HEALTH AND WELLBEING BOARD

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

Date: **Wednesday, 12th June, 2013**

Time: **1.00 p.m.**

A G E N D A

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 as a matter of urgency.

3. Minutes of Previous Meeting and Matters Arising (Pages 1 - 13)

4. Communications
   Delivery of Winterbourne View Concordat and Review Commitments (pages 14-16)

   Environment and Climate Change Strategy/Sustainability Appraisal (pages 17-40)

   Stroke Association

   Midwifery Council

   Translation Services

5. Rotherham United Community Development Trust
   - Presentation on how the Trust can contribute to the Health and Wellbeing Strategy

6. Scrutiny Review - Autistic Spectrum Disorder

7. Health and Wellbeing Strategy Workstream
   - Progress report (pages 41-44)

   - Priority 5: Long Term Conditions –
     report and presentation by Dominic Blaydon (pages 45-68)

8. Rotherham Local Medical Committee
   - Update by Dr. Stephen Burns

9. Tobacco Control Alliance Briefing (Pages 69 - 75)

10. Heart Town (Pages 76 - 78)
    - Notes of meeting held on 21st May, 2013

11. Date of Next Meeting
    - Wednesday, 10th July, 2013 at 1.00 p.m.

HEALTH AND WELLBEING BOARD
Wednesday, 8th May, 2013

Present:-
Members

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing **(in the Chair)**
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	Director of Performance and Accountability, National Commissioning Board
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherha m

Also Present:-

Stuart Booth	Director of Financial Services
Alison Iliff	Public Health Specialist
Ian Jerrams	RDaSH
Clair Pyper	Interim Director, Safeguarding Children and Families
Dr. Richard Turner	Rotherham Clinical Commissioning Group
Chrissy Wright	Commissioning Manager, RMBC

Observers:-
Penny Fairman, local pharmaceutical company
Richard Hackett, Rotherham Local Pharmaceutical Committee
Dr. Kamal, CCG representative for Yorkshire and Humber
Natalie Yarrow
Sharon Hellewell, Supporter

Officers:-

Kate Green	Policy Officer, RMBC
Gordon Laidlaw	Communications, NHS Rotherham
Dawn Mitchell	Democratic Services, RMBC

S85. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes be approved as a true record.

Arising from Minute No. S76 (Healthwatch), it was noted that the interviews for the position of Chair were to be held the following week.

Arising from Minute No. S80 (Joint Strategic Needs Assessment), Councillor Lakin questioned whether the refresh should look at Planning

and Licensing policies and procedures for fastfood outlets and the sale of alcohol.

John Radford reported that discussions were underway on this issue with a report to be submitted to a future meeting.

Arising from Minute No. S81 (Making Every Contact Count), it was reported that the steering group had met to work through the practicalities of what would be appropriate intervention/sign posting/advice given the different professionals that were involved. An action plan was being drawn up, which would be submitted to a future meeting, containing the outcomes and outputs that contributed to the health and wellbeing of the Borough.

S86. COMMUNICATIONS

(1) Disabled Children's Charter
A request had been received from The Children's Trust Tadworth that the Board sign the Disabled Children's Charter.

Claire Pyper, Interim Director, Safeguarding Children and Families, reported that the Authority already had a Charter for Disabled Children which had been agreed with the Parents and Carers Forum.

The Disabled Children's Charter was being developed nationally for Health and Wellbeing Boards to ensure that they had integrated services for disabled children within their Priorities. It recognised the additional support that parents and carers of disabled children/young people needed together with the universal services they were entitled to as well and the link into transitional services into Adult Services. It stressed the importance of good governance but also placed real emphasis on making sure Boards focussed on the Charter and within the Joint Strategic Needs Assessment so there was an awareness of the needs in the area.

It was proposed that work would take place on ensuring that Rotherham's current Charter linked with the national Charter.

It was noted that the Charter had not been considered by the Children, Young People and Families Partnership as yet.

Resolved:- (a) That the Disabled Children's Charter be submitted to the next meeting of the Children, Young People and Families Partnership.

(b) That, subject to the agreement of the Children, Young People and Families Partnership, the Board be minded to sign the Disabled Children's Charter.

(2) Teenage Pregnancy Conference
Board members were provided with a report on the above conference attended by Councillor Dalton.

The report was also to be forwarded to the Health and Improving Lives Select Commissions for information.

S87. NHS ENGLAND

Brian Hughes, National Commissioning Board, presented a report on NHS England (formerly the NHS Commissioning Board) which had become operative as from 1st April, 2013, illustrating:-

Purpose
- Create the culture and conditions for health and care services and staff to deliver the highest standard of care
- Ensure that valuable public resources were used effectively to get the best outcomes for individuals, communities and society for now and for future generations

Objectives
- Priority – improving patient satisfaction
- Priority – improving staff satisfaction
- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people recover from episodes of ill health or following injury
- Ensuring people had a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Promoting equality and reducing inequalities in health outcomes
- Enabling more people to know their NHS Constitution rights and pledges
- Becoming an excellent organisation
- Ensuring quality financial management

Functions
- Oversight, facilitation, co-ordination and leadership
- Direct commissioning
- Supporting the commissioning system
- Emergency planning, resilience and response

Organisation
- 1 national public body working to 1 operating model
- 1 national support centre, 4 regions and 37 Area Teams – South Yorkshire and Bassetlaw covered Rotherham
- Specialised commissioning was carried out by 10 of the 27 teams

Discussion ensued with the following issues raised:-

- Was there sufficient dental provision within Rotherham compared to other areas?
- Was the number of GP practices in Rotherham comparable with other areas?

Brian undertook to look into the 2 matters and report back to the Chairman.

Resolved:- That the report be noted.

S88. COMMISSIONING PLANS

Council's Budget 2013/14
In accordance with Minute No. S74, Stuart Booth, Director of Financial Services, gave the following powerpoint presentation:-

Meeting the Financial Challenge – An overview of the Council's Budget 2013/14 and beyond

- The scale of financial challenges/risks facing local government was set to continue for at least until 2017 (possibly a decade)
- Increasing financial risk transferred to local councils through the Local Government Finance and Welform Changes and restrictions on finances
- Sustainable medium/long term financial planning was now even more critical
- The lack of financial certainty e.g. the next Spending Review was only to be announced in late June, 2013, and the likelihood of further finance reform/restrictions made financial planning extremely difficult

What this meant for Rotherham

- Never faced such financial challenges before…
  - 2010/11 £5m (emergency budget)
  - 2011/12 £30m
  - 2012/13 £20m
  - 2013/14 £20m
  - 2014/15 £20m+?
  - 2015/16 £??m
- Localisation could have significant, adverse impact on future Council resources

Approach Taken

- Established a **clear set** of budget principles
- **Started early** in redesigning services and budget…..reduced head count in last 2 years by over 1,000 and had pushed back the financial 'cliff edge' into later years (2015/16?)
- **Strategic re-positioning** and re-integration of its partnerships e.g. RBT and 2010 Rotherham allowing further savings to be made

- Focus on reducing the **'back office'** to a minimum level – over 15% reduction in last 2 years
- Concentrated on **reducing management** posts which had reduced by 26% at Director level and 43% from next tier - overall management reduction of 19%; while front line reduction has only been 8%.

Rotherham's 2013/14 Budget Challenge

- **Initial Funding Gap in MTFS £14.1m**
- Additional challenges (October):
  - Specific grants rolled into Formula Grant at reduced levels (net) +£2.9m
  - Freezing Council Tax +£2.2m
  - CTRS 8.5% max pass through to working age claimants +£1.0m
- **Revised Funding Gap £20.2m**

Meeting the Challenge

- By working together with a clear set of budget principles, we have managed to meet the budget challenge while protecting front line services and those most in need in the Borough, and minimising job losses .....
- Over 70% (c£14M) of savings proposals did not affect front line service delivery - key examples being:
  - Reviewing inflationary assumptions (£4M) and MTFS assumptions (£0.9m)
  - Further back office streamlining (£2.2M)
  - Rationalising customer access (£0.5M)
  - Realising benefits from improved cash flow management (£2.4M)
  - Maximising opportunities through joint working on Public Health/NHS (£0.8M)
  - Working with partner organisations to improve efficiency (£1M)
  - Maximise income from other sources (£0.8M)
- The remaining savings would come from:
  - Front Line Services:
  - Children and Young Peoples £1.776M
  - Neighbourhoods and Adult Social Care £2.974M
  - EDS (excl Customer contact) £1.000M
  - Staff savings to be agreed with TUs £0.300M
  - Critical Friend Reviews of Front line services £0.341M
- Further job losses expected to be contained at 50 to 60 FTEs
- Accepted the Council Tax Freeze Scheme – to protect low income families who were vulnerable in the Borough
- Designed Council Tax Reduction Scheme (CTRS) to protect vulnerable groups by retaining income disregards, allowances and premiums and by taking up the Government's Transitional Grant Support Scheme.
- Used reform of Council Tax discounts and exemptions to minimise cost of CTRS to working age claimants – likely cost £1.56 per week in a Band A property

- Maintaining Financial Resilience through:
  - Sustainable budgeting
  - Effective, medium term management of reserves to meet future significant risks – circa £7M General Reserve

RMBC Revenue Expenditure 2013/14

			Summary
Directorate	Gross Expenditure	Gross Income	Net Expenditure
CYPS	276,238,494	-230,824,494	45,414,000
EDS	80,133,120	-29,462,201	50,670,920
NAS	125,248,989	-50,291,989	74,957,000
Resources	156,392,212	-129,777,697	26,614,516
Central	35,417,273	-11,599,708	23,817,565
	673,430,087	-451,956,689	221,474,000

