HEALTH SELECT COMMISSION

Venue: **Town Hall, Moorgate Street, Rotherham S60 2TH**

Date: **Thursday, 7th March, 2013**

Time: **9.30 a.m.**

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972

2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Apologies for Absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Communications

7. Minutes of the Previous Meeting (Pages 1 - 9)

8. Health and Wellbeing Board
   - Verbal update from meeting held on 27th February, 2013

9. Clinical Commissioning Group
   - Presentation by Chris Edwards, NHS Rotherham

10. Rotherham Foundation Trust
    - Presentation by Chair and Acting Chief Executive

11. Scrutiny Review - Autistic Spectrum Disorder (Pages 10 - 29)

12. Rotherham Heart Town - Annual Report (Pages 30 - 45)

13. 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 1 of Schedule 12A to the Local Government Act, 1972 (as amended March, 2006) (information relating to the financial or business affairs of any particular individual (including the Council)).

14. Transport and Learning Disability Day Service Catering Consultation (Pages 46 - 68)

15. Date and Time of Next Meeting
    - Thursday, 18th April, 2013

HEALTH SELECT COMMISSION
1st February, 2013

Present:- Councillor Steele (in the Chair); Councillors Beaumont, Beck, Dalton, Goulty, Hoddinott, Kaye, Middleton, Wootton Mr. R. Parkin (Speak-Up) and Mr. P. Scholey.

Councillor Wyatt, Cabinet Member for Health and Wellbeing, was in attendance at the invitation of the chairman.

Apologies for absence were received from Councillor Barron, Victoria Farnsworth and Russell Wells.

48. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

49. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

50. COMMUNICATIONS

Deborah Fellowes, Scrutiny Manager, reported that, with regard to the proposed closure of the Children's Cardiac Surgical Hospital in Leeds, the Secretary of State for Health had asked the Independent Reconfiguration Panel to look at the Joint Committee of PCTs' decision. The Yorkshire and Humber Joint HOSC had asked for a letter to be written to the Independent Panel outlining its concern about the potential impact of the Service relocation to children and their families in Rotherham.

The Panel had met in Leeds with representatives of the Joint HOSC and other stakeholders earlier that week with a comprehensive presentation by councillors from the Joint HOSC. The outcomes from the meeting was not known. The Independent Panel had a provisional deadline to report back to the Secretary of State at the end of January, 2013.

An update would be given in due course.

51. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 6th December, 2012.

Arising from Minute No. 43 (Rotherham Foundation Trust), it was noted that a summary of outstanding issues from the presentation had been sent by e-mail to which there had been no response as yet.

Concern was also expressed regarding reports in the local press of an alleged letter of resignation from the former Chief Executive which raised important issues relating to the manner in which business was being conducted. The Trust had released a press statement but it did not clarify the situation.

It was proposed that a letter be sent to the Trust expressing the Select Commission's disappointment. If a response was not forthcoming, consideration should be given to requesting the Trust to attend a further meeting.

Resolved:- (1) That the minutes of the previous meeting be agreed as a correct record for signature by the Chairman.

(2) That Councillor Dalton be added to the membership of the Childhood Obesity Working Group.

(3) That a letter be sent to the Foundation Trust expressing the Select Commission's disappointment that no response had been received to the outstanding issues from the Acting Chief Executive's presentation to the December meeting.

(4) The consideration be given to the areas it would wish the Trust to focus it work in 2013/14 at the next meeting.

52. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meeting of the Health and Wellbeing Board held on 16th January, 2013.

Attention was drawn to the Board's 6 Priority Themes, in no priority order of ranking.

An issue for the Board was ensuring all partners were signed up to the information sharing protocol. The British Medical Association had its own guidelines for Doctors which fitted with the protocol.

It was noted that HealthWatch had been put out to tender again with a closing date of 23rd February, 2013.

Resolved:- That the minutes of the Health and Wellbeing Board meeting be noted.

53. HEALTH AND WELLBEING POLICY AND ORGANISATIONAL CHANGES

Councillor Wyatt, Cabinet Member for Health and Wellbeing, gave the following powerpoint presentation:-

National Context – Health and Social Care Act 2012

- NHS Commissioning Board established October, 2012, to commission some national health services and co-ordinate
- Local GP-led Clinical Commissioning Groups
- Public Health England established and local responsibility transferred to local authorities
- Increased democratic accountability and public voice through establishment of local Health and Wellbeing Boards and HealthWatch

Local Implementation - Health and Wellbeing Board

- Local authorities leading co-ordination of health and wellbeing through the creation of high level Health and Wellbeing Boards
- Rotherham Health and Wellbeing Board established September, 2011 as a sub-committee of the Council
- Chaired by the Cabinet Member for Health and Wellbeing
- Produced Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy
- Would take on statutory responsibility April, 2013

Core Membership of the Board

- Cabinet Member for Health and Wellbeing (Chair)
- Cabinet Member with responsibility for Adult Services
- Cabinet Member with responsibility for Children's Services
- Director of Public Health
- Chief Executive, RMBC
- Strategic Director of Neighbourhoods and Adult Services
- Strategic Director of Children and Young People's Services
- Strategic Director of Environment and Development Services
- Chair of Clinical Commissioning Group
- Chief Operating Officer, CCG
- NHS Commissioning Board
- Chief Executive, Voluntary Action Rotherham Metropolitan Borough Council Rotherham HealthWatch (once in place 2013)
- Chief Executive, Rotherham Foundation Trust
- Chief Executive, RDaSH
- Co-optees as and when required

Rotherham Clinical Commissioning Group

- Established January, 2011 - all Rotherham GP practices part of it
- CCG Committee currently in place made up of GPs, NHS managers and lay-members
- Chair of Health and Wellbeing Board had a seat on CCG Committee
- Received first wave authorisation to assume full responsibility for commissioning majority of healthcare services for local people April, 2013

Public Health

- Local authorities would take on statutory duty for Public Health in April, 2013
- Rotherham was ahead of the game with Public Health staff now located within the Council whilst the transition took place
- No decision yet as to the long term structural model locally
- Directors of Public Health would be jointly appointed between the Local Authority and Public Health England from April, 2013

Joint Health and Wellbeing Strategy

- Set the strategic priorities for collective action to improve the health and wellbeing of local people
- Demonstrated how the needs and issues identified within the Joint Strategic Needs Statement and other local knowledge would be tackled
- Supported the Health and Wellbeing Board to tackle the wider determinants of health and wellbeing – such as Housing and Education
- Enabled commissioners to plan and commission integrated services that met the needs of the whole local community
- Service providers, commissioners and local voluntary and community organisations would all have an important role to play in identifying and acting upon local priorities
- Now in implementation phase with 6 workstream leads identified and Performance Management Framework being developed

6 Strategic Workstreams

- Prevention and Early Intervention
- Aspirations and Expectations
- Dependence to Independence
- Healthy Lifestyles
- Long term Conditions
- Poverty

Performance Management Framework

- The Board had agreed 6 measures to focus on over the next 12 months each with a suite of Indicators:-
  Alcohol
  Obesity
  Dementia
  Smoking
  NEETS
  Fuel Poverty

Local HealthWatch

- HealthWatch England would be the national voice of patients and the public
- HealthWatch would replace the current model of Local Involvement Networks (LINks) along with additional functions

- Local authorities would be required to procure a local HealthWatch by April, 2013
- Work was well underway in Rotherham to develop commissioning arrangements for a Local HealthWatch and tendering had begun

Role of Health Scrutiny

- The Department of Health consulted on proposed changes and regulations for local authority health scrutiny (July, 2012) which included:-
  - Extended scrutiny to all providers of NHS care whether they were from a hospital, a charity or an independent provider
  - Required organisations proposing substantial Service changes and Scrutiny to publish clear timescale for decision making
  - Required local authorities to take account of the financial and clinical sustainability of Services when considering NHS reconfiguration proposals
  - Sought the help of the NHS Commissioning Board to secure local agreement on some Service reconfigurations
- New Regulations would come into force in April, 2013

Key Areas of Work

- Obesity Strategy Group (national conference)
- Rotherham Heart Town
- Rotherham Tobacco Control Alliance
- Suicide and Self-harm Prevention
- Warm Homes, Healthy People/Affordable Warmth/Fuel Poverty
- Council of Governors, Rotherham Foundation Trust and RDaSH

Final Points

- Rotherham was making excellent progress in meeting the requirements and organisational changes set out in the Health and Social Care Act 2012
- The local Health and Wellbeing Board had been observed by the Department of Health and positive feedback had been received
- Development of the local Health and Wellbeing Strategy demonstrated good joint working and collaboration between all partners and there was a real enthusiasm to work together to improve the health and wellbeing of Rotherham people

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

- There were many determinants for health and wellbeing of which 1 was NEETS. NEETS was a priority for the Rotherham Partnership Board which the Health and Wellbeing Board sat alongside

- Some of the Boards across the country were using the Marmot Policy objectives as their broad Framework

- It was clarified that the Public Health grant was £13,790,000 for 2013/14 and £14,176,000 for 2014/15 equating to £53 per head of the population or 2013/14

- 4 tests the NHS Commissioning Board was required to take heed of in any proposal for change:-
  Strong and efficient public engagement
  Consultation with current and prospective need for public choice
  Clear clinical evidence base for the change
  Support for proposals from clinical commissioners

- Not just about finance and the 4 tests had to be strictly adhered to

- The CCG had received early authorisation and had experienced officers to support it from the former Primary Care Trust. In comparison with other areas, Rotherham was ahead of the game. The leadership in the GP community was clear and there was confidence in it. There was another important group that sat beneath it that brought in the other practices that made recommendations to the CCG

- There were good arrangements in Rotherham but it was responsible for commissioning a massive amount of public money and, therefore, required good liaison between it and the Board

- Peformance Management Framework to be discussed at the next Board meeting. It had to be measureable for each of the 6 Priorities

54. "TAKING ON INEQUALITIES IN HEALTH AND WELLBEING LOCALLY. HOW HEALTH AND WELLBEING BOARDS CAN LEAD THE WAY"

Councillor Hoddinott presented a report on a conference she had recently attended, held in Leeds on 17th January, 2013, entitled "Taking on inequalities in Health and Wellbeing locally – how Health and Wellbeing Boards can lead the way" highlighting the following:-

- Health and Wellbeing Boards – "too pink and fluffy"
- Life expectancy had increased by 5 years
- The gap between non-manual and manual workers had not narrowed – social class still mattered more than where you lived
- The most deprived were a long way behind and would require more resources to make a difference
- Employment was positive for health outcomes
- Indirect taxes hit the poorest the hardest
- Miles on the Clock – description for health inequalities
- Be bold – danger that commissioning could follow fads and fashions and had a project piecemeal approach

- Diversity of Boards – membership, frequency of meetings, support networks
- A Board had to have Partnership, Vision and Strategy, Leadership and Engagement
- Importance of making every contact count
- Health Equity Audit
- Community engagement

Discussion ensued on the report with the following issues raised/clarified:-

- The need to look at the gaps of drop-offs
- Resources for Health Scrutiny – the size of the new Health agenda would require more resources
- Best Start in Life – should be looking at children from birth – 2 years of age was too late
- Work had taken place 3 years ago in Rotherham – 100 Babies - demonstrating that if there was no intervention with children from birth they were less likely to succeed
- Need to be clear as to why the Authority/agencies were doing what they were doing to tackle social injustice and putting things into place to redress the balance

Resolved:- That the report be noted.

55. REGIONAL HEALTH SCRUTINY

Cath Saltis, Yorkshire and Humber, reported on the work she was conducting on behalf of the Centre for Public Scrutiny and the Local Government, Yorkshire and Humber on the development of the Health Scrutiny Regulations.

Consultation on the future Regulations governing local authority Health Scrutiny had taken place between July and September, 2012. The Regulations had been expected in January, 2012, however, the Department of Health had published a response to the consultation which gave a good indication as to what the Regulations would look like.

The Act shifted the power of health scrutiny from Health Scrutiny Committees to the Local Authority with powers to enable the Authority to arrange for the functions to be discharged through a HOSC or indeed some other arrangement. The scope had been extended to include providers of NHS and Public Health services commissioned by the NHSC, CCG and local authorities that included providers in the independent and third sectors.

Cath also highlighted the following issues:-

- Power to refer to the Secretary of State should be by the full Council rather than the designated Health scrutiny committee - the draft

response suggested that should the local authority pass the function to a body other than the Overview and Scrutiny Committee then it should be full Council

- If the Health scrutiny committee had the delegated function, additional safeguards should be set in place e.g. requiring the Health scrutiny committees to notify full Council of their intention to refer a matter to the Secretary of State before the referral was made giving the opportunity to debate that intention

- Joint Scrutiny – the Government agreed that this had been an effective means of examining proposals that spanned more than 1 area. It would require the formation of joint scrutiny arrangements where the change proposer consulted with more than 1 local authority

- Health and Wellbeing Boards – would be subject to Health scrutiny. HealthWatch would be able to refer matters to Health scrutiny and should get a response within 20 working days and keep the referrer informed of any action it intended to take

- HealthWatch – described as a "critical friend". There was potential for scrutiny work to duplicate and there were some things that HealthWatch could do that the Health Select Commission could not. HealthWatch at local level would have the power to access that the Select Commission did not but it did have lots of other powers. It had been suggested that as far as possible endeavour to maintain a good collaborative working relationship with HealthWatch whilst maintaining the differing levels of responsibility

- The Health and Wellbeing Board and CCG etc. would be subject to Overview of Health. The working relationship of those bodies would have to be worked through and shared agreement and protocol

- Public Health – whilst coming to the local authority it would be an Executive function and therefore subject to Over and Scrutiny

- National Bodies – some were trying to look at how they could engage with Scrutiny of Health. The Centre for Public Scrutiny was to host a conference the following week in Leeds focussing on care equality commissioning

Cath was thanked for her report.

Resolved:- (1) That, when conducting reviews or looking at issues that the Health Select Commission was particularly concerned, ensure consultation and involvement with the commissioners as well as Service providers.

(2) That the Health Select Commission, when conducting reviews or holding Service proposals to account, the "4 tests" should be used and

incorporated into the type of questions adopted, consideration given to the Health and Wellbeing Board toolkit and start to incorporate into the work of the Commission.

(3) That the Health Select Commission monitor the Health and Wellbeing Board's Performance Management Framework, when developed, and Health and Wellbeing Strategy.

(4) That when the Review into Access of Health Care Services commenced, the work that had already taken place around deprivation, 100 babies etc. be utilised to prevent duplication.

(5) That the Protocols referred to be submitted to the next meeting.

(6) That the Health Select Commission be kept informed of progress with regard to the commissioning of Rotherham HealthWatch.

56. UPDATE ON WORK PROGRAMME – ACCESS TO HEALTHCARE SERVICES

Deborah Fellowes, Scrutiny Manager, reported that she had met with colleagues from the Clinical Commissioning Group. The Access to Healthcare Services was on the current work programme to look at GP Surgeries, the Walk-in Centre and A&E. The meeting had suggested that they were better divided into 2 areas - Access to Emergency Health Care and Access to GP Services.

Access to Emergency Health Care was going out to consultation. An all Members Seminar had been arranged for 13th February, 2013, to inform Members of the proposals. A formal consultation process would then follow.

It was suggested that consideration be given to any further necessary work after the seminar.

Work would then take place on the Access to GPs area.

57. DATE AND TIME OF THE NEXT MEETING: -

Resolved:- That a further meeting be held on Thursday, 7th March, 2013, commencing at 9.30 a.m.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**7th March 2013**
3.	**Title:**	**Scrutiny Review of Autistic Spectrum Disorder**
4.	**Directorate:**	**Resources**

5. Summary

This report sets out the findings and recommendations of the scrutiny review of Autistic Spectrum Disorder in Rotherham. The draft review report is attached as Appendix 1 for consideration by the Health Select Commission.

6. Recommendations

That the Health Select Commission:

- **Endorse the findings and recommendations of the report and make any amendments as necessary**
- **Agree for the report to be forwarded to the Overview and Scrutiny Management Board and then Cabinet**
- **For the Cabinet response to the recommendations be fed back to the Health Select Commission**

7. Proposals and Details

This review was requested by the Cabinet Member for Children and Young People because of the apparent high levels of diagnosis of Autistic Spectrum Disorder (ASD) in Rotherham. This was identified in a report to the Cabinet Member and was explored further in a position paper to the Health Select Commission in July 2012. It was agreed at this meeting that a full review would be required and this would investigate the steady increase in diagnoses within the last 10 years.

The overall aim of the review was to achieve a better understanding of patterns of ASD in Rotherham, leading to the development of appropriate support and assistance to families affected by it. It was understood that the review took place in a climate of budget reductions and therefore also wanted to look at the potential for more effective use of existing resources.

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities.

The four stated objectives of the review were to consider, as follows:

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16+ support and transition
- Budget implications

The review was therefore structured around these four objectives, with a dedicated meeting held for each one and evidence presented around these four headings.

Key messages that came out of the review are as follows:

- Early intervention and prevention work is key for children with ASD
- Mental health needs of children and adults with ASD can arise because of the lack of support
- Lack of clarity about where the lead of support lies – Education, Health etc
- Family and home support is a gap in provision
- It is difficult for many parents to make sense of all of the different agencies that are involved in this area of work
- There has been significant progress made with this area of work and this needs to continue with clear leadership and direction.
- To ensure the best outcomes for children and young people with ASD, parental voice and influence is absolutely crucial
- All of the recommendations formed as part of this review are about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It is the view of the review group that there should not be a need for additional resources to implement the recommendations

8. Finance

It was the opinion of the Review Group that the recommendations being forward can be implemented without any additional resources being required.

9. Risks and Uncertainties

The review group found that there is a lot going on in terms of provision for support for children with ASD, however, resources are not being used effectively in all cases. There is also some confusion about how and where to access these services. This has created a level of uncertainty around this agenda and it is the intention of the review groups via its recommendations to address this.

10. Contact

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Scrutiny Manager

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Deborah.fellowes@rotherham.gov.uk

Rotherham Metropolitan Borough Council

Scrutiny review: Autistic Spectrum Disorder

Review of the Health Select Commission

September – November 2012

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Executive Summary

The aim of the review:

The review group was made up of the following members:

- Cllr Judith Dalton (Chair)
- Cllr Barry Kaye
- Cllr Lyndsay Pitchley
- Jayne Fitzgerald (Parents and Carers Forum)
- Cllr Christine Beaumont
- Cllr Peter Wootton
- Cllr David Roche
- Russell Wells (National Autistic Society/Parent)

Summary of findings and recommendations

The four stated objectives of the review were to consider, as follows:

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- Early intervention and prevention work is key for children with ASD
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- Family and home support is a gap in provision
- It is difficult for many parents to make sense of all of the different agencies that are involved in this area of work
- There has been significant progress made with this area of work and this needs to continue with clear leadership and direction.
- To ensure the best outcomes for children and young people with ASD, parental voice and influence is absolutely crucial
- All of the recommendations formed as part of this review are about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It is the view of the review group that there should not be a need for additional resources to implement the recommendations

Each of the meetings resulted in a set of key findings and draft recommendations. These are detailed in the relevant sections of this report. Because of the nature of the review, many of these findings were discussed again in other meetings, further exploring and refining the recommendations as the review progressed. For this reason a final section of the report looks at how these were brought together and details a final set of 10 recommendations. This are listed below:

1. That the Autism Communication Team (ACT) continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.
2. That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.
3. That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi agency care plan with a lead worker allocated.
4. That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter
5. That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs.
6. That the Joint Strategic Needs Assessment (JSNA) notes the lack of service for adults with ASD and recommends the commissioning of an appropriate service to address this gap.
7. In line with the JSNA, that commissioners consider the commissioning of Rotherham based services for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out of authority placements.
8. That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.
9. That RMBC identifies a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.
10. That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.

1. Why members wanted to undertake this review?

This review was requested by the Cabinet Member for Children and Young People because of the apparent high levels of diagnosis of Autistic Spectrum Disorder (ASD) in Rotherham. This was identified in a report to the Cabinet Member and was explored further in a position paper to the Health Select Commission in July 2012. It was agreed at this meeting that a full review would be required and this would investigate the steady increase in diagnoses within the last 10 years.

The overall aim of the review was to achieve a better understanding of patterns of ASD in Rotherham, leading to the development of appropriate support and assistance to families affected by it. It was understood that the review took place in a climate of budget reductions and therefore also wanted to look at the potential for more effective use of existing resources.

It would also aim to support the achievement of the following Council priorities from the Corporate Plan:

- Ensuring care and protection are available for those people who need it most
- Helping to create safe and healthy communities.

The four stated objectives of the review were to consider, as follows:

- The reasons for the higher diagnosis rates
- Services required at diagnosis stage and after
- 16+ support and transition
- Budget implications

2. Terms of reference

The work of the review group was split into four separate meetings, one for each of the objectives of the review. At the original scoping meeting, it was decided to focus the investigations around the following issues:

- How is referral and diagnosis achieved?
- Why is there a need for the two different diagnostic routes?
- Are the rates of diagnosis higher than the national average? If so, can partners explain this?
- What is the cost to the authority of providing services?
- What support services are provided? Are there any gaps?
- Is this issue reflected in the Joint Strategic Needs Assessment?
- Transition periods – aligning adults and CYPS.

It was also agreed to arrange visits to Aughton Early Years provision and Winterhill School. Finally, it was agreed from the outset that of paramount

importance to the review was to receive evidence of differing experiences of parents and carers of the different services available.

The review has been provided with technical support by Steve Mulligan, Principal Education Psychologist, CYPS and was provided with specialist Health advice from John Radford, Head of Public Health. Other witnesses that contributed to the review were:

Organisation (s)	Name
Rotherham College of Arts and Technology	Adrian Hutchinson Sue Horner
Rotherham Schools: Swinton Aston Hall Winterhill Milton Special School Aughton Early Years	 David Pridding, Claire Thompson Donna Humphries Carol Crookes Brenda Hughes Carole Johnson
RMBC – Children and Young People's Services	Helen Barre Gill Capaldi Fiona Featherstone Lianne Morewood Jackie Parkin Brian Wood
Robert Ogden School	Dr Khursh Khan, John Green, Kenny Bryce
National Autistic Society	Collette Hampton Paul Truin Lisa Myers
RDASH	Dr Alison Davies Ian Jerams Karen Etheridge Barbara Murray
Rotherham Foundation Trust	Dr Eisawl Nagmeldin Helen Firmin Johanna Wilman Susan Dent
Parents and Carers	Rachel Allonby Cllr Ken Wyatt Pat Woodcock Theresa Somerfield Joanne Michael Deborah Wray Amanda Moreman
RMBC – Neighbourhoods and Adults Services	John Williams
Clinical Commissioning Group	Gail Palmer

3. Evidence

In carrying out this review, a vast amount of evidence was gathered. The majority of this was presented verbally by the many witnesses that attended at various points. There was also some written evidence provided by witnesses about the valuable work that their organisations carry out on behalf of children, young people and their families that are affected by Autistic Spectrum Disorder. All of this evidence was presented with enthusiasm and a strong commitment to the welfare of the people they provide services for. Parents, in particular shared with the group some difficult and emotional experiences, but always with impressive clarity. The group would like to thank all of these witnesses for sharing such valuable evidence and making the review so productive and informative.

It is, however, the task of the review group to be able to evaluate all of this evidence in a balanced manner and draw out key issues and recommendations. For this reason not all of the evidence received during the review is presented in this report. A list of all written evidence can be found at appendix A of this report and all of these documents, along with the notes of all of the meetings held, can be made available as background documents to this review.

4. Background

Rotherham Council and its partners have made a vast difference to the children and young people who experience ASD. A number of officers over the years have carefully planned the strategic and operational response to support children and young people who experience Autism Spectrum Disorder.

In the seven decades since autism was categorised, the results of research and clinical work have led to the broadening range of the autistic spectrum from the profound austerity of severe autism, to the subtle communication difficulties found in aspects of Asperger's Syndrome.

Children and young people with ASD have impairments in social interaction, verbal and non-verbal communication and imagination, this is often labelled 'the triad of impairment'. These traits are often accompanied by a narrow range of interests, activities and behaviour patterns which are often pursued rigidly sometimes to a point of obsession.

Often described as the invisible disability, autism is a complex lifelong developmental impairment; the range of autistic conditions is diverse and remains largely misunderstood. There has been some excellent work in Rotherham on the inclusion of children with ASD in their local mainstream school.

The Autism Strategy Group meets on a termly basis and receives information on previously commissioned work from each of the four major subgroups. It defines its work in four broad areas of activity:

- Services and Provision around ASD
- Continued Professional Development.

- Diagnosis and Assessment Procedures.
- Involvement and Parents/Childs Voice and Influence.

The purpose of this work is to raise the attainment and improve life long experiences of children and young people with ASD. In order to do this effectively we must listen to the children and families and ensure their voice has influence on policy.

Recent work has highlighted a number of issues (June 2012):

- The number of children and young people with a diagnosis of ASD is approximately 1:60 in the 0-19 age range. This is well above the regional and national range (1246 as at June 2012). This is a key area for further discussion.
- The families in Rotherham told us the following:

  a. We need to do more to support families and children at home. This should include the development of an agreed entitlement for children and families following a diagnosis.

  b. Our schools are not always well enough informed re ASD. We should pursue the Autism Friendly Schools Award, increase the practical and physical support to establish ASD friendly rooms and enable teaching staff in our schools. This would be an opportunity to use the expertise and resources in the SEN Special School Sector.

  c. We need to develop trust and confidence at times of transition:

     - Entry to School/Early Years Settings
     - Foundation – Year 1
     - Year 6 – Year 7
     - Year 11 – Year 13
     - Year 14 - College

- Schools need additional support to develop teaching skills and learning objectives. 'Across the Board' practices in schools should be adapted regarding display, storage issues and the use of software to produce a range of communication symbols.
- All strategic developments relating to services for ASD children and families should be in greater partnership.
- The Autism Strategy Group has a clear remit and established terms of reference within the DfE response to the Green Paper.
- The policy of children's services and adult services relating to ASD should be closer aligned.

During the year the Strategy Group have focused on the following activities:

- Development of closer links with National Autistic Society – Local/National activity.
- Significant impact by Head Teacher of Milton to Kilnhurst & Swinton Resources.
- Discussions have taken place re a Joint Venture: Milton – Swinton – Dearne Valley College : re Post-16 provision.

- Identification of pressure point re Young Persons Learning Agency and Freeman College – requests for specialist placement.
- Discussions with The Robert Ogden School re Person Centred Reviews/Review processes.
- Commentary on the NICE guidelines re Autism.
- Multi agency launch of "Think Autism" and drop-in sessions for parents.
- Published the "Need to Know" Campaign – Autism/Mental Health.
- Autism Communication Team has been involved in the DSG Value for Money review.
- Members Scrutiny review re-launched.
- Adult Services have prepared a paper on Adults with Autism that has been discussed with Children's Services.
- Continuation of the Chat & Chill Youth Club.
- Use of Aiming High to enhance short break facilities for Children and Young People who experience ASD.
- Greater understanding of ASD with children and young people who are looked after by the Local Authority.
- Project work around Pathological Demand Avoidance continues.

5. Autistic Spectrum Disorder

5.1 Higher rates of diagnosis in Rotherham.

The review group noted that diagnosis rates for ASD in Rotherham were consistent with those contained within the National Institute for Health and Clinical Excellence (NICE) guidelines. The lower rates in other areas were therefore indicative of under diagnosis rather than Rotherham's being too high. It was also noted that partners in Rotherham have made significant progress in raising awareness and successfully identifying ASD as a condition. This good work should be recognised by the review.

Despite this, it was agreed that further work was required to continue to monitor the data. The Autism Communications Team within RMBC should work with other authorities to continue to access to up to date information on diagnosis rates and comparisons.

The review group received evidence from the two partners responsible for the main diagnosis routes for ASD. These are the Child Development Centre (CDC) run by Rotherham Foundation Trust (RFT) and Child and Adolescent Mental Health Services (CAMHS) run by Rotherham, Doncaster and South Humber NHS Foundation Trust (RDASH).

Witnesses who had experience of early diagnosis (approximate age 2) indicated their support for this assessment process via Health Visitors, and the continuance of it. It became evident that early intervention had proved to be the most successful and that children and young people who were not diagnosed until they were much older experienced greater problems. It was felt that professional development around raising awareness of ASD for health visitors and other Early Years professionals,was crucial for this early intervention to continue.

Witnesses also spoke positively about the Early Bird Training that was hosted by the National Autistic Society (NAS).

The group discussed that the main difference between the two diagnostic routes were that CDC worked with under fives and CAMHS with over fives. Issues that arose as a result of the discussions around the diagnostic routes were as follows:

- Concerns about the communication between the two routes, delivered via two different NHS Trusts, particularly regarding transition between the two services around the age of 5.
- The limited voice and influence of parents over the diagnosis process. Parents who were witnesses expressed concern over the levels of support they received both at the time of diagnosis and afterwards. This was agreed as a gap in service.

Draft recommendations:

- The Autism Communication Team (ACT) should continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham and partner agencies be requested to share information to facilitate this being done accurately. ACT to provide the lead on this and ensure that partner agencies have access to this information once compiled.
- CDC and CAMHS should work together to bring forward proposals to streamline their processes more effectively, to share information and improve transition.
- All transition referrals at age 5 should be clearly documented in a written care plan that is shared with all partners and the family
- Partners should recognise the gap in support to parents and families in their home and aim to improve services in this areas, working with the third sector.

5.2 Services required at diagnostic stage and afterwards.

This meeting focused on the types of services that are provided to children and their families in the period of time immediately following a diagnosis of Autistic Spectrum Disorder.

Members of the review group heard from a range of service providers about their provision. The provision varies considerably depending upon the complexity of need of the individual child and there are a number of intervention criteria built into accessing these services. The vast majority of children on the spectrum are supported within mainstream schools, with appropriate additional support. This includes many children with a statement of special educational needs. The funding for low incidence/high needs is being reviewed as part of the new school funding reforms. The review group were also concerned that although provision is made for the assessments to have health and social care input, this element of the process on occasions lacked detail and consistency. It was noted that the forthcoming legislative changes to the SEN process will strengthen this requirement and an Education, Health and Care Plan may be required for each child. The group would like to ensure that this happens for children with a diagnosis of ASD and requests that the project group addresses this as part of the implementation of the new legislation.

The meeting looked further at the two different diagnostic routes, focusing on parents' perspectives and experiences of how the two routes worked for them.

