

HEALTH AND WELLBEING BOARD
11th December, 2024

Present:

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health
	In the Chair
Ben Anderson	Director of Public Health
Andrew Bramidge	Strategic Director, Regeneration and Environment
Jo Brown	Assistant Chief Executive
Nicola Curley	Strategic Director, Children and Young Peoples Services
Chris Edwards	Executive Place Director, NHS SYICB
Kym Gleeson	Healthwatch Rotherham
Shafiq Hussain	Voluntary Action Rotherham
Jason Page	Medical Director, Rotherham Place Board
Ian Spicer	Executive Director, Adults, Housing and Public Health
Andy Wright	Chief Superintendent, South Yorkshire Police
Michael Wright	Deputy Chief Executive, Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Fran Costello	NHS SYICB
Alex Hawley	Public Health Consultant, RMBC
Kaylynn Nogowczyk	Public Health Intelligence Analyst, RMBC
Lorna Quinn	Public Health Intelligence Principal, RMBC
Amanda Raven	Community Safety Unit, RMBC
Andrew Turvey	Public Health Consultant, RMBC

Also Present:-

Sunday Alonge	Policy Officer, RMBC
Lydia George	NHS SYICB
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from Councillor Cusworth, Toby Lewis (RDaSH) and Claire Smith (NHS SYICB).

34. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

35. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present.

It was noted that 2 questions had been received in relation to the School Survey for which responses were being prepared.

Resolved:- That the questions and responses be submitted to the next Board meeting for information.

36. COMMUNICATIONS

There were no communications to report.

37. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting held on 25th September, 2024, be approved as a true record.

38. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Ben Anderson, Director of Public Health, presented the Public Health annual report which focussed on General Practice. The headlines of the report were highlighted in the following powerpoint presentation:-

Why General Practice

“Health inequalities mean that the Rotherham population experiences more ill health earlier in life and that too many of our population are suffering multi-morbidity, or the impact of more than one health condition at once. This is bad for Rotherham’s people, bad for Rotherham families and bad for Rotherham’s economy.

General Practices are uniquely placed within the health system to impact these inequalities in health. Through their mix of (..) health professionals, and their position within the heart of communities, General Practices are able to support people to stay healthy, to identify risk factors and conditions early when they can be reversed or controlled, and to support the good management of ill-health reducing the impacts this can have on people’s quality of life and their ability to contribute to their communities.

To achieve all of these goals however General Practice has to maintain a strong focus on quality, and on the outcomes that matter to the communities they serve, and has to be funded sufficiently to meet those needs, both now and in the future as our local population continues to age”

Report Structure

- Historical long-term condition prevalence (10-years)
- Future projections in line with a changing population
- Quality outcome analysis (condition achievement, and achievement range by GP practice)
- Condition contact and the impact on appointment sufficiency
- Finance
- Recommendations

Background and Methodology

- The Rotherham population has increased by about 1,000 people per year from an estimated 259,400 in 2013 to 268,400 in 2022 (+3.5%). The oldest age groups are the fastest growing mainly those aged 75+

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- All data is extracted from NHS Digital and 20 conditions have been reviewed across 5 groups
- Trend data has been used to forecast what prevalence may look like over the next 10 years for Rotherham
- Trend data on a PCN and general practice level is used to show how current prevalence and trends vary across Rotherham
- Data for quality outcomes (met need, unmet need and not eligible) have been reviewed to determine opportunities for impact

Current Demand

- Data for 2022/23 suggest there are 200,000 diagnosed conditions across the 20 QOF conditions for patients registered to a Rotherham General Practice
- Top 5 prevalence are:-
 - Depression (17.9%)
 - Hypertension (16.6%)
 - Diabetes (8.5%)
 - Asthma (7.8%)
 - Non-diabetic hyperglycaemia (6.6%)
- All other conditions have a prevalence less than 5%

Projections

- This is a combination of the projections of the prevalence of conditions and the projected populations for Rotherham
- Overall 36,900 more people are projected to be living with at least one of the 19 conditions in 2032/33 than they were in 2022/23 (this excludes NDH due to uncertainty in projection estimates)
- Projections suggest that 16 of the 20 conditions will increase in prevalence by 2033. The exceptions are:-
 - Coronary heart disease and peripheral arterial disease which have been positively impacted by falling smoking rates and changing prescription patterns
 - Chronic kidney disease which has been shown to be impacted by recording issues and not a disease in number of people living with the condition; and rheumatoid arthritis which remains similar in projections
- The 5 more prevalent conditions now – depression, hypertension, diabetes, asthma and non-diabetic hyperglycaemia will remain the most prevalent conditions with depression projected to reach a prevalence of 26.7%, non-diabetic hyperglycaemia 18.3%, hypertension 16.9%, diabetes 10.8% and asthma 9.7%
- The conditions with the largest percentage point increase are non-diabetic hyperglycaemia (11.7%), depression (9.4%), diabetes (2.3%) and asthma (1.9%)