RMBC Directorate's Net Revenue Budget 2013/14 £221.474m

- Children and Young Peoples Services £45.4M
- Environment and Development Services £34.8M
- Neighbourhoods and Adult Services £75M
- Resources £24M
- Levies etc. £19.2M
- Other Services £23.1M

RMBC Income 2013/14

- Dedicated Schools Grant 27.7%
- Formula Grant 20.85%
- Council Tax Reduction Scheme Transitional Grant 0.07%
- Fees, Charges and other Grants 39.84% (includes Public Health grant £13.78M)
- Collection Fund Surplus 0.21%
- Council Tax 11.62%
- Council Tax Freeze Grant 0.14%

Future Years – Financial Challenge

- Significant reductions in resources were anticipated for 2014/15 nationally - a reduction of 8.6% was planned - in Rotherham 9.1%
- Next Spending Review to be announced …by end June 2013
- Chancellors view……..austerity programme needed to be extended until (at least) 2018 – Autumn Statement
- Further restrictions on finances may come forward – e.g. more stringent Council Tax referenda principles for those **not accepting** Council Tax Freeze grant have been muted
- Further reform of Local Government Finance bringing about a further transfer of risk to Local Government Finances
- Impact of localisation of Business Rates – first year?
- Other likely Formula Funding changes e.g. Education, Social Care

- Impact on local economy of Welfare Reform changes e.g. Council Tax Reform Scheme, Bedroom Tax etc. including need to annually review Council Tax Reform Scheme; loss of Transitional Grant (£0.5m); introduction of Universal Credits
- Impact of Triennial Revaluation of LG Pension Fund – April 2014
- Pressure to prioritise local economic growth initiatives to stimulate the local economy

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

- The impact of the Bedroom Tax was not known as yet
- Evidence had shown that incoming Governments did not reverse the spending plans of the previous Government
- High Needs Block in CYPS (Special Educational Needs, Behavioural Support Services etc.) had been identified as under pressure in the region of £.5M. This could be further challenged when assessments of children had been carried out as part of the new academic year

Stuart was thanked for his presentation.

Public Health
Dr. John Radford presented the 2013/14 Spending Plan and the Plan for Developing 2014/15 Commissioning Intentions as follows:-

2013/14 Spending Plan
- Total Income £13,983,338
- Public Health Grant £13,790,300
- Other Income £193,038

Planned Spending
- Total £13,983,338
- Contracted Services £11,996,638
- Advice Functions £1,112,706
- In-House Services £322,420
- Running Costs £551,573

Breakdown of Planned Spending
- Drug and Alcohol advice 2%
- Drug and Alcohol Contracts 30%
- Health Improvement Contracts 23%
- Health Improvement advice 2%
- Health Improvement services 1%
- Health Protection Contracts 27%
- Health Protection advice 1%
- Other Contracts 5%
- Other 9%
  - Healthcare Public Health Contracts 1%
  - Healthcare Public Health Advice 2%

- Creative Media Services 1%
- Director of Public Health 1%
- Running Costs 4%

Running Costs - £551,573
- Pay 25%
- Non-pay 26%
- Central Charges/Overheads 49%

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

- The Department of Health Grant had to be separately accounted for by the Council
- Need to review how contracts were placed and the way Services were delivered for 2014/15
- In 2014/15 needed to balance drug and alcohol spend – currently the majority of spend was currently on Drug Treatment Services and whether that needed realigning more towards prevention services and the very small amount currently spent on Alcohol Services
- NHS Health Checks were very important and could make a significant impact on identifying people with existing conditions. Performance was very good but people were not systematically identified and offered a Health Check
- There had been quite a wide range of work going on over the Authority as a whole in connection with Roma/Slovakian health issues. Rotherham had lead on a Yorkshire and Humber-wide funded pilot programme for Roma health champions which had just finished. A report would be produced on what the benefits had been and what had not worked so well. At the moment there was no identified funding. It was included in the Joint Strategic Needs Assessment as a priority

John was thanked for his presentation.

RMBC Commissioning Priorities
Chrissy Wright, Strategic Commissioning Manager, presented a report setting out the proposals for the 2013/14 Council commissioning priorities that met the identified priorities for the Council's Directorates, Children, Young People and Families Partnership and Adult Partnership and aligned to the Health and Wellbeing Strategy.

The focus of the commissioning priorities were as follows:-

Children and Young People Services – Starting Well and Developing Well
Adult Services – Living and Working Well and Aging and Dying Well

For 2013/14 all commissioning activity and reviews not included in the priorities would be set out in Strategic Commissioning work plans. The plans would grow with new activities and change as work progressed.

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

- Work on the Dementia Strategy was underway but was a very complex area of work

Discussion ensued on the need to ensure alignment for commissioning, rationalise how and what was commissioned and how to create efficiencies in the system as well as learning from the successes there currently was in terms of commissioning. It was suggested that a steering group be established to ensure linkage of activity to achieve the different objectives.

Resolved:- (1) That representatives from the Health and Well Being Steering Group are asked identify a set of overarching principles to establish better alignment and coherence of commissioning activities.

(2) That Kate Green be congratulated on her efforts in organising the Heart Town Run in Clifton Park.

S89. WORKSTREAM PROGRESS - DEPENDENCE TO INDEPENDENCE

Shona McFarlane, Director of Health and Wellbeing gave the following powerpoint presentation:-

Dependence-Independence

- Rotherham people and families would increasingly identify their own needs and choose solutions which were best suited to their personal circumstances

What needs to change to achieve this?

- A significant shift towards self-care and self-management and use of Assistive Technology/Telehealth
- Commissioners to review and evaluate plans and approaches to ensure that independence was promoted
- A defined and agreed approach to risk taking, risk sharing. Needed to move away from defensive decisions which historically had focused on avoiding risk and towards defensible decisions. A critical shift in thinking
- Co-production, customers at the centre

Priority One
We will change the culture of staff from simply 'doing' things for people to encourage and prolong independence and self-care
Actions
- Personal health budgets workstream was on target
- Assistive Technology Strategy had been drafted
- Self-Care work group initiated

Progress
- We will embed a culture through the development of workforce development strategies shared by all relevant agencies that emphasises the promotion of independence and social inclusion – started
- Benchmark workforce development plans
- Identify tools available to support staff to achieve independence and supported risk-taking
- Empower people to remain in control of their lives by embedding approaches such as self-care, self-directed support and personal health budgets

Priority Two
We will seek out the community champions and support them with appropriate resources, to take action and organise activities
Progress
- Engage with key community groups to identify current activity
- Ageing Better bid to Lottery Fund

Priority Three
We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs
Progress
- We will check and challenge commissioning strategies to ensure they reflect this aspiration – programme in place
- Engagement with voluntary sector taking place

Priority Four
We will properly enable people to become independent and celebrate independence. A longer term goal but some areas have began to work this object in already
Action
- Young People's Achievements, conference, apprenticeship celebration event
- Reshape News
- Making recovery (alcohol) more visible through events such as Recoverfest

Health and Wellbeing Board Actions
- Commissioners needed to ensure that all commissioning strategies reflect and enable this outcome consistently

- Commissioners needed to find ways to incentivise providers to promote/achieve independence with customers and providers
- Having a shared commitment to the risks and opportunities that the commitment provided – helping people to help themselves could mean saying 'no' to some
- Ensuring that the significant culture change was embedded

Challenges
- Achieving significant culture change at a time where Welfare Reforms may be driving dependence
- Partners having a consistent approach to customers and understanding when one part of the system said no
- Understanding the behaviours that underpinned and drove dependence
- Engaging effectively and honestly with citizens

Shona was thanked for her presentation.

S90. LOCALLY DETERMINED PRIORITY MEASURE: SMOKING

Alison Iliff, Public Health Specialist, gave the following powerpoint presentation:-

Why is tobacco a priority?
- Smoking rates were above the national average and had plateaued
- Young people's smoking rates were higher than the national average
- Smoking in pregnancy rate were still very high
- Could have serious health consequences and impacts on the economy
- Tobacco was the only product that, when used as the manufacturer directs, killed 50% of its consumers

Health Consequences: Preventable Deaths in Rotherham 2011
- Smoking 488
- Obesity 171
- Alcohol 36
- Suicide 16
- Traffic 4
- Assault 5

Tobacco: Intervention Pyramid
- Social norms
- Restrict supply
- Health intervention
- Illness treatment

What do we need to do?

- Deliver and fund a comprehensive programme of tobacco control:-
  Raise public awareness
  De-normalise smoking – smoke-free homes, smoke-free play areas
  Prevent access to cheap and illicit tobacco
  Stop children and young people starting to smoke
  Help smokers to stop and to engage with services

Challenges

- Changing behaviour amongst those that most need to change
- Believe that cheap and illicit tobacco was a 'Robin Hood' crime
- Electronic cigarettes – less known harms than smoking but long term safety unclear
- Acceptance that the current service provision needed radical change

Rotherham Tobacco Control Alliance wanted Board members to:-

- Recognise that smoking was not only a Public Health issue but should also be part of funded clinical treatment pathways
- Support collaborative commissioning across South Yorkshire

Discussion ensued with the following issues raised/clarified:-

- Nothing in Queen's Speech about "plain" packaging for cigarettes – Legislation about "plain" packaging would boost the work of local authorities/Tobacco Alliance
- Electronic cigarettes – less known harms but long term safety was not known
- Smoke Free Charter – all organisations would sign up to 4/5 key points around smoking and tobacco control which were very achievable with regard to promoting support for stopping smoking, the risks of second hand smoke and a Smoke Free Champion in the workforce. Most of the Charters included a clause where staff visiting a client's home, a requirement that the client would be asked to make the room to be visited smoke free for 30 minutes prior to the visit taking place

Alison was thanked for her presentation.

