

HEALTH AND WELLBEING BOARD
26th June, 2024

Present:-

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health In the Chair
Ben Anderson	Director of Public Health
Andrew Bramidge	Interim Strategic Director, Regeneration and Environment
Jo Brown	Assistant Chief Executive, RMBC (representing Sharon Kemp)
Nicola Curley	Strategic Director, Children and Young People's Services
Councillor Cusworth	Cabinet Member, Children and Young People's Services
Chris Edwards	Executive Place Director, NHS SYICB
Kym Gleeson	Manager, Healthwatch Rotherham
Jason Page	Medical Director, Rotherham Place Board
Ian Spicer	Strategic Director, Adults, Housing and Public Health
Andrew Turvey	Rotherham Foundation Trust (representing Richard Jenkins)

Report Presenter:-

Denise Littlewood	Public Health, RMBC
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Also Present:-

Sunday Alonge	Policy Officer, RMBC
Helen Dobson	Chief Nurse, Rotherham Foundation Trust
Katy Lewis	Carers Strategy Manager
Lorna Quinn	Public Health Intelligence, RMBC
Dawn Mitchell	Governance Advisor, RMBC

Apologies for absence were received from Councillor Castledine-Dack, Shafiq Hussain (VAR), Toby Lewis (RDaSH) and Claire Smith (Rotherham ICB).

1. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

2. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

3. COMMUNICATIONS

Resolved:- That an update be provided to the next meeting on the recent meeting of the Integrated Care Partnership.

4. MINUTES OF THE PREVIOUS MEETING

Resolved:- That the minutes of the previous meeting held on 6th March, 2024, be approved as a true record.

Arising from Minute No. 86 (Pharmaceutical Needs Assessment), it was noted that, when compared with other areas in South Yorkshire, Rotherham had a similar situation in terms of opening hours compared to its neighbours and there had not been a significant reduction in the opening hours.

It was clarified that there was no other area in South Yorkshire that opened beyond 9.00 p.m. Rotherham was in line with the rest of its South Yorkshire neighbours.

Arising from Minute No. 88 (Physical Activity/Moving Rotherham Board), the Chair requested further information regarding the Sport England Place Expansion Programme.

Ben Anderson, Director of Public Health, undertook to forward further information. He explained that a number of places had received funding over the last 4-5 years to fund physical activity. The Expansion Fund was Sport England taking that model out to a number of areas of which Rotherham was one. A bid was currently being worked up.

The Chair felt that the list of activities submitted to the last meeting was not as full and comprehensive as it could be and requested that it be added to when submitted again.

5. JOINT STRATEGIC NEEDS ASSESSMENT

Lorna Quinn, Public Health, gave the following presentation summarising the key findings of the Joint Strategic Needs Assessment (JSNA):-

People

- The population of Rotherham was 268,400 (2022 mid-year 30th June) estimate of population) with an age structure that was slightly older than the national average
- The Rotherham population had increased steadily by approximately 1,000 per year from an estimated 259,400 in 2013 to 268,400 in 2022 (+3.5%)
- Rotherham ranked as the 35th most deprived upper tier local authority in England on the Index of Multiple Deprivation 2019 out of a total of 151 authorities
- 59 Rotherham neighbourhoods (Lower Super Output Areas or LSOAs) ranked among the 20% most deprived in England and 36 LSOAs were in the top 10% most deprived

Life Expectancy

- Life expectancy at birth for males in Rotherham 2020-22 was 77.1 years; significantly lower than the England value of 78.9 years
- Life expectancy at birth for women in Rotherham 2020-22 was 80.2 years; significantly lower than the England rate of 82.8 years

Healthy Life Expectancy

- The healthy life expectancy at birth 2018-2020 in Rotherham was 58.7 years for a male, significantly lower than the England average of 63.1
- The healthy life expectancy at birth 2018-2020 in Rotherham was 56.5 years for a female, significantly lower than the England average of 63.9