Quality Analysis (1)

- Aligned to the 5 clinical conditions in the 'Core20Plus5'
- Based on one or 2 selected measures in line with the NICE guidance

Quality Analysis – Largest Range

- At a practice level, conditions that have the greatest range within the proportion of patients achieving the quality outcome are for heart failure, depression, diabetes, rheumatoid arthritis and cancer

Quality Analysis – Lowest Achievement

- The conditions that have the lowest quality achievement based on the Rotherham average were diabetes (58.5%), depression (59.4%), asthma (62.3%), hypertension <79 (67.2%) and mental health (70.4%)

Additional Assessments

- Across 17 indicators, if every general practice in Rotherham achieved the same value as for the highest practice for that condition in Rotherham, there would be an additional 19,750 people having their condition assessed or additional guidance given. Please note that this is 17 conditions - 3 conditions are excluded as all practices are at 100%
- The conditions which could have the greatest additional numbers if the Rotherham highest was met was for asthma, hypertension, diabetes, COPD and non-diabetic hyperglycaemia

Appointment Sufficiency

- We have reviewed available information on diagnostic period, estimated contact if a condition is stable, estimated contact if a condition is poorly controlled, exacerbated or deterioration and best practice management to determine appointment sufficiency in line with the projected prevalence of individual conditions
- Based on 2022/23 QOF prevalence data, it is estimated that stable management of a condition could result in 377,000 fewer appointments than if poorly managed

Is there an association with patient population and health quality outcomes

- To determine if it is due to difference in patient population that results in changes in outcomes, we have reviewed the relationship between deprivation and quality achievement
- As deprivation adjusts for income deprivation, employment deprivation, education, skills and training deprivation, crime deprivation, health and disability deprivation, barriers to housing and services, and living environment deprivation, we may expect any additional differences to be as a result of practice variation
- As there appears to be weak or no association between quality outcome and deprivation, it is suggested there are individual practice differences that may be influencing the quality outcomes

Finance

- In 2015/16 total spend across contractual payments, additional and enhanced services and quality and outcomes framework was £36,036,006 (excluding ARRS and DES)
- In 2024/25, the spend across all areas above (including PCN DES and ARRS) is £57,246,561 a 58.9% increase from 2015/16
- Inflation over this time was 33.8%

Discussion ensued with the following issues raised/clarified:-

- The current model was not going to meet the future need
- Non-diabetic hyperglycaemia was a growing area
- There was a difference in the ease of diagnosis of conditions to meet the criteria. For example arterial fibrillation was very easy to diagnose and could be done via a telephone appointment whereas, for diabetes, there were 8 core processes and every one had to be met with some not up to the Doctor to sort out. Some of that variance needed to be included
- GPs were underfunded. Although the core contract had increased slightly (57%) it was below inflation. There had been 12M appointments in Primary Care last year and 1.8M this year (50% increase) wiping out in the increase in funding received
- There were additional roles that went into Primary Care. When seeing a patient for a review, the GP would look at several conditions at the same time. If a review with a nurse, it would be an appointment for a specific condition such as diabetes, asthma etc. and was, therefore, less efficient
- The ICB had selected diabetes and respiratory as 2 of its 3 core issues of focus this year
- Primary Care contracts meant GP services and did not include dentists or pharmacies. NHS England commissioned GPs but delegated the responsibility to the ICB but there were no additional resources. It was a national mandated contract with no flexibility within it. There were 28 practices in Rotherham across 70 sites all of which had slightly different ways of working. The Quality Outcomes Framework was suspended last year and mandated to use all the money for access and appointments
- Every practice was visited at least every 3 years
- Concern that some of the conditions were “medicalised” when in fact it was more than a tablet but a wider system approach that the person

needed. Some of the conditions were not necessarily GP-led

- Top Tips was a portal that could be accessed by GP practices which covered all conditions and provided resources. However, it was noted that every time you took some out for development opportunities that meant less appointments available for the general public

Resolved:- (1) That the rising trend and future projections for demand on General Practice from the long-term conditions analysed in the report and the future models of community long term condition management that will be required to meet need over the coming decade be noted.

(2) That the preventative actions required to stem the rising prevalence of these long-term conditions and avoid unsustainable increases in demand across the health and care system, with a focus on the common risk factors of smoking, diet, obesity, high blood glucose and alcohol consumption, and the networks and partnerships required within neighbourhoods to maximise the role of non-clinical intervention, be noted.

(3) That the level of variation observed between General Practices in terms of QOF outcome achievement and exception reporting rates relating to both the delivery of care processes and the achievement of treatment targets and consider the opportunities for quality improvement to support improved outcomes for Rotherham be noted.

