#### CABINET MEMBER FOR HEALTH AND WELLBEING

Venue: Town Hall, Moorgate Street, Rotherham. S60 2RB

Date: Monday, 11th February, 2013

Time: 11.30 a.m.

#### AGENDA

- 1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972
- 2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
- 3. Minutes of meeting held on 14th January, 2013 (Pages 1 5)
- 4. Health and Wellbeing Board
- 5. Rotherham Heart Town Annual Report (Pages 6 21)
- 6. Rotherham Health and Wellbeing Board Communications Framework and Key Principles (Pages 22 28)
- 7. Rotherham Health and Wellbeing Conference 17th April, 2013
- 8. Date and time of the next meeting: -
  - Monday 11<sup>th</sup> March, 2013, to start at 11.30 a.m. in the Rotherham Town Hall.

## Page 1 Agenda Item 3 HEALTH AND WELLBEING - 14/01/13

#### CABINET MEMBER FOR HEALTH AND WELLBEING 14th January, 2013

Present:- Councillor Wyatt (in the Chair) and Councillor Buckley.

Apologies for absence were received from Councillors Pitchley and Steele.

#### K35. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 3rd December, 2012, be approved as a correct record.

#### K36. CONFERENCES

Resolved:- (1) That the Chairman (or substitute) be authorised to attend the Climate Local Conference: Delivering Growth, Income and Safer Communities Monday, 11<sup>th</sup> March, 2013, to be held in London.

(2) That the conference entitled 'Tackling Health Inequalities in the North' Friday, 8<sup>th</sup> March, 2013, to be held in Durham be considered by the Health and Wellbeing Board.

#### K37. HEALTH AND WELLBEING BOARD

The Chairman reported that a meeting of the Board was to take place on 16<sup>th</sup> January. The agenda included the Rotherham Clinical Commissioning Group's first Annual Commissioning Plan.

#### K38. JORDAN DAM COMMUNITY-OWNED HYDRO SCHEME

Emma Bridge, Sheffield Renewables, gave the following presentation on Sheffield Renewables and the Jordan Dam project:-

Sheffield Renewables

 Voluntary organisation set up by volunteers who wanted to see renewable energy across South Yorkshire but particularly in Sheffield

Sheffield: A Green City

- Grass roots green initiatives
- Food
- Transport
- Campaigning
- Energy efficiency

Community-owned Green Energy

- Hoping to build community-owned dam Jordan Dam Hydro at Blackburn Meadows
- If built will be the largest in England
- Fish and eel ladder also to be built
- The electricity generated to be sold to Yorkshire Water (also reduce their carbon emissions)

Invest in Sheffield Renewables

- £250,000 raised from the community
- Projects funded by selling shares to individuals and local organisations topped up by loans

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- Shareholders have a say in how the initiative was run 1 member = 1 vote
- Shareholders could range from £250-£20,000
- Those on low income could invest in instalments

Community Share Offer

- Sheffield Renewables Limited will develop, own and operate multiple projects each funded with new shares
- Returns to investors will be a "blended" return dependent on the performance of all the projects

Ground Work : Jordan Dam Hydro

- Initial survey
- Feasibility study
- Financial model
- Ecological assessment
- Flood risk assessment
- Planning consent
- Topological and geotechnical services
- Contractor shortlist
- Abstraction licence
- Business case
- Lease and power purchase agreement
- British Waterways agreement
- Invitation to tender

Community Share Offer – Terms

- Interest Target is 3% Paid once project has been operating 2 years
- Social Return All interest matched with payments to the "Community Benefit Fund"
- Withdrawals: "Cashing in" shares Once project has been operating 3 years and capped each year, allocated on first come first served basis
- Tax Relief Offer is eligible for EIS tax relief of 30% of sum invested

Risks and Mitigation

- Share value and interest are dependent on scheme performance and other external factors
- What if the scheme meets obstacles which delay or prevent construction? investment would be held until a final decision was made to proceed with construction. If it did not go ahead within 2013, money would be returned (potentially less a £10 fee)

5 Reasons to invest

- The environment
- Building a community
- Social enterprise

- Alternative ways of doing business
- Ethical and local investment
- Pride in Sheffield

#### Timescales

- Tender returned 18th January, 2013
- Annual General Meeting 22nd January
- Preferred contractor appointed end March
- Preparatory work Spring-Summer
- On-site work Late summer
- Aim to be producing electricity by the end of the year

Discussion ensued on the presentation with the following raised/highlighted:-

- Jordan Dam was on the Sheffield/Rotherham border would welcome any promotion the project could be given – Area Assembly?
- Possible replication of the project at Forge Island?
- Share offer open to anyone

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

(2) That the initiative be welcomed and supported.

