

**HEALTH AND WELLBEING BOARD**  
**22nd January, 2025**

**Present:**

Councillor Baker-Rogers	Cabinet Member, Adult Social Care and Health
	<b>In the Chair</b>
Councillor Cusworth	Cabinet Member, Children and Young People's Services
Ben Anderson	Director of Public Health
Bob Kirton	Managing Director, Rotherham Foundation Trust
Andrew Bramidge	Strategic Director, Regeneration and Environment
Jo Brown	Assistant Chief Executive
Nicola Curley	Strategic Director, Children and Young Peoples Services
Chris Edwards	Executive Place Director, NHS SYICB
Kym Gleeson	Healthwatch Rotherham
Shafiq Hussain	Voluntary Action Rotherham
Jason Page	Medical Director, Rotherham Place Board

**Report Presenters:-**

Katy Lewis	Carers Strategy Manager, RMBC
Constance Hobbs	Public Health Registrar, RMBC
Garry Newton	Housing Development Intelligence Co-ordinator
Chris Clark	Project Manager, Doncaster MBC

**Also Present:-**

Gavin Boyle	Chief Executive, NHS SYICB
Emily Hobbs	NHS SYICB
Claire Smith	NHS SYICB
Sunday Alonge	Policy Officer, RMBC
Lydia George	NHS SYICB
Kerry Grinsill-Clinton	Governance Advisor, RMBC

Apologies for absence were received from Ian Spicer (RMBC), Toby Lewis (RDASH) and Chief Supt Andy Wright.

**52. DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**53. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS**

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

**54. COMMUNICATIONS**

There were no communications to bring to the attention of the Health and Wellbeing Board.

**55. MINUTES OF THE PREVIOUS MEETING**

**Resolved:-** That the minutes of the previous meeting held on 11th December, 2024, were approved as a true record.

**56. THE BOROUGH THAT CARES STRATEGIC FRAMEWORK 2022-25**

The Chair introduced Katy Lewis, Carer's Strategy Manager to present the item.

The Carer's Strategy Manager explained they intended to provide an update in relation to activities that contributed to the priorities of the Carer's Strategic Framework.

The Borough That Cares Strategic Framework would conclude its three year term in March 2025. The presentation delivered highlighted work undertaken during that period and focussed on the following areas:

- Focus 1 - Carers Cornerstones
- Focus 2 - Creating Communities of Support
- Focus 3 - Carer Friendly Borough

The Borough That Cares Strategic Group was formed to co-produce The Borough That Cares Strategic Framework 2022 – 2025.

The Strategic Group completed its objectives in October 2023 and was closed down having done its job, and The Borough That Cares Network was formed in November 2023.

Following terms of reference being agreed, the aim of the Network was to cast the net wider and increase representation of the carers of Rotherham. The Carer's Strategy Manager expressed the view that the Network's objectives and composition was much better as a result and had generated a positive inclusive culture.

One achievement was the work undertaken to support the stabilisation of voluntary sector carer groups and services.

In May 2023, £100k from the Better Care Fund was allocated to the provision of small grants of up to £5k for projects to improve the health and wellbeing of carers. A total of 19 grants were awarded to projects including physical activity, art therapy, mindfulness, creativity and crafts, and organisations were linked with Voluntary Action Rotherham (VAR) for stabilisation and to support with future funding bids.

Contact with those organisations was maintained and were being used to maximise access to hard to reach groups with respect to co-production, and with a particular view to those with protected characteristics.

Throughout, information, advice and guidance were refreshed based on information gleaned through partners, the Carers Conversation programme and through broader engagement interactions at events such as the Rotherham show.

This allowed the Council website to be updated, with Carers information pages re-designed in readiness for the launch of a new corporate digital platform. This was designed to be a central hub of information and was populated with information, links and support signposting.

Within Adult Care, there were 'Community Connectors' who had gathered information over a number of years which was used to create a carers directory which was also included on the web pages, available in PDF format and printable so that it could be shared with advice navigators to ensure that it would reach the people who needed it.

There was also a bi-annual carers newsletter, 4 editions of which had been published, and aimed for co-production with the Carers Network for future editions.

With respect to Focus 2, the Carer's Strategy Manager was a member of the Yorkshire and Humber Carers Lead Officer Network and the Rotherham Dementia Group. This helped to map the activity of other groups. The composition of the Yorkshire and Humber Carers Lead Officer Network was explained together with the work undertaken and the type of issues discussed.

They formed the Unpaid Carers Multi-Agency Strategic Group and once the network was established and growing it became apparent that issues were brought to the table but there was uncertainty regarding the appropriate way forward to achieve required service improvements, so the group was formed including representatives of larger organisations which, whilst they did not necessarily support the need of carers, did come into contact with them through the natural course of day-to-day business. Members included the Carers Strategy Manager, Adult Social Care, Children and Young Peoples Services (CYPS), South Yorkshire Integrated Care Board (SYICB), Rotherham, Doncaster and South Humber NHS Trust (RDaSH) and Voluntary Action Rotherham (VAR).

They were also in place to contribute to the co-production of the next Strategy.

There was a Dementia Service's mapping exercise undertaken to ensure maximum reach of commissioned services within available budgets, ensure there was no overlapping and that any gaps in provision were bridged.

Work had been undertaken with CYPS to identify young carers and consider their transition into Adult Care Services. This was a large piece of work which remained ongoing. As a result of work undertaken, CYPS

had widened the scope of the contract to meet the needs of the wider cohort of young carers.

The intention was to bring the two Services together and provide a more cohesive transition process and was due for implementation in April 2025.

A co-production programme was also introduced to find out exactly what people did to improve their health and wellbeing. The care associations were a big part of the co-production work. This garnered helpful insight which had informed future commissioning processes.

There was a four dimensional co-production platform in place including the parent carers forum for self-care voice, and which drew on intelligence from larger organisations through the multi-agency group and the Adult Care Co-Production Board.

Work was continuing to make the Council's web pages the hub for care information and it was being promoted as such with staff, amongst professional networks and associated services. Work had also been undertaken with partners in Public Health to populate the Council's Data Hub with information relating to the demography of carers in Rotherham. This had benefitted service planning and development. There were plans to augment this further with equality and diversity data.

A Carer Friendly Community was established which held a Carers Week, promotional days twice annually and co-produced events. There was an increased and more visible social media presence with support from the Communications Team, further enhanced through strengthened links with VAR.

With respect to Focus 3, Adult Care Carer Link Officers were established within the Adult Care and Integrations Supporting Independence Team, to provide additional capacity primarily for the completion of Carer's Assessments, and information provision.

The Adult Care Carers offer was reviewed in conjunction with Heads of Service, as there had been significant efforts to get the message to the public and partners, so there was the need to ensure this was communicated internally. Work in this area was ongoing.

Information Navigator roles were introduced associated with contracts that were in place to support people to find the advice and information that they wanted. This was particularly important for people who were less digitally savvy and allowed them to link with someone who could direct them.

In relation to next steps, it was felt that the current strategic framework had established a strong foundation, and the time was right to shift focus in the forthcoming Carers Strategy which would consider:

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- NICE Guidance (NG150) supporting adult carers
- Prevention and early intervention
- Young Carers transition to adult Carers
- Improving equality data held
- Completion of an Equalities Analysis

It was acknowledged that young carers were not always visible and ways to improve so early intervention and prevention in this area were a targeted area for improvement.

There was also the intention to ensure that the Adult Care Co-Production Board (RASCAL) enabled carers to influence service design, alongside professional and the voluntary and community sector.

The Chair thanked the Carers Strategy Manager for the presentation and invited questions from members.

The following points were made and issues raised and responded to during the discussion that followed.

- Having services and support in place to support carers who were not digitally enabled was considered advantageous.
- It was confirmed that there were clear links to Rotherhive and Gizmo, both of which were frequently referred to during communications and newsletters.
- It was noted that one of the four objectives for the Integrated Care Partnership was supporting the whole workforce involved in health and care services, some of whom were themselves carers. It was suggested that, where connections not already in place, that it would be beneficial to make contact with the Chief People Officer at the ICP, Christine Joy, to establish links. It was acknowledged that this was an area where greater collaborative working could be pursued for mutual benefit.
- It was acknowledged that it had been difficult for established carers to access services and support, and even more so for those who had very recently been exposed to the carer role due to dynamically changing circumstances. It was felt that it was important that TRFT staff were clear on the relevant contact and understood their role and responsibilities in supporting the work being undertaken, and how to better support that.
- The need to be proactive in identifying young carers was discussed along with the methods employed to ensure they were identified effectively.

- It was acknowledged that historically, recognition of young carers had resulted from caring responsibilities effectively placing them at risk and there was the need to extend the scope alongside the contract, strengthen links with schools and colleges, and be more innovative in the methods used to identify young carers.
- It was agreed that the 2026-2029 Carers Strategy would be submitted to the Health and Wellbeing Board at the appropriate stage.

**Resolved:-** (1) That the need for co-production of a revised Carers Strategy 2026-2029 be noted.

(2) That the Adult Care Co-Production Board (RASCAL) enables carers to influence service design, alongside professionals and the voluntary and community sector.

(3) That it be ensured that there was carer involvement in the LGA Peer Assessment and CQC Assurance process.

## **57. FOETAL ALCOHOL SPECTRUM DISORDER PROJECT**

Chris Clark, Project Manager at One Adoption South Yorkshire, presented an update on the Foetal Alcohol Spectrum Disorder (FASD) project.

One Adoption South Yorkshire's Project Manager explained that FASD occurred when pre-natal alcohol exposure affected the developing brain and body. FASD was a spectrum where each person with FASD was affected differently. While more than 400 conditions could co-occur, FASD was at its core a lifelong neurodevelopmental condition.

The project was established to:

- Develop an accessible FASD (Foetal Alcohol Spectrum Disorder) diagnosis pathway.
- Raise awareness across South Yorkshire within Health, Education and associated sectors.
- Work with those affected by and supporting those affected by FASD to improve experiences.

FASD was thought to affect 3-5% of the general population and was believed to be more prevalent than ASD (Autism Spectrum Disorder) and ADHD (Attention Deficit Hyperactivity Disorder) in England. However, there was the belief that up to 60% of children in adoptive services may be affected by FASD.

The effects of FASD included:

- Executive Functioning; planning, problem solving, transitions, time management.
- Memory; following instructions, long and short term memory, daily routines.
- Adaptive Behaviour; understanding social cues and personal boundaries, emotional age, empathy.
- Regulation; managing and expressing emotions, adaptability.
- Cognition; attention, planning learning, organisation.
- Motor and Sensory Skills; co-ordination, writing, reactions to sensory input.
- Language; reaching developmental milestones, expressive and receptive language.
- Attention; sitting still focussing on a task, impulse control.
- Brain Structure and Functioning; brain and head circumference may be small (microcephaly).
- Academic Achievement; maths, reading, time, money, comprehension.

Those different effects became apparent at different ages broadly between the range of 6 and 20 years.

The key project deliverables were:

- FASD Pathway development and implementation.
- Education Psychologists contributing to support for adopted children with FASD in schools.
- Work with the Integrated Care Board (ICB) to develop an understanding of the effects of FASD and develop initial support services.
- Reduction of temporary and permanent exclusions for adopted children with FASD.
- Development of SEND support plans for children with FASD.
- Work with virtual schools to design a single integrated offer across South Yorkshire.
- Education Psychologists to link with universities, national and international research to develop approaches for supporting children with FASD.
- Education Psychologists to work directly with adopted children with FASD.

There was a steering group in place to drive and deliver oversight of the project and a Prevention and Awareness Working Group led by Maternity and Midwifery Services. Contact was established with local MPs in order to encourage this being brought to the attention of Parliament in order to generate further support and with a view to implementing a national policy.

There was an Intervention and Support Group that considered what support was available for different age groups across South Yorkshire identified what service gaps existed and considered ways to bridge them.

Assessment and diagnosis remained a developmental area as a result of issues identifying appropriate partners and clinical leads the project could work with. However, an independent Education Psychology Service was established for adopted children.

One Adoption South Yorkshire's Project Manager summarised the work undertaken in the last 12 months, which included the delivery training for 215 school staff, work with 16 Educational Psychologists and 9 Social Workers in Rotherham, with 33 referrals and active involvement with children in school settings to date.

The project was due to start in May 2023, but was delayed until September 2023 with Education Psychology Teams joining the project in October 2023.

There were difficulties with identifying the number of children with FASD across South Yorkshire as there was no data, which was further compounded by difficulties in securing FASD diagnoses nationwide. However, in the context of the levels of deprivation across South Yorkshire, it was anticipated that there was likely an increased incidence of FASD in the region. Whilst there was now a well developed working group, it was felt that this was still missing some key individuals who could assist in that area.

There was also adverse impact on the measurability of the impact of the project as a result of the difficulties around diagnoses and data limitations, and similarly barriers to ensuring the scalability of the FASD Pathway beyond the One Adoption Service.

There had been successful engagement with a Sheffield paediatrician, with referrals from across South Yorkshire being accepted, however, the take-up rates were not known at the time.

All four South Yorkshire Local Authorities had agreed the requirement for midwives to ask about alcohol use at all pre-natal appointments and work in other areas continued around increasing access to Education Psychologists, delivering training and attending events to raise the profile of FASD and the project.

The project was due to conclude in September 2025, prior to which the FASD summit would be held in May 2025 which Local Authorities were encouraged to participate in, particularly given the barriers in addressing FASD through commissioned services where it appeared not to be well represented.

The Chair thanked One Adoption South Yorkshire's Project Manager for the presentation and invited questions and comments from Health and Wellbeing Board members.

The following points were made and issues raised/responded to during the discussion that followed:-

- Based on the incidence of FASD that was seen in GPs surgeries, either the 1 in 20 estimate was significantly erroneous, or there was significant underdiagnosis of the condition. Data that would clarify which was the case would likely be sourced from maternity records notwithstanding the potential for expectant mothers to be less than entirely forthcoming with midwives regarding alcohol consumption as data suggested was also the case with society more widely. Further barriers to accessing maternal records, particularly in the cases of adopted children existed to the generation of a new NHS number for a child as part of the adoption process, with consent of the birth mother being required to access records connected with the NHS number assigned at birth, which was often refused.
- Drug use was often more well documented in maternity records than alcohol consumption despite the effects of alcohol consumption during pregnancy on foetal development being significantly more damaging than the majority of drugs.
- Rotherham was one of the four authorities which had a working group, but this had only met on one occasion to date.
- Rotherham's Childrens and Young Peoples Services (CYPS) acknowledged that adopted children in particular may be predisposed to FASD, and that this was not always effectively diagnosed. As a Service, they were committed to understanding the levels of need for all children and families in Rotherham and commissioning services to meet those needs.
- Diagnosis aside, it was noted that the treatment prescribed for children with FASD bore similarities to those with diagnosed ASD or ADHD, and reassurance was taken from the availability of those support services.
- Despite earlier thinking that had indicated that there was a significant incidence of particular facial features characterising the existence of FASD, data available now indicated that only 1 in 10 children affected by FASD displayed those recognised features, which may have contributed to misdiagnosis.
- Existing pathways for conditions such as ASD and ADHD may have further contributed to misdiagnosis as this would have provided a more direct route to the same access and support that would be needed for someone affected by FASD, but there were notable differences in support needs for FASD sufferers, particularly with respect to Educational Psychology.

- There was a lack of awareness regarding the severity of the adverse impact of alcohol consumption during pregnancy so further work to ensure appropriate advice and support was provided may be worth considering.
- Health and Wellbeing Board members were invited to participate in the FASD working group with a view to securing the future commissioning of FASD services beyond the scope of the project.

The Chair expressed interest in attending the FASD Summit in May 2025, and encouraged Council Officers and partners to also attend. The One Adoption South Yorkshire Project Manager was asked to provide details regarding the event to the Chair in order that they could be shared more widely amongst Health and Wellbeing Board members.

**Resolved:-** (1) That the FASD project timeline be noted.

(2) That the Board members consider what support they could provide in helping to overcome the challenges faced by the project.

**58. AIM 4 PRESENTATION BY BOARD SPONSORS**

Andrew Bramidge, Strategic Director of Regeneration and Environment, provided an update on Aim 4 of the Health and Wellbeing Strategy.

The Strategic Director set out the four strategic priorities within Aim 4. They were to:

- Deliver a loneliness plan for Rotherham.
- Promote health and wellbeing through Arts and Cultural initiatives.
- Ensure Rotherham people were kept safe from harm.
- Develop a borough that supported a healthy lifestyle.

Health and Wellbeing Board members were advised that 19% of Rotherham residents reported feeling lonely, versus 22% nationally. The recorded prevalence of depression in adults was 17%, versus 13% nationally and the percentage of physically active adult in Rotherham was 64%, versus 67% nationally.

The Strategic Director expressed the view that, whilst loneliness was lower in the Borough than the national average, almost 1 in 5 residents experiencing loneliness remained quite stark, and in conjunction with the remaining data painted a statistically troubling picture, which explained the rationale for the strategic themes.

They explained work that had been undertaken over the last 12 months which included:-

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- 'Warm Welcome'. Getting people into warm places and making social connections.
- 11 Loneliness sessions were delivered drawing 122 attendees.
- 13 Early Intervention and Prevention Fund grants were allocated to the voluntary and community sector to address loneliness and isolation.
- The promotion of volunteering roles as a key way to bring more people out of isolation
- Arts and Cultural Activities such as the Rotherham Show, which was attended by 45,000 people, and the Children's Capital of Culture for which events were commencing the coming weekend.
- Funding bids submitted to deliver projects aimed to get people more involved in their local communities and places.
- The promotion of activities and initiatives via social media.
- Collaborative work with the South Yorkshire Fire and Rescue Service (SYFR) to raise fire safety awareness through online learning and information sharing initiatives intended to enhance public safety.

It was reported that the Council also had the intention to make further investments in safety and security in the Town Centre, working closely with the Police to increase the visible presence and enhance public confidence in its safety as a result of concerns identified through consultations undertaken over the Summer.

The Strategic Director of Regeneration also reported that a bid had been made to Sport England which looked to enhance locally based and inclusive physical activity over the coming year.

Challenges were expected in relation to funding for the Rotherham Show in 2025, but work was underway to find alternative funding sources to support the show to continue at its existing scale.

The Chair thanked the Strategic Director of Regeneration and Environment for the presentation and invited questions and comments from members.

The following points were made and issues raised and responded to during the discussion that followed:

- It was noted that there was lots of positive work taking place to address loneliness and isolation. The award winning social prescribing programme had supported in excess of 20,000 people and was the cornerstone of the local approach to loneliness.
- Loneliness and isolation in young people were highlighted and the differences between being lonely and being alone, with the latter more likely to affect the older demographic. It was agreed that more detail would be provided regarding efforts to tackle loneliness in younger people at a future stage, however, approximately £1M of National Lottery funding had been drawn down to support projects across the

Borough for those experiencing Social, Emotional and Mental Health (SEMH) issues.

- The importance of Healthwave in getting people more active was referenced as were its positive influences on the loneliness agenda through encouraging social interactions through physical activity.
- It was clarified that loneliness sessions over the coming year would look to cover all Wards, not just those where loneliness had been identified as a priority.
- Consideration was given to what more could be done to overcome the stigma of loneliness, and it was felt that offering a broad range of activities and services that appealed to a wide range of people was key to success in this area.

**Resolved:-** That the update be noted.

## **59. HOUSING STRATEGY 2025-28 CONSULTATION RESULTS**

The Chair invited Garry Newton, Housing Development Intelligence Co-ordinator to present the 2025 to 2028 Housing Strategy consultation.

It was outlined that there was a 30 year vision which had commenced in 2012, and underwent refresh every 3 years to ensure the priorities within the Strategy remained current and relevant. The intention was to publish the 2025-2028 Housing Strategy this year.

Consultation commenced in August 2024 and ran over 12 weeks. This included an online survey and attendance at various events. It was determined that the following aims of the 30 year vision remained relevant:

- People living in high quality homes, whether in social rented, private rented or home ownership sector.
- Rotherham Council playing its part by being the best housing provider in the country, delivering high quality services and support, and peaceful and well managed neighbourhoods.
- A smaller gap between the most and least disadvantaged neighbourhoods, so that all of Rotherham's people can live in safe, healthy and vibrant communities.
- No households living in homes that are poor in terms of energy efficiency.

A fifth aim had been introduced following consultation in 2015:

- Create a revitalised town centre with a new urban community.

The priorities in the current Strategy were:

1. High Quality New Homes
2. Affordable Housing To Meet Local Need
3. Investing In Existing Homes
4. Bringing Empty Homes Back Into Use
5. Supporting People To Live Independently
6. Strengthening Communities

The online survey garnered 337 responses, which provided a broad representation of the Borough both geographically and demographically which was pleasing. Affordable housing remained the highest priority for most groups and bringing empty homes back into use was a close second.

There was also a good degree of engagement at the Rotherham Show, which broadly reflected the same outcomes in terms of priorities as the online survey.

Council housing stock was decreasing due to the Right To Buy scheme, whilst house prices had increased, which was the expected future trajectory, alongside rental fees. Data indicated that the gap between household income and property prices had widened significantly between the late 1990's and the present day from 2.7 times average income to 5.5, and a spike in private rental was also seen over the last few years.

In the first draft of the new Strategy, the current 6 priorities were combined into 4:

1. Investing in existing homes: Improving the safety, quality and energy efficiency of existing homes.
2. High quality new homes and affordable housing to meet local need: Building more high quality, sustainable and affordable new homes.
3. Supporting people to live independently: Supporting our residents to live independently.
4. Strengthening communities and bringing empty homes back into use: Ensuring that our neighbourhoods are safe, happy and thriving.

There were 3 themes throughout the document:

- Improving Health
- Reducing Carbon Emissions
- Reducing Inequalities

Those interlinked themes were included due to the acknowledged link between housing and health such as damp and mould issues being addressed leading to reduced incidence of respiratory illness and the effect of insulating homes on reducing mental stress associated with rising the cost of energy bills and so on.

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The next steps were for internal reviews through the relevant Directorate Leadership Teams, with the expectation that the draft would be finalised in February and passed for approval in March/April 2025.

The Chair thanked the Housing Development Intelligence Co-ordinator for the presentation and invited questions and comments from members.

The following points were made and issues raised and responded to during the discussion that followed:

- It was important for the NHS to understand housing plans 3-4 years in advance to ensure that GP services and Dentistry needs were met. The recent Waverley housing development was cited as an example where early NHS involvement and understanding of population changes over time had facilitated effective planning of community services.
- It was felt that housing conditions in the private rental sector were notably poor and contributing to ill health. The licensing scheme in place was discussed in terms of how this could influence property standards and it was noted that measures in the Renters Reform Bill were intended to address some of the issues observed within the sector.
- There was discussion around the opportunity for Health and Wellbeing Board members to influence contents of the final Strategy prior to approval, which was as set out in the timeline shared as part of the next steps.
- A discussion took place in relation the duration of the 30 year vision for which households were expected to live with poor energy efficiency. It was explained that there was a target for all Council homes to achieve EPC (Energy Performance Certificate) C rating by 2030, with a wider net zero target for the Borough by 2040. A stock condition survey was being undertaken to establish the current position and a large scale decarbonisation project was underway in Maltby.
- The impact of the SYMCA (South Yorkshire Mayoral Combined Authority) Safe Place To Sleep initiative when resources were being placed into properties that were affected by damp and mould or other issues was discussed. It was explained that the Council's Damp and Mould Policy had dramatically sped up Council repairs, whilst issues in the private rental sector were harder to address.
- It was noted that housing intelligence indicated that 30% of first time buyers were priced out of the market and the measures within the Strategy aimed to address the challenge that presented were discussed, namely building more affordable housing. It was also outlined that planning regulations in place for developments of more

than 10 homes required 25% of builds to represent affordable housing, which was further supplemented by shared ownership schemes.

**Resolved:-** That the Health and Wellbeing Board noted the presentation.

**60. UPDATE ON HEALTH AND WELLBEING STRATEGY ACTION PLAN**

Sunday Alonge, Policy Officer, provided an update on the Health and Wellbeing Strategy Action Plan.

In relation to Aim 1: All children get the best start in life and go on to achieve their full potential, action 1.7, relating to the need to continue to support children and young people's mental health and wellbeing. The Special Educational Needs Co-ordinator (SENCo) Network Meeting continued to be held regularly, and arrangements were made for CAMHS and education colleagues to review the implementation of the SEMH (Social, Emotional and Mental Health) Continuum of Need and competency framework in March 2025.

In relation to Aim 2: All Rotherham people enjoy the best possible mental health and wellbeing and live a good quality of life, action 2.3, the refresh and delivery of better mental health, progress had continued according to plan across all main themes.

With respect to action 2.4, the promotion of suicide and self-harm awareness training, Zero Suicide Alliance training continued to be promoted across the partnership, including the Autism and Suicide module, and a suicide prevention awareness session was delivered during Safeguarding Awareness Week by the Public Health Specialist and the Mental Health Clinical Lead.