(4) That the emerging data and digital capabilities to identify the key areas for performance improvement at practice, PCH and Place level and develop approaches to drive quality, aiming to reduce variation and improve outcomes to that achieved by the top 10% of performers for the chosen indicators be used.

(5) That the above inflation overall increase in the funding to General Practices and how this related to the changing demands and the need for a model of care to develop that will meet future needs, making use of the wider set of Primary Care roles, such as additional roles, to ensure they are having the best effect, target local needs, and tackle inequalities through community management of long-term conditions, be noted.

(6) That the method of measuring and reporting General Practice performance, using local data to move beyond monitoring appointment numbers and QOF outcomes to identify measures that drive quality based on local need and priority outcomes, be noted.

(7) That the roles of the South Yorkshire Primary Care Alliance and Primary Care Networks in developing and monitoring locally relevant quality outcomes in General Practice, targeting resources to tackle inequalities and driving quality improvement be noted.

39. WINTER PLAN 2024-25

Chris Edwards, Executive Place Director NHS SYICB, introduced the 2024-25 Winter Plan in the absence of Claire Smith. Fran Costello, Emergency Care Programmer, presented the following powerpoint presentation:-

What worked well last winter

- Better Care Fund discharged monies including £500k investment schemes plus organisational investments
- 2,407 additional appointments in Primary Care including ARI hub. 1,856 attendees/77%
- Positive working with Yorkshire Ambulance Service including community in-reach and 3 PUSH pathways and on scene referral to the Community Respiratory Exacerbation Service
- Acute front door, extended SDEC hours, flexible shifts to support cover, overnight portering
- B5 converted to nurse-led discharge ward
- Community read unit with dedicated support for TTOs
- Introduction of Therapy Discharge to Assess model with 403 patients supported October-April
- Closer working between IDT and community teams through the Transfer of Care Hub for admission avoidance and discharge
- Virtual ward frailty/respiratory step up and step down pathways for those who would otherwise be in an acute bed. Aligned with urgent community response for greater flexibility of resource
- Additional community resource Home from Hospital 20 hours per day 7 a.m.-11 p.m. 7 days a week November-March. 259 shifts/1,810 hours enablement resource released through service improvement. Additional therapy locum/community nurse resource
- Cohorted community beds onspot purchase basis with improved bed management
- 3 voluntary community sector pathways with 88% and 72% patient wellbeing ratings for social prescribing and personal health budgets respectively
- Reduced mental health out of area placement (0 at start of the year)

Challenges

- High incidences of acute respiratory infections/flu peaked in January, alongside diarrhoea and vomiting (impacting on acute beds and care home closures). Covid not a significant factor last year (end of testing)
- Increased demand for Primary Care appointments
- Unprecedented growth in attendances at UECC (reflecting national trend)
- Additional escalation beds opened resulted in SDEC/B5 being bedded creating pressure on ED plus increased demand on discharge team and community discharge pathways

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- Increased complexity, acuity, end of life and out of area placements
- Workforce challenges across health, social care and independent providers
- Impact of workforce/cost of living pressures in care homes, reducing the options for managing surge
- Placement of mental health patients out of area

External Challenges

- Industrial action impacting on planning time/staffing and recovery lag with over 20 incidences in 2023-24
- Potential impact of GP collective action 2024-25
- Re-introduction of 4 hour standard – significant change to working practice
- Increased admissions to Rotherham hospital from out of area residents

Summary of Key Plans 2024-25

Area	Impact
<p>Investment</p> <p>Better Care Fund to support Acute Respiratory Infection hub for more Primary Care appointments, additional support to care for people at home, additional winter beds with therapy support, social care resource to support discharge and extended hours for discharge transport and community ready lounge plus an increase in voluntary service bursaries to support discharge</p>	<p>Targeted additional support to known system pressure points to reduce discharge delays and improve flow through the system</p>
<p>Primary Care</p> <p>Enhanced access to Primary Care Vaccination Programme</p>	<p>Improve access to treatment, support for vulnerable patients, reduce avoidable attendances at ED</p>
<p>Alternative Pathways to Ed</p> <p>Introduce heart failure virtual ward pathway and remote tech</p> <p>Support for care homes through re-launch of falls and deterioration pathway, pilot smart lights for falls detection and trusted assessor roles</p>	<p>Supporting more people at home to reduce admissions promote early discharge</p> <p>Reduced avoidable conveyances, less risk to residents, reduced demand</p>