#### K39. ENVIRONMENT AND CLIMATE CHANGE STRATEGY GROUP

The Chairman reported that the above Group, consisting of Councillors Wyatt, Mannion and Wallis, had held its first meeting on 12<sup>th</sup> December, 2012.

The purpose of the Group was to review the Council's approach to environment and climate change through examining the scope of the existing Climate Change Strategy and Action Plan 2011-2015, leading to a refresh of priorities and renewed outcome focused action plan.

A further meeting was to be held on 30<sup>th</sup> January, 2013.

Resolved:- That the report be noted.

#### K40. ROTHERHAM BIODIVERSITY ACTION PLAN 2012 REVIEW

Carolyn Jones, Ecology Development Officer, submitted a report on the above action plan review.

The first Rotherham Biodiversity action Plan was published in 2004 based on the protection and enhancement of habitats and species prioritised both nationally and locally. However, since 2004, the national priorities for conservation action had expanded and refined together with new Legislation and Government information published to guide the next era of biodiversity delivery.

The review process had involved reassessment of national, regional and local priorities in terms of habitats and species. The presence of nationally prioritised habitats in Rotherham had been identified, data had been obtained

on which prioritised species had been associated with the habitats and their presence in Rotherham identified. The following with the key changes to the Action Plan:-

- Addition of new habitat action plans for Traditional Orchards and Inland Rock and Brownfield Land arising from new national habitat priorities
- Expansion of the Pond Action Plan to cover all water based habitats
- Identification of additional local priority habitats associated with each key habitat group
- Grouping of habitats into groups in line with national principles
- Change from Ancient and Species-rich Hedgerows to Hedgerows acknowledging the importance of all hedgerows
- Identification of locally recorded species with each key habitat group
- Acknowledgement of recent Legislation, strategies and other plans that influenced biodiversity action
- Alignment of actions and delivery timescales with regional and national plans and strategies

The 2012 Plan would continue to support the preparation and delivery of the Rotherham Local Plan providing supporting evidence for Core Strategy policies and for future development management policies, particularly in respect of biodiversity, geodiversity, green infrastructure and landscape. It would support biodiversity action and delivery until at least 2020 in line with the England Biodiversity Strategy.

It was noted that the report was to be considered by the Rotherham Local Plan Steering Group on 18<sup>th</sup> January, 2013.

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

(2) That the report be referred to the Health and Wellbeing Board for information.

(3) That the final Action Plan be submitted to Cabinet for adoption by Council.

#### K41. EXCLUSION OF THE PRESS AND PUBLIC

Resolved: - That, under Section 100A[4] of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (as amended 2006 – information relates to finance and business affairs).

#### K42. ROTHERHAM HEALTHWATCH UPDATE

Clare Burton, Operational Commissioner, presented an update on the recent OJEU tender process for Healthwatch Rotherham.

A preferred provider was not appointed as there had been no bids of sufficient quality to move to the awarding of a contract. A proposed way forward was set out in the report submitted to ensure that there was a Healthwatch Rotherham in place by the  $1^{*}$  April, 2013.

Resolved:- (1) That the outcome of the OJEU tender process be noted.

(2) That the proposal to re-tender the Service, as set out in the report submitted, be approved.

(3) That further progress reports be submitted in due course.

#### ROTHERHAM BOROUGH COUNCIL – REPORT TO HEALTH AND WELLBEING CABINET MEMBER'S MEETING

1.	Meeting:	Health and Wellbeing Cabinet Member
2.	Date:	11th February, 2013
3.	Title:	Annual report of the Rotherham Heart Town project 2012
4.	Directorate:	Public Health

#### 5. Summary:

Rotherham Heart Town is a 5-year partnership project with the British Heart Foundation (BHF) to raise awareness of the risks of cardiovascular disease, improve access to prevention and care services, identify where BHF services can add value

The accompanying annual report outlines the activity undertaken by the partnership and its constituent partners during 2012.

#### 6. Recommendations:

That the report be noted.

#### 7. **Proposals and Details:**

During the first year of the partnership activities have included:

- Establishing a steering group
- Establishing a fundraising branch
- Holding a large stakeholder event held
- Attending events to promote the partnership, raise awareness and funds
- Establishing the Circle of Hope One Day event
- Running schools and health professional education workshops
- Delivering Olympic Legacy events at two schools

#### 8. Finance:

N/A

#### 9. Risks and Uncertainties:

It appears that the standard fundraising target set for all Heart Towns and Cities, regardless of size and deprivation, may not be quite achieved in year one.

