

HEALTH AND WELLBEING BOARD
28th June, 2023

Present:-

Councillor Roche	Cabinet Member, Adult Social Care and Health In the Chair
Ben Anderson	Director of Public Health
Chris Edwards	Executive Place Director, NHS South Yorkshire Integrated Care Board
Shafiq Hussain	Voluntary Action Rotherham
Scott Matthewman	Interim Assistant Director, Strategic Commissioning, Rotherham MBC (representing Ian Spicer)
Dr Jason Page	Medical Director, NHS South Yorkshire Integrated Care Board
Eldho Rajan	Healthwatch Manager
Clair Smith	Deputy Place Director (Rotherham Place)
Helen Sweatton	Assistant Director, Commissioning, Performance and Quality (representing Nicola Curley)
Andrew Turvey	Consultant in Public Health, Rotherham NHS Foundation Trust & Rotherham MBC (representing Michael Wright)
Sharon Wood	Chief Inspector, South Yorkshire Police (representing Laura Koscikiewicz)

Report Presenters:-

Kelsey Broomhead	Public Health Practitioner (Apprentice)
Ruth Fletcher-Brown	Public Health Specialist (Mental Health, Suicide Prevention and Loneliness)
Denise Littlewood	Health Protection Principal
Sam Longley	Public Health Specialist
Lorna Quinn	Public Health Intelligence Manager

Also Present:-

Leonie Wieser	Policy Officer
Caroline Webb	Senior Governance Advisor

- 1. TO DETERMINE IF THE FOLLOWING MATTERS ARE TO BE CONSIDERED UNDER THE CATEGORIES SUGGESTED IN ACCORDANCE WITH PART 1 OF SCHEDULE 12A TO THE LOCAL GOVERNMENT ACT 1972**

Resolved: That the matters considered were under the categories suggestion in accordance with Part 1 of Schedule 12A to the Local Government Act 1972.

2. TO DETERMINE ANY ITEM(S) WHICH THE CHAIRMAN IS OF THE OPINION SHOULD BE CONSIDERED LATER IN THE AGENDA AS A MATTER OF URGENCY.

There were no urgent items.

3. APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Victoria Cusworth, Dr Richard Jenkins, Sharon Kemp, Neil Thorman and Paul Woodcock.

4. DECLARATIONS OF INTEREST

There were no declarations of interest.

5. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no questions from members of the public or press.

6. COMMUNICATIONS

There were no items of communications.

7. MINUTES OF THE PREVIOUS MEETING

Resolved: That the minutes of the meeting held on 29 March 2023 be agreed as a true and correct record.

8. BREASTFEEDING-FRIENDLY BOROUGH

Consideration was given to paper presented by Sam Longley, Public Health Specialist in respect of Rotherham Breastfeeding Friendly Borough.

Rotherham Council formally adopted the Local Authority Declaration on Healthy Weight in January 2020. A key action within the declaration referred to creating supportive environments for all children, young people and parents by:

- promoting good relationships with food and physical activity from an early age, through childhood and into teenage years
- promoting healthy eating and activity during pregnancy
- creating supportive environments to help normalise breastfeeding

In pursuit of that ambition, in June 2022 a briefing paper was presented to the Health and Wellbeing Board proposing adoption of a Rotherham Metropolitan Borough Council Breastfeeding Friendly Borough Declaration. This was agreed in principle by the Board.

The declaration articulated the commitment of the Council, the Health and Wellbeing Board and key partner organisations to support ongoing change to enable families to make the right choice for them, with appropriate support.

The briefing set out the progress made over the last year in respect of the following:

Breast feeding rates: whilst demonstrating an improvement from 34.2% in 2020/21 to 37.5%. The current breastfeeding prevalence at 6-8 weeks was significantly worse than the England average of 49.2%, although relative performance against its comparator group had improved.

Informed and supported choice: Rotherham was promoting a compassionate approach to health behaviour choice to ensure that infant feeding choices were well informed and supported without stigma or blame.

Breastfeeding and climate change: it was outlined that increases to breastfeeding rate also had the potential to reduce environmental costs that arise from infant formula production and administration.

Breastfeeding and the cost of living: it was estimated that bottle feeding was estimated to cost on average between £50 and £100 per month, meaning that exclusive breastfeeding for the UNICEF recommended six months was likely to offer considerable financial savings.