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<p>Acute Care Six transformation workstreams including working with Yorkshire Ambulance Service to reduce avoidable conveyances/access to SDEC; ambulatory care, internal pathways; patient flow; workforce and digital Increased medical cover in ED and use of SDECs Additional escalation beds. Increased portering at peak times</p>	<p>Improve patient experience and patient flow enabling those requiring acute care to be seen in a timely way</p>
<p>Discharge Develop and embed Transfer of Care Hub/Discharge to Assess Model. Increase enablement capacity Spot purchase additional community winter bed capacity according to demand Increase patient transport</p>	<p>More accurate assessment of need as people are assessed in own home, reduced risk to patient through more timely discharge Increase resource in discharge pathways to manage peaks in demand</p>
<p>Children's Services Vulnerable children and family oversight and assurance including fortnightly place meetings. Transformation and business continuity plans for all portfolios. Identified resource to be re-allocated to manage peaks</p>	<p>Improve support for individuals and families. Re-allocation of resource to manage peaks</p>
<p>Mental Health Additional roles to support high intensity needs and housing officer, short stay crisis beds and on-line support for advice and information Relaunch of safe space</p>	<p>Improve in-patient experience and patient flow. Improved patient experience and reduced length of stay. Support for most vulnerable</p>

Winter Vaccinations

- Why is it important to vaccinate
 - During winter high number of patients attend ED and Primary Care for general coughs and colds and vulnerable groups are at high risk of admission for flu/Covid placing additional pressure on the system
 - It is essential that we provide the opportunity for patients to be vaccinated to ensure patients are protected and prevent avoidable hospital admissions and additional demands on the system
 - In addition, front line health and social care staff are at risk of catching flu and Covid with the risk of staff shortages due to high sickness rates and the impact on service provision
 - The ICB has responsibility for overseeing the vaccination programme and at a Place level need to be assured that provider organisations had plans in place to deliver flu and Covid vaccine programmes for eligible patients and staff
- What is the Rotherham Plan
 - All PCNs and Practices signed up to the Covid and Flu Programme
 - Working closely with ICB Communications Team to promote vaccinations
 - Proposed pop-ups at Breathing Space to increase respiratory patient uptake and Riverside House for RMBC front line health and care staff
 - Discussions taking place across the Rotherham system to address other at risk groups
- Risks
 - Last year there was a reduction in patient uptake nationally
 - Work to do to raise the importance of vaccinations across all cohorts with particular emphasis on respiratory patients, MI, Immunosuppressed and LD and eligible staff across health and care

Winter Vaccination Programme

- Covid/Flu (annual vaccine)
 - You can get both the NHS flu and Covid-19 vaccines if you are aged 65 or over (including those who will be 65 by 31st March 2025)
 - Have certain health conditions
 - Are pregnant
 - Live in a care home for older adult
- Flu only (annual vaccine)
 - Children aged 2 or 3 years
 - School-aged children (Reception to Year 11)
 - Children aged 6 months to 17 years with certain long-term health conditions
- Pneumococcal (one-off vaccine not administered annually)
 - If you are aged 65 or over
 - Babies at 12 weeks and a booster at 1 year

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- RSV (currently a one-off vaccine not administered annually but this was being reviewed)
 - If you are pregnant or aged 75-79. If you turned 80 on or after 1st September 2024 you were also eligible for the vaccine until 31st August 2025
- Pertussis (one-off vaccine not administered annually)
 - Administered all year round but GPs have been asked to invite all pregnant women who have not had a vaccine due to recent outbreaks and decline in uptake nationally

Cost of Living Support

- Warm Welcome Campaign
 - RMBC works together with partner organisations across Rotherham to ensure a Warm Welcome for residents across a range of spaces across the Borough. Warm Welcome spaces provide an opportunity for people to come together, share and use resources, with many spaces, such as the libraries, putting on additional activity sessions through the winter. A list of warm spaces was available at Warm Welcome Campaign
- Money Matters
 - There was a range of local help and national support available which was accessible by the RMBC website Money matters- Rotherham Metropolitan Borough Council
- Open Arms – Community Support Hubs
 - In February 2023 the delivery of a new community-based support project – Open Arms – began
 - RotherFed, Citizens Advice, Laser Credit Union and Voluntary Action Rotherham have partnered to develop and deliver a co-ordinated response to support communities most affected by the cost of living crisis
 - This project would deploy the Community Engagement Team and advisers to deliver information, advice and guidance ‘one stop shops’ across 10 areas
 - The support delivered would have a strong focus on financial and social inclusion, empower communities with a foundation of support and make better use of community assets
 - Each hub has a drop-in session in each location throughout the day every fortnight and would be there for local people when they needed it. Open Arms – Community Support Hubs – Rotherham Federation

Discussion ensued with the following issues raised/clarified:-

- There was a massive amount of work behind the Winter Plan which should not be underestimated
- Things would happen every year that were not in the Plan but the escalation process across organisations had been tightened up

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- Even if the Plan was working smoothly, if there were issues in Barnsley, Doncaster or Sheffield, Rotherham would have to offer mutual aid where appropriate which could then result in knock-on effects
- Learning from previous Plans had resulted in work on the transfer from hospital into the community, targeted work with care homes and offering specific support/different options to minimise the impact on the person and wraparound services

Chris was thanked for his presentation.