Changes in the health service structure means we need to review membership to ensure the CCG is represented in the future.

#### **10.** Policy and Performance Agenda Implications:

The Heart Town Partnership supports the delivery of many key local authority programmes, including public health, sports development and healthy schools outcomes, as well as those of the NHS.

#### **11.** Background Papers and Consultation:

N/A

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# Rotherham Heart Town Annual Report 2012

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## Introduction

*Heart Towns and Cities* is an initiative launched by the British Heart Foundation during its 50<sup>th</sup> Anniversary year with the aim of establishing 50 Heart Towns and Cities across the UK. Rotherham became a Heart Town in January 2012.

Becoming a heart town puts an increased focus on cardiovascular disease, increasing awareness of risk factors and improving health and wellbeing of the community. The initiative aims to bring communities together through local fundraising and volunteering as well as raising awareness of heart disease and offering residents a range of support services including schools initiatives, workplace programmes and health and lifestyle information resources.

This report summarises the progress made during our first year as a Heart Town and plans for the future of the five-year partnership.

## Cardiovascular health in Rotherham

People living in Rotherham have poorer health than the England average, and there are high levels of deprivation in the borough, with around one third of the population living in the most deprived 20% of areas in England. Early deaths from heart disease have fallen, but are still worse than average.

Recently published data shows that most electoral wards in Rotherham have a higher than average risk of cardiovascular deaths, with several ranking among the worst 10 percent for cardiovascular mortality risk.

Levels of overweight and obesity, smoking and binge drinking are all higher than average in Rotherham, and these lifestyle factors all increase the risk of experiencing a cardiovascular event.

People from certain ethnic groups have a greater risk of developing heart disease, with South Asian men developing heart disease at a younger age and being more likely to have a heart attack. About 3.5% of Rotherham's population is from the South Asian community, less than the proportion in England but higher than our statistical neighbours (Manufacturing Towns).

## **Establishing Rotherham as a Heart Town**

Rotherham launched its 5-year partnership with BHF to become a Heart Town in January 2012 at Rotherham Town Hall.



In order for the partnership to be effective, a steering group and a local BHF fundraising branch needed to be established.

The steering group held its first meeting in February 2012 and has continued to meet monthly throughout 2012. It comprises representatives from the statutory, voluntary and private sectors with an interest in the prevention and treatment of heart disease. The committee is responsible for overseeing the delivery of the project and the achievement of its action plan.

The fundraising branch was developed from the existing local group in South Rotherham and held its first meeting in February 2012. The branch meets at Rotherham College of Arts and Technology and a number of students can be found among its highly committed members.

To ensure that we engaged a wider range of stakeholders from the public, private and voluntary sectors we held a launch event in June 2012. Over 40 people attended the event, where the aims and objectives of the partnership were outlined and people affected by heart disease gave personal

accounts to highlight why the work is so necessary. Delegates were asked to give specific pledges of how they will engage with the project, how they can use the BHF prevention and care products and services to enhance their work and how they will support fundraising and volunteering activity. We will continue to follow-up on these pledges throughout 2013 as well as to further extend our network of engaged stakeholders.

## **Defibrillator Campaign**

Defibrillators (also known as automated external defibrillators or AEDs) are used to give electric shocks in some cases when the heart has stopped. For every minute that passes without defibrillation chances of survival decrease by 14 per cent. Research shows that applying a controlled shock within five minutes of collapse provides the best possible chances of survival. No specific training is required to use the defibrillators as the machine will not allow a shock to be delivered if there isn't a need for one, and emergency call handlers can talk somebody through what to do if they need further support. The importance of having defibrillators easily accessible in the community cannot be underestimated.

Yorkshire Ambulance Service (YAS), working with the Heart Town Partnership, is leading a piece of work to identify where existing defibrillators are located in Rotherham and to identify key gaps in the coverage across the borough. With the assistance of the Rotherham Advertiser a call was put out for all organisations and businesses with a defibrillator to notify YAS so a comprehensive map could be established. This enables YAS staff receiving an emergency call to identify whether there is a machine close by that can help save a life.

We have identified some gaps in the coverage and are now beginning a phased programme working to close those gaps. Support from BHF and regional trust funds may help to fund some new machines.