Actions since June 2022

- Creation of the Rotherham Breastfeeding Borough Forum, with membership from a variety of stakeholders in Rotherham which includes VCS, 0-19 service, midwifery, RMBC HR, RMBC public health team and RMBC Children and Young Peoples Service.
- The refresh of the RMBC HR Infant Feeding Policy.
- RMBC premises had been identified to enable staff and/or public to be supported to breast feed.
- A plan had been developed for RMBC staff to receive training regarding Making Every Contact Count and Breastfeeding. This would be shared to all Health and Well-being Board partner organisations and wider business in Rotherham.
- Resources developed with TRFT infant feeding team to support wider Rotherham businesses to become Breastfeeding Friendly.
- Specialist Community Public Health team for 0-19 years (25 SEND) comprising of Health Visitors (HV), School Nurses (SN) delivering the Healthy Child Programme have been recommissioned.
- A “Rotherham backs breastfeeding” campaign had been designed by the Community Infant Feeding team. A launch event was planned for Summer 2023.

- Children's Centres/ Family Hubs were to begin the process of UNICEF Baby Friendly Initiative accreditation.
- Additional funding received via the Family Hub specific for an Infant Feeding Co-ordinator to enhance the support offer to families for Infant feeding.
- LA communication plan completed.
- Public Health was also pursuing this agenda at ICB level, as part of the Local Maternity Network and System (LMNS), which included recent work on breastfeeding and climate change and the cost of living.

Next steps included

- delivery of MEC infant feeding sessions,
- creation and distribution of a business pack created alongside the 'Rotherham Backs Breastfeeding' campaign to identify breastfeeding friendly business and venues in Rotherham,
- family hub development and
- enhanced offer of peer support volunteers, opportunities to promote the Rotherham Breastfeeding Friendly Borough will be sought at community events such as Rotherham Show and via the Start For Life Offer.

Resolved:

That the Health and Wellbeing Board:

1. Notes the 3.27% increase in Rotherham's 6-8 week Breastfeeding rate and the progress made during the last year to become a Breastfeeding Friendly Borough
2. Reaffirms its support for the ambition for Rotherham to become a breastfeeding friendly borough by signing the declaration on behalf of its member organisations.
3. Agrees a 12-month period for update.

9. HEALTH PROTECTION ANNUAL REPORT

The Chair invited Denise Littlewood, Health Protection Principal to introduce the report.

It was noted that the Health Protection Assurance Report was the first published since the pandemic. The accompanying presentation outlined the following issues:

Covid Response

- 2045 Outbreaks
- Things we did exceptionally well
 - Contact Tracing – Local 0
 - Workplace Support

- Living with Covid – supporting Care homes in particular and the most vulnerable – Infection Control Support
- Decommissioning Covid Stores

Screening

- All screening programmes suffered with Impact of Covid
- Action Plans and improvement plans in place for all services affected by COVID
- Most Screening programmes back on Target, although breast screening was still below pre-pandemic levels.

Immunisation

- All immunisation programmes affected by COVID vaccination programme.
- Primary Childhood Immunisations – working with a number of practices to increase uptake – MMR intervention planned.
- Linking Flu and Covid Vaccination programmes going forward to increase uptake.

Further Health Protection links

- Links between Emergency Planning and Env Health need to be strengthened to provide further assurance.
- Emergency Planning
 - Weather Health Alerts
 - Plans e.g. update Major Outbreak Plan
- Environmental Health
 - Air quality
 - Infectious Disease investigations

Upcoming Priorities

- Focus on new and emerging concerns – working alongside UKHSA to ensure competent surveillance systems.
- Effective incident and outbreak response – explore options to address Rotherham's deficit in Community IPC.
- Tuberculosis
- Air quality
- Adverse Weather
- Sexual Health
- Anti-Microbial Resistance

Ms Littlewood referred to the framework document highlighting priorities and risks.

The Director of Public Health added that there were concerns nationally that 'anti-vax' sentiments may influence take-up rates of measles vaccinations although there appeared to be a higher level of compliance locally. It was highlighted that clinicians may not be familiar with a measles outbreak so may be slower to identify trends.

It was noted that teams were utilising data to identify any emerging issues or trends within communities, applying the learning from covid tracking. It was outlined that there were existing networks and good partnership working. It was highlighted that NHS England has developed an inclusion strategy to work with communities.