Resolved:- That the presentation be noted.

40. ROTHERHAM SCHOOL STUDENTS SURVEY 2024

Lorna Quinn, Public Health Intelligence Principal, and Kaylynn Nogowczyk, Public Health Intelligence Analyst, presented the 2024 Rotherham School Student Survey drawing attention to the following:-

Background

- Full review of questions and partner consultation
- Aligned to HBSC where possible (academic year and age)
- Health and Wellbeing Board ask last year
- Respondents and optional questions
- Survey monkey issue
- Dissemination and further ad hoc/detailed reports

2024 Areas for Consideration

- Follow up to areas from last year
- Belonging and Safety
- Substance use
- Protected characteristics

2023 Follow-up

- Food and Drink Consumption
 - Last year 1,195 students (26.4%) did not have breakfast. This year 17.6% of students reported never eating breakfast during the week
 - There was no significant difference in the amount of young people reporting drinking regular sugary, fizzy drinks at least once a day in Rotherham or nationally, 12.8% and 12% respectively
 - Compared to 2023 when 60.3% reported never drinking high energy drinks, 7.5% more students now report drinking high energy drinks

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- Physical Health
 - There have been no significant changes in how students rate their physical health since 2017. This year 27.3% of respondents rated their physical health as 'excellent', 52.4% rated their physical health as 'good'
 - Last year 21% reported a long-term illness. This year it was 29.5% (nationally this was 25%)
- Mental Health
 - Last year 57.2% of respondents rated their mental health as good or excellent and this year 59.7% rated their mental health as good/excellent

2024 Results

Participation and Demographic

- All 16 schools participated and 3 Pupil Referral Units
- 4,641 students in total (4,919 last year)
- 263 children stated they live in a Children's Residential Home or with Foster Carers (5.7%, last year was 3.9%)
- 72% White British, 6% Pakistani, 3% 'Other White Background'
- 2021 Census population data reports Rotherham as 91% White British and 9% Other Ethnic Groups
- For dependent children, Census data reports 81.4% White British and 18.6% All Other Ethnic Groups
- Young person shows 15% from ethnic minority

Belonging and Safety – Community and School

Overall Community Belonging

- 59.6% of students feel safe in the area where they live
- 44.8% of students can trust the people in the area where they live
- 61.7% of students could ask for help from neighbours
- Year 7 views were more positive overall and a higher proportion of Year 7 students stated they felt safe during the day and after dark
- Since 2022, question introduction, there has been no significant change to how safe students feel during the day or after dark

Belonging and Safety – Bullying

- 1,415 students (42.6%) reported they have been bullied in the last 6 months. Nationally this was 35%
- Girls in Year 7 had the highest reports of bullying
- The number has seen an overall increase since 2017

Substance Use – Alcohol

- 38.6% (1,307) respondents stated they had had an alcoholic drink before (21.4% Year 7/58.9% Year 10). Overall this number has been increasing (1,259 last year)
- Similar to the national survey, prevalence was more common among Year 10 students particularly among girls

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- Alcohol was reported to be obtained from home with family/carers aware of the consumption in 59.7% of responses (a similar pattern 2019-2023)

Substance Use – Drugs

- 10.6% (357) reported trying a drug/substance before 90 in Year 7 (49%) and 267 in Year 10 (17.3%)
Compared with 12.9% in 2023
- The most common substances tried were:
Solvents (83 respondents vs 24 in 2023 and 17 in 2022)
Cocaine (74 respondents vs 30 in 2023 and 12 in 2022)
- 186 students knew where to buy drugs locally with 191 responding to say it is easy to obtain drugs locally
- 77 had been asked to store or sell drugs for someone
- Views on drug use (whether they are OK to use) have remained similar from 2017 with 10% or less stating they think it is not OK to use drugs

Ethnicity

- No significant differences between ethnicity and how you would describe physical health
- Mental health is mixed across ethnicities
- Loneliness in the last 6 months was highest in the Mixed ethnicity group and lowest in the Asian ethnicity group
- For bullying, this was lowest (good) for Asian and highest (bad) for Mixed and White British ethnicity

Sexuality

- Results for Year 7 (2,554 students) show that
83% (2,108) participants described themselves as heterosexual
11% preferred not to answer (122) or did not yet know (161)
5% (116) described themselves as bisexual
2% (47) described themselves as lesbian or gay
- Results for Year 10 (2,042 students) show that
83% (1,680) participants described themselves as heterosexual
8.3% preferred not to answer (90) or did not yet know
6% (119) described themselves as bisexual
4% (74) described themselves as lesbian or gay
- Fair or poor mental health was highest (bad) in those that were bisexual or lesbian/gay
- Hate crime was highest in people who were bisexual or lesbian/gay