Resolved:- (1) That partners should contribute to the prevention of uptake in children and young people through the promotion of smoke-free spaces and smoke-free social norms.

(2) That a Rotherham Smokefree Charter be adopted and promoted.

(3) That minutes of the Tobacco Control Alliance be submitted to the Board in future.

S91. DATE OF NEXT MEETING

Agreed:- That further meetings of the Health and Wellbeing Board for 2013 be held on Wednesdays, commencing at 1.00 p.m. in the Rotherham Town Hall as follows:-

12th June
10th July
25th September
23rd October
27th November
18th December
22nd January, 2014 (9.30 a.m.)
19th February
26th March
30th April

From Norman Lamb MP
Minister of State for Care and Support

DH Department of Health

To: Chairs, Health and Wellbeing Boards
Cc: Council Leaders and Chief Executives
Chairs and Chief Operating Officers, GGCs

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 4850

Dear Colleague,

Delivery of the Winterbourne View Concordat and review commitments

I am writing to you at the start of your taking on your statutory functions to stress the pivotal local leadership role that Health and Wellbeing Boards can play in delivering the commitments made in the Winterbourne View Concordat[1] which represents a commitment by over 50 organisations across the sector – including the Local Government Association, NHS England, the NHS Confederation, Royal Colleges and third sector organisations – to reform how care is provided to people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. There is widespread agreement across the sector that the care of this group of vulnerable people requires fundamental change.

The abuse of people at Winterbourne View hospital was horrifying. For too long and in too many cases this group of people received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up in hospital unnecessarily and they are staying there for too long.

NHS England, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services and the Association of Directors of Children's Services each committed to working collaboratively with CCGs and Local Authorities to achieve a number of objectives by 1 June 2014, including that from April 2013, health and care commissioners will set out:

> *"a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.*

[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf

This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) process;

- *The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.*
- *We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.*

Health and wellbeing boards have an opportunity through their role in agreeing the CCG and Local Authority Joint Plans to challenge the level of ambition in the plan and ensure that the right clinical and managerial leadership and infrastructure is in place to deliver the co-produced plan.

Health and wellbeing boards will, no doubt, also want to take an active interest in how far the other commitments in the Concordat, particularly those relating to care reviews having been completed by June 2013, have been achieved, as well as satisfying themselves that commissioners are working across the health and social care system to provide care and support which does not require people to live in inappropriate institutional settings.

It will only be through creative local joint commissioning and pooled budgets working with people who use services, their families, advocacy organisations and carers and other stakeholders (including providers) that we will deliver more joined-up services from the NHS and local councils in the future and see real change for this very vulnerable group.

Health and wellbeing boards are well placed to agree when a pooled budget will be established (if not already) and how it will promote the delivery of integrated care – care that is coordinated and personalised around the needs of individuals; which is closer to home and which will lead to a dramatic reduction in the number of inpatient placements and the closure of some large in-patient settings.

The Department of Health has supported the establishment of an NHS England and Local Government Association-led Winterbourne View Joint Improvement Board. This Board will be working closely with a range of partners to develop and implement a sector-led improvement programme working with local health and social care communities to deliver real and lasting change in the support and

Department of Health

care for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. It will shortly be in touch with you separately to take stock of progress in your area so that any appropriate level of support can be arranged.

Due to the very public nature of these failures in care, I am sure that you will want to ensure that your health and wellbeing board is able to provide transparent public information and assurance on progress locally.

Further information about the work of the improvement programme, including a recently issued framework for conducting reviews of care locally, is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via Chris.Bull@local.gov.uk

Yours sincerely,

NORMAN LAMB

We hope to publish progress around the country in reaching the commitments made in the Concordat in the Summer.

Thanks so much for your work on this incredibly important issue!

ROTHERHAM BOROUGH COUNCIL

1.	**Meeting:**	**Cabinet**
2.	**Date:**	**22 May 2013**
3.	**Title:**	**Rotherham Environment and Climate Change Strategy and Action Plan Review 2013**
4.	**Directorate:**	**Resources**

5. Summary

This report asks Cabinet to approve changes to the Council's Environment and Climate Change Strategy and Action Plan and to sign up to the 'Climate Local' commitment to reducing CO^2 emissions and improving the environment.

Rotherham Council approved the Environment and Climate Change Strategy and Action Plan in August 2011. A number of significant changes including new legislation; Council restructure and economic situation have resulted in the requirement to review and update the Strategy and Action Plan.

'Climate Local' is a Local Government Association initiative that commits local authorities signing up to the initiative to reduce carbon emissions and adapt to the affects of our changing climate.

6. Recommendations

Cabinet is asked to:

- **Endorse the revised Environment and Climate Change Strategy and Action Plan.**
- **Commit and sign up to the Local Government Association Climate Local Scheme.**

7. Proposals and Details

Rotherham Environment and Climate Change Strategy and Action Plan have been through a review process to revise and update as a result of new legislation, RMBC restructure, changes to roles and responsibilities and the economic situation we are currently experiencing. Key stakeholders; lead officers and Members have been consulted and workshops and one to one meetings have been held resulting in a number of amendments to the Strategy and Action Plan. The revised Environment and Climate Change Strategy and Action Plan are at **Appendix A**.

In November 2007, Rotherham Council signed the Nottingham Declaration on Climate Change. 'Climate Local' is a Local Government Association initiative that replaces the declaration and commits signatories to:

- Set out actions to reduce carbon emissions and respond to changes in the climate.
- Set targets; method of monitoring and performance management.
- Demonstrate achievements and share with other councils and national partners:
    - Actions undertaken to achieve our targets.
    - Our progress
    - Learning from our experiences and achievements.

All of the requirements required by signing Climate Local are included in the revised Environment and Climate Change Strategy. Monitoring and performance management will be done through the Members Environment and Climate Change Group.

Further details about Climate Local are at **Appendix B**.

8. Finance

There is no additional cost directly associated with the review and update of this strategy.

9. Risks and Uncertainties

The main risk and uncertainty is ensuring that Rotherham Council work to continue to improve our environmental performance and comply with environmental legislation.

10. Policy and Performance Agenda Implications

The Environment and Climate Change Strategy and Action Plan will drive environmental improvements; carbon dioxide emission reductions and measures to adapt to climate change in accordance with the Corporate Plan.

11. Background Papers and Consultation

Contributions from a wide range of stakeholders including officers and Members have been included in the revised Strategy and Action Plan.

Contact Names:
Colin Earl, Director of Audit & Asset Management ext: 22033
colin.earl@rotherham.gov.uk

David Rhodes, Corporate Environmental Manager, ext 54017
david.rhodes@rotherham.gov.uk

Appendix A

Rotherham's Environment and Climate Change Strategy and Action Plan 2011 - 2015

Introduction

National Environmental and Climate Change legislation places significant duties and expectations on local authorities to address climate change issues.

The purpose of this Strategy is to explain how Rotherham MBC will reduce our environmental impact; reduce its contribution to climate change and adapt to future changes resulting from climate change. The strategy will contribute to national climate change objectives including:

- Reducing greenhouse gas emissions by 80% by 2050 against a 1990 baseline.
- Reducing fuel poverty and improve energy efficiency through the Government Energy Company Obligation and Green Deal.
- Generating 15% of the UK's energy consumption from renewable energy by 2020.

Climate change is set to be an issue that will dominate the 21st century because of its economic, social and environmental implications. Although an international issue, many of the effects will be felt, and ultimately will need to be managed, on a local scale.

Progress of the Strategy and Action Plan will be regularly monitored. Achievements and areas of concern against the objectives and targets will be reported annually. The strategy will be reviewed annually or as a result of significant changes from local, regional or national legislation and policies.

The Challenge of Climate Change

There is a wide range of evidence indicating our climate is changing largely as a result of human activities. UK Climate Impacts Programme reported changes are already occurring including:

- Global average temperatures have risen by nearly 0.8 ºC since the late 19th century, but the rise has slowed recently.
- On average since 1900 sea-levels have risen by about 10cm around the UK and about 17cm globally.
- Sea-surface temperatures around the UK coast have risen over the past 3 decades by about 0.7 ºC.

Seasons are changing in the UK with the growing season starting earlier and finishing later; average rainfall in the summer is decreasing, while in winter it is increasing; species are changing their behaviour, from butterflies appearing earlier in the year to birds starting to change their migration patterns.

Not only is it necessary to take action to mitigate future climate change, there is also a need to adapt to the changes we are likely to face.

Results of modelling carried out for the Yorkshire and Humber Regional Climate Change Adaptation Study also suggest that by 2050:

- Increased and more frequent floods would bring an extended, higher intensity winter flood season and flash flood flows.
- Air pollution, especially during extreme heat events in urban areas, is expected to increase the incidence of health complications.
- Increased pressure on biodiversity and changing eco-systems.

Climate change will present the borough with opportunities as well as challenges:

- Increasing job opportunities in the low carbon sector.
- Providing opportunities for the Advanced Manufacturing and Technology Sector and industries in developing solutions to climate change challenges.
- Potential increase in arable farming yields

Action Plan

The action plan sets out 10 key areas of action where we have the greatest scope to make changes; improve our local environment and reduce carbon emissions. The key areas are:

1. Strategic Planning and Policy
2. Built and Natural Environment
3. Emergency Planning and Recovery, Social Care and Health
4. Energy and Water
5. Engagement, Education And Awareness Raising
6. Housing
7. Procurement and Resources
8. Regeneration and Business
9. Transport
10. Waste and Recycling

Reducing our carbon emissions is essential to translating our commitment into actions. Carbon reductions can often be linked to improving efficiency and reducing cost by reducing waste; reducing energy and water consumption; using low carbon modes of transport; implementing sustainable procurement processes; contributing to carbon reductions through our built and natural environment and influencing behaviour through planning, policies, training and awareness.