Health Behaviours

- The Rotherham Drug and Alcohol Service has been supporting more people with substance and alcohol use; the number of new presentations to treatment for adults increased from 784 in 2021/22 to 959 in 2022/23; the number of new presentations to treatment for children aged under 18 increased from 27 in 2021/22 to 36 in 2022/23
- There had been a significant increase in the percentage of physically active adults in Rotherham from 54.9% in 2018 to 64.4% in 2021. Despite this, health conditions which were associated with having a lower risk in physically active adults (such as CHD, Stroke and Hypertension) all had significantly higher rates in Rotherham than Yorkshire and the Humber and England
- Smoking prevalence in Rotherham resumed its steady decline in 2022 after a spike in 2021 and was currently at 14% of adults smoking compared with 12.7% across England. Quit rates in Rotherham had nearly doubled from 1,580 in 2018 to 3,155 in 2022
- Prevalence of depression in Rotherham had increased between 2013 and 2022 from 9.85% to 17.3% with the gap between England and Rotherham growing to 4 percentage points
- Both the Gonorrhoea and Syphilis diagnostic rates in Rotherham rose significantly between 2020 and 2022. The Gonorrhoea diagnostic rate remained better (lower) than the England average (94 compared to 146 per 100,000 population) whilst the Syphilis diagnostic rate was worse (higher) than the England average (16.5 compared to 15.4 per 100,000 population)
- Around 1 in 4 (24.4%) children aged 4-5 years were categorised as overweight or obese for the 2021/22 to 2022/23 period, however, this was 2 in 5 (40.2%) for children aged 10-11 years for the same period. For adults almost 3 in 4 (71.9%) were categorised as overweight or obese in 2021/22

Community and Neighbourhoods

- Interactive Ward profiles were available on the JSNA which detailed data available for the 25 Rotherham Wards

Environment

- The percentage of mortality attributable to particular pollution for Rotherham 2021 was 5.3%. It was important to understand that long term exposure to air pollution was not thought to be the sole cause of deaths. Rather it was considered to be a contributory factor. Given that much of the impact that air pollution had on mortality was linked

- with cardiovascular deaths, it was considered that it made a contribution to some of perhaps even all cardiovascular deaths
- In 2023 Borough-wide Nitrogen Dioxide recordings were lower than in 2019 for every month of the year
 - In Rotherham local area greenhouse gas emissions increased by 1.1% from 2020 to 2021 driven by a 4.1% increase in emissions from transport
 - The risk of flooding from surface water was included in the Rotherham JSNA for the first time this year complementing a previous contribution on the risk of flooding from rivers. By comparing the number of residential addresses in areas of flood risk with the distribution of relative deprivation within Rotherham, it had been shown that people living in more deprived areas were over-represented amongst the population at risk of flooding, for all flood risk categories, likelihoods and hazard ratings included in the study
 - Land surface temperatures, tree canopy cover and minimum near-surface air temperatures during heat periods were combined in a single 'heat exposure' indicator in the Rotherham JSNA for the first time this year. Areas indicated as being more exposed to heat were concentrated in Rotherham Town Centre or were nearby conurbation of Sheffield e.g. parts of Brinsworth, Catcliffe and Waverley
 - The 2021 Census indicated that the private rented sector accounted for 15.3% of Rotherham households – a 2.3% point increase from 2011
 - In 2022 16.6% of Rotherham households were living in fuel poverty
 - Road traffic collision occurrences were increasing since a decrease in 2020 with collisions resulting in death or serious injury showing a slight decrease since 2016
 - Transport demand was increasing since Covid-19 but had not yet reached pre-Covid levels.
 - The proportion of travel undertaken by car appeared to have increased

Socio-economic

- Between October 2022-September 2023 43,600 residents aged 16-64 were economically inactive in Rotherham. 5,800 (13.4%) of these wanted a job
- 13,200 Rotherham residents were experiencing long term sickness between October 2022-September 2023. The recent release of January-December 2023 data showed that this had increased to 16,100
- In January 2024 Rotherham's JSA/UC claimant count (as a proportion of residents aged 16-64) was 4.3%. Although this was lower than the count in January 2021 (6.9%) it had still not returned to the pre-Covid level of 3.6% seen in January 2020
- The percentage of eligible 2 year olds in Rotherham taking up an early education place continued to rise with 89% taking up a place in the 2022/23 academic year. Take-up of early education had a