Next Steps

- Report to schools
- Findings shared with key consultees and professionals
- Ad hoc reports developed

Discussion ensued with the following issues raised/clarified:-

- The Authority used an academic year whereas the HSBC used a calendar year
- Different consultation software would be sought for the next survey
- The number of "Looked After Children" was probably inflated as some young people had clicked "yes" as they were looked after by their parents
- It was unfortunate that surveys such as this did not give the context to the question

Lorna and Kaylynn were thanked for their presentation.

Resolved:- That the outcome of the 2024 Rotherham School Student Survey be noted.

41. CHANGES TO ARRANGEMENTS FOR ROTHERHAM'S CHILD DEATH OVERVIEW PANEL

Alex Hawley, Consultant in Public Health, presented a report on the proposed changes to arrangements for the Rotherham Child Death Overview Panel (CDOP).

A local review of the governance arrangements for the Rotherham CDOP had concluded that the Rotherham Safeguarding Children's Partnership (RSCP) was no longer the most appropriate place for CDOP to be reporting and had recommended that it sit under the Health and Wellbeing Board.

The decision to move away from the Safeguarding Partnership in favour of the Health and Wellbeing Board was consistent with the 2018 legislation which left it as a decision of the local child death review partners (the ICB and Local Authority) to determine what worked best locally.

In parallel, at South Yorkshire level, that had been a re-evaluation of the South Yorkshire CDOP and a decision taken to discontinue its operation under the guise of an overview panel but to continue as a less formally constituted network for information and best practice sharing and some continued combined reporting. This would require stronger local reporting arrangements particularly with regard to the annual report.

As from 2024-25, Rotherham CDOP would produce its own annual report and submitted to the Board for sign-off and publication.

Most of the cases considered by CDOP were neonatal deaths. The ICB and Local Authority jointly had governance for the whole child death process. The CDOP felt that very few cases had direct safeguarding links and that it was not the appropriate body. When considering all the partnership boards with ICB/Council leads the Health and Wellbeing

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Board was felt to be the most appropriate one to report to. The Board would receive the annual report and any learning that partners needed to be aware of.

Discussion ensued on the proposal and concern that the Board had been established to bring partners together to discuss strategy; if it was to become a governing body it was suggested that a change to the Board's Terms of Reference was required.

Resolved:- (1) That Ben Anderson, Jo Brown and Chris Edwards discuss the Board's Terms of Reference and any adjustments necessary to accommodate the proposed governance responsibility of the CDOP.

(2) That the changes in local and regional arrangements for administration of child death review and CDOP functions and for related networking/information and best practice sharing be noted.

(3) That the general principle of self-sufficiency of CDOP for the majority of the actions it commissions and carries out be noted and that the CDOP would exceptionally seek approval from the Board where this was deemed necessary and helpful.

(4) That the proposed action of CDOP in writing to the Housing Minister (or similar) be deferred for further consideration.

42. HEALTH AND WELLBEING STRATEGY REFRESH

Andrew Turvey, Consultant in Public Health, presented an update on the work taking place to produce a refreshed Health and Wellbeing Strategy for 2025.

The Strategy Steering Group was meeting on a monthly basis to shape the 4 current workstreams ensuring that the relevant priorities and focus would be embedded in the new Strategy. These were:-

- A review of prior consultation and engagement exercises and existing reports pertaining to the health, wellbeing and care needs of the Rotherham communities drawing out recommendations and identified gaps in delivery
- A review of the evidence and opportunities for developing the strategic response to population health and wellbeing needs arising from the evidence collated in the Joint Strategic Needs Assessment
- Stakeholder engagement. A stakeholder survey for commissioner and provider organisations across Rotherham would close in mid-December. There were also cross-agency workstream events taking place
- A programme of citizen engagement activity

The evidence generated would be used to pull together a high level draft of the Strategy in early January.

A Board development session was to be convened in January, 2025 with the final draft submitted to the Board for approval in March.

Andrew reported that not many responses had been received from the survey but had had separate written responses. It was hoped that there would be capacity to hold a workshop for the voluntary sector when a document had been pulled together.

Shafiq Hussain, VAR, confirmed that VAR had been involved in the consultation process and had signposted/referred organisations. However, in terms of wider consultation, there had been limited response.

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

(2) That the 22nd January, 2025, Health and Wellbeing Board meeting be extended to incorporate a development session.