1. Strategic Planning and Policy					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
1.1 Strategic approach to sustainable development adopted that cuts across all aspects of estate management, service delivery and community leadership	1.1.1 Dedicated Resource and Network for Climate Change Co-ordination	Dec 2013	Identify Climate Change Champions at Senior Officer and Elected Member level	RMBC Cabinet; SLT	Current
	1.1.2 Report performance and progress of action plan through the annual Environment Statement	March 2014	Annual report	Asset Management	Current
1.2 Ensure that a system is in place for gathering data in relation to climate change	1.2.1 Audit of Environmental and Climate Change activities across RMBC	March 2014	Internal Audit Programme / Annual updates Contribution to Annual Environmental Statement	Asset Management	Current
1.3 Commit to LGA initiative and become a Climate Local council	1.3.1 Sign up to the Climate Local commitment	April 2013	Annual Declaration Annual progress report	Resources Directorate	Current
	1.3.2 Comply with the commitment through: - Declaration of targets and actions - Share learning and experiences with other Local Authorities - Report progress				

2. Built and Natural Environment					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
2.1 Manage and improve the quality and accessibility of parks, open spaces and public rights of way	2.1.1 Development of Site Management Plans	Ongoing annual target dates (March)	Site Management Plans (currently 19)	Streetpride; Planning & Regeneration.	Current
	2.1.2 Implementation of Rights of way improvement plan		Team Action Plan (Rights of Way Team) and independent verification of targets for Rights of Way Improvement Plan as requested by the Local Access Forum.		
2.2 Improve street cleanliness by reducing litter, graffiti, fly tipping and other enviro-crime	2.2.1 Maintain cleanliness standards	Ongoing annual target dates (March)	Local Performance Indicators	Streetpride	Current
	2.2.2 Undertake awareness / action campaigns		Campaign reports		
2.3 Conserve existing biodiversity and reduce sources of harm	2.3.1 Implement Rotherham Biodiversity Action Plan 2012	Ongoing to 2020	Project Plans and biodiversity records Preparation and delivery of Implementation Plan	Streetpride	Current
	2.3.2 Develop and implement site based management plans for Council owned sites	Ongoing	Management plans		
	2.3.3 Maintain the Local Wildlife System to encourage all landowners to manage important biodiversity sites appropriately	Ongoing	System records		
	2.3.4 Ensure all land use and management strategies, policies and plans take account of biodiversity-related climate change issues and incorporate adaptation measures.	Ongoing	Management plans, corporate strategies and policies		

2. Built and Natural Environment					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
2.4 Establish ecological networks through habitat protection, restoration and creation to create ecologically resilient and varied landscapes	2.4.1 Agree Green Infrastructure mapping and incorporate into Local Plan delivery	2012 - 2014	Current ecological network extent mapped, connectivity targets agreed and supporting policies in place.	Streetpride; Planning & Regeneration.	Currently within Local Plan production scope
	2.4.2 Work with partner organisations to deliver network enhancement and connectivity.	Ongoing	Project plans		Current
2.5 Maintain environmental evidence base to allow sound ecological decisions to be made	2.5.1 Undertake regular monitoring of evidence base to ensure appropriate systems are in place.	Ongoing	Provision of relevant performance indicator data. Provision of data to support decision making.	Streetpride	Current
2.6 Manage Rotherham woodland	2.6.1 Maintain, manage and conserve trees & woodlands in the borough	Annual certification	FSC Certification and Management Plans / improvement schemes	Streetpride	Current
	2.6.2 Identify local market for wood management by-products				
	2.6.3 Support woodland management projects for socially excluded communities				
2.7 Ensure that asset portfolio's are sustainable by integrating sustainability into all capital and asset management strategies, plans, programmes and projects	2.7.1 Promote sustainable design and construction through asset management and procurement practices.	Annual reporting project dependant	Design standards BREEAM ratings subject to projects and funding	Asset Management Department	Current
	2.7.2 Adopt environmental sustainability measures within estates management.	Annual Report	Building performance standards		
2.8 Employ planning policy to address climate change	2.8.1 Consider climate change impacts and incorporate sustainable features in applications	Ongoing	Planning applications	Planning & Regeneration	Current
2.9 Ensure Biodiversity Duty (NERC Act 2006) is implemented in line with	2.9.1 Integration of biodiversity considerations into all relevant service areas and functions	Ongoing	Annual compliance monitoring to be undertaken by Defra.	Streetpride	Current

2. Built and Natural Environment					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
recommended Best Practice.			Internal monitoring system (to be agreed)		

3. Emergency Planning (and Recovery), Social Care & Health					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
3.1 Ensure potential environmental damage is minimised in emergency situations and accidents through the development of emergency response plans at sites of significant environmental risk	3.1.1 Maintain and implementation if required: – Borough Emergency Plan – Site specific plans – Multi Agency flood plan.	Annual Review	Annual training and exercises together with validation	Asset Management Department; Rotherham Emergency Planning Forum and the South Yorkshire Local Resilience Forum	Current
3.2 Ensure communities are prepared and able to adapt to future climate	3.2.1 Undertake Local Climate Impact Profile 3.2.2 Raise community awareness	Rolling Programme	Production of a local risk register Validation of Awareness Raising Events Place Survey	Asset Management Department	Current

4. Energy & Water					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
4.1 Sustainable energy use and wider sustainable development recognised as a priority	4.1.1 Ensure energy issues reported regularly to Senior Management Teams	Annual / 6 monthly	Annual / 6 monthly reporting	Asset Management Department	Current
4.2 Reduce CO_2 emissions	4.2.1 Reduce CO_2 emissions from RMBC activities	Annual - July	GHG Report Annual CRC report	Asset Management Department	Current
	4.2.2 Promote energy efficiency in schools through technical improvement and awareness	Annual	Energy Performance Certificates / Display Energy Certificates	Asset Management Department	Current & external funding
4.3 Improve water management	4.3.1 Reduce water consumption from operational activities and include water management features in new build / refurbishment projects subject to projects and funding	Annual	- Water management features in RMBC assets - Water consumption - Adaptation improvement report / action plan	Asset Management Department; Planning & Regeneration; Adaptation Working Group	Current; potential EU funding
	4.3.2 Assess the feasibility of developing and adopting a Sustainable Water Management Strategy including adaptation measures				
4.4 Adopt /promote renewable energy	4.4.1 Increase renewable energy generation year on year in the borough to reach 36Mw by 2021.	Annual	Renewable energy generation in the year	Planning & Regeneration	Local Plan
	4.4.2 Identify and implement projects through FITS / RHI	Ongoing	FITS / RHI project records	Asset Management Department	FITS/RHI

5. Engagement, Education and Awareness Raising					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
5.1 Provide environmental training and information	5.1.1 Implement an ongoing communications and awareness campaign / training	Ongoing	Records of awareness campaigns / training sessions School training records	Asset Management Department	Current
	5.1.2 Support community groups / champions to provide local environmental advice	Ongoing	Records of support	Neighbourhoods and Adult Services	Current
	5.1.4 Communicate the environmental performance and initiatives of RMBC	Ongoing	Articles and press releases	Resources Directorate	Current
5.2 Work in partnership with schools, and other organisations to promote and support action / projects that improve the quality of our environment	5.2.1 Support Schools with Eco-Schools / Schools Collaboration Programme	Ongoing	Schools Collaboration Programme Report ECO schools / standard in Rotherham	Asset Management Department	Current

6. Housing					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
6.1 Improve the energy efficiency of social housing as measured through the SAP rating	6.1.1 Improve insulation 6.1.2 Improve heating systems 6.1.3 Improve energy awareness	Ongoing	SAP rating of 75 by 2015	Housing & Neighbourhood Services; Strategic Housing Investment Service	Current and external funding
6.2 Improve and maintain access to information on energy efficiency for Rotherham residents	6.2.1 Provide householders with a local energy efficiency advice and grant information services 6.2.2 Neighbourhood Service Centres advice	Ongoing	Case / advice records	Housing & Neighbourhood Services; Strategic Housing Investment Service	Current
6.3 Obtain external funding to support energy efficiency initiatives	6.3.1 Promote ECO/Green Deal	Jan 2013 - 2014	Projects using: Green Deal / ECO Funding for all 3 strands: 1. Affordable Warmth 2. Carbon Saving Communities 3. Carbon Savings	Housing & Neighbourhood Services; Strategic Housing Investment Service	ECO / GD Funding
6.4 Aim to achieve zero carbon new residential development	6.4.1 Evaluate the outcome of the Government Building Standards review announced by Government October 2012, with expected changes in 2013 resulting in: - Developing target(s) to achieve the objectives in line with changes to building standards. - Implement key actions to ensure compliance	2013	To be confirmed in 2013	Housing & Neighbourhood Services; Strategic Housing Investment Service	Current

7. Procurement & Resources					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
7.1 Promote sustainability and environmental considerations through procurement activities	7.1.2 Comply with the Sustainable Procurement and Commissioning Code of Practice	2013	CoP monitoring through environmental audit programme Whole Life costs procedure and records of application	Procurement and Commissioning Teams	Current
7.2 Encourage procurement of local products and services	7.2.1 Action through the Procurement Strategy	Ongoing	Increased local products or services	Procurement and Commissioning Teams	Current
7.3 Where feasible, purchase goods and materials that can be manufactured and disposed of in an environmentally sustainable way	7.3.1 Action through the procurement activities 7.3.2 Award suppliers who have proven sustainability credentials.	Ongoing	Types of goods and materials purchased	Procurement and Commissioning Teams	Current