## **Prevention and care activities**

#### **BHF Health Care and Innovations**

The BHF Health Care and Innovation Programme (HCI) is continuing to offer a BHF support package to one BHF fully funded (until June 2014) Community Resuscitation Development Officer (CRDO); he is employed by Yorkshire Ambulance Service (YAS) and seconded into the Community Resilience team for the duration of the funding. His role it to develop a network of BHF affiliated school and community Heartstart schemes.

This support package provides access to a variety of formal and informal learning activities that is appropriate to each individual Healthcare Practitioner. The courses supported are those that can demonstrate their value and impact on prevention of disease, patient care and service delivery. The package offers access to:

- BHF conferences and events
- Healthcare conferences (national and regional)
- BHF branded clothing, business cards and badges

- Access to BHF courses
- Introduction to the BHF
- Access to a members only website and resources
- Networking opportunities

The BHF is also providing a CPD package to six Cardiac Rehab Nurses, six Heart Failure Nurses and one Arrhythmia Nurse in Rotherham.

#### **BHF Heartstart**

The BHF has provided grants to fund the manikins, training and resources to 59 schemes in Rotherham over the previous years and continues to support an affiliation package, which includes free annual public liability insurance and educational resources to each of these schemes.

BHF Heartstart is an initiative which teaches people what to do in a life-threatening emergency. It will enable participants to put the skills into practice to help save lives. The course is designed to follow the current Resuscitation Council (UK) guidelines.

The Heartstart course is free, provides practical hands-on learning and includes:

- assessing an unconscious patient
- performing cardiopulmonary resuscitation (CPR)
- dealing with choking
- serious bleeding

The Heart Town Steering group is inviting expressions of interest from people in the community and schools to take up the roles of either Heartstart training supervisor and/or Scheme Directors, who already have the pre requisite skills to support the growing number of schemes in Rotherham. This will help to sustain the schemes and BHF investment in Rotherham.

#### **BHF Health at Work**

The Health at Work programme has been promoted widely in Rotherham including an editorial in the Chamber of Commerce think tank magazine, to help businesses and workplaces promote better health and wellbeing. It's completely free and provides a range of benefits including:

- a welcome pack, including a Quick Guide to Health at Work
- monthly Health at Work e-newsletter
- free resources on physical activity, healthy eating and mental wellbeing
- tools and posters to download from our Health at Work website
- an online community where members can learn more by sharing experiences, ideas and tips

#### **BHF Skipping workshop**

Nineteen teachers and other participants attended the BHF Skipping workshop which was delivered to familiarise teachers with a range of skipping techniques, useful in PE and in the playground. The BHF Jump Rope for Heart resource was shown as a way of schools receiving free skipping equipment,

as well as raising funds for the school and BHF. Staff left learning about new ideas to help develop skipping techniques, as well as raised their awareness to the range of free resources available from the BHF to enhance skipping and get children active.

#### **BHF Healthy Hearts in the Classroom**

Sixteen teachers and other participants attended the BHF Healthy Hearts in the Classroom workshop. It was delivered to raise awareness of what is available from the British Heart Foundation to help make health education lessons come alive. It demonstrated how a range of resources can be used to inject new ideas into school lessons. It explored how creative projects can be set for a series of weeks as well as individual lessons and shared ideas about how these can be used to introduce fun learning experiences.

The workshop ran through a school day (including lunch time and after school club) looking at different subjects, such as science, learning to read and PSHE, and the resources supplied by the BHF.

#### **BHF Healthy Hearts in the Community Workshop**

Two free BHF half-day workshops were delivered in November to introduce participants to the BHF Healthy Heart and Chest Pain toolkits. The toolkits have been developed to help tutors and trainers get heart health messages across to those who need them most.

The Healthy Hearts workshop delivered practical sessions to showcase a range of techniques to engage community groups in healthy eating, physical activities and in understanding about heart disease. The toolkits offer readily available materials for practitioners to use when developing their own training sessions and the main purpose of the workshop was to illustrate the benefits and features of this BMA award winning resource and how to make best use of it.

The Toolkit include activities on the following topics

How the heart works	Increasing physical activity levels of the		
<ul> <li>What coronary heart disease is</li> </ul>	population		
<ul> <li>Recognising the Symptoms of coronary</li> </ul>	Dealing with stress		
heart disease and heart attack	Stopping smoking		
Saving Lives Skills	Workplace Challengers		
Know the Risk factors	Preventing diabetes		
Introduction to Heart screening	Healthy eating		
Making Lifestyle changes	<ul> <li>Losing weight, and maintaining a healthy</li> </ul>		
Controlling blood pressure	weight		

The chest pain kit workshop also included practical demonstrations to help trainers deliver the sessions easily and effectively.

The chest pain kit aims to:

• raise awareness of heart attack signs and symptoms

- encourage people to phone 999 immediately if they experience these symptoms or see the signs in other people
- help people overcome barriers to calling 999
- Using the kit couldn't be simpler. Everything you need is in one place we've even provided some session guides to help you plan your training. We've made sure it's flexible you can follow our step-by-step guides, or use the kit in a way that suits your own style and audience.

29 participants attended both workshops including:

- Public Health Promoters
- Health Trainers & Community Champions
- Health Educators
- Resuscitation and defibrillator officers, community first responders
- Sports and Leisure services staff
- Health Care Assistants
- Medical Practitioners

#### **BHF Olympic Legacy project**

Two Rotherham Schools (Thrybergh School & Sports College and Thornhill Primary) were identified for the BHF National Centre for Physical Activity & Health (BHFNC) to receive an Olympic assembly as part of a BHF Olympic Legacy project. The BHFNC delivered the assembly along with Nicola White, who is an ambassador for the BHF Flames programme and a member of the GB women's bronze medal-winning hockey team.



Left: Team GB's Nicola White visits Thornhill Primary

Below: at Thrybergh School



Both pictures: Sarah Matson @ Photography by Sarah Jane on behalf of the British Heart Foundation

#### **BHF Publications and exhibits**

Free access to a wide range of publications, including information for the public on prevention of heart disease and for people who are diagnosed with a heart condition has been offered to Rotherham. We hosted a stand at a range of events including a Paramedic Conference, the Rotherham Show and a Protected Learning Time event for GP Practices where resources for the public were promoted.

#### **Fundraising and volunteering**

The local BHF branch has been prominent in Rotherham throughout 2012 raising funds for the Mending Broken Hearts Appeal and BHF core funds, which support BHF provision such as cardiac nurses and equipment and educational materials. Regular bucket collections and stalls at Rotherham Show and Fair's Fayre led up to the major fundraising event of the Heart Town Partnership's first year, the Circle of Hope, which took place during World Heart Week.

The Circle of Hope kicked off in Clifton Park with a sponsored fun run/jog/walk. The High Sherriff set the participants off on a 1, 2 or 3 lap circuit of the park. For those people who prefer their physical activity to be team based, Rotherham United Community Sports Trust provided some 5-a-side sessions on their inflatable football pitch, and for the younger supporters there was a treasure hunt. The focus then moved onto the Rotherham leisure centres, where DC Leisure had organised sponsored swim-a-thons and splash-a-thons, and to the town centre, where Mr Hearty thanked all the local businesses who had supported the event. Over £3,000 has been raised to date and funds from the event are still coming in.

In addition to these large scale events organised by the local branch, other partners arranged wear red days, organised bake sales and other smaller scale fundraising activities during National Heart Month in February. In addition to a branch bucket collection at Rotherham United Football Club, these activities raised £1000 for the campaign. Core funds were also boosted with £800 raised through a fashion show organised by the community heart failure unit.

The local branch is also the focus for volunteers supporting the BHF and the Heart Town project. The branch has established close links with Rotherham College of Arts and Technology (RCAT) and a number of students have volunteered to support a range of events throughout the year. The next focus will be to establish a volunteer to provide a specific link with schools across the borough to support their access to BHF services and encourage participation in fundraising activity.

## The future

This first year has predominantly been about establishing structures, engaging stakeholders and promoting Rotherham as a Heart Town. During 2013 we need to build upon these foundations to ensure that Rotherham's place as a Heart Town is truly embedded in the local consciousness. We will continue to work with partner organisations to identify and share best practice in cardiovascular prevention and care, but also to close any gaps in current provision.

We will deliver a campaign focused upon chest pain and when to call for help, as we know that in Rotherham too many people, particularly women, are not seeking help as quickly as they should.

We particularly want to focus on the engagement of local businesses during year two, whether that be through accessing training and resources, signing up for the Health at Work initiative, or supporting volunteering and fundraising activities.

We will further develop the links between the Heart Town Partnership and other heart health related events, such as No Smoking Day.

Finally, we want to continue to support and nurture our volunteers, who have played such a key role in the development of the Heart Town Partnership.