43. AIM 2 - PRESENTATION BY BOARD SPONSORS

Chris Edwards, Executive Place Director NHS SYICB, in the absence of Claire Smith, SYICB, gave the following powerpoint presentation on Aim 2 of the Health and Wellbeing Strategy:-

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

The Context

- In Primary Care the recorded prevalence of depression in Rotherham (aged 18+) was 17.29%. This was higher than the England value of 13.25%
- The suicide rate for all person in Rotherham for 2021-2023 was 12.6 per 100,000 which was statistically similar to the national average for England at 10.7. However, there had been a slight increase in male deaths in Rotherham in this same period
- The overall rate of self-harm amongst 10-24 year olds in Rotherham in 2021 was 226 per 100,000 compared with the all England rate of 319 per 100,000. By age group, the rates of self-harm for 2022 were 147.75 per 100,000 for 10-14 year olds, 302.2 per 100,000 for 15-19 year olds and 253.2 per 100,000 for 20-24 year olds. In Rotherham the 15-19 year olds were more likely to self-harm than 10-14 and 20-24 year olds

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Strategic Priority 1 – Promote Better Mental Health and Wellbeing for all Rotherham People – progress being made

- Social media messages promoting RotherHive and Five Ways to Wellbeing and regular messaging via neighbourhoods e-bulletins were ongoing. This included the voice of Rotherham people from focus group discussions
- Good progress was being made within one year from the Board being approved as a signatory for the Mental Health Prevention Concordat. An update was given to the Board in September

Strategic Priority 2 – Take action to prevent Suicide and Self-Harm – progress being made

- Zero Suicide Alliance (ZSA) Training has been promoted across the Partnership including the Autism and Suicide Module
- Suicide Prevention and Safeguarding session delivered at Primary Care's Protected Learning Time Event on 14th November
- Activity to address themes and at risk groups identified through real time data
- Social media used to promote ZSA training and stories from people with lived experience on World Suicide Prevention Day
- A Task and finish Group was currently looking at suicide prevention communications and engagement work to reach out to neurodivergent communities
- Amparo promoted their service at Primary Care's Protected Learning Time event in July and its training sessions also promoted to staff across Place

Strategic Priority 3 – Promote Positive Workplace Wellbeing for Staff across the Partnership – progress being made

- Rotherham has launched employment for everyone
- Working with employers willing to offer employment or internship
- Worked with local businesses across South Yorkshire to co-design 'employability days'

Strategic Priority 4 – Enhance Access to Mental health Services – progress being made

- Set National Milestones were being reached
- The Mental Health Peer Support Service and The Mental Health Community Connectors Service were now fully available and mobilised to support people with mental health issues
- Process to lead to the contract award for the pilot service for those who had attempted suicide was ongoing
- Rotherham Safe Space was now offering an alternative to Crisis Service 4 nights a week
- The Rotherham Crisis Pathway Specification had now been agreed at Place Leadership Team and internally by RDaSH and RMBC

Areas to address and next steps

- No action under Aim 2 was off track
- The social media messages and the regular messaging going out via neighbourhoods e-bulletins in creating awareness on mental health issues should be strengthened
- The progress being made with the implementation of Mental Health Prevention Concordat should be sustained
- There was the need for more regular sessions of suicide and self-harm awareness and targeted training that included themes from real time data
- It was of utmost importance that the Task and Finish Group currently looking at suicide prevention communication and engagement complete their work and reach out to neurodivergent communities on time
- Continue to engage partners in the development and mobilisation of the integrated primary/secondary care mental health transformation
- A Suicide Prevention Symposium was held on 2nd December to develop the 2025-2027 Suicide Prevention and Self-Harm Action Plan
- What should be the focus for the refreshed Health and Wellbeing Strategy

Discussion ensued with the following issues raised/clarified:-

- Issues in terms of mental health and the prevalence of depression were recognised
- Be the One Campaign had been a massive hit with over 1M hits
- Over £300K support grants for communities which had really worked well
- Why was Safe Space not open 7 days a week
*(Chris Edwards provided the following information after the meeting:-
"The resources available covered 4 days week so we have worked to ensure it is open on the days of the week where demand is highest and when other services are reduced)"*

Chris was thanked for the presentation.

Resolved:- That the presentation be noted.

44. HEALTH AND WELLBEING STRATEGY ACTION PLAN UPDATE

Ben Anderson, Director of Public Health, presented the update on the Health and Wellbeing Board Strategy Action Plan as at December, 2024.

The current Health and Wellbeing Strategy would end in 2025. All projects were on track with the majority of the action plan "green". Work would now move to development of the new Strategy.

Discussion ensued on 1.2 (Develop our approach to give every child the best start in life) and the impact of the new 3-4 months universal visit to identify opportunities to develop the healthy child programme. Currently there was a big gap in terms of communication with the Health Visitor between 6-8 weeks of a baby's life and 6-9 months. It was a good opportunity for early identification of any issues there may be but its success would not be known until there had been an evaluation (September 2025).