- positive impact on outcomes for children and was a priority for the local authority
- Using data from the 2024 Spring School Census, 4.6% of Rotherham school pupils had a reported Education, Health and Care Plan, 0.8% higher than Rotherham's statistical neighbours (3.8%) and slightly above the national average (4.2%). Speech and language and social, emotional and mental health needs remained the highest identified primary need across all pupils with Special Educational Needs and Disabilities (SEND)
 - Data on the rate of children who had been referred to Social Care (per 10,000 children in each area) and were on a Child Protection Plan, showed a continued safe and steady decline. Low Child Protection rates were good. Rotherham had seen a reduction from a peak in 2017 of 114.3 to 70 at the end of March 2023
 - Data on the rate of young people aged 10-17 years (per 10,000 young people aged 10-17 in each area) who entered the Youth Justice system and consequently re-offended showed a decline from the previous reported year (11) and was lower than all comparators
 - Children Centre engagement rates increased between 2015/16 and 2019/20 from 63% to 75%, however, due to Covid-19 restrictions they fell to 69% in 2021/22 but had now increased to 73% in 2022/23
 - Currently there were over 3,700 individuals in Rotherham who were accessing Adult Social Care. Approximately 47% of these were aged 75 years or older and around 57% were female. The primary support reason for more than half of users was for 'physical support'
 - The 2021 Census showed that over 23,000 people, around 10% of the population, provided some amount of unpaid care. 12,785 people, around 5%, provided over 35 hours of unpaid care per week. Central areas of Rotherham, among some of the more deprived areas of the Borough, had the highest proportion of claimants of Carers Allowance and Disability-related benefits
 - Inclusion health was a new profile for the JSNA and covered a range of groups that experienced health inequalities including people in contact with the Criminal Justice system, vulnerable migrants and refugees and people experiencing homelessness. For the 2022/23 financial year there were 1,236 Rotherham households assessed as being owed a prevention or relief duty for homelessness (Department for Levelling Up, Housing and Communities 2023). Of this 428 households were assessed as being threatened with homelessness within 56 days with a homelessness prevention duty being owed as a result

Discussion ensued with the following points raised/clarified:-

- The JSNA had one full annual refresh and quarterly reviews
- Support provided to the voluntary sector on how to access the JSNA and used in the submission of funding bids. Annual session also with Neighbourhood Area Co-ordinators to inform the Ward plans

- The Drug and Alcohol Service was undertaking a big piece of work and increasing treatment/finding those who were not in treatment but needed treatment. There were very few under 18's injecting drug users – they were more Cannabis users. More detail on the under 18's presenting for treatment would be sought
- Raise awareness of the JNSA and use it for the purpose of commissioning services/engagement work
- Any comparisons across South Yorkshire would be beneficial
- There was a lot of work taking place under the Food Strategy and Physical Activity Strategy with regard to child obesity. The work of Sport England and the Place Expansion funding would be really important around the physical infrastructure for children to play
- A lot of work had taken place on the Active Travel infrastructure. It was important that the parents felt confident that their children could go out and use cycle pathways etc.
- The issue of decrease in women's life expectancy was hugely complex; some of it would be down to the pandemic and some would be as a consequence of the cost of living crisis. Life expectancy was increasing in most parts of society but declining in the most deprived part of society and was a national picture

Lorna and the team were thanked for the work that went into producing the JSNA.

Resolved:- That the report and presentation be noted.

6. HEALTH PROTECTION ASSURANCE

Denise Littlewood, Public Health, gave the following presentation on Health Protection Assurance:-

The report considered the following key domains of Health Protection

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections and antimicrobial resistance
- Emergency planning and response

Specialist Local Response

- Local response to national Measles outbreak
- An outbreak of Legionella in a social housing complex
- Increase in cases of Syphilis and Gonorrhoea in South Yorkshire
- Increase in complex cases of TB cases including a South Yorkshire cluster
- Increase in cases of Whooping Cough (Pertussis) locally and nationally
- Large numbers of gastro-intestinal outbreaks in early years, schools and residential care settings