Further evidence was found that parents who had experienced an early diagnosis and intervention under the age of 5, had experienced better outcomes for their child. There was also a strong pattern emerging of parents with two or more children receiving a diagnosis, where they were able to pick up the second and subsequent children much quicker. This seemed to be largely due to the greater experience of the parent as they were the ones identifying the problem. In terms of the different diagnostic routes it was concluded that both routes involve some delays, with both CDC and CAMHS having issues with waiting lists that they are currently trying to deal with. Also, many of the differences in experiences of the children and families relate to the stage in their life at which the intervention occurs, it being generally accepted that earlier intervention was much more effective. It was also noted that the CAMHS service was more of a crisis intervention service, with a certain stigma attached to it associated with mental health issues. It was discussed to what extent CAMHS could become take on a more preventative role. A more personalised support service for children and young people was felt to be preferable, with clear intervention criteria, understood by all agencies, and clear multi agency pathways.

Parents presented some compelling accounts and evidence of children experiencing difficulties in later years, particularly where they had not received an early diagnosis. Many of these were also presenting to the CAMHS service with additional mental health problems which parents claimed were exacerbated due to the lack of support for their condition.

There was very positive feed back from parents who had initially experienced the Early Bird courses run by National Autistic Society. There had been, however, an issue with the waiting lists for these courses with some parents expressing concern that there had been a long delay in accessing this vital support after their children had received a diagnosis. Subsequently Rotherham's multi agency partnership have delivered a number of tailor-made courses to Rotherham parents addressing family issues and offering support.

Some parents also expressed concern about the lack of understanding and support for their child within the mainstream school environment. Again the issue of lack of support for parents in their home and family environment was raised and it was concluded that this was a gap in provision. Parents had found good support from organisations such as National Autistic Society and Parent and Carers Forum. It was noted that the third sector had been in a good position to assist with this area of support.

Despite these concerns the review group noted that facilities such as the Autism Communication Team and the Educational Psychology Team within CYPS were extremely valuable and had made good progress in assisting schools to support children with ASD within a mainstream setting. It was therefore concluded that mainstream schools need to continue to be assisted to support children with ASD and that ACT and Educational Psychology use their resources to work with children with more complex needs, creating a hierarchy of support. The role of special schools should also be explored in helping to support this hierarchy.

Draft recommendations:

- All children with a diagnosis of ASD chould received a care plan with a leade

worker allocated to them. This worker could range from the SEN worker to a consultant paediatrician, depending on the complexity of need of the child concerned.

- The possibility of implementing a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD should be explored
- Proposal should be brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages
- As part of their closer working, CDC and CAMHS should bring forward proposals to reduce their waiting lists.
- The hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, should be formalised and further developed, including exploring the potential role of special schools to assist mainstream schools with support for children with less complex needs.

5.3 Services for 16+ and transition to adults.

This meeting was intended to focus on a particular point of transition for young people with a diagnosis of ASD – into adulthood and the world of work and independent living.

The meeting heard about the Section 139a process, which assesses the young person's learning difficulties from around year 11 of school (for special schools this is usually years 12 and 13). The process for this was explained to the review group, who concluded very quickly that the way in which the young person and their parents/carers are engaged in this process is crucial.

Where needs are complex, this process may result in the pulling together of a package of support that also includes health and social care needs. Currently the funding for this comes entirely through the education route, via CYPS. It was noted that adults should go through the continuing health care process for health support, but this doesn't accurately reflect the needs of thes young people in transition as it is focused on elderly care. It was also noted that there is a gap in adult mental health services for young adults with ASD.

Further evidence was received from parent's accounts of their experiences with their young adults. Mental health support was mentioned frequently and this was supported by the service providers. It concluded that there do not appear to be any commissioning of services specifically for adults with ASD. Mental Health Services tend to focus on more obvious and treatable mental health conditions. Disorders that are less treatable and border between social/educational/behavioural issues are facing a gap in support provision.

Although the good practice of Robert Ogden School and Freeman College in Sheffield were noted in particular, there were concerns expressed that partners and commissioners in Rotherham should focus on the creation of high quality local provision.,

Rotherham College of Arts and Technology (RCAT) presented information about their Inclusive Learning Team and other support for people with a diagnosis of ASD. It was felt that this model was a good one and could be further improved with wider partner involvement.

The issue that the review group was the most concerned with was that post 16 provision should focus on health and social care needs, in addition to education and training. A balance between the need to develop independence with the need to maintain the support from the family and local community needs to be achieved with this provision and this is a dialogue that should take place with both service providers and the families.

Draft recommendations:

- The Joint Strategic Needs Assessment (JSNA) should note the lack of service for adults with ASD and recommend the commissioning of an appropriate service to address this gap.
- A local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.
- In line with the JSNA, commissioners should consider the commissioning of Rotherham based services for young people (16+) with ASD over the next 5 years, building on the good practice that already exists.

5.4 Resourcing implications.

The final meeting was designed to pull together all of the key strands of the review and to address some of the resourcing implications. For this reason representatives from the key commissioners were invited to be present.

Several key messages came out of the meeting; these are as follows:

- Early intervention and prevention work is key for children with ASD
- Mental health needs of children and adults with ASD can arise because of the lack of support
- Lack of clarity about who provides the lead support – Education, Health etc
- Family and home support is a gap in provision
- It is difficult for many parents to make sense of all of the different agencies that are involved in this area of work
- Despite this, it is clear that there has been significant progress made with this area of work and this needs to continue with clear leadership and direction.
- To ensure the best outcomes for children and young people with ASD, parental voice and influence is absolutely crucial at each stage of the process
- All of the recommendations formed as part of this review are about more effective use of existing resources, achieving better value for money and becoming better organised in delivery of support. It is the view of the review group that there should not be a need for additional resources to implement the recommendations

The resourcing implications of these issues and the specific recommendations within the body of this report were discussed and the recommendations included in this section reflect those discussions.

Draft recommendations:

- Proposals should be brought forward to build capacity locally, with the aim of keeping funding within Rotherham and reducing out of authority placements.
- RMBC should identify a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.
- Commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.
- Support should continue for the Parent and Child Charter which is a key element in helping families to be heard.

5.5 Summing up and final recommendations

When the review group considered all of the draft recommendations from the report, it was noted that there were a number of re-occurring themes and that some recommendations were explored further, later in the review process, resulting in additional recommendations being developed around the same theme. As a result they were grouped together and a final "shortlist" of recommendations was compiled. These are the final recommendations being forwarded by the review group for consideration by Cabinet and other partners and are as follows:

1. That the Autism Communication Team (ACT) continue to co-ordinate the monitoring and intelligence of ASD rates of diagnosis in Rotherham, and partner agencies be requested to share information to facilitate this being done accurately. ACT should also ensure that partner agencies have access to this compiled information.
2. That CDC and CAMHS bring forward proposals to streamline their assessment processes and reduce waiting lists. In particular transition referrals at age 5 should be the subject of a clearly documented care plan that is shared with all partners and the family.
3. That the SEN reform project group be asked to implement a pilot project for the development of Education, Health and Care plans for children with a diagnosis of ASD with a view to ensuring that in the future all children with a diagnosis will have a multi agency care plan with a lead worker allocated.
4. That proposals are brought forward to develop more wrap around family support to assist with the transition between different services (particularly post 5) and at different life stages. This service should recognise the vital role that parents and carers need to play in working with and influencing service providers, and should be developed in line with the commitments in the Parent and Child Charter
5. That the hierarchy of support within a mainstream setting with ACT and Educational Psychology concentrating on children with more complex needs, be formalised and further developed, including exploring the potential role of special schools to support mainstream schools with support for children with less complex needs.

6. That the Joint Strategic Needs Assessment (JSNA) notes the lack of service for adults with ASD and recommends the commissioning of an appropriate service to address this gap.
7. In line with the JSNA, that commissioners consider the commissioning of Rotherham based services for young people (16+) with ASD over the next 5 years, building on the good practice that already exists. This would result in a reduction of out of authority placements.
8. That a local care pathway for the management of ASD in adults should be developed in line with appropriate NICE guidelines.
9. That RMBC identifies a senior leader for the autism agenda, who is able to challenge provision and raise the status of the condition. The work should then be channelled through the Autism Strategy Group.
10. That commissioners should look at how a pathway of care can be resourced effectively and the CCG specifically whether a single diagnostic route would be more appropriate.

5.6 Future monitoring

It is recommended that this report is considered by the Health and Wellbeing Board following submission to RMBC's Cabinet. Cabinet's response and action plan for the recommendations that are accepted should be reported to the Health Select Commission on a six monthly basis for monitoring purposes.

6. Background Papers

Report to the Health Select Commission 12th July 2012 - Autism Spectrum Conditions – Update

Notes of Meeting 1: The reasons for the higher diagnosis rates, held on 9th October 2012

Notes of Meeting 2: Services required at diagnosis stage and after, held on 16th October 2012

Notes of Meeting 3: 16+ and transition Adults Services, held on 6th November 2012

Notes of Meeting 4: Financial implications and summing up, held on 27th November 2012

Notes of visits to Winterhill School and Aughton Early Years.

Written evidence to the review – listed in appendix A.

7. Thanks

Thanks go to all of the witnesses who gave their time and support to the review process.The review group would like in particular to thank the parents who shared sensitive information openly and regularly attended the meetings.

Specific expertise and input from Steve Mulligan and Dr. John Radford was invaluable.

Finally, many of the witnesses and review group members passed on their thanks to Cllr Judy Dalton for her skilful and open chairing of the proceedings.

For further information about this report, please contact

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Appendix A – List of Written Evidence Received

1. National Autistic Society – Autism in 2012 report – 50th Anniversary
2. Rotherham Charter for Parent and Child voice
3. National Autistic Society – Autism awareness for GPs
4. RDASH services
5. Liverpool Aspergers team
6. National Autistic Society survey
7. RMBC breaks for children with a range of disabilities
8. Chris Easton presentation
9. Kate Sturdy's presentation (SEN)
10. Parents written submissions (confidential)
11. Child Development Centre referral and diagnosis statistics

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

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**7th March, 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 50th 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 • What coronary heart disease is • Recognising the Symptoms of coronary heart disease and heart attack • Saving Lives Skills • Know the Risk factors • Introduction to Heart screening • Making Lifestyle changes • Controlling blood pressure	• Increasing physical activity levels of the population • Dealing with stress • Stopping smoking • Workplace Challengers • Preventing diabetes • Healthy eating • Losing weight, and maintaining a healthy 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 COMMUNITY 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

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