Resolved: (1) That the update be noted.

(2) That the evaluation of the 3-4 months universal visit be submitted to the Board when completed.

45. CONSULTATION FOR THE SAFER ROTHERHAM PARTNERSHIP PLAN 2025-28

Amanda Raven, lead on Domestic Homicide Reviews, gave the following powerpoint presentation:-

Safer Rotherham Partnership

- Brings together partner organisations to tackle crime and community safety threats across the Borough so that people are safe and feel safe
- Organisations represented included RMBC, South Yorkshire Police, South Yorkshire Integrated Care Board, Probation Service, South Yorkshire Fire and Rescue Service, South Yorkshire Mayoral Combined Authority, Voluntary Action Rotherham, South Yorkshire Violence Reduction Unit and Victim Support

SRP Priorities 2022-25

- Protecting Vulnerable Adults
 - Substance Misuse
 - Mental Health
 - Modern Slavery
- Protecting Vulnerable Children
 - Child Exploitation
 - Child Abuse
- Safer Stronger Communities
 - Making communities safe
 - Preventing hate crime
 - Online crime
- Protecting People from Violence and Organised Crime
 - Domestic Abuse
 - Sexual Abuse
 - Male violence against women and girls
 - Serious violence
 - Organised crime
 - Counter terrorism

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What informs the SRP Priority Review

- Comprehensive review and analysis of crime and community safety data and information (Police and partner sources)
- Consultation with
 - Public and communities via online survey, events, focus groups
 - Target groups include voluntary and community sector representatives, communities of interest, geographic communities, general public
 - Ward Councillors and Parish Councils
 - Partner organisations
- Outcomes
 - Joint Strategic Intelligence Assessment (JSIA)

Analysis will cover

Adult Re-offending	Cyber Crime	Rape and Sexual Offences
Alcohol and Substance Misuse	Dangerous Dogs	Road Safety
Anti-Social Behaviour	Domestic Abuse	Robbery/Theft (from a person)
Arson and Fires	Drug Offences	Shoplifting and Business Robbery
Fraud and Scams	Environmental Crime	Stalking and Harassment
Burglary (Residential)	Hate Crime	Vehicle Crime
Child Abuse	Homicides	Violence
Child Criminal Exploitation	Knife Crime/Possession of Weapons	Violence against Women and girls
Child Sexual Exploitation	Mental Health	Youth Offending
Community Tensions	Modern Slavery and Human Trafficking	
County Lines	Organised Crime	
Criminal Damages	Terrorism and Violent Extremism	
Cuckooing		

Next Steps

- Stakeholder consultation and engagement (September 2024 to December 2024)
- SRP Board decision making on priorities (December 2024 to February 2025)
- Final Strategy agreed April 2025
- Delivery plans agreed June 2025

Consultation Questions

- What, in your view, are the top crime and community safety risks and threats for Rotherham?
- What type of partnership responses do you think are most important to tackle these issues?

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

(2) That the Board consider the consultation questions and feedback any responses to community.safety@rotherham.gov.uk by the end of December 2024.

46. ITEMS ESCALATED FROM PLACE BOARD

Jason Page, Rotherham Place Board, reported that there was very limited movement so far in terms of the collective action. However, discussions were taking place with regard to GPs taking industrial action.

There were no signs of resolution at the present time.

47. ROTHERHAM COMBATTING DRUGS PARTNERSHIP REPORT 2024

The Board, noted for information, the 2024 Rotherham Combatting Drugs Partnership report.

48. SMALL GRANTS FOR CARERS WELLBEING

The Board, noted for information, the report submitted detailing the outputs and outcomes achieved from the small grants programme.

49. BETTER CARE FUND

The Board noted the Better Care Fund (BCF) Quarter 2 Template 2024/25.

The report had been submitted to NHS England with regard to performance, capacity and demand and actual activity of Rotherham's Better Care Fund Plan for 2024/25.

The overall delivery of the Better Care Fund continued to have a positive impact and improves joint working between health and social care in Rotherham.

The BCF Quarter 2 template covered reporting on national conditions, metrics, actual activity in relation to hospital discharges and the community, expenditure and outputs.

Resolved: - (1) That the documentation for submission to NHS England (NHSE) on 31st October 2024 be noted.

(2) That a presentation on the Better Care Fund to a future Board meeting.

50. ROTHERHAM PUBLIC PLACE BOARD PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board (Partnership Business) held on 21st August, 8th September and 16th October, 2024, were submitted for information and noted.

51. ROTHERHAM PLACE BOARD ICB BUSINESS

The minutes of the meeting of the Rotherham Place Board ICB Business held on 21st August, 8th September and 16th October, 2024, were submitted for information and noted.