In relation to aim 2.5, delivery of the 'Be The One' campaign, targeted messaging had continued and Amparo opening times were promoted over the holiday period to promote access and awareness.

With regards to Aim 3: All Rotherham people live well for longer, action 3.10 relating to partner engagement in the DARD (Drug and Alcohol Related Death) review process, the 2025 review panel dates had been set and work was ongoing to develop processes to collect, evaluate and utilise information relating to drug and alcohol related deaths.

In relation to cross-cutting priorities, action 5.6 regarding ensuring that local services are informed and able to co-produce responses to cost of living pressures, the Community Group was working hard to ensure those who were not accessing pension credits but were entitled to it were supported to access them.

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Action 5.9 under cross-cutting issues in relation to the annual refresh of the JSNA (Joint Strategic Needs Assessment), all 2025 updates had been planned and relevant colleagues were to receive training on how to use the data and dashboards for planning purposes.

**Resolved:-** That the Health and Wellbeing Board noted the presentation.

### 61. **HEALTH AND WELLBEING BOARD - TERMS OF REFERENCE REFRESH**

The Chair noted that changes had been made to the Health and Wellbeing Board Terms of Reference.

An area highlighted was the Board's role in relation to the Child Death and Overview Panel (CDOP). It was emphasised that it was the Panel's role to review child deaths; the role of the Health and Wellbeing Board was that of monitoring and oversight in relation to the process and the production of the annual report.

It was noted that the aims set out in the refreshed terms of reference were those that applied to the previous 5 years, so if agreed, they would need to be brought back before the Board for further update. This was confirmed to be understood.

**Resolved:-** That the refreshed Terms of Reference be approved as submitted.

### 62. **ITEMS ESCALATED FROM PLACE BOARD**

Chris Edwards, Executive Place Director NHS South Yorkshire Integrated Care Board (ICB), advised that there were two matters to bring to the Board's attention.

Firstly, in terms of winter pressures, very high activity was seen, but at manageable levels. Performance was similar to that of previous years, with a notable peak in flu prevalence in the week after Christmas and into the New Year placing high pressure on the system.

This had subsequently dropped and data was being monitored to assess whether that trajectory continued, or whether schools returning had resulted in increased transmission rates. It was reported that fairly high levels of flu were expected for the next 3-4 weeks.

Whilst there was no statistical data concerning flu vaccination uptake available, vaccination rates were good in the older at-risk age groups, whilst lower levels of uptake were observed in the younger at risk groups. 100% coverage of care homes was achieved.

Secondly, with respect to GP collective action, it was reported that this was relatively low in Rotherham.

The Chair offered thanks on behalf of the Health and Wellbeing Board to all involved in the delivery of NHS services through the challenging winter months.

The Chair invited Chris Edwards, Executive Place Director NHS SY ICB, to comment on the South Yorkshire ICB Response to the National 10 Year Health Plan and the Darzi Report.

Chris explained that the Darzi report was published in September 2024, having been commissioned by the new government to look into the state of the NHS.

This was a sobering read for anyone involved in the delivery of NHS services, but equally one where those involved could recognise the findings. It was acknowledged that there was a general deterioration in NHS performance over the last 10-15 years and considered the factors that had contributed to that including low levels of growth in funding over that period of time.

The Darzi report was one of the contributors to the development of the 10 Year Health Plan. Another significant input was the ongoing national consultation. The ICB contributed to that conversation at the beginning of December 2024 and encouraged all organisations and individuals to engage with that consultation. The intention was that the 10 Year Health Plan would be published around the end of May 2025.

It was noted that changes in pre-costs and employers national insurance contributions would consume a significant amount of the additional budget allocation provided to the NHS so the financial and operating context remained very challenging.

**Resolved:-** That the information provided be noted.

**63. ROTHERHAM PLACE BOARD ICB BUSINESS**

The minutes of the Rotherham Place Board (ICB Business) held on 20th November 2024, were submitted for information and noted.

**64. ROTHERHAM PLACE BOARD PARTNERSHIP BUSINESS**

The minutes of the Rotherham Place Board (Partnership Business) held on 20th November 2024, were submitted for information and noted.