Screening

- Priorities within the breast, bowel and cervical cancer screening programmes included increasing uptake and collaborative work with programme providers and partners to improve uptake of screening for patients with a learning disability
- Cervical screening figures below target due to poor uptake in 25-49 year olds. Work ongoing to understand barriers particularly in individuals who had never accessed screening
- Breast screening figures below target. Change in appointment model and uptake was now increasing

Immunisation

- Seasonal Flu. Rotherham had seen a slight decrease amongst all the eligible cohorts. The reasons for the decline were not yet clear but the downward trend was reflected regionally and nationally. Work would be undertaken to try and understand the reasons behind the decline and inform planning for 2024/25
- The adult vaccination programme had seen a significant change within the Shingles programme (those turning 65 from 1st September 2023 becoming eligible), change of vaccine and schedule (from one dose to 2 doses) and extension to all patients over 50 years of age who were immunosuppressed. The priority for Rotherham had been to ensure all providers were aware of the change and the programme was fully and safely implemented
- For maternal Pertussis, the priority had been to implement the offer and delivery of the vaccine by the maternity provider (along with Flu and Covid vaccines)
- For adolescent (school-aged) immunisations, the priorities had been the procurement and mobilisation of a new contract (commenced 1st September 2023), work to restore uptake to pre-pandemic levels, implement the new HPV schedule (reduced to one dose) and reduce the gap between schools within the highest and lowest uptake. Although showing recovery, all adolescent vaccination programmes remained below the pre-pandemic levels, a trend which was reflected nationally
- Childhood Immunisations. A key focus had been and continued to be on MMR dose one by 2 years of age, achieving and maintaining coverage of above 90% (minimum threshold) with the aim of achieving 95% (optimal threshold)

Health Protection Focus

Preparedness was the key

- Refresh Outbreak Plan
- Refresh Mass Treatment Plan
- Adverse Weather Plans
- All involved work with Emergency Planning and Environmental Health

Upcoming Priorities

- Ensure preparation for future Health Protection events was key
- Ensuring Health Protection roles and responsibilities across Rotherham Place were understood to ensure a Rapid Response to an incident was possible
- To ensure that Rotherham had a competent surveillance system for managing communicable diseases working alongside UKHSA. This work would also continue to focus on new and emerging concerns
- To maintain effective prevention, incident and outbreak response including treatment programmes for all communicable diseases of local concern. Work would continue to explore options to address Rotherham's deficit in terms of community IPC

Priorities

- To ensure further work was carried out to ensure Health Protection work programme were embedded in local systems to support reducing health inequalities
- Tackling Tuberculosis through improving awareness to increase screening and treatment targeting underserved populations. Undertaking work to understand the latent TB population in Rotherham
- To continue to optimise the role of Rotherham Council in increasing uptake of vaccination and screening in areas of deprivation and under-represented groups. Working with partners to ensure a system response
- Reducing the impact of adverse weather on health ensuring Rotherham was prepared for adverse weather events
- Continue to improve links with the Sexual Health Strategy Group to increase assurance with regard to sexually transmitted diseases
- To ensure a consistent approach for action to address Anti-Microbial Resistance working with partners to provide assurance

Discussion ensued with the following issues raised/clarified:-

- In most local authorities there was an Infection Control Team that dealt with it at a very local level providing that support and responding to incidents. However, that was not the case in Rotherham. The UKHSA provided a lot of support for Rotherham's schools and care home facilities but that did not provide the very local input and was something the Authority was trying to address
- It was really important that schools and care homes were responsible for their own infection control and the UKHSA would come in and lead on the responsibilities but it was the middle ground that was missing in Rotherham e.g. pro-active support to make sure schools/care homes had the skills and systems in place
- The Covid recovery updates were still supplied to schools and Head Teachers forums which enabled conversations about some of the things cropping up but there was not the capacity on the ground to support schools where they had been taking place with Housing

Services around infectious diseases and how they impacted on housing allocations, but probably more work to be done. Regulatory compliance checks were extremely important

- Work took place alongside NHS England, who was responsible for the screening and immunisation programme, to increase uptake amongst those people with learning disabilities who had difficulties accessing services. There was increased contact with the individuals to book their appointment and to make them aware that the screening programmes were there
- The health care associated infections data had only been pulled together very recently and work had started with the Foundation Trust to understand them at a local level. The Rotherham threshold was much lower from those across South Yorkshire and understanding why was quite difficult. Work would take place on comparing with the other South Yorkshire
- The next stage would be to test the master treatment plan in the next few months. The outbreak plan was tested in a number of ways

Helen Dobson, TRFT, reported that the Trust received comparison data for the whole North-East and Derbyshire area and would be able to share that information. For 2023/24, it showed that Rotherham was not an outlier for all 6 themes/infections and under the threshold compared to others. The issue of trajectory, especially for *Clostridioides Difficile*, was a historical position. The Trust had had a very low incident of infection so was set a very low trajectory. It was already known that the 2024/25 numbers, because there had been high incidences of control and may well continue with the trend seen, however, that was in line with what was being seen nationally.

Resolved:- (1) That the presentation and the assurance functions of Rotherham Council's Health Protection Committee and the reviews performance of health and wellbeing be noted.

(2) That the 2024/25 work programme priorities be supported.

(3) That an update be submitted in 6 months as to the uptake of the screening programmes by those individuals classified as having learning disabilities.

(4) That future update reports include the testing of the plans that had been carried out.

7. HEALTH AND WELLBEING BOARD ANNUAL REPORT

Ben Anderson, Director of Public Health, presented the Health and Wellbeing Board's annual report with the aid of the following presentation:-

Context

- Life expectancy at birth for both men and women in Rotherham continued to be significantly lower than the England average (77.1 years vs 78.9 years for men and 80.2 years vs 82.8 years for women)
- The difference in healthy life expectancy at birth was particularly stark with a 7.4 year gap for Rotherham women compared with the national average (2018-2020) (56.5 years vs 63.9 years) and a 4.4 year gap for men (58.7 years vs 63.1 years)
- On the Index of Multiple Deprivation 2019 Rotherham ranked as the 35th most deprived upper tier local authority in England out of a total of 151 authorities
- The key drivers of deprivation in Rotherham remained Health and Disability, Education and Skills and Employment (as were in 2015)
- Of 45,800 residents (aged 16-64) who were economically inactive, 35.2% were due to long term sickness compared to 27.2% nationally

Achieving the conditions for a healthy life continues to be a concern

- The estimated number of alcohol dependent in Rotherham was higher than the national average. In 2021/22 there were 619 per 100,000 admission episodes for alcohol-related conditions (narrow definition) significantly worse than the national average of 494 per 100,000
- Approximately 14% of Rotherham adults (around 29,600 people) were smokers in 2022 compared to 12.7 nationally
- In 2021/22 71.9% of adults in Rotherham were classified overweight or obese compared to 66.5% regionally and 63.8% nationally. Child obesity rates were also higher than national average – in 2022/23 22.2% of reception age children were overweight or obese compared to 21.3% nationally and 41.1% of Year 6 children were overweight or obese compared to 36.6% nationally

Mental Health and Wellbeing were also a concern

- In Primary Care in Rotherham 2022/23 the recorded prevalence of depression (aged 18+) was 17.3% a total of 36,892 persons. This was higher than the England value of 13.2% and had been increasing in Rotherham since 2013/14
- Data from 2018/19 showed 12% of Rotherham residents reported a long term mental health problem which was significantly higher than the England value of 9.9%

Environmental Factors impacting Health in Rotherham included

- Particulate pollution – in 2022 the percentage of mortality attributable to particular pollution for Rotherham was 5.2% (England 5.8%)
- Lower than average use of the natural environment – 69% of residents in Rotherham indicated they used the natural environment for health and exercise purposes compared to 82% for England (2017)

Delivery the Strategy

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

- An independent travel training (ITT) offer had been created to support children with Special Educational Needs or Disabilities
- A new post-14 specialist campus opened in September 2023 providing 50 school places. This meant more children and young people could access high quality educational provision in the local area
- Rotherham's Family Hubs and Best Start in Life – the Council received £3.4M in Government funding to help deliver Family Hubs and the Best Start in Life programme locally
- Winter Healthy Holdings 2023 – the Holiday Activity and Food Programme for children aged 2-11 years eligible for free school meals and other supports