8. Regeneration / Business					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
8.1 Regenerate derelict land and focus new developments on brown-field sites	8.1.1 Review and improve the current non domestic regeneration and land policy	Ongoing	Number of regeneration projects on brownfield sites	Planning & Regeneration	Current
	8.1.2 Review Local Plan land allocations in relation to modern market requirements		Local Plan		
	8.1.3 Maximise the amount of future housing which is built on previously developed land		Domestic properties constructed on brownfield sites		
8.2 Communicate the advantages to businesses of adopting new environmental practices, that reduce costs and increase business performance	8.2.1 Provide information to businesses on the environmental and economic benefits of low carbon and energy efficient practices	Ongoing	Number of businesses reached	Planning & Regeneration; RiDO Business Development Team	Current
	8.2.2 Raise awareness of loans and assistance for SMEs, particularly linked to the low carbon agenda & their bottom line				

9.Transport					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
9.1 Reduce the environmental impact of fleet transport and promote the use of sustainable transport	9.1.1 Assess feasibility of alternative fuel fleet vehicles	Ongoing	Alternative fuel vehicles	Streetpride; Corporate Transport Unit	Current / external funding
	9.1.2 Install on board tracking device	Ongoing	Tracking devices fitted		
	9.1.3 Promote sustainable transport through the Local Transport Plan	Ongoing	LTP projects and performance indicators	Streetpride; Transportation Unit; Transportation and Highways Projects Group	Current
	9.1.4 Reduce staff grey fleet mileage	5% Annual	GHG report RMBC Travel Plan revised Autumn 2012	Streetpride; Transportation Unit	Current
	9.1.5 Service Planning to contribute to LTP targets	Annual	LTP targets considered in service plans	Service Directors; Performance & Quality; Transportation Team	Current
	9.1.6 Raising awareness and gaining commitment to sustainable transport from staff and contractors including moving people to public transport	Monitor annually	RMBC Travel Plan revised Autumn 2012 All modes travel survey required –capture data Contract monitoring and LPS Staff / contractor buy ins Service level agreements	Streetpride; Transportation Unit	Current Corporate funding

9.Transport					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
9.2 Management of taxies and contractors	9.2.1 Develop clear set criteria for taxies and hire vehicles including: - set age limits and emission standard following technology standards e.g. euro five - Install on board tracking device - Enforce idling regulations	2014	Ongoing consultations with Taxi Licensing and Taxi Operators association	Streetpride; Transportation Unit	Current

10. Waste / recycling					
Objective	**Key Actions**	**Target Date**	**Progress Measure**	**Delivery Lead**	**Resources**
10.1 Reduce the amount of waste produced through the adoption of the waste hierarchy 'reduce - reuse – recycle - recover'	10.1.1 Implement Waste Management Strategy 10.1.2 Assess and improve internal waste management	Waste Strategy target dates	Performance indicator reports Waste management arrangements and volume Domestic waste arisings	Streetpride; Waste Management Team	Current
10.2 Reduce the amount of waste produced in schools	10.2.1 Promotion of waste minimisation and recycling including: paper banks composting	Ongoing	Number of schools with recycling facilities	Streetpride; Waste Management Team	Current
10.3 Improve management of ICT Waste	10.3.1 100% targets for reuse / recycling	Ongoing	Waste reused / recycled	Asset Management Department; Corporate ICT, ICT Governance & Change	Current

Key:

SLT	Strategic Leadership Team
DEC	Display Energy Certificate
EDS	Environment and Development Services
EMS	Environmental Management System
EPC	Energy Performance Certificate
LP	Local Plan
LTP	Local Transport Plan
NAS	Neighbourhoods & Adult Services
RMBC	Rotherham Metropolitan Borough Council
DECC	Department of Environment and Climate Change
LGA	Local Government Association
MoU	Memorandum of Understanding
BREEAM	Building Research Establishment Environment Assessment Method
NERC	Natural Environment and Rural Communities
DEFRA	Department for Environment Food and Rural Affairs
RHI	Renewable Heat Incentive
FITS	Feed in Tariffs
RIDO	Rotherham Investment and Development Office
EST	Energy saving Trust
CoP	Code of Practice
SME	Small / Medium Enterprise

Beyond Authorisation: Delivering a Sustainable Health and Care System

Group exercise - How to make it happen?

Priority – Mark whether this should be a High, Medium or Low priority for your Organisation (H/M/L)

	Within our organisation:	Organisations we commission services from:
Include sustainability in our mission statement		
Have a Sustainable Development Management Plan (SDMP)		
Include a sustainability section in annual reports		
Know our/their current organisational carbon footprint		
Demonstrate reductions in carbon emissions		
Appoint a sustainability lead to co-ordinate local action and link in with leads in other parts of the health and care system		
Engage patients and the local community in looking at sustainable models of care and care delivery		
Include sustainability criteria in business cases and models of care redesign		
Provide sustainability awareness training and education		
Use the Good Corporate Citizenship tool *(a CSR tool designed for the health and care system)* to assess and monitor progress		
Have a staff health and well-being policy		
Reflect the diversity of the local community in our workforce		

Clinical Commissioning Groups:

Priority – Mark whether this should be a High, Medium or Low priority for CCGs (H/M/L)

	As part of our contracting and system management responsibilities we:
Meet the CCG Assurance Framework 2013/14 requirement to have robust plans to ensure "the capacity and capability to...commission well, ensuring quality, financial control and environmental sustainability" – [page 17]	
Set objective sustainability measures and targets for providers in contracts	
Assess provider sustainability performance at performance management meetings	
Consider provider's sustainability credentials as part of the tendering process	
Factor wider social value considerations into contracting decisions	
Work in partnership with local authorities, health and wellbeing boards, and care providers to reduce improve sustainability and resilience	

Health & Wellbeing Boards:

Priority – Mark whether this should be a High, Medium or Low priority for Health and Wellbeing Boards (H/M/L)

	As part of our local health and wellbeing strategy we:
Maintain a regional oversight of health, public health and social care system carbon emissions	
Promote a 'triple bottom line' approach (simultaneous economic, social and environmental return on investment)	
Work with CCGs to use contractual levers to improve the sustainability performance of the local health and care system	

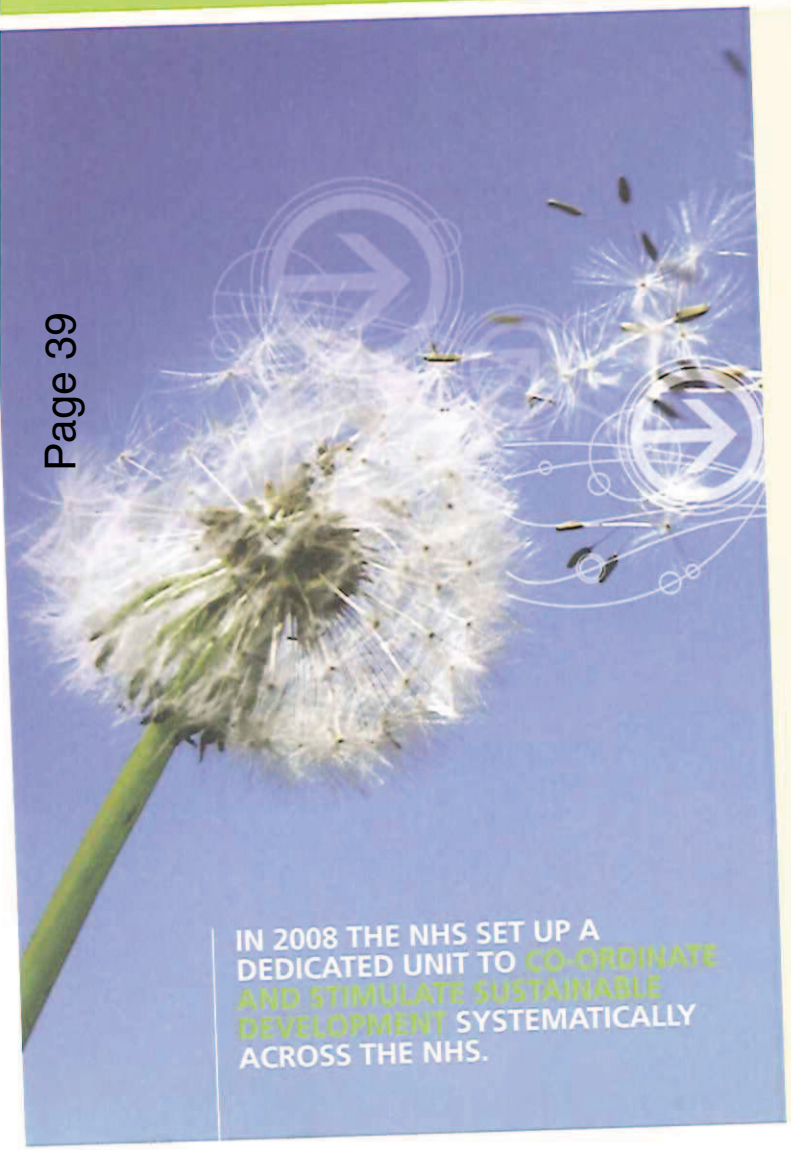
What support do you require to take action on this agenda?

What 3 high impact actions will you take in the next 3 months?

YOUR DETAILS: (please note this is optional)

NAME:	
ORGANISATION:	
ROLE:	
Any additional thoughts/musings triggered by today that we should consider?	

