joined up working.

Resolved:-

- 1) That the report be noted.

80. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

Consideration was given to an update on the Health and Wellbeing Strategy Action Plan presented by Ben Anderson, Director of Public Health, and Leonie Weiser, Policy Officer. The presentation noted DHSC guidance on ICP strategy and health and wellbeing Strategy.

- HWBs would need to consider the integrated care strategies when preparing their own strategy (JLHWS) to ensure that they are complementary. Conversely, HWBs should be active participants in the development of the integrated care strategy as this may also be useful for HWBs to consider in their development of their strategy.
- When the HWB received an integrated care strategy from the ICP, it did not need to refresh JLHWS if it considered the existing JLHWS sufficient.

In discussion, the Chair affirmed that Rotherham Place originated from Rotherham rather than from South Yorkshire.

Resolved:-

- 1) To note the alignment between the ICP strategy and the Rotherham Health and Wellbeing Strategy.
- 2) Aim sponsors to consider implications for their aims in light of the ICP strategy.

81. MEMORANDUM OF UNDERSTANDING OF THE ROLE OF BOARD SPONSORS

Consideration was given to a Memorandum of Understanding of the Role of Board Sponsors presented by the Public Health Policy Officer, Leonie Weiser.

The Chair noted the key role of sponsors in driving forward each aim.

In discussion, the interim lead was confirmed.

Resolved:-

- 1) That the memorandum be agreed.

82. ITEMS ESCALATED FROM PLACE BOARD

Consideration was given to an update regarding items escalated from the Place Board, which was presented by Sharon Kemp, Chief Executive Rotherham MBC, and Chris Edwards, Place Director NHS South

Yorkshire Integrated Care Board. Extreme pressure during the winter had been experienced. The Place coped with peaks in both COVID-19 and flu in January. The Health and Care Plan had been revised, and a first draft of the Place Plan would be brought to the next meeting.

Resolved:-

- 1) That the update be noted.

83. BETTER CARE FUND

The Chair confirmed that the papers from the Better Care Fund Board would be circulated.

Resolved:-

- 1) That the papers from the Better Care Fund be circulated.

84. CHANGE TO PHARMACY PROVISION, SWINTON

Resolved:-

- 1) That the report be noted.

85. SOUTH YORKSHIRE CDOP ANNUAL REPORT 2021-22

Resolved:-

- 1) That the report and recommendations be noted.

86. BEST START AND BEYOND QUARTERLY REPORT

Resolved:-

- 1) That the report be noted.

87. PLACE PARTNERSHIP UPDATE

Resolved:-

- 1) That the report be noted.

88. SOUTH YORKSHIRE INTEGRATED CARE PARTNERSHIP STRATEGY 2023

Resolved:-

- 1) That the strategy be noted.

89. ROTHERHAM PLACE BOARD

Resolved:-

- 1) That the minutes of the of the Rotherham Place Board Partnership Business meeting be noted.

90. ROTHERHAM PLACE BOARD ICB BUSINESS

Resolved:-

- 1) That the minutes of the Rotherham Place Board ICB Business meeting be noted.

91. DATE AND TIME OF NEXT MEETING

The next meeting of Health and Wellbeing Board will be held at on 26 June 2023, commencing at 9.00 am in Rotherham Town Hall.