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

- Strategic communications to promote better mental health and suicide prevention social media messages promoting Rotherhive and Five Ways to Wellbeing were scheduled at least once every 4 weeks as part of the Council's overall communications plan
- A renewed strategic approach to physical activity through the Moving Rotherham Partnership focussing on active champions, active environments, active communities and active communications. £100,000 secured to support additional community activities in Rotherham schools
- Suicide and self-harm awareness training delivered to practitioners across the partnership and members of the public
- A new diagnostic centre opened at Badsley Moor Lane providing an out-patient respiratory and sleep physiology service

Aim 3: All Rotherham people live well for longer

- Increased funding has allowed the expansion of tobacco control measures including the establishment of a Local Enhanced Stop Smoking Service
- The Council, in collaboration with partners, ensure that support was in place for carers
- A local Drug and Alcohol Related Death review process was established
- A Changing Places facility had been installed in the gardens of Wentworth Woodhouse designed specifically to help disabled visitors and individuals with complex care needs
- Voluntary Action Rotherham facilitated the development of a Rotherham Recovery Community to deliver local recovery activities

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

- Tackling Community Safety – the Safer Rotherham Partnership was the Borough's Community Safety Partnership based around 4 key priorities: protecting vulnerable children and adults, building safer and stronger communities, protecting people from violence and tackling organised crime
- Rotherham marked Holocaust Memorial Day by holding an event on 25th January 2024
- Championing events supporting equality and inclusion. Throughout 2023 the Council and local partner organisations had actively informed and involved local residents including under-represented groups in opportunities for participation

Looking Ahead

The Health and Wellbeing Board over the next year will:

- Undertake a refresh of the Health and Wellbeing Strategy to launch from April 2025
- Continue to work with Board sponsors to monitor delivery of the Health and Wellbeing Strategy
- Continue to develop our relationships within the new South Yorkshire Integrated Care System and ensure each of our aims was aligned with the South Yorkshire Integrated Care Strategy
- Continue to focus on reducing health inequalities between our most and least deprived communities
- Influence other bodies and stakeholders including those with a role in addressing the wider determinants of health to embed health equity in all policies

Discussion ensued with the following issues raised/clarified:-

- Currently 9 young people had taken part in the Independent Travel Training. It was a long process to support the young people to travel independently and for their parents to feel confident. The programme would continue to be built upon
- There was no proposal to have a similar service to the Tobacco Control Service for vaping
- Tobacco is a serious problem in Rotherham, but vaping is less serious
- It would be useful to have information on the effect vaping had on health

Resolved:- That the achievements made across the four Strategy Aims in the past year be noted.

8. AIM 3 UPDATE

Jo Brown, Assistant Chief Executive, gave an update on Aim 3 of the Health and Wellbeing Strategy with the aid of the following powerpoint presentation:-

Aim 3: All Rotherham people live well for longer

- Aim 3 has 3 priority areas
- Ensure support was in place for carers
- Support local people to lead healthy lifestyles including reducing the health burden from tobacco, obesity and drugs and alcohol

Priority 1: Ensure support is in place for carers

- Increase the flexible support options available for unpaid carers to sustain them in their caring role
 - Needs assessment completed via co-production exercise in 2023. This identified a need for a flexible break option for carers
 - It also identified a gap in tailored information and support for young adult carers in particular
 - The outcomes from the Unpaid Carers' Health and Wellbeing Small Grants Programme were currently being collated and would further contribute to the needs and gap analysis
 - Development of the unpaid carers' offer was underway which would inform the options appraisal and any future commissioning requirements
 - Research/benchmarking other local authority unpaid carers offer taking place
 - ADASS Carers Leads Network and national carers bodies were utilised to identify good practice
- Develop and streamline the advice and information available for unpaid carers in line with the Care Act 2014, Care and Support statutory guidance and for NHS Standard for Creating Health Content
 - Co-production work had been undertaken with carers leads from the South Yorkshire region to complete an expression of interest for funding (as a consortium) from the DHSC's Accelerated Reform Fund (ARF) to develop an app for unpaid carers
 - Funding of circa £500,000 received which would fund development of the app and a resource for each local authority to aid further co-production and progress the project
 - Rotherham Council to lead the commissioning of a developer on behalf of the consortium
 - An outline project plan was in place which would be fully developed over the new few weeks by the consortium members