Resolved: That the report be noted.

10. DPH ANNUAL REPORT

The Chair invited Ben Anderson, Director of Public Health to speak to the report.

Following on from the 2022 DPH Annual Report on the impact of Covid-19 in Rotherham, this year's Report considered the wider impacts of the pandemic and some of the longer-term changes in Rotherham from pre-pandemic through to March 2023. The report focused on the impact of the pandemic on people, health behaviours, community and neighbourhoods, the environment, and wider socio-economic factors. It looked at the immediate impact of the pandemic during the first wave, how Rotherham adapted to deal with the challenges presented, and the long-term effects on people and the essential services they used.

Rotherham is 35th most deprived of the 151 upper-tier local authorities in England. The pandemic highlighted how Rotherham's deprivation coupled with the unequal distribution of social determinants of health impacted resilience to Covid-19 and the outcomes for the population. These inequalities included exposure to risk factors, education, housing, employment, and led to associated inequalities in physical and mental health. The pandemic exposed these inequalities with people living in the poorest 10% of areas more likely to die from Covid-19, and left sections of society vulnerable to financial insecurity, employment loss, missing education, and unmet mental and physical health needs.

The report had been produced using both RMBC service data and community intelligence from Rotherham residents, or those who work in Rotherham. Data was analysed and contextual intelligence gathered through discussion. This information was coupled with significant public engagement.

The DPH gave a presentation, highlighting key issues for the Health and Wellbeing Board, including details of the recommendations:

Education:

- Attainment for KS2 indicated there may have been impact following periods of lockdown and home-schooling with a lower percentage of pupils performing as expected in Reading, Writing and Maths in 2022 compared to 2019.

- Many children, particularly in transition cohorts, were presenting with social and emotional needs, lack of self-regulation, speech and language issues and generally not being school-ready.
- Since before the pandemic, there had been an increase in year 7 & 10 pupils reporting their mental health as poor, and 35% of this cohort had reported some deterioration in their mental health in the past two years.
- Some focus group members found workload for children difficult, there were issues with the internet, and some parents, who couldn't read or write themselves, were unable to support their children with home-schooling.

Education - Special Educational Needs and Disabilities (SEND) and Social, Emotional and Mental Health (SEMH)

- Following the pandemic there has been increases in pupils registered with SEND support needs, and applications for Education, Health and Care Plans (EHCP).
- More children, and more very young children, were being identified as having social, emotional, and mental health needs.
- Greater numbers of children were seen to have SEMH needs who did not present with these needs before the pandemic.
- Difficulties recruiting in the post pandemic labour market for support staff positions and within Special Schools meant there may be a lack of support available for pupils.

Primary care

- 151,000 fewer primary care appointments were booked between April 2020 and March 2021 compared to the previous 12 months; the fall in appointment number was most evident in April and May 2020.
- Despite the number of total appointments decreasing from 2019/20 to 2020/21, the increased number in 2021/22 and 2022/23 had increased by almost double the number that were lost with the decrease indicating a higher level of demand post-pandemic.
- The reasons for this were not fully understood but may include the impact of lost pro-active care, changes in lifestyle habits during and since the pandemic amongst other factors.
- Focus group reflections were overwhelmingly negative predominately around the ability to get a GP appointment, and many struggled, and continue to struggle, with this.

Secondary care

- At the start of the covid-19 outbreak, total A&E attendances sharply decreased reaching the lowest value in April 2020.
- Reductions in visits predate lockdown suggesting that the initial decrease in attendances were as a result of covid-19 awareness, and not lockdown itself.
- Although we might expect lockdown and subsequent social distancing measures to present reductions in infectious diseases and certain types of injuries, we expect that prevalence of other

illnesses, such as long-term conditions, will remain constant. However, concern about infection risk in health and social care workers, may have driven demand for patients to seek care elsewhere.

Adult care

Number of adults in care

- There was a substantial decrease in the total number of people in Residential and Nursing care due to excess mortality at the start of the pandemic.
- Overall number of contacts for adult care show no overall trend over the course of the pandemic and has remained between 1,500 to 2,200 per month.

Integrated discharge team

- Since the pandemic, there has been an increased number of requests for support from social care to facilitate safe hospital discharge.
- These included frailty and complex needs demonstrating the rising level of need at this stage in the patient pathway.

Transitions

- Transitions saw scaling back of service visits, and the closure of day services placing an additional strain on carers.
- Some service used limited contact due to infection risk so had little external contact and reduced socialising with others.

Local picture

- Social isolation and anxiety around catching Covid were reported as the main concerns from service users.
- Vaccination offered a level of reassurance, but people were still mindful of Covid and continue to take precautions which themselves may be having wider impacts on lifestyles, care access and quality of life.
- Focus group members reflected on negative feelings around providing care or receiving care during the pandemic.

Housing

Income and financial inclusion

- Tenancy support saw a rise in support calls following the withdrawal of the £20 uplift in UC with tenants finding paying rent more difficult.
- Longer term, the team have seen financial and emotional struggles among tenants who lost family members due to Covid-19; those who weren't main earners, those who found themselves under occupying a property having to pay penalties or downsize, and provision for those who needed support maximising their income.

Homelessness

- The service saw a rise in people presenting as homeless with increased vulnerability and multiple support needs e.g., substance abuse and mental health needs

Housing advice and assessment

- Demand for social housing continued to rise since the pandemic ended, although other factors such as cost of living rises were likely to be influencing this.
- Homelessness and temporary accommodation demand created additional demand in lettings, with more people placed into Band 1 (highest priority for social housing) and extended wait times for people in Band 2 and below

Income and employment

- There was a significant increase in claimant levels in 2020/2021 for Jobseeker's Allowance and those who claim Universal Credit (both in, and out of work).
- The claimant count has not yet returned to pre-pandemic levels in any area and the post pandemic cost of living crisis and change in economy has resulted in more people in work in poverty.
- There were significant differences throughout the pandemic between those who were out of work or unable to work due to restrictions in their sectors, and those whose employment continued. Some sectors saw rising demands creating opportunities while others were unable to operate or limited in their operation.
- Staffing issues impacted education and adult care particularly during the time of the pandemic.

Smoking, sexual health, and weight

- Self-reporting current smokers in Rotherham increased in 2021 to 16.9% of adults.
- Data indicates that smoking amongst females increased faster than for males in 2021, bringing smoking rates between sexes into parity.
- The move to digital services and the retention of staff during the pandemic allowed the sexual health service to continue to operate throughout the pandemic in Rotherham.
- Contraceptive services, specifically LARC, were hampered by a lack of in-person appointments and experienced a decrease in 2020.
- There was moderate reduction in the percentage of adults classified as overweight or obese in Rotherham in 2020/21.
- Year 6 (10-11 years) overweight and obesity prevalence has shown an upward trend for several years and was significantly higher than prevalence in reception.
- Post lockdown, there was an increase in self-referrals for weight management services in early 2022.

Substance misuse, alcohol and mental wellbeing

- There was no large influx of alcohol related presentations during 2020/21 as may have been anticipated and numbers dropped compared to 2019/20.
- Reduced number, and a smaller proportion, of patients referred by self, family, or friends in 2020/21 compared to previous years.
- Opiate treatment saw no major changes over the last two years and trends from pre-pandemic continued.
- Growing numbers in treatment as a result of exits not keeping pace with new presentations.
- Data for 2020/21 showed a shift towards more patients classified as unemployed or economically inactive presenting for alcohol treatment, which may be explained by changes to the labour market during the pandemic.
- People have struggled with loneliness, anxiety and other issues with mental health worsening during the pandemic
- Lasting impacts were still experienced by some people who were afraid to go out of the house and were living with persistent anxiety.

Language, communication, and digital

- Most groups reflected that the guidance and rules were unclear to confirm if they were being adhered to.
- Amendments were suggested to make the messaging easier to understand in the future.
- Although there have been benefits to a shift to a digital first approach, barriers still existed for some members of the community that required consideration moving forward.

The report outlined a series of recommendations; in summary:

1. That the population health management operational group work to develop further understanding of health and social care demand and service access underpinned by data sharing agreements and mechanisms for reporting.
2. Areas of concern and post pandemic trends should continue to be monitored.
3. For future major incidents, that the importance of good communications nationally, regionally, and locally should be recognised by partners.
4. Recruitment and career pathways within these key sectors that were attractive within the post pandemic economy should be developed by partners.
5. That people should be supported to regain the confidence to interact normally and achieve full integration with society.
6. That consideration was given to how digital first approaches were rolled out and those excluded by this were considered and able to maintain access.
7. That work to recover services to pre-pandemic positions be monitored and the impact on health inequalities and inequalities considered.

8. That actions to mitigate poverty locally through the provision of poverty friendly services should be considered.

It was outlined that the recommendations had been positively received and progress was being made.

The Chair invited comments from the Board and the following issues were raised:

- It was difficult to ascertain if tolerance levels of anti-social behaviour had changed since the pandemic.
- Primary care had been transformed; however public perception of access to primary care had worsened.
- There had an increase in numbers experiencing poor mental health.
- Whilst Rotherham was meeting local targets for operations, there was a backlog sub-regionally and nationally.
- There was an increase in length of stay in hospitals.
- Speech and language therapy were experiencing additional demands which were challenging to meet.

The Chair invited the Board to submit additional comments to the DPH for consideration.

Resolved: That the recommendations (as set out on page 40 of the DPH Report) be agreed.

11. JOINT STRATEGIC NEEDS ASSESSMENT

The Chair invited Lorna Quinn, Public Health Intelligence Manager to give a presentation of the Joint Strategic Needs Assessment summary of key findings (May 2023).

The JSNA summary provides key headlines structured into the key domains:

- People
- Health behaviours
- Community and neighbourhoods
- Environment
- Socioeconomic

New data in the 2023 refresh included:

- A refresh of IMD data and supporting narrative
- 2021 Census dashboard with supporting narrative
- Addition of a deprivation dashboard displaying data on the 20% most deprived communities
- Life course view (C&YP and the lifestyle survey, working-aged adults, older adults, and end of life care)
- Public health additions include 1,001 days, child mortality, NCMP, Physical activity, food, and loneliness (list not exhaustive).

Key findings were drawn from the report to illustrate issues relating to health behaviours; life expectancy; community and neighbourhoods; environment and socio-economic factors.

The Chair invited comments from the Board and the following issues were raised:

- Partners would be consulted to ascertain if the JSNA could be better utilised.
- The publication of the JSNA was a statutory requirement.
- It was outlined that dental extraction for children remained broadly at the same level; however more children were requiring mass extraction. It was estimated that approximately 10% of attendances at Accident and Emergency were for dental care.
- Numbers of looked after children accessing dental assessment was improving.
- The feasibility of options to fluoridate water supplies were being explored in South Yorkshire.
- The Integrated Care Board would have greater influence on dental care locally.
- Number of children with Education, Health and Care plans and access to timely assessment.

The Chair referred the presentation to the Health Select Commission for information.

Resolved: That the presentation be noted.

12. SUICIDE PREVENTION

The Chair invited Ruth Fletcher-Brown, Public Health Specialist to give a presentation and update on suicide prevention.

It was outlined that responsibility for suicide prevention action plans sits with local government (in England) but this cannot be achieved without working with partners.

At Place RMBC work with:

- People with living experience
- South Yorkshire Police
- NHS SY ICB (Rotherham)
- Rotherham NHS Foundation Trust
- RDASH
- Rotherham Samaritans & other Voluntary and Community Sector organisations
- Rotherham United Community Trust

South Yorkshire ICB

- People with living experience
- Public Health Leads for all 4 Local Authorities
- NHS SY ICB
- Acute Trusts
- Mental Health Trusts
- SYP & British Transport Police
- Yorkshire Ambulance Service
- Office of Health Improvement and Disparities (OHID)
- Primary Care

Further details were given in the slides of the rates of suicide (standardised per 100,000) from 2001-03 to 2019-21 for Rotherham compared with England; disaggregated on the basis of male:female; and comparators against CIPFA nearest neighbours.

What's working well- Rotherham

- New Be the One film launched September 2022
- Continued promotion of Place Guidance document for staff and volunteers on responding to people at risk of suicide
- 309 frontline staff and volunteers have attended suicide prevention, self harm and mental health awareness training in 22/23
- Suicide Awareness session delivered for primary care in March 2023
- Suicide Awareness session in Safeguarding Awareness week, November 2022
- Distribution of 'Walk with Us' resource to all schools (124) , colleges, early years, cyp services, voluntary and community organisations (70) and all childcare providers
- Early Help delivery of self harm awareness sessions for parents and carers
- Early Intervention and prevention work- as evidenced in the Prevention Concordat application
- Joint working with domestic abuse colleagues
- Peer to peer support groups (Survivors of Bereavement by Suicide, Andy's Man Club and ASK)
- ICB Rotherham commissioning Qwell, the online mental health platform for adults

What's working well- South Yorkshire

- Strong partnership working- all 4 LAs, SYP, NHS and Voluntary and Community Sector
- Second memorial event for families bereaved by suicide in December 2022
- Survivors of Bereavement by Suicide groups (SOBS) in all 4 LA areas
- Real Time Surveillance including work with Yorkshire Ambulance Service
- Reducing access to means

- Joint working on themes and addressing the needs of vulnerable and at risk groups.
- Launch of 'Walk with Us' toolkit. Winner in the LGC Award Public/Public Partnership category.

What are we worried about

- Increasing pressure on individuals and families
- Support for people who had attempted suicide
- Yorkshire Ambulance Data for SY data shows that the anxiety was the highest presenting final working impression
- Rotherham's response to the NICE guidance in relation to self harm
- Capacity for comms and engagement activity
- Support for peer-to-peer support groups going forwards
- Changes to the SY Real Time Surveillance System meant that the onus is on staff from across the partnership to promote Amparo
- Launch of the Attempted Suicide Prevention service

What needs to happen next and when

- Partners to review the Traumatic Bereavement Pathway for children and young people- May 2023
- Further specific actions to address needs of vulnerable and at risk groups- specifically transitions
- Launch of the Attempted Suicide Prevention service- Autumn 2023
- There have been 412 referrals to the ZSA training through the Be the One website to date. Further promotion of Zero Suicide Alliance Training- ongoing
- Targeted work on themes and vulnerable groups identified through real time data- ongoing
- Promotion of mental health support to children, young people and adults in Rotherham- ongoing
- Targeted Comms campaigns as part of Be the One- summer 2023
- Review action plan in light of the anticipated national strategy- Summer/Autumn 2023

The Chair offered his congratulations on behalf of the Board for the recent LGC Award in the Public/Public Partnership category for its 'Walk with Us' toolkit.

Resolved: That the update be received.

13. PREVENTION CONCORDAT ON BETTER MENTAL HEALTH

The Chair invited Ruth Fletcher-Brown, Public Health Specialist and Kelsey Broomhead, Public Health Practitioner to present the briefing.

The briefing sought approval of the draft application form and a commitment to an annual prevention and promotion action plan, with the health and well-being Board receiving an annual update on progress.

The Concordat was launched by Public Health England in 2017 (now Office of Health Improvement and Disparities, OHID) and refreshed in December 2020. It is supported by a number of public bodies including the Association of Directors of Public Health, the Local Government Association and the Centre for Mental Health. The Prevention Concordat drew on the evidence base including of cost effectiveness for public mental health interventions.

The Prevention Concordat focused on the wider determinants of health. It was a whole population approach, supporting joint cross-sectoral action locally. It encouraged collaborative working to address local needs and identify local assets to prevent mental ill health.

The Prevention Concordat welcomed Health and Wellbeing Boards and Integrated Care Systems, as anchor institutions to become signatories. Becoming a signatory was also a condition of the Better Mental Health Find expression form.

The draft application form was completed with support from the Better Mental Health for All Group, which represents partners of the Health and Wellbeing Board. This group met to consider each of the domain areas and provide evidence of activity across the partnership. The domains were as followed:

- Understanding local needs and assets
- Working together
- Taking action on the prevention/promotion of mental health
- Taking action to reduce mental health inequalities
- Defining success/measuring outcomes
- Leadership and Direction

The application form once approved by the Health and Wellbeing Board would be assessed by a national panel who will give feedback. If successful, the Board will receive signatory certificate and social media promotion. Ongoing support would be provided by a specialist regional team and there would be a follow-up after 12 months.

An action plan had been developed to outline proposed work and timeline for completion.

Resolved: That the following recommendations be approved.

That:

1. The Health and Well-Being Board approves the draft application form.
2. The Chair and DPH attend Regional Panel meetings.
3. The Health and Well-Being Board commits to an annual prevention and promotion action plan.
4. The Health and Well-Being Board receives annual update.

14. HEALTH AND WELLBEING BOARD ANNUAL REPORT

The Chair introduced the Health and Well-Being Board's Annual Report 2022/23. He began by thanking all the partners for their commitment to delivering Rotherham's health and well-being strategy and working together to improve outcomes for local people.

The four aims of the Health and Wellbeing Strategy were:

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

While these aims remained the same since inception of the strategy in 2018, the strategic priorities underpinning each aim were refreshed in summer 2021. The strategy was updated to reflect these priorities in 2022 and the Health and Wellbeing Board agreed the revised strategy in September 2022.

The report detailed key achievements against each of these aims.

It was noted that the Health and Wellbeing Board was a statutory sub-committee of the Council and an integral part of Rotherham's wider strategic partnership structures that sat under the Rotherham Together Partnership. Following the changes to Integrated Care Systems in July 2022, Rotherham became one of the four constitutive Places in the South Yorkshire Integrated Care System, with some Health and Wellbeing Board members providing representation at the South Yorkshire Integrated Care Partnership. The Rotherham Place Board continued to report into the Health and Wellbeing Board and took strategic direction from the Health and Wellbeing Strategy.

The timeline outlining these changes were as follows.

- July 2022 -Rotherham Clinical Commissioning Group became South Yorkshire Integrated Care Board
- September 2022 the Board approved refreshed health and well-being strategy and action plan. Board agreed nominations for the South Yorkshire Integrated Care Partnership
- March 2023 -South Yorkshire Integrated Care Strategy was agreed and launched. The memorandum of understanding formalising the role of Board sponsors was signed off.

The Chair gave details of the Health Inequalities Event held in February 2023. Supported by the Local Government Association, the South Yorkshire event explored opportunities for collaboration through the newly established South Yorkshire Integrated Care Board to discuss inequalities

across a range of health outcomes. Key partners, were brought together to:

- Explore how partners can work together at place level to deliver on tackling health inequalities
- Identify opportunities to work on a South Yorkshire footprint around this agenda
- Hear examples of current work happening across the patch and feed into ICP and ICB strategy on health inequalities

The workshops informed development of the NHS Joint Forward Plan and locally, learning from the event is taken forward through Rotherham's Prevention and Health Inequalities Group

Details were given of the Board's annual feedback survey; the following points were highlighted:

- Good response rate (8/15 members and 4/8 organisations)
- Average rating of 8.38/10 for overall working of the board over the past year (responses ranging from 6-10)
- Positive feedback on partnership working and commitment, range of agenda items
- Continuing with the progress and development of the Board:
 - Developing ambition in plans, developing new initiatives and approaches
 - Wider determinants work: breadth of items could be developed (importance of housing, more items from outside of core health and care partners)
- Importance of board sponsors having oversight of their strands
- Points raised will be addressed in board sponsor meetings and through board development meeting in November.

It was outlined that reducing health inequalities and prevention and early intervention would continue to be key to the Health and Wellbeing Board over the next year.

The Board would also oversee delivery through partnerships and partners, monitored through the Health and Wellbeing Strategy action plan. Other priorities included:

- Signing the OHID Prevention Concordat for Better Mental Health.
- Developing relationships within the new South Yorkshire Integrated Care System.
- Alignment of aims with the South Yorkshire Integrated Care Strategy.
- Reducing health inequalities between our most and least deprived communities was continued.
- Addressing the wider determinants of health to embed health equity in all policies.

The Chair thanked Leonie Weiser, Policy Officer, for her work in compiling the report.

Resolved: That the Annual Report 2022/23 be approved.

15. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

Leonie Weiser, Policy Officer, presented the Board's terms of reference for its annual report.

The report detailed:

- The role of the Health and Well-Being Board
- Responsibilities
- Expectations of the Health and Well-Being Board Member
- Membership
- Governance
- Quorum
- Meeting arrangements
- Engaging with the public and providers

It was noted that subject to sign off at this committee, the next formal review was due in May 2024.

Further details were provided of the governance arrangements and the Memorandum of Understanding between the Rotherham Health and Well-Being Board and Board Sponsors for Health and well-Being Strategy Aims.

The MoU detailed the role of sponsors as follows:

- To have strategic oversight and ownership of their respective aim, this includes:
 - Monitoring progress against aims and removing blockages
 - Providing strategic steer and identifying opportunities to develop their aim, including action to reduce health inequalities and actions that support integration of delivery
- To be champions for their aim within the Board and Board activities
- To be champions for health and wellbeing priorities in their organisations

It was noted that since its last iteration, a paragraph had been added outlining the responsibilities of the Board in relation to the Better Care Fund (BCF). A Better Care Fund Executive group existed as a sub-group of the Health and Well Being Board and reports into this group.

Resolved:

- 1) That the revised Terms of Reference be approved.
- 2) That a formal review takes place in May 2024.

16. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

The Chair invited Leonie Weiser, Policy Officer, to present the update on the Health and Well-Being Board Strategy Action Plan (June 2023).

The plan outlined progress against agreed priorities, highlighting where actions were completed, on track, at risk of not meeting milestones or off track. It was noted that the majority of priorities were completed or on track and mitigations were in place for those at risk of not meeting their milestones.

Details were also provided of new priorities added to the plan. Further updates would be provided to future meetings.

Resolved: That the update be approved.

17. ITEMS ESCALATED FROM THE PLACE BOARD

Chris Edwards, Place Director NHS, South Yorkshire Integrated Care Board gave an update. It was noted that the Place Board – Place Strategy would be presented to the next meeting of the Health and Well-Being Board.

Resolved: That the update be noted.

(a) NON SURGICAL ONCOLOGY (BREAST) - VERBAL REPORT

Chris Edwards, Place Director NHS, South Yorkshire Integrated Care Board gave a verbal report on non-surgical breast oncology. A temporary service model was in place for breast oncology services. Sheffield Teaching Hospital Foundation Trust continued to work to provide an insourcing solution to provide additional capacity. In addition, existing staff were undertaking additional clinics. This meant all priority 1 and 2 patients were currently being seen with 2 weeks.

Longer term, the Out-Patient model was still developing model with extensive staff and public/patient engagement to explore options.

18. BETTER CARE FUND - BCF PLAN 23-25

The Chair introduced the briefing to give the Board an overview of the Better Care Fund Plan for 2023/24.

The BCF Planning Template and Narrative Plan including capacity and demand for intermediate care services was in line with the Better Care Fund Policy Framework 2023-25 and the Better Care Fund Planning Requirements 2023-25.

The Better Care Fund (BCF) Policy Framework outlined the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The BCF planning template (Appendix 1) detailed that the planning requirements which are set out in the BCF Policy Framework 2023-25 were fully met.

The Better Care Fund (BCF) for 2023/24 was £50.681m, an increase of £1.425m from 2022/23. This increase was due to a combination of underspends in 2022/23 on the Improved BCF and Disabled Facilities Grants (DFG) carried forward, plus additional investment and the removal of non-recurrent funds from the previous year. Spending Plans were allocated to the 6 themes plus Improved Better Care Fund and Discharge grant funding. The plans were managed within 2 separate pooled funds, both the South Yorkshire ICB (Rotherham Place) and RMBC managing one pool fund each.

Priorities for 2023-25 were as follows:

- Workstream 1: Sustaining People at Home, Prevention and Avoidance
- Workstream 2: Integrating a Sustainable Discharge to Assess Model (Priority 4)
- Workstream 3: Digital Whole System Flow

The report highlighted the major changes since the last BCF plan was issued. It also detailed the relevant timelines for the approval process, with the final planning submission to NHS England scheduled for 28 June 2023 and all Section 75 Agreements to be signed and in place by 31 October 2023.

Resolved: That the documentation for submission to NHS England (NHSE) on 28 June 2023 be approved.

19. BETTER CARE FUND - 2022-23 YEAR END TEMPLATE

Resolved: That the report be noted.

20. PLACE PLAN PRIORITIES CLOSE DOWN REPORT

Resolved: That the report be noted.

21. BEST START AND BEYOND QUARTERLY REPORT

Resolved: That the report be noted.

22. ROTHERHAM PLACE BOARD

Resolved: That the minutes of the Rotherham Place Board Partnership Business Meeting be noted.

23. ROTHERHAM PLACE BOARD ICB BUSINESS

Resolved: That the minutes of the Rotherham Place Board: ICB Business be noted.

24. DATE AND TIME OF NEXT MEETING

Resolved: The next meeting of the Health and Well-Being Board will be held on Wednesday 27 September 2023 commencing at 9.00am at Rotherham Town Hall.