## **Rotherham Heart Town steering group members**

During 2012 the following people were members of the Rotherham Heart Town steering group

- Cllr Ken Wyatt (Joint Chair)
- David Thomas (BHF branch member and Joint Chair)
- June Thomas (BHF branch chair)
- Joanne Ward (BHF patient representative)
- Dr John Radford, Rotherham Public Health
- Alison Iliff, Rotherham Public Health
- Malcolm Chiddey, Rotherham Public Health
- Fiona Topliss, NHS Rotherham
- Stephanie Dilnot, BHF
- Lauren Mallinson, BHF
- Cllr Christine Beaumont, RMBC
- Kay Denton Tarn, RMBC
- Chris Siddall, RMBC
- David Barker, RMBC
- Laura Brown, RMBC
- Michelle Tyler, RFT
- Katie Taylor, RFT
- Sarah Briggs, RFT
- David Smith, Yorkshire Ambulance Service NHS Trust
- Ian Cooke, Yorkshire Ambulance Service NHS Trust
- Emma Scott, Yorkshire Ambulance Service NHS Trust
- Alex Wilson, Rotherham United Community Sports Trust
- Claire Shaw, Groundwork Dearne Valley
- Dominic Beck, Barnsley and Rotherham Chamber of Commerce
- Julie Adamson, Voluntary Action Rotherham
- Nizz Sabir, Rotherham Council of Mosques
- Lisa Williams, DC Leisure
- Natalie Dunn, DC Leisure

## Thank you

The Heart Town partnership would like to extend particular thanks to the following businesses and individuals for their support of the initiative during its first year:

- June and David Thomas and all the members of the Rotherham Fundraising Branch
- Brinsworth Academy of Engineering
- Rotherham Advertiser
- DC Leisure
- Tata Steel
- and all local businesses that have supported Heart Town fundraising activities

### **Appendix 1: Heart Town Agreement**

# HEART TOWN (OMMUNITY PLEDGE

We agree to become a Heart Town for a period of five years (undertaking a yearly review), partnering the British Heart Foundation (BHF) to achieve shared goals which will enhance the Heart Town and stimulate wider community engagement in the fight against heart disease.

The BHF will provide the Heart Town with access to resources such as:

- Heart Matters Magazine a free personalised membership club for anyone concerned about or affected by heart disease
- Schools programmes and initiatives including Jump Rope, Dodgeball, Arties Olympics and an extensive range of materials tailored to the curriculum
- The Artie Beat Club a free membership club for children
- Health at Work initiative a range of packs for employers and workplaces focussing
   on Be Active, Eat Well, Think Well
- Lifestyle and heart information a wide range of healthy lifestyle and health information booklets and resources

The BHF will nominate a representative to lead the Heart Town partnership together with town representatives.

The Heart Town will

- Adopt Heart Town Branding
- · Create a 'HEART TOWN RIDE/WALK/RUN' in the centre of town
- Support BHF work in schools, businesses and the community
- Support BHF fundraising and volunteering initiatives, including:
- One Day unite the town for one day to fundraise for Mending Broken Hearts and support our existing campaigns in the town:
- Red for Heart be part of our major campaign in February for National Heart Month
- Hand on Heart help nurture a community of volunteers in your town, with a special focus in June
- The BIG Donation encourage the community to recycle and donate to our BHF shops in September

Heart Town name.....

Signed for Heart Town	Signed for BHF	
Designation	Designation	
DATE:	DATE:	

#### Appendix 2: activities undertaken for the Heart Town partnership

- Steering group and local BHF fundraising branch established
- Web pages established on NHS Rotherham and RMBC websites
- Rotherham Heart Town logo developed
- Stakeholder event held
- Defibrillators mapped and action plan developed to close gaps in coverage
- Healthy Hearts Kit and Chest Pain Kit workshops delivered
- Skipping workshop and Healthy Hearts in the Classroom workshops delivered
- Olympic Legacy event at two Rotherham schools
- Regular promotional articles published in the Rotherham Advertiser
- Partnership promoted in RMBC Active Always brochure and at Mega Active events, in all Healthy Schools newsletters, in the Barnsley and Rotherham Chamber of Commerce newsletter *Think Tank* and DC Leisure newsletter

#### Heart Town partnership stands at:

- Rotherham Show
- Paramedic Conference
- Fair's Fayre
- Active Always event
- Primary Care Protected Learning Time

#### **Fundraising activity:**

- Circle of Hope sponsored walk, splash-a-thons, swim-a-thons, 5-a-side football, treasure hunt and bucket collections
- Community Heart Failure Unit Fashion Show
- Cake Tombola at Fair's Fayre
- Fundraising raffle
- Bucket collection at Rotherham United during National Heart Month
- Partners held smaller fundraising events for National Heart Month, including wear red days, bake sales and coffee mornings

Draft 1 February 2013 Health and Wellbeing Board communications framework

#### ROTHERHAM HEALTH AND WELLBEING BOARD COMMUNICATIONS FRAMEWORK AND KEY PRINCIPLES

#### 1. Introduction

The primary purpose of this plan to ensure effective, consistent and co-ordinated communications, marketing and social marketing activity to support the work of Rotherham's Health and Wellbeing Board in achieving its vision to *"improve health and reduce health inequalities across the whole of Rotherham"* across six priority outcome areas

- Priority 1 Prevention and early intervention: Rotherham people will get help early to stay healthy and increase their independence.
- Priority 2 Expectations and aspirations: All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.
- Priority 3 Dependence to independence: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
- **Priority 4 Healthy Lifestyles:** People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.
- **Priority 5 Long-term conditions**: Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life.
- Priority 6 Poverty: Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

And across a number of life stages:

- Starting well
- Developing well
- Living and working well
- Ageing and dying well

#### Draft 1 February 2013 Health and Wellbeing Board communications framework

This document sets the framework for :

- i) how strategic and operational communications and marketing activity is undertaken by the range of organisations which contribute to the delivery of these outcomes through Rotherham's Health and Wellbeing Strategy
- ii) communications activity in support of and on behalf of the Health and Wellbeing Board itself, such as responding to media enquiries which are cross-cutting or relate specifically to the Board, rather than to a specific member organisation.

The framework will be supported by a plan of key actions which summarises of communications and marketing activities/campaigns in support of the workplans for each priority area. This will be regularly reviewed and monitored by the Board, but nominated lead agencies will individually or jointly be responsible for its delivery.

#### 2. Principles of Effective Communications

All organisations represented on the Rotherham Health and Wellbeing Board share ownership of this plan and also share responsibility for its delivery, adhering to the following core principles:-

- > Consistent there will be no conflict in the information provided
- > Credible and based on sound knowledge adhering to the above principles should ensure that communication can be trusted.
- > Targeted the right messages and information reach the right audiences at the right time and in the appropriate format

#### (both particularly important in the context of messages relating to lifestyle, health and wellbeing)

- > Open and transparent demonstrating accountability, and explaining the reasons when information cannot be provided
- > Clear and honest free of jargon and in plain English wherever possible
- > Timely information will be provided when and where it is needed by the people with whom it is shared
- > Co-ordinated a "joined-up" approach will be taken to communicating with all stakeholders and across all channels
- > Two-way processes in place to enable stakeholders to feed back to the Board and/or its constituent organisations
- > Efficient uses existing established communications methods wherever possible and delivering value for money where new channels are established

#### 3. Target Audiences

In the context of delivering the Health and Wellbeing Strategy, market segmentation ie the identification of specific target groups who need to receive key messages and respond to achieve the required outcomes will be particularly important, and this will be reflected in the detailed operational plans and campaigns, based on market research and other relevant evidence.

In general terms, however, it is envisaged that the following target audiences will be covered by this framework:

i) Members of the Health and Wellbeing Board

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- ii) Elected Members, RMBC
- iii) Partner organisations (Board members, staff)
- iv) People living, learning and working in Rotherham
- v) Carers
- vi) Print and broadcast media (local, regional, national and specialist

#### 4. Roles and Responsibilities

All organisations represented on the Board share responsibility for adopting the principles of this framework and the delivery of effective communications and marketing to support joint objectives around improving health and wellbeing. Overall across agencies in Rotherham, the communications/media/marketing resource (both human and financial) is diminishing in the current financial climate and the capacity to take on additional work is limited. Some agencies no longer have their own communications and/or marketing resource. This framework, therefore, needs to be realistic about what can be achieved, and is based upon using the people, channels, mechanisms and campaign opportunities already in place.

Specific roles and responsibilities are summarised as follows:-

#### i) Chair of the Health and Wellbeing Board/RMBC Cabinet Member for Health and Wellbeing

Acts as ambassador for the health and wellbeing agenda; representing the Cabinet portfolio of health and well-being through democratic processes; championing health and wellbeing; primary media spokesperson on issues relating to specific Board activities and generic health and wellbeing issues; participating in positive PR opportunities; leading by example and acting as communications role model; advocate for communications and marketing to support key Board objectives.

#### ii) Leader of the Council/Director of Public Health

Acts as ambassador for the health and wellbeing agenda; primary media spokesperson on issues relating to specific medical public health interventions eg communicable diseases, sexually transmitted diseases; participating in positive PR opportunities; leading by example and acting as communications role model; advocate for communications and marketing to support key Board objectives.

#### iii) <u>Communications representatives – Health and Wellbeing Board</u>

Rotherham Borough Council's Head of Corporate Communications and Marketing (or nominated deputy) and the lead communications officer working on behalf of the Rotherham Clinical Commissioning Group (or nominated deputy) will be the designated communications leads for the Health and Wellbeing Board. They will act as strategic and operational communications advisers to the Board; ensure that the communications/social marketing perspective on all activities, projects etc coming through the Board and Steering Group have been properly considered; ensure expert challenge is provided, and will work with the agencies to map operational activity and to ensure delivery. However, they are not responsible for providing direct communications support to all issues considered by the Board (see below).

#### iv) <u>Policy Officer – Health and Wellbeing Board</u>

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Maintaining effective communication with Health and Wellbeing Board members, eg circulation of Key Issues policy briefings; maintenance and development of Health and Wellbeing Board website.

#### v) <u>Members – Health and Wellbeing Board</u>

Working with lead officers in their own organisations, Board members will take responsibility as appropriate for communications activity, including the cascade of key messages coming out of Board meetings into their own organisations; leading by example and acting as communications role models; promoting support for communications and marketing activity within their own organisations, in support of relevant priority outcomes.

#### vi) <u>Communications/marketing staff, Board Member organisations</u>

Acting as strategic and operational communications advisers to their Health and Wellbeing Board representative; ensuring all opportunities to deliver against the communications aims of this framework are identified and maximised; to participate as required in delivery of the action plan.

#### 5. <u>Communications/Marketing Channels</u>

This framework applies to a range of marketing communications channels, to be used as appropriate. These include:-

- local, regional, national print and broadcast media
- websites
- involvement in events
- screen technology (eg Qmatic at Riverside House, QTV)
- brochures, leaflets
- core presentations (eg to community groups)

- staff communications eg newsletters, e-bulletins
- social media eg Twitter, Facebook, Youtube
- display/exhibition materials
- posters
- training materials for staff
- advertising print and broadcast

#### 6. Information Sharing/Media Handling Protocols

- Individual Board members agree that their organisations will share with others any information which does, or has the potential to, impact on the work or reputation of the Health and Wellbeing Board, or the public perception of the work programme which supports the Board in achieving its objectives. This will be shared, in the first instance, with the Chair of the Board who will determine the need and process for any further cascade to other Board members, with the support of the lead communications representative (RMBC or CCG).
- ii) Any media enquiries relating to the work of the Health and Wellbeing Board will be directed to the lead communications representative (RMBC), who will then discuss in the first instance with lead officer(s) and Board Chair, and any other officers as appropriate, and an appropriate response will be drafted. Where time allows, this response will be shared with member organisations through their respective communications/media departments, with an opportunity for comment. However, where this is not possible, authority will rest with the lead officer(s) and Board Chair.

iii) Member organisations will be responsible for their own internal approval/information sharing processes.

#### 7. <u>Review and Evaluation</u>

This communications framework and key principles will be reviewed at six-monthly intervals by the Health and Wellbeing Board.

Communications/Marketing Issues will be a standing item at each Health and Wellbeing meeting, including the identification of any key messages arising from the meeting for sharing with internal/external/media audiences. Reporting against the priority outcome action plans will be on an exception basis.

Tracy Holmes Head of Communications and Marketing RMBC February 2013

#### Health and Wellbeing – Communications Action Plan

#### SAMPLE PAGE

Communications in support of the Health and Wellbeing Board

Timescale	Lead Organisation/ Responsible Officer	Additional Comments
Ongoing	Policy Officer, HWBB	
February/March 2013	HCCM, RMBC/ Comms Lead, Rotherham CCG	
	Ongoing	Organisation/ Responsible Officer       Ongoing     Policy Officer, HWBB       February/March 2013     HCCM, RMBC/ Comms Lead, Rotherham

#### Health and Wellbeing – Communications Action Plan

#### SAMPLE PAGE

**Priority 1:- Prevention and early intervention:** Rotherham people will get help early to stay healthy and increase their independence.

Proposed Activity	Timescale	Lead Organisation/ Responsible Officer	Additional Comments