Priority 2: Support local people to lead healthy lifestyles

- Develop the healthy lifestyles prevention offer/pathway
 - Communications and engagement prevention campaign 'Say Yes' and its 6 themes of alcohol, cancer, diabetes, loneliness, breastfeeding and self-care during Winter – work to date had predominantly focussed on promoting the resource DrinkCoach and pages on RotherHive focussed on smoking, eating well and moving more

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- The promotion of DrinkCoach had included partnership work with Rotherham United to promote the app at match days and collaborations with GP practices to promote the app via direct text messages
 - The work to promote RotherHive had led to over 45,000 page visits with engagement rising during key engagement weeks/months such as Stoptober and Mental Health Awareness Week
 - Building from focus groups with both professionals and communities, work had also started to develop a loneliness campaign in support of delivery of the local Loneliness Action Plan
 - Action to review the current Service specification for Social Prescribing and recommissioning of the Service had been completed. The Service specification had been developed and embedded as part of the new Rotherham Social Prescribing Contract for 2024-27. VAR were the successful bidder
 - Integrated Social Prescribing Service had been procured. Sheffield Hallam University contacted to review pathways across Place to Support Development model and funding now in place for this. Activity would take place over the summer to develop a project plan which had a primary focus on developing a Framework Grant Process for the local voluntary and community sector to apply to deliver services in Rotherham. Agreements to be in place by 1st April 2025
- Strengthen understanding of health behaviours and health inequalities
 - Engage local people in target areas to inform a proposal around self-management and holistic support for people living with physical health conditions and poor mental wellbeing
 - Focused on identifying priority areas of action for people living with Long Term Conditions and poor mental health and wellbeing. Survey undertaken in Maltby/Wickersley and Rother Valley South Primary Care Networks. Over 50% of people responded to the survey (over 1,221 respondents) which had provided rich data insights
 - The engagement work had so far fed findings into several projects including a chronic pain workshop, transformation workstreams, prioritisation and planning within PCNs and the Mental Health Needs Assessment. Qualitative analysis was nearing completion
 - Explore options to co-ordinate community engagement activities around health at Place and develop approach to share findings
 - ICB engagement leads and partners across South Yorkshire Integrated Care System including VCSE, NHS South Yorkshire, local authorities, providers and Healthwatch were coming together to build a digital library of all the patient, public and community insights gathered
 - ICB engagement leads were currently in the designing and testing phase of a shared Insights' Bank and were gathering reports for this stage of the process. Over 30 reports (with each report having

- several insights) already collected on Insights and were working with partners to gather more
- The Insights Bank would be up and running by Autumn 2024 to both upload and share documents to the library as well as search for and download materials that others had shared
- Over time, the Insights Bank could be used to identify trends and patterns
- Ensure effective partnership working on key strategic projects
- Ensure partners were engaged in implementation of Drug and Alcohol Related Death (DARD)
 - First DARD Panel date held 29th February, 2024, with attendance including Police, Housing partners, RDaSH, Public Health and We are With You. Dates set for the quarterly meetings for the remainder of 2024 to review Coroner confirmed drug or alcohol related deaths
 - Terms of reference, processes of logging and reporting findings were being established

Issues to Address/Next Steps

- No milestones under Aim 3 were rated as 'off-track'
- Further stakeholder engagement required to ensure that the 'Say Yes' campaign was widely adopted across the partnership
- Progression of the new grant process for Social Prescribing and integrated pathways work to ensure successful providers could be awarded agreements commencing from 1st April 2025
- Progression of the face-to-face engagement work to feed back and develop on the initial findings for people living with Long Term Conditions (LTCs) and poor mental health and wellbeing

It was noted that a "lessons learnt" would be drawn up from the successful consultation (over 50% response rate) and fed through to all partners and South Yorkshire's Insight Bank to ensure that all the good practice was captured and the model for future engagement.