"The NHS is well positioned to lead the public sector in taking an ambitious, but realistic, approach to the challenge of climate change." Sir Neil McKay CB, Lead NHS Chief Executive for Sustainable Development



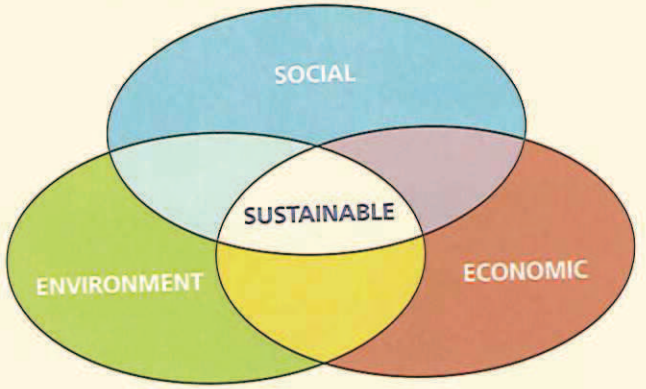
The NHS Sustainable Development Unit (SDU) takes a whole systems approach to developing organisations, people, tools, policy and research. It helps the NHS fulfil its potential as a leading sustainable and low carbon organisation. Based in Cambridge, it is acknowledged as an important national resource across the NHS and receives public sector support as well as significant international recognition.

THE NHS SDU HAS ESTABLISHED:

- A strong vision for the NHS. It has produced an NHS Carbon Reduction Strategy and is helping the NHS lead the public sector in delivering sustainable services and reducing the impact of healthcare on climate change;
- A leading role in engaging with key stakeholders, convening groups to coordinate action, and generating materials and tools to support implementation. This includes developing a Route Map for a sustainable health system;
- A growing evidence base, an emerging structure of metrics and governance, including NHS wide carbon footprints, Marginal Abatement Cost Curves and regional monitoring maps;
- A database of examples of excellence which can support, motivate and inspire others;
- A record of practical support to ensure compliance with legal requirements, in relation to the UK Carbon Reduction Commitment or the European Union Emissions Trading Scheme.

In 2008 the NHS SDU calculated the largest scope 1, 2 and 3 carbon footprint in the world. The NHS carbon footprint is 21 million tonnes CO_2e. The NHS needs to reduce this by 10% by 2015 in order to be in a strong position to meet the UK government's targets for 2020 and 2050.

This means the NHS is changing at many levels, from the way it uses resources and delivers care, to the way sustainability is embedded in the modern, person centred, IT driven, cost contained health service of tomorrow.



Above:
Three interrelated dimensions of sustainable development

NHS
Sustainable
Development Unit

DEVELOPING A HEALTHY AND SUSTAINABLE FUTURE

NHS SDU publications include:

- NHS Carbon Reduction Strategy for England: Saving Carbon, Improving Health;
- An Update to the Carbon Reduction Strategy;
- Fit for the Future: Scenarios for low carbon healthcare 2030;
- Route Map for Sustainable Health;
- Training materials: www.sdu.nhs.uk/publications-resources/
- Sustainable Development Management Plan guidance: www.sdu.nhs.uk/sd_and_the_nhs/sd-governance/sdmp.aspx

A high quality sustainable healthcare service will meet the needs of today, without compromising the needs of tomorrow. It will include the best of environmental, social and financial sustainability and provide a world leading patient centred service which minimises its impact on the environment.

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The NHS Sustainable Development Unit develops organisations, people, tools, policy, and research to help the NHS in England fulfil its potential as a leading sustainable and low carbon organisation.

The National Health Service (NHS) is the largest employer in Europe, with 1.4 million employees, and offers health services to a population of 52 million people in England. Its annual budget is £110 billion. It is the fourth largest organisation in the world.

Health and Wellbeing Board

1.	**Date:**	**12 June 2013**
2.	**Title:**	**Health and Wellbeing Strategy: Workstream Progress**

3. Summary

The Health and Wellbeing Strategy includes 6 strategic outcomes. These outcomes are being delivered through a set of actions to bring about change in the way we do things; to improve the health and wellbeing of all Rotherham people.

Each of the 6 outcomes has been allocated a lead officer from across the council, public health and NHS. It is the responsibility of these lead officers to develop their workstream and deliver the actions.

This report provides the Health and Wellbeing Board with an update on the progress of each of the workstreams, and enables the board to consider any issues or tensions which need to be thought through. This is alongside a more detailed presentation on one of the workstreams at each board meeting.

4. Recommendations

That the Health and Wellbeing Board:

- **Notes progress on each of the workstreams**
- **Considers any actions required to address issues, concerns or barriers**

5. Proposals and details

A summary of the key actions and progress against these is presented below for each workstream.

Prevention and Early Intervention

- An expression of interest has been submitted to the Big Lottery Fund for the Ageing Better programme, which if successful will provide us with up to £6 million to deliver initiatives to tackle loneliness and isolation in older people. This would help deliver the 'healthy ageing' element of the workstream
- Work is in progress to develop the website and social media to communicate key health information, provide advice and signposting
- Every Contact Counts model has been agreed in principal at the previous HWBB and a working group is now looking at the detail of this, what a model could look like for Rotherham and the most appropriate way to implement
- Work is underway to map out all the current needs assessments in Rotherham, this will then be used to identify any current gaps which the refreshed document will need to pick up – including areas of priority for prevention and early intervention

Expectations and Aspirations

- HWBB agreed in principle at the previous meeting to the customer pledge, young person's pledge and staff prompt card
- It was agreed that a further piece of work needed to be done to develop a single set of standards across all the partner organisations
- Following discussions with CYPS, agreement has been made for the Expectations and Aspirations sub group to look at broadening to cover the 'best start in life' elements of the HWB Strategy
- The first 'Pilot Practitioner Information Sharing' event took place on 16 May at My Place for the deprived neighbourhoods: East Herringthorpe and Dalton / Thrybergh, this was attended and good feedback has been received from all delegates. Lessons learned from this will be used to improve the next session which is taking place in Aston (date to be agreed)

Dependence to Independence

- The self care / self management proposal has now been completed – which is to be presented to the Urgent Care Management Committee on 10 June
- The terms of reference of the personalisation sub-group have been refreshed and will be presented to the Urgent Care Management Committee for agreement on 10 June
- The fist draft of the risk taking policy is currently being prepared, as agreed at HWBB on 10 May
- A report on the potential for Intermediate Care to increase focus on psychological and emotional rehabilitation is now completed and to be presented to Health and Wellbeing senior management meeting on 21 May
- An initial draft of the Telecare Strategy is now complete and ready for consultation
- The expression of interest to the Big Lottery Fund for the Ageing Better programme has been submitted; response due end of July

Healthy Lifestyles

- Meetings held with strategic leads for leisure/green spaces and community sports development lead and physical activity to support the development of funding bids to increase the physical activity offer in the Borough, seeking to specifically support schools in making most effective use of Sport England funding.
- Meeting held with Director of Rotherham Community Transport to understand the challenges facing residents of rural or isolated communities – clear links to the Big Lottery Fulfilling Lives Healthy Ageing bid identified under Prevention and Early Intervention
- Presentation made at Practitioner Information Sharing event on Rotherham's health issues and opportunities for promoting healthy lifestyles
- Continued engagement with Lifestyle/Behaviour change strategy leads and service providers to enhance development of Theme Plan
- Weight Management Services visited by Public Health Minister in April. Considerable interest nationally following this and presentations of the outcomes from the services at an international conference

Long-term Conditions

Action plan being presented in full to HWBB

Poverty

- Significant progress continues to be made in all 11 deprived neighbourhood areas
- This work is overseen by a cabinet member and a strategic lead officer in each area
- In each area between 3 and 6 priority areas have been identified, and Coordinators are working corporately to ensure interagency commitment and progress on these priorities. Examples of this include:
    - In East Herringthorpe a partnership development network meeting was held on the 16th may, designed to build interagency capacity and improve awareness and focus on the priorities
    - In Dalton and Thrybergh a Community Alcohol Partnership has been launched with significant commitment from retailers and the school signing up to involve young people in producing a DVD that they can then use to raise the issue of alcohol abuse with parents, friends, relatives and the wider community
    - In Eastwood a raft of measures have contributed to a 15% reduction in flytipping and the dumping of waste
    - In Rawmarsh East work is ongoing to secure the Carnegie library for community use

6. Risks and Uncertainties

Not having the appropriate resources to deliver the actions required within the workstreams; including officer time and available budget. This means that leads are having to be innovative and creative in their thinking to ensure delivery effectively and appropriately.

Each lead is currently developing their action plan. Having a plan in place will be crucial in ensuring the right actions are being delivered and enable the board to monitor effective progress.

7. Contacts

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Workstream Leads:

Prevention and Early Intervention
John Radford, DPH

Expectations and Aspirations
Sue Wilson, RMBC

Dependence and Independence
Shona McFarlane, RMBC

Healthy Lifestyles
Joanna Saunders, RMBC Public Health

Long-term Conditions
Dominic Blaydon, NHS Rotherham

Poverty
Dave Richmond, RMBC

Draft – V 29.4.13

Rotherham Metropolitan Borough Council

Health and Well Being Strategy

Priority 5: Long Term Conditions

Improving outcomes for people with a long term condition by delivering integrated services and promoting self-management

May 2013

Author: Rotherham Urgent Care Management Committee

Contents

1. Introduction

The Rotherham Health and Wellbeing Strategy sets out the key priorities that the local Health and Wellbeing Board will deliver over the next three years to improve the health and wellbeing of Rotherham people.

The Health and Wellbeing Board have agreed six areas of priority;

Priority 1	Prevention and early intervention
Priority 2	Expectations and aspirations
Priority 3	Dependence to independence
Priority 4	Healthy lifestyles
Priority 5	Long-term conditions
Priority 6	Poverty

This document focuses on outcomes achieved under Priority 6. It set out the work currently underway and identifies key actions for the next 2 years. There are clear links between these workstreams, particularly between Priority 3 and 5. A lot of the work within these priority areas is focused on maintaining independence and supporting an ethos of self-management among health and social care providers.

2. Shared goals

The Health and Well Being Strategy has identified the following shared goals for the Long Term Conditions workstream.

- Develop a common approach to data sharing so we can provide better support across agencies and put in place a long-term plan for the life of the individual.
- Ensure all agencies work together to make transitions between services for those with long term conditions seamless and smooth
- Work jointly to review our eligibility criteria thresholds and ensure we are able to escalate and de-escalate people through services as their needs change.

The Urgent Care Management Committee, which oversees Priority 6 of The Heath and Well Being Strategy has developed these shared goals to reflect those in the national Long term Conditions Strategy.

- People will be supported to stay healthy and avoid developing a long term condition
- People will have their conditions diagnosed early and quickly
- Services will be joined up, and based around individuals' health and social care needs
- People with long term conditions will be socially included, and supported in work and education
- People with long term conditions will be as independent as possible and in control of their lives
- People with long term conditions will be supported to manage their own condition effectively

3. Joint Strategic Needs Assessment (JSNA)

The local JSNA estimates that 22.4% of the Rotherham population consider themselves to have a limiting long-term illness compared with 17.9% nationally. Rotherham has a higher prevalence of

long-term conditions than the national average and this seems likely to increase as the population continues to age.

63 % of people in Rotherham with a long term condition report that they have had enough support from local services or organisations. This compares favourably nationally and suggests services are working well together to support people. It is estimated that in 2015 there will be 28,199 people over 65 in Rotherham with a limiting long-term condition. 21% of older people are unable to perform one Assisted Daily Living ADL task without help.

The JSNA highlights Intermediate Care, Rothercare and the Expert Patient Programme as vehicles for promoting self management of long term conditions. It emphasises the importance of establishing clear care pathways with a structure in place for coordinated rehabilitation. The JSNA highlights the need for long-term rehabilitation services for specific care pathways including brain injury, stroke and degenerative neurological condition. It supports the development of a key worker role for people with a long term condition.

4. Long Term Conditions Commissioning Programme

Partner organisations from Rotherham's health and social care community have recently participated in a national programme aimed at improving services for people with long term conditions. The programme included 3 workstreams;

1. Risk profiling
2. Integrated neighbourhood teams managing proactive review of high-risk patients
3. An emphasis upon self care
4. Alternative Levels of Care

In Rotherham the Urgent Care Management Committee (UCMC) is responsible for overseeing implementation of the Long Term Conditions Programme. The UCMC includes 3 GPs, Rotherham FT senior management, the Director of Neighbourhoods and Adult Services from RMBC and a Consultant in Public Health. The Committee actively manages the programme to ensure agreed outcomes are met and that there is appropriate and effective engagement with patients and public.

This report will now consider progress so far on each of the workstreams and set out plans for the next 2 years. Currently no recurrent funding committed to many of the initiatives identified in this report. Rotherham CCG is to review and evaluate schemes in October with a view to future funding arrangements

5. Risk Profiling

5.1 Current Status

Rotherham has recently introduced a risk stratification tool which is able identify those people with a long term condition who are at greatest risk of hospital admission in the following year.

There is evidence that effective risk stratification enables appropriate targeting of resources. Combined with a case management approach and appropriate community support, risk stratification can anticipate or pick up deterioration in a condition quickly. By intervening early health and social

care professionals should be able to prevent deterioration, promote self management and reduce likelihood of high cost interventions.

The main function of a risk stratification tool is to analyse individual clinical events and build a predictive risk score for a patient. The most effective risk stratification tools are based on multiple sources of data including both primary and secondary care information. Rotherham's risk stratification tool uses a range of secondary and primary data to help establish risk levels.

Rotherham's risk stratification tool is an essential vehicle for delivering the GP Case Management Programme, assisting GPs in the effective identification of high-risk patients.

Rotherham's risk stratification tool is easy to use. Access to the tool and its data is quick and compatible with existing primary, community and secondary care data systems. The usability and accuracy of the tool for clinicians has been a primary consideration when choosing the most appropriate model.

The risk stratification tool is a cross-cutting initiative which supports the "Early Intervention" priority, ensuring that we are able to keep people with long term conditions out of hospital.

5.2 Future Development of Risk Stratification Tools

Over the last year commissioners have focussed on procuring and distributing the risk stratification tool. Over the next year we have to establish the current level of use within GP Practices, how this is influencing GP interventions and whether it is having an impact on patients. We will cross check patients who are highlighted as "high risk" against social care systems to see if health and social care teams are working with the same cohort of the population.

6. Integrated Long Term Conditions Teams)

In Rotherham Integrated Neighbourhood Teams incorporate the following key elements

- GP Case Management
- Locality Community Health Teams
- Aligned Social Workers
- Social Prescribing
- Alternative Levels of Care

6.1 GP Case Management Programme

Rotherham CCG has recently commissioned a GP Case Management Programme, which defines the role of GPs within case management and ensures that they have the resources to fulfil this role.

The key principle of this pilot is that the GP acts as the lead professional for the case management of people with long term conditions. Using the risk stratification tool GP Practices are able to identify people who are, or have the potential to be, high intensity users of health and social care resources. This includes people with palliative care needs and those in nursing or residential care. Practices covering over 85% of the the Rotherham population have signed up to this project, and are carrying

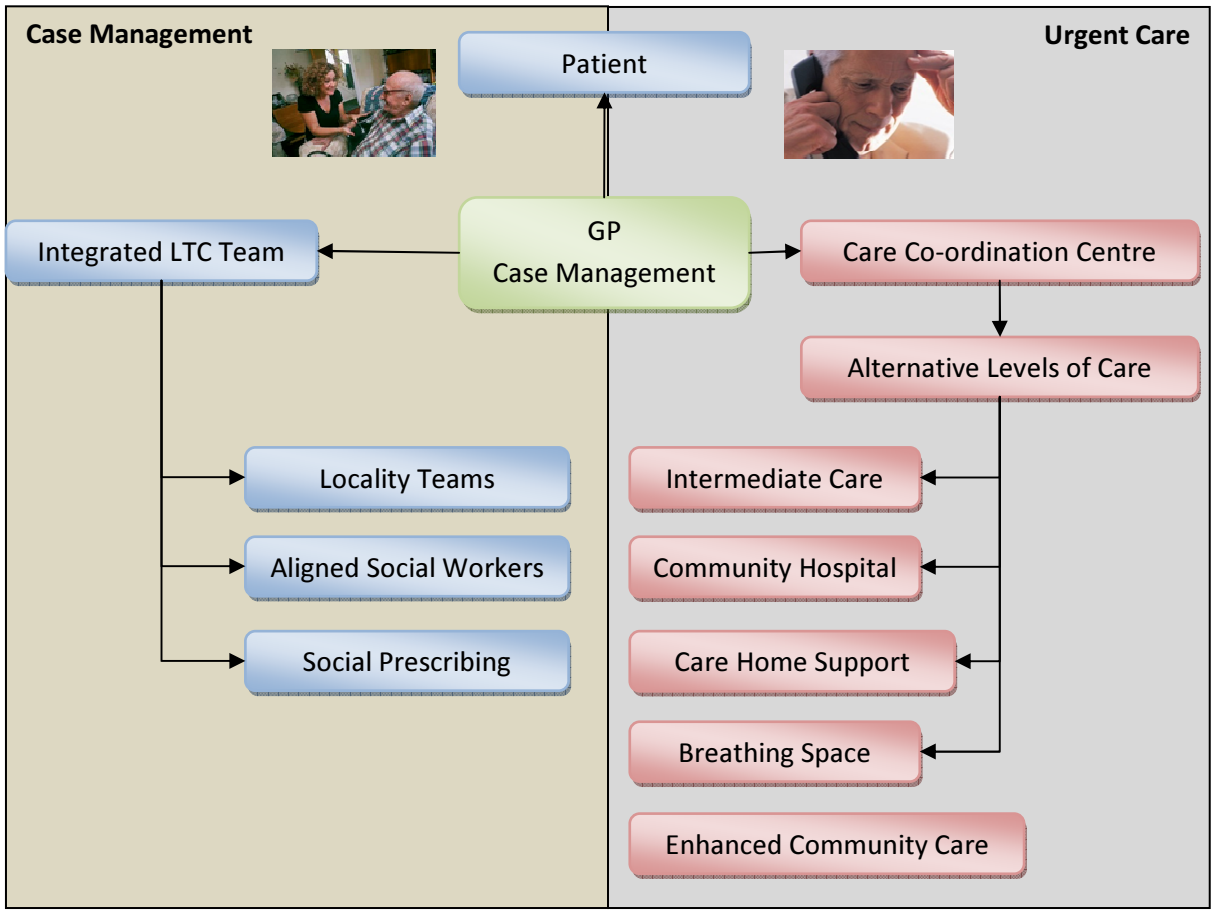
out pro-active patient-centred reviews of patients in the highest 5% of the risk profile. Currently there are 3103 care plans in place for high-risk patients, with an aspiration to achieve 8000.

The GP Case Management Programme is a cross-cutting initiative which supports the "Early Intervention" priority. It is based on the premise that early primary care intervention reduces costs further down the care pathway.

Under the GP Case Management Programme GPs will co-ordinate meeting of the Integrated Long Term Conditions Team. They will identify membership and take responsibility for co-ordinating meetings. The team will ensure that each patient has a clear plan of care which addresses both health and social care needs. They will identify a care co-ordinator for each patient. The GP will act as the interface between the integrated team and the patient.

Figure 1 sets out the service model that has now been build up around the GP case management programme. The integrated team supports GPs on case management. These teams consist of a federation of community health locality teams, social workers aligned to GP Practices and a 3rd sector brokerage service. Urgent care response is provided through the local Care Co-ordination Centre (Sec 8.1)

Figure 1: Service Model for People with Long Term Conditions



6.2 Locality Community Health Teams

Rotherham has reconfigured its community health services so that they deliver a combination of episodic care and case management support. Rotherham now has three integrated locality health teams which work alongside GPs to support people with long term conditions.

The teams provide named key workers for those identified as high risk. They ensure that a comprehensive assessment of health and social care needs is carried out. Alongside GPs they develop and implement personalised care plans for patients.

Locality teams agree self-management plans with patients where appropriate and provide up-to-date information, advice and support on their condition. The teams provide patients with access to assistive technology/equipment to support activities of daily living and more independent lifestyles.

Locality teams provide a comprehensive range of palliative care services, incorporating symptom control, pain-relief, social, psychological and spiritual support in line with the Gold Standard Framework.

6.3 Aligned Social Workers

Rotherham CCG has utilised Reablement Grant monies to ensure that there is social care support within the Integrated Long Term Conditions Teams. Rotherham MBC now employs social workers with specific responsibility for working closely with GPs on the case management programme. Their role is to identify any social care needs, carry out appropriate assessment and co-ordinate any services. Social workers can access domiciliary care provision, day care services, supported housing and respite care where appropriate.

The main benefit to this approach is that the social care package will form part of a holistic package of care and support, promoting self management, increasing independence and preventing the use of more expensive services such as residential care.

6.4 Social Prescribing

Rotherham has developed a Social Prescribing Programme, co-ordinated by Voluntary Action Rotherham and intended to support the work of our Integrated Long Term Conditions Teams.

Social prescribing is an approach that links patients in primary care with non- medical sources of support within the community. It is a mechanism by which GPs as case managers can engage with third sector providers, integrating health and social care support widening the local provider base.

Social prescribing is a cross-cutting initiative which supports the “Health Lifestyles ” priority. It provides support on lifestyle and community integration issues, reducing the need for formal support.

The service can provide the following options to GPs when trying to support patients.

Support with self-management

This can include support with education, managing pain and fatigue, healthy eating, exercise, emotional support, support to self-care and understanding care pathways.

Community Integration

VAR have access to a range of craft groups, interactive music sessions for people with dementia and community gardening projects. They can facilitate access to men's peer support groups, healthy cooking club, walking groups, specialist yoga, chair-based exercise and assistive technology support. GPs will be able to help patients access training opportunities and support with transport.

Emotional and practical support

There are a range of support groups and services located in the community that VAR work closely with. Typical services include peer mentoring, stroke support services, welfare rights advice, befriending, dementia cafes, gym buddies, support with aids and adaptations, handyperson services and language support services.

6.5 Future Development of Integrated Long Term Conditions Teams

Rotherham will continue to transform the way people with long term conditions are supported. We will contain the growth in costs of care by intervening early and reducing the need for high-cost services.

We will continue to support the four key components of Integrated LTC Teams; GP Case Management, Locality Teams, Aligned Social Workers and Social Prescribing. We will incorporate the award-winning Community Buddy and Community Partner Services into locality teams. These services recruit volunteer befrienders to support stroke survivors and falls patients once they have been discharged home.

We will continue to develop specific care pathways doing targeted work on those conditions which generate highest cost to the health and social care economy. We will develop integrated teams around these pathways, specifically targeting;

- Stroke
- Neurological Conditions
- Falls and Bone Health
- COPD

We will explore the use of personal health and social care budgets, empowering people to take greater control and enabling them to tailor resources to their needs. We will provide more targeted support for people in care homes by developing a similar approach to integrated case management.

7. Self Management

7.1 What Constitutes Good Self Management

The purpose of this workstream is to ensure that self-management is embedded in all aspects of health and social care. There are strong links here with the "Dependence to Independence" workstream, which requires a similar approach to care and support.

A good system of self-management will support the development of knowledge, skills and confidence in self care support. Health and social care services should support people with LTCs to actively participate in care planning. Care plans should include actions for the person receiving support aimed at improving or maintaining their condition. High-risk patients with long term

conditions should have a person held record, which includes their care plan. Case managers should ensure planned follow up on goals. Scheduled appointments should be in place to plan care, treatment or support.

7.2 Current Status

Some specialist teams such as the Home Care Enabling Service, Intermediate Care , Falls Service, Breathing Space and the Community Stroke / Neurological Conditions Teams and community matrons are built on an ethos of self management. These services have the clinical systems in place to support self care. However many mainstream health services still focus on direct support rather than support with self management.

Rotherham has a range of self care programmes which are routinely used by clinical teams. The Expert Patient Programme delivers a 6 week programme of support for people with long term conditions. This focuses on self management and motivational techniques. Rotherham also commissions a range of services from the 3rd sector which focus on self management; Crossroads Reablement Services, Stroke Community Integration Service and the Care UK COPD Health Coaching Programme.

There is a need to broaden out self care programmes so that they are delivered effectively across all care pathways. Specifically there is a deficit in linking up psychological support services into condition specific care pathways. This would address the impact of anxiety and depression on the ability to self-manage.

7.3 Future Development of Self Management

Rotherham will evaluate the current patient skills programme and reconfigure. We will bring all self management programmes under a single banner “Rotherham Patient Skills Programme”. We will extend the current patient skills programme so that it supports patients on the GP case Management Programme and people receiving social care packages. We will develop specialised psychological support services for people with long term conditions, so that they are better able to self-manage

Rotherham will set up a local self-management network, responsible for promoting self-management and acting as an interface between the statutory, voluntary and independent sectors. We will develop a multi-agency practitioner development programme, equipping works with the skills to assist in self management.

Finally Rotherham will introduce a person held record for people with a long term condition, enabling them to monitor their condition and track the progress of their care plan.

8. Alternative Levels of Care

The purpose of this workstream is to develop a full range of alternative levels of care for people with long terms conditions who experience an exacerbation. The programme has focussed on the following workstreams.

- Realignment of Intermediate Care services, ensuring that they support a broader range of patients
- Introduction of a Community Unit in Rotherham
- The development of an Enhanced Community Care Service supporting patients in their own home
- Better health care support for people in residential and nursing care
- Utilisation of Breathing Space beds, providing discharge support and step-up provision

For people with long term condition, these services are accessed through Rotherham's Care Co-ordination Centre. The Care Co-ordination Centre acts as a single point of access to health professionals, supporting them to identify the most appropriate service for someone with an urgent health need

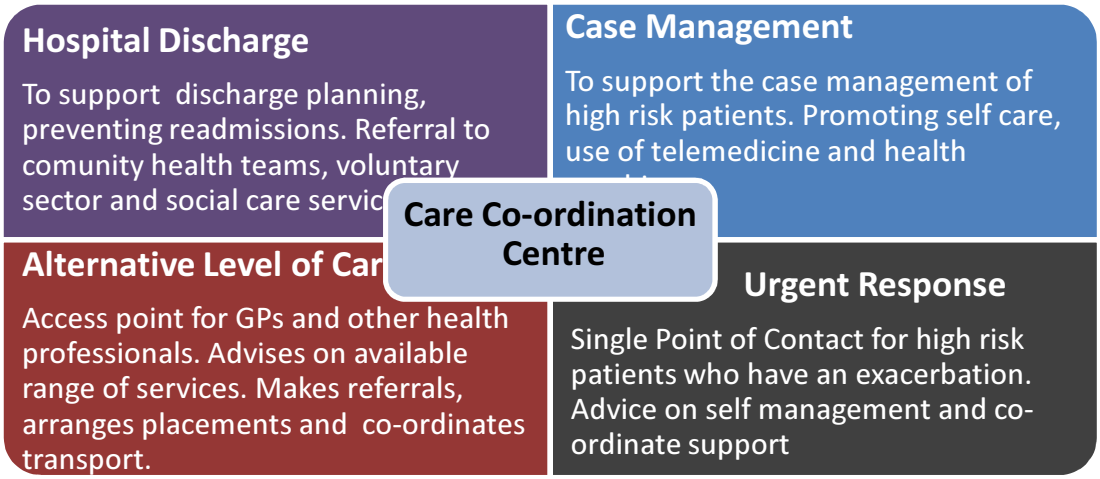
8.1 Care Co-ordination Centre (CCC)

The Rotherham Care Co-ordination Centre has 4 key functions.

1. Support discharge planning, ensuring appropriate and timely community services are in place
2. Single point of contact for GPs and health professionals to support the identification of the appropriate level of care for their patients.
3. Support the case management of patients with long term conditions
4. Single Point of Contact for patients with a long term condition who experience an exacerbation

The first two of these functions are already in operation. Case management support and direct support for patients is to follow next year. Figure 2 provides a diagrammatic representation of the separate functions of the CCC.

Figure 2: Summary of Functions of the Care Enhanced Call Centre



Benefits of Developing a Care Co-ordination Centre

The main benefits of developing a Care Co-ordination Centre are;

- GPs and other clinicians will have a single point of referral for a range of services
- Patients will quickly receive the care they need in the most appropriate setting
- The CCC will provide a single portal into all RFT urgent health care services
- The CCC will ensure that service packages and transfer arrangements are in place
- The CCC will confirm that the agreed care package is in place and provide follow-up information to the GP within 24 hours.

8.2 Realignment of Intermediate Care

The Intermediate Care Residential Service has been reconfigured so that it can accommodate people who require a "step up" facility. People who have a combination of nursing and therapy needs can now be supported within the intermediate care units. This enables intermediate care to support a different cohort of people who would otherwise have been admitted to hospital.

Rotherham CCG has commissioned a new 15 bedded unit at Lord hardy Court which provides a combination of intermediate care and Fast Response beds. The Fast Response beds can provide a place of care for up to 2 weeks while a patient recovers from an exacerbation.

Additional medical cover is now in place for the Intermediate Care Service. The current contract has been enhanced to provide more support to patients with complex care needs. Also, the community physicians are providing direct support to Fast Response patients who tