

HEALTH AND WELLBEING BOARD
6th March, 2024

Present:-

Councillor Roche	Cabinet Member, Adult Social Care and Health In the Chair
Ben Anderson	Director of Public Health
Kym Gleeson	Manager, Healthwatch Rotherham
Polly Hamilton	Assistant Director, Culture, Sport and Tourism (representing Strategic Director of Regeneration and Environment)
Sharon Kemp	Chief Executive, RMBC
Laura Kosciwicz	South Yorkshire Police
Hannah Thornton	Voluntary Action Rotherham (representing Shafiq Hussain)
Jason Page	Medical Director, Rotherham Place
Clare Smith	Deputy Place Director, Rotherham ICB (representing Chris Edwards)
Ian Spicer	Strategic Director, Adults, Housing and Public Health
Andrew Turvey	Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenters:-

Gilly Brenner	Public Health Consultant
Ruth Fletcher-Brown	Public Health Specialist, Public Health
Martin Hughes	Head of Neighbourhoods, RMBC
Rachel Martin	Diabetes Sheffield
Hannah Morrow	Diabetes Sheffield
Lorna Quinn	Public Health Intelligence
Nick Wilson	Development Manager, Yorkshire Sport
Rebecca Woolley	Public Health Specialist, Public Health

Also Present:-

Councillor Castledine-Dack	
Jess Brooks	Public Health Specialist
Leonie Wieser	Policy Officer, RMBC
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from Councillor Cusworth, Nicola Curley (RMBC), Chris Edwards (ICB), Shafiq Hussain (VAR), Gavin Jones (SYFR), Paul Woodcock (RMBC) and Michael Wright (TRFT).

80. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

81. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting.

82. COMMUNICATIONS

The Chair thanked Tracy and Wentworth Woodhouse for their hospitality in hosting the Board meeting.

The Chair reported that the South Yorkshire Health Board had approved at the last ICB meeting a Creative Board for South Yorkshire to ensure linkage between the creative and health and wellbeing was maintained. One officer from each local authority would be nominated to sit on the new Board.

The Board would report into the Health and Wellbeing Board.

83. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting held on 24th January, 2024, be approved as a true record.

84. DIABETES IS SERIOUS: SUPPORTING PEOPLE WITH DIABETES IN ROTHERHAM

Hannah Morrow, Volunteer Outreach and Partnerships Officer, and Rachel Martin, Health System Engagement Lead, Diabetes Sheffield, gave the following powerpoint presentation:-

Diabetes is Serious – Working Together in Rotherham

- Estimated that over 5M people now lived with Diabetes across the United Kingdom
- 7.45% of the adult English population had a Diabetes diagnosis
- Over 1M of those people lived in the North of England

Working in Partnership with South Yorkshire ICB

- Working to engage and support local diabetes communities between April 2023 and March 2025:
 - Engagement and support events
 - Awareness raising, information and training
 - Together Type 1 youth programme
 - Support and patient information packs for community pharmacies (to be confirmed)
 - Signposting to Diabetes UK support

Why Diabetes is serious

- Diabetes is relentless. It required constant decision making and careful self-management to stay well with the condition
- For too many people with Diabetes still led to serious complications and even, sadly, early death
- With the right care and support, any life-altering Diabetes-related complications could often be prevented
- The National Institute for Care Excellence (NICE) recommended 8 routine checks for people with Diabetes, 9 if you included routine

Diabetic eye screening, which had been shown to reduce the chances of developing complications

- Healthy systems had made significant progress in improving access to routine care since the pandemic but this progress was not taking place on an equal basis

Diabetes Care in Rotherham 2022-23

- 1,300 people registered with T1 Diabetes and 16,025 people registered with T2 or other Diabetes in 2022-23
- Proportion of people with Diabetes who received all 8 care processes in 2022-23 ranged from 21.4% to 76.5% depending on GP practice
- Over 9,000 non-Diabetic hyperglycaemia registrations
- Across all PCNs the Urine Albumin health check had the lowest completion rate
- People living in deprivation were more likely to develop T2 Diabetes
- People living in deprivation were less likely to access the care/support they needed and more likely to develop Diabetes-related complications and had poorer outcomes

Community Engagement

- Training and Support
 - Diabetes awareness training for frontline staff (in person or online)
 - Train the trainer model for voluntary and community groups
 - Awareness talk for staff and volunteers (Lunch and Learn)
- Libraries Training
 - 55 library staff had completed the online CPD module

Discussion ensued with the following issues highlighted:-

- It was estimated that every week Diabetes led to 184 amputations, 770 strokes, 590 heart attacks and 2,300 cases of heart failure
- High level of inequalities in the care that people were receiving depending upon where they lived
- Training had started in Sheffield with more planned in Doncaster. Conversations were taking place in Rotherham and also with Age UK
- Volunteers across the region and a strong volunteer peer support group in Sheffield
- An event on 20th April in the Fanzone at New York Stadium
- Together Type 1 Team aimed at 11-25 years – fun days out which gave an opportunity for parents to meet other parents
- The issue of practices having no control over when their urine samples were collected (one of the NICE recommended 8 routine checks for people with Diabetes). Also practices did not control retinal screening

Hannah and Rachel were thanked for her presentation.

Resolved:- That the information contained in the presentation be noted.

85. NEIGHBOURHOOD WORKING AND WARD PRIORITIES

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

Thriving Neighbourhoods Strategy

“Every neighbourhood in Rotherham to be a thriving neighbourhood where people are able to work together to achieve a good quality of life”

“Ensuring communities are at the heart of everything we do to make people feel happy, safe and proud”

Neighbourhood-strategy (rotherham.gov.uk)

What we want to achieve

- Neighbourhoods that are safe and welcoming with good community spirit
- Residents are happy, healthy and loving where they live
- Residents have the opportunity to use their strengths, knowledge and skills to achieve what is important to them

Ward-based Model

- 25 Wards since May 2021
- 59 Elected Members
- Mix of 2 and 3 Member Wards
- Sit within 3 Localities (North, Central and South)
- Range of services and partners aligned e.g. Neighbourhoods, Housing, Street Scene and South Yorkshire Police

Role of Councillors

- Orchestrator
- Steward of place
- Advocate
- Entrepreneur
- Buffer
- Catalyst
- Sensemaker

The Neighbourhoods Team

- Head of Neighbourhoods
- 3 full-time equivalent Neighbourhood Co-ordinators (North, Central and South)
- 12 full-time equivalent Neighbourhood Co-ordinators (named officer for each of 25 Wards)
- 3 full-time equivalent Neighbourhood Support Officers (North, Central and South)
- Parish Council Liaison Officer
- Town Centre Community Co-ordinator
- Senior Communications Officer

Place-based Approach

- Elected Members, Council services, Police, Parish Councils, community groups, residents and other stakeholders working collaboratively with a neighbourhood to:-
Tackle locally identified issues (Ward priorities/plans)
Bring communities together through a range of enjoyable activities, cultural and social events which inspired hope and pride in Rotherham

Integrated Working

Corporate Peer Challenge Recommendation – Building on the neighbourhood working model, develop a clearer and shared understanding of integrated locality working across the public sector

- Establish a Thriving Neighbourhoods Workstream Board to oversee the continued development
- Implement proposals to
Improve the effectiveness of the structures set up to tackle community safe, crime and anti-social behaviour was functioning across Wards and locality areas
Ensure roll out of Family Hubs was integrated into wider neighbourhood/locality working
Provide opportunities to promote Early Intervention and Prevention and tackle health inequalities across neighbourhoods/localities
- Deliver a strength based approach learning and development programme for officers and Members

Ward Priorities and Plans

- Elected Members set their Ward priorities after the May 2021 elections
- Informed by Ward data, input, advice from Council services and partners and community intelligence/consultation
- Updated annually – latest version published in June 2023
- Ward plans detailed how the priorities would be tackled – targeted service delivery, projects, activities etc.
- Inform Council and partners decision making, policies, strategies, service plans and resource allocation
- New Ward priorities to be agreed after the May 2024 elections and published in Autumn 2024

Most Common Themes

- Community safety and anti-social behaviour
- Environment, parks and green spaces
- Cleanliness of public realm and streets
- Physical and mental health and wellbeing
- Poverty/cost of living
- Transport, roads and road safety
- Community empowerment and infrastructure

Aim 1 – All children get the best start in life and go onto to achieve their potential

- 13 Wards referenced Children, Young People and Families
- Kilnhurst and Swinton East Ward – activities in deprived areas, improving children’s play areas, school travel safety initiatives and engaging schools in local democracy

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

- 9 Wards referenced mental health
- Hooper Ward – improve wellbeing by bringing people together whilst addressing loneliness, isolation and mental health – promote local activities, support existing community groups to set up a community networking partnership, continue to support bringing people together to prevent loneliness and isolation and promoting help and support available to residents particular in relation to the cost of living cost

Aim 3 – All Rotherham people live well for longer

- 3 Wards referenced supporting older people
- Maltby East Ward – support residents health and wellbeing – promoting healthy lifestyle, support existing and new community groups, thrive and develop, supporting initiatives that improve older people’s quality of life and tackling loneliness and isolation in line with 5 ways of wellbeing

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

- All 25 Wards include priorities that impact on the wider determinants of health
- Anston and Woodsetts Ward – cleaner streets, lanes and open spaces and protect the environment – work with Council services to encourage tougher enforcement on fly-tipping and littering, support and develop community initiatives to reduce litter, dog fouling and fly-tipping, ensure our green spaces were properly maintained and looked after and ensure that the voice of the community was heard in any proposed planning developments

Strengths-based Working

- Being ‘strengths-based’ meant focussing on what people and communities had and how they could work together. This involved drawing on people’s skills, knowledge and experience to improve things locally instead of looking at what a community needed or lacked
- Recognised and built on the skills, resources, knowledge, experience and heritage within our communities and empowers residents to find creative solutions to the local issues that mattered most to them
- Rotherham Council will:

- 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

Learning and Development Officer

- Level 1 – General Awareness
- Level 2 – Enhanced
- Level 3 – Practitioner
- Level 4 – Place partners

Communication and Engagement

- Monthly Ward e-bulletins – Rotherham Metropolitan Borough Council
– Sign up to receive News from your Neighbourhood email bulletins (govdelivery.com)
- Social media and website – Your neighbourhood – Rotherham Metropolitan Borough Council
- Traditional media – newsletters, flyers and press releases
- Consultation and engagement – providing opportunities for residents and community organisations to have their say

Opportunities for the Health and Wellbeing Board

- Ward priorities/plans were helping to deliver the 4 Aims and Strategic Priorities – embed into Service delivery
- Board membership/organisations information future Ward priorities – provide data, local intelligence, inequalities etc.
- Place-based working – strengthen partnership working within neighbourhoods; focus on early intervention and prevention
- Strengths-based working – helping communities to help themselves; joint training and development

Discussion ensued with the following issues raised/clarified:-

- The refreshed Joint Strategic Needs Assessment (JSNA) included the new Ward profiles with updated data in the Ward setting
- The Ward plans had to be based on consultation. Each Ward had a small pot of funding for work to be carried out
- The Health and Wellbeing Strategy would be refreshed over the new year and provide the opportunity to engage with the public and prevent duplication
- Preparatory work would take place in advance of the election to ensure the new Councillors had a head start

Martin was thanked for his presentation.

Resolved:- That the presentation be noted particularly the areas of linking Ward priorities into Service delivery and helping inform future priorities.

86. PHARMACEUTICAL NEEDS ASSESSMENT - SUPPLEMENTARY UPDATE

Lorna Quinn, Public Health Intelligence Principal, gave the following powerpoint presentation:-

Context

- A full Pharmaceutical Needs Assessment (PNA) was conducted in 2022
- As agreed at Health and Wellbeing Board, the Council agreed to hold a steering group annually to review any emerging needs or changes to provision and make recommendation to the Board (this occurred on 5th October, 2023)
- NHSE/I will continue to send notification of closures to the Council's Public Health Team
- The steering group and associated notifications deemed that this supplementary update was required to notify the Board of pharmacy changes and highlighted changes that required a supplementary update
- This update has been done with reference to the 2022 update where pharmaceutical services were deemed sufficient

Provision of Service

- As of January 2023, there were 64 pharmacies including 7 distance selling pharmacies in Rotherham
- As of November 2023, there were 61 pharmacies in Rotherham
- There was an average of 21.3 community pharmacies per 100,000 people in the United Kingdom as of 2017. This figure has been used as a benchmark
- Despite the closure of 3 pharmacies, the included population in a 15 minute walk of a pharmacy as of November 2023, remained at 85.9%

Reduced Hours

- 3 permanent closures (Rotherham Direct Pharmacy, Maltby Pharmacy and Superdrug Pharmacy)
- Reductions to the core opening hours of 4 x 100 hour pharmacies
- Reductions to the supplementary opening hours of 5 x 40 hour pharmacies (Pickfords Pharmacy, Well, North Anston Pharmacy, Superdrug Pharmacy (now closed) and Weldricks Pharmacy)
- Total opening hours per week (1st January 2023) = 3,201.41
- Total opening hours per week (16th October 2023) = 3,010.16
- Reduction in opening hours per week = 281.25

Opening Hours

- There were currently 4 x 100 hour pharmacies in Rotherham
- All 4 x 100 pharmacies had reduced their opening hours following a valid application to the ICB
- One 100 hour pharmacy had closed since 1st January, 2023 (Maltby Pharmacy (FAA29), 8 Blyth Road, Maltby, Rotherham S66 8JD closed on 17th September, 2023)
- 100 hour reduction application received with criteria met = 4
- 100 hour pharmacies that had not applied to reduce core hours = 0
- Number of 100 hour pharmacies that had closed since 1st January 2023 = 1

Opening Times

Opening Times	1 st January 2023	6 th November, 2023	Narrative
Later than 21:00 Monday to Friday	5	0	There were now no pharmacies open later than 21:00 Monday-Friday in Rotherham
Later than 21:00 on Saturday	5	-	There were now no pharmacies open later than 21:00 Saturday in Rotherham
Open on a Sunday	9	8	There was a reduction of one pharmacy open on a Sunday

The role of pharmacies in meeting the health needs of people in Rotherham for Public Health Commissioned Services – Substance Use

- As of December 2023, there were 60 pharmacy contracts with 'We Are With You'
 - 49 dispensed Methadone
 - 39 provided supervised consumption in the month
 - 11 offered needle exchange (a reduction of one)
- For supervised consumption, the total from April 2022 to February 2023 was 1,971
- For May 2023-December 2023, there were 1,582 supervised consumptions. This was in line with the previous year's figures, therefore, did not indicate a reduction of provision

The role of pharmacies in meeting the health needs of people in Rotherham for Public Health Commissioned Services – Sexual Health (EHC)

- There were 29 pharmacies signed up to provide free EHC in Rotherham at the time of the PNA, however, as of January 2023 this had decreased to 28 pharmacies
- Since then this had reduced to 15 pharmacies
- Limited information was available to the Sexual Health Commissioned Service as to why 'Well' and 'Weldricks' had not signed up, however, it had been noted this may be impacted by resource issues in pharmacies

Next Steps and Recommendation

- Further work was being explored around access to pharmacies for supervised consumption and needle exchange and EHC
- Notification of future pharmacy changes would be reviewed by the Pharmaceutical Needs Assessment Steering Group, chaired by the Public Health Intelligence Principal, and would be notified to the Board as appropriate

Discussion ensued and the following issues raised:-

- Concern that there were no pharmacies open after 9.00 p.m. in the week
- Since Covid there had been a real change in how pharmacies worked. There was a delivery service delivering medication to them and quite often there was no pharmacist present
- The increase in distance to your nearest pharmacy to obtain routine medication was acceptable but the choice of services available was reducing
- Anecdotally people were having to visit a pharmacy 2/3 times to get their routine medication due to the stock not being there. For those without transport the increase in distance was having a massive impact on their overall wellbeing
- Healthwatch Rotherham was intending to produce a report on pharmacies but had been awaiting to ascertain what Pharmacy First would bring to the region

Laura was thanked for her presentation.

Resolved:- (1) That the reduction in out-of-hours pharmacy opening hours and the reduction in pharmacies providing free emergency hormonal contraception be noted.

(2) That Ben Anderson and Ian Spicer meet to discuss what options were available to the Council on this issue.

87. PREVENTION AND HEALTH INEQUALITIES STRATEGY AND ACTION PLAN UPDATE

Rebecca Woolley, Public Health Specialist gave the following powerpoint presentation:-

Context

- Prevention and Health Inequalities Strategy and (live) action plan was first adopted in April 2022
- Rotherham's Place Plan was refreshed last year with prevention and health inequalities now being a crosscutting workstream rather than an 'enabler'
- Although the action plan had always been live, work had taken place to take stock of the current position and ensure alignment with the Place Plan and other key strategic documents

Key messages from engagement with partners

- Already had a strong framework – the 5 priorities still felt like the right ones to focus the action plan around
- Funding, resources, capacity
- Need to be clear on our focus
- Lived experience and community intelligence/engagement
- Reaching our underserved communities
- Assurance of the inclusivity of our universal offer
- The complexity of the system and question of how we support frontline staff to navigate this
- Emphasis on personalisation and a holistic approach – focussing on both mental and physical health

Action Plan

- Deliver against the clinical areas in the Core20Plus5 and Prevention High Impact Intervention frameworks
- Develop our approach to Population Health management in Rotherham including supporting the development of tools, reporting, data-sharing arrangements, resources and approaches based on evidence of need
- Strengthen our approach to personalisation in Rotherham
- Prevent and delay care needs through technology-enabled care
- Embed strengths-based approaches to Social Care in Rotherham to increase self-care, reduce social isolation and promote independence
- Develop our proactive care model
- Raise awareness around our local prevention offer and promote self-management through delivery of the Say Yes campaign
- Review our prevention pathway with the aim of reducing duplication and improving the inclusivity of our offer for Plus groups (including people with SMI and LD)
- Build exercise into long term conditions pathways
- Explore opportunities to make our Health and Social Care Services more inclusive for people living in poverty

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- Increase the representation of ethnic minority communities at every level of our workforce with a focus on recruitment, retention and progression
- Build the understanding of our collective workforce around prevention and health inequalities to support use to Make Every Contact Count

Progress since September

- Expansion of the outcomes framework and health inequalities tool to incorporate profiles for our Core20Plus5 clinical areas and ethnic minority communities
- Engagement with over 1,200 people with long term conditions in Maltby and Dinnington
- Launch of the Say Yes campaign following approval at PLT
- Delivery of the Better Health Service seeing positive early outcomes and feedback from both service-users and professionals
- Partnership working around the development of an integrated service model for Diabetes including a prevention workstream
- Recruitment underway to establish a Prevention Team within Adult Social Care
- Mobilisation of the timely cancer presentation project
- Rollout of cultural competency training within Primary Care
- Engagement with partners around chronic pain
- Work underway to expand the remit of the Healthy Hospitals Programme within TRFT

Next Steps

- Recommission the Falls Prevention Service and use learning to inform the development of the wider exercise in clinical pathways programme
- Undertake a self-assessment against the national personalisation model and understand areas for improvement in Rotherham
- Continue to engage local people in Maltby and Dinnington and present insights to Place partners and key stakeholders
- Review services and roles across Health and Social Care that contribute to prevention through Social Prescribing (and other complementary enablers)
- Deliver against the Say Yes action plan and evaluate impact
- Work with the Workforce and OD Enabler Group to build the understanding of the workforce around prevention and health inequalities and on EDI
- Develop stronger links with the Council's Housing Service, building on successes such as work to address damp and mould

The Chair reported that it was the consensus of the Joint Chairs of the Health and Wellbeing Boards in South Yorkshire that the ICB should focus more on prevention and health inequalities.

Becky was thanked for her presentation.

Resolved:- (1) That the Prevention and Health Inequalities Strategy update be noted.

(2) That the next steps outlined in the presentation be endorsed.

88. ANNUAL UPDATE - PHYSICAL ACTIVITY/MOVING ROTHERHAM BOARD

Gilly Brenner, Consultant in Public Health, gave the following powerpoint presentation. Nick Wilson, Development Manager, Yorkshire Sport was also present.

Sport England Place Expansion

- Rotherham chose for Sport England Place Expansion Programme
- National programme £190M of investment on an additional 80-100 places which had greatest need
- Recognition of readiness of the Moving Rotherham Board Partnership
- Acknowledgement of the progress of the Partnership, strength of relationships, strategic recognition of the importance of physical activity and its inclusion in a range of key strategies

Next Steps

- Sport England and LGA facilitated systems leadership training for Moving Rotherham partnership members in Rotherham
- Review data and engagement findings to develop Theory of Change model and refresh Moving Rotherham Action Plan
- Application for development bid stage of Place Partnership Expansion programme

Active Champions

- Women's Euro Legacy Programme 368 hours of volunteer time contributed
- Training to social prescribers/link workers to increase awareness of benefits of physical activity and confidence
- A new Sport and Physical Activity Sub-Group for Rotherham Children's Capital of Culture
- South Yorkshire Mayor visit to Rotherham Parkrun

Active Environments

- Uplift Festival
- Rotherham10K
- Rotherham Show Moving Rotherham zone
- The Opening School Facilities Fund
- Sport England Swimming Pool Support Fund
- Leisure Centre success stories
- Herringthorpe Stadium refurbishment
- PlayZone facilities
- British Orienteering mapping and events

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- Cycle lane infrastructure improvements
- 26 primary schools working with Modeshift Stars

Active Communities

- Bikeability training
- Bike Hub bike loans, bikes checked and bike training
- The Rotherham Healthwave physical activity sessions
- RUCT community sessions including Active Through Football
- Training to care home activity co-ordinators
- £63,567 awarded to community groups through Sport England Together Fund

Active Communications

- The RotherHive website includes 'moving more' section and a local activity finder
- The Say yes prevention campaign was launched at Rotherham Show with 'Say Yes to joining in' with the activities

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

- Physical activity reduced the risk of Diabetes by 35%
- It was known that if you could engage children in activities and active assessments that anti-social behaviour significantly reduced. This would be part of the work with South Yorkshire Sport who would expect outcomes and look at match funding opportunities. Possible link with Safer Rotherham Partnership
- Community ready was about understanding what the community wanted and what gaps there were. This would fit with the Sport England approach
- Include all the local green spaces/walking routes on RotherHive

Yorkshire Sport were thanked for all the help that had been giving to the Council over recent years.

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

(2) That the intention to update the action plan in light of the recently announced Sport England Place Expansion funding opportunities be noted.

(3) That the Board champion opportunities for physical activity across the system, recognising its value in reducing inequalities and improving health and wellbeing outcomes and continue to identify opportunities to incorporate physical activity into organisational and Borough strategic plans and delivery.

89. ANNUAL UPDATE - COMBATING DRUGS PARTNERSHIP

Ben Anderson, Director of Public Health, gave the following powerpoint presentation with the assistance of Laura Kosciwicz, South Yorkshire Police:-

Context

- The Rotherham Combatting Drugs Partnership was established in September 2022
- The Partnership aimed to work together across the system to deliver the aims of the National 10 Year Drug Strategy: From Harm to Hope, at a local level
 - Break drug supply chains
 - Deliver a world class treatment system
 - Achieve a shift in the demand for drugs

Rotherham CDP Progress since March, 2024

- South Yorkshirewide Combatting Drug Partnership established
- Named leads identified for Public Voice, Data and Digital and Data and Digital Sub-Group established
- Action plan signed off by Rotherham Combatting Drugs Partnership
- Rotherham CDP Outcomes Dashboard developed by Data and Digital Group
- Performance measures included in action plan

Rotherham Combatting Drugs Partnership: Working together to combat illegal drug use in Rotherham

- Prepare – to build community resilience to reduce the impact of drug harm
 - Facilitate improved information sharing including with IT systems
 - Equip workers by providing education for professionals
 - Develop Combatting Drugs Communications and Engagement Strategy
- Prevent – to stop individuals becoming involved in drugs and support recovery and reduce harm when they do
 - 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 – to protect those in treatment and recovery, their families and the wider community
 - Develop and deliver harm reduction offer
 - Reduce drugs related deaths
 - Implement dual diagnosis pathways and improved psychological support
 - Develop and implement recovery pathway

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- Pursue – to reduce drug supply and related crime and bring perpetrators to justice
 - Continue effective pursue response working with partners
 - Develop focus on county lines/exploitation of children in line with Child Exploitation Strategy
 - Disrupt organised crime

Key progress against action plan

Prepare

- A local outcomes framework has been developed to measure progress against the National Combatting Drugs Outcomes Framework
- Local Drug Information System (LDIS) Panel has been established to collate, evaluate and respond to intelligence concerning potent, novel or adulterated substances
- A range of drug and alcohol training sessions have, and continue, to be delivered to upskill the wider Public Health workforce
- Stock of educational resources have been procured and distributed to schools and higher education alongside appropriate training from the Rotherham Alcohol and Drugs Service (ROADs)

Prevent

- New Substance Misuse Early Help Team in the Family Hubs began taking referrals in August enhancing early identification and access to specialist services for parents
- Work has continued to implement the revised pathway for access into detoxification and rehabilitation, enabling more individuals to benefit and increase successful treatment outcomes
- New posts were now in place in the Sexual Health Service, working with the Drugs and Alcohol Service, to identify new clients and enhance the Service offer in both Services
- Drinkcoach was procured and live since April 2023. Drinkcoach was an online commissioned service that allowed people to assess their drinking and receive personalised advice and support online including free coaching sessions

Protect

- ROADs had developed their harm reduction offer including providing Naloxone training to partners to help prevent opiate deaths
- South Yorkshire Police Drug and Alcohol Related Death Prevention Co-ordinator Role successfully recruited to and now supporting work improving local intelligence systems to reduce harms from drugs
- ROADs established as public involvement lead, developing plans to ensure a range of voices and heard throughout the work of the CDP
- VAR had been commissioned to develop an independent Recovery Community in Rotherham. This included the creation of public forums and lived experience champion roles and managing recovery grants to community groups. This work would provide support for people at various stages of recovery enabling them to improve their lives and reducing the risk of relapse

Pursue

- Additional 3 Drug expert witnesses were now in place to support the investigation of drug offences with appropriate knowledge, skills and experience
- To ensure effective intelligence management additional South Yorkshire Police Threat and Harm meetings were now chaired by the Force drug lead
- Operation GROW, partnership approach to cannabis, continued to be successful
- A new Serious and Organised Crime Tasking Group to discuss intelligence relating to OCG members was now in place to set actions set at a partnership level

CDP Outcomes Framework: Measuring progress against the national strategy

- Break drug supply chains
The number of moderate and major disruptions against organised criminals
The drug trafficking and possession
Hospital admissions for assault with a sharp object
Number of county lines closed
- Deliver a world class treatment and recovery system
Numbers in treatment
Continuity of Care (those leaving prison entering community treatment within 3 weeks)
Number of drug related deaths
Hospital admissions for drug poisoning
Hepatitis C prevalence for those who inject drugs
- Achieve a shift in the demand for drugs
Estimated prevalence of opiate and/or crack use
Homelessness duty owed with a drug dependency need
The number of Children in Need with concerns about drug misuse
Proportion of those in both mental health and drug treatment (where a mental health need has been identified)

Discussion ensued with the following issues raised:-

- Numbers in treatment – 2,081 last year and 2,153 at the end of November, 2023
- 131 in the system in 2022/23 down to 115 this year
- Expansion of treatment pathway
- Future work would build on what was already taking place i.e. better links into the criminal justice services, better engagement with those leaving prison and the Community Treatment Service
- Work with Probation Service looking at more Drug and Alcohol Treatment Orders being used

- A high number of drug users in Rotherham that were not known to Drug Treatment Services – need to ensure that pathways from Housing, Education and criminal justice services had an awareness of who they were and create the desire to come into the treatment service
- Look to the judiciary service and the use of the drug programmes available
- Extension of the drug testing in custody suites
- Ability to appropriately support people coming out of prison

Ben and Laura were thanked for their presentation.

Resolved:- That the progress against the action plan be noted and the work of the Partnership be supported.

90. UPDATED SUICIDE PREVENTION AND SELF-HARM ACTION PLAN

Ruth Fletcher-Brown, Public Health Specialist, gave the following powerpoint presentation:-

Rotherham (all person suicides)

- 2020-2022 rate for Rotherham was 12.4 per 100,000 compared to 10.3 for England

What is working well in Rotherham

- Male rate for suicide was now statistically similar at 12.4 per 100,000 to the average for England (10.3)
- Continued promotion of Place Guidance document for staff and volunteers on responding to people at risk of suicide
- Bespoke training for VSC organisations
- Chronic pain workshop held with partners in February 2024
- Suicide awareness training running for staff across Place from January to March 2024
- RotherHive promoting additional topics such as pain management and mental health over the life course
- Suicide awareness session in Safeguarding Awareness Week – November 2023
- Refresh of the Sudden and Traumatic Bereavement Pathway for children and young people
- Early Intervention and Prevention work – as evidenced in the Prevention Concordat application
- Joint working with domestic abuse colleagues to look at actions for risk groups
- Peer-to-peer support groups (Survivors of Bereavement by Suicide, Andy's Man Club and ASK)
- Qwell and Kooth promoted to the public and staff

What is working well in South Yorkshire

- Strong partnership working – all 4 local authorities, South Yorkshire Police, NHS and voluntary and community sector
- New appointment for the South Yorkshire Police Suicide Prevention officer
- Third memorial event for families bereaved by suicide in December 2023
- Survivors of Bereavement by Suicide Groups (SOBS) operating well in all 4 local authority areas
- Amparo will launch an all-age service in April 2024
- Chilypep commissioned to explore models of peer support for young people
- Chronic pain workshop in July 2024
- Reducing access to means
- Joint working on themes and addressing the needs of vulnerable and at risk groups

What are we worried about

- Increasing pressure on individuals and families
- Real time data has seen higher than usual numbers of suspected suicides in early 2024
- Certain themes coming through the Real Time Data system
- Rising numbers of female deaths to suicide
- Launch of the Attempted Suicide Prevention Service

What needs to happen next and when

- Staff to attend the suicide awareness training (January to March 2024)
- Staff to complete Zero Suicide training if face-to-face training was not an option (ongoing)
- Place guidance document to be updated (March 2024)
- Launch of the Attempted Suicide Prevention Service (March 2024)
- Promotion of Zero Suicide Alliance Training to the public (Spring 2024)
- 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 communication campaigns as part of Be the One (Spring 2024)
- Full review action plan to be completed by end of 2024

Discussion ensued with the following issues clarified:-

- It was a light refresh as the Local Framework for Local Areas was awaited from the Office of Health Improvement and Disparities
- The national strategy was issued in Autumn 2023. Also awaiting for an update of the Office of National Statistics data and the National Framework expected Autumn this year

- National data up to December 2023 showed a slight increase in the number of female deaths
- Further research on suicide in women

Ruth was thanked for her presentation.

Resolved:- That the update be noted.

91. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN

The Chair invited Leonie Weiser, Policy Officer, to present the update on the Health and Wellbeing Board Strategy Action Plan as at March, 2024.

The current Health and Wellbeing Strategy would end in 2025. It was proposed to align the Strategy refresh process with the upcoming Council Plan refresh and thus aligning research, consultation and engagement and priority setting as appropriate.

Engagement would be key for the Strategy and would look at the engagement to date across all the relevant areas and inform how the priorities were selected for the next Strategy

The draft timetable was set out in the report submitted.

The plan also outlined progress against agreed priorities, highlighting where actions were completed, on track, at risk of not meeting milestones or off track.

Resolved: That the update be noted.

92. ITEMS ESCALATED FROM PLACE BOARD

There were no issues to report.

93. BETTER CARE FUND

The Chair reported that the last quarterly report had been submitted in order to meet the deadlines.

The BCF Fund had asked the Operational Group if it would carry out a deep dive of particular areas to ensure value for money, was it having the desired impact and was the funding being targeted accurately. One of the areas was Rotherham's High Impact Frailty Service:-

- It was one of Rotherham's 4 high impact change projects along with ambulatory care, respiratory and Diabetes
- Rotherham had an extensive but disparate falls and frailty offer
- There were opportunities to review the offer including learning from good practice elsewhere to provide a more holistic and integrated approach

- Lot of activity to date with 8 workshops having been held to map as is/to be including a falls workshop
- Acute offer included multi-disciplinary treatment approach with frailty consultant, frailty nurses, therapy (CHAT and inpatients) in SDEC/AMU
- Out of hospital pathways for all levels of acuity e.g. virtual ward, urgent community response, CHAT/social care deflection at the front door, voluntary and community sector
- Good partnership working across Rotherham Place at all levels including voluntary and community sector with a willingness to work together to improve frailty care
- Emergency care paramedics/specialist paramedics to focus on community-based assessment and management (admission avoidance)
- A number of challenges i.e. ageing population, increased demand/complexity, Rotherham health demographic/health inequalities, diverse range of services but largely siloed and does not address the holistic needs of the individual/aging process and it was reactive rather than preventative
- There was no single consistent frailty assessment tool used consistently in Rotherham or a shared caseload or frailty MDT

A number of recommendations had arisen therefrom which would be submitted to the Executive Group:-

- Review and develop the preventative physical activity offer
- Conduct a proof of concept trial of a proactive care (previously known as anticipatory care) model for frailty:-
A person-centred, proactive “thinking ahead” approach whereby Health, Social Care and the voluntary and community sector support and encourage individuals, their families and carers to plan ahead of any changes in their health or care needs
The aim was to increase people’s healthy years by up to 5 more years
The approach encourages people to make positive choices about what they should do themselves and from whom they should seek support in the event of a flare up or deterioration in their condition or in the event of a carer crisis
- Review the acute frailty offer including front door, Acute Frailty Unit and hot clinics

Resolved:- That the update be noted.

94. ROTHERHAM PARTNERSHIP PLACE BOARD - PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board held on 20th December, 2023, and 17th January, 2024, were submitted for information and noted.

95. ROTHERHAM PARTNERSHIP BOARD ICB BUSINESS

The minutes of the meeting of the Rotherham Place Board ICB Business held on 20th December, 2023, and 17th January, 2024, were submitted for information and noted.

96. LEONIE WIESER

The Chair advised the Board that this would be Leonie's last meeting as she was leaving the Authority in April.

Sunday Alonge would be acting as the Board's support in the interim whilst a permanent postholder was appointed.

The Board wished her well in her future employment.

97. DATE AND TIME OF NEXT MEETING

The Chair reported that this had been his last meeting before he stood down as a Councillor on 2nd May, 2024. He commended the Board on how much it had progressed since its inception and wished everyone well for the future.

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 26th June, 2024, commencing at 9.00 a.m. venue to be determined.