As part of the funding arrangement from the DHSC's Accelerated Reform Fund to develop an App for unpaid carers, there were national resources to provide support to local authorities for engagement, co-production and marketing the App.

A big piece of work for the forthcoming year, linked with the Memorandum of Understanding, was to work closely with Children and Young People's Services to identify young carers. There was the wider issue of non-identification of young carers at a young age so that agencies were aware of them when transitioning to adults. The consultation had showed that there was a gap in the advice/information/young carers as the digital platform was heavily relied upon. Work was now taking place to try and link that up and improve the website in conjunction with young carers.

Resolved:- That the presentation be noted.

9. HEALTH AND WELLBEING BOARD TERMS OF REFERENCE

The Chair presented the Board's terms of reference for its annual report.

The report detailed:

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

It was noted that the next formal review was due in May 2025.

Further details were provided of the governance arrangements and the Memorandum of Understanding between the Rotherham Health and Wellbeing Board and Board Sponsors for Health and Wellbeing 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

Reference was also made to the 5 members of the Board who sat on the ICB Partnership one of whom was former Councillor Roche. It was proposed that Councillor Baker-Rogers take up that vacancy and the membership be reaffirmed.

Resolved: (1) That the refreshed Terms of Reference be approved.

(2) That the next formal review takes place in May 2025.

(3) That the Health and Wellbeing Board representatives to the ICB Partnership be affirmed as Councillor Baker-Rogers, Ian Spicer, Jason Page, K. Davis and Richard Jenkins.

10. HEALTH AND WELLBEING STRATEGY ACTION PLAN

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

Resolved: That the update be noted.

11. ITEMS ESCALATED FROM PLACE BOARD

Jason Page reported on the possible collective action by GPs.

The BMA were currently balloting GPs with regard to potential collective action as from 1st August, 2024. They were being asked if they were prepared to undertake one or more examples of collective action which included 16 measures doctors may wish to implement including seeing a maximum of 25 patients a day (GPs often saw 70), pull out of data sharing agreements or offer face-to-face appointments.

Collective action was not the same as strike action but it could see GPs prioritising their patients’ and practices’ needs over local NHS system wants.

27 out of Rotherham’s 28 practices were part of the partnership model and would each vote individually.

Resolved:- That the Chair be kept informed of the outcome of the ballot.

12. BETTER CARE FUND

(a) The Board received for information the BCF Year End Template report that had been submitted to NHS England with regard to the performance of Rotherham’s Better Care Fund, Improved Better Care Fund, Disabled Facilities Grant and Discharge Fund in 2023/24.

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

The information contained within the BCF submission included:-

- Section 75 Agreement
- Confirmation of National Conditions
- BCF Metrics
- Income and Expenditure
- Year End Feedback

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It was noted that the documentation had been approved by the Better Care Fund Executive Group on 20th May, 2024 (approved on behalf of the Health and Wellbeing Board) and had been submitted to NHS England on 23rd May, 2024.

(b) The Board received for information the BCF Planning Template including capacity and demand for intermediate care for 2024-25. The planning template was in line with the Addendum to the 2023-25 Better Care Fund Policy Framework and Planning Requirements.

It set out the 2 core objectives of the BCF over the 2 years:-

- To enable people to stay well, safe and independent at home for longer
- To provide the right care in the right place at the right time

It was noted that the documentation had been approved by the Better Care Fund Executive Group on 20th May, 2024 (approved on behalf of the Health and Wellbeing Board) and submitted to NHS England on 10th June, 2024.

13. ROTHERHAM PLACE BOARD PARTNERSHIP BUSINESS

The minutes of the Rotherham Place Board held on 21st February and 17th April, 2024, were submitted for information and noted.

14. ROTHERHAM PLACE BOARD ICB BUSINESS

The minutes of the meeting of the Rotherham Place Board ICB Business held on 21st February and 17th April, 2024, were submitted for information and noted.

15. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 25th September, 2024, commencing at 9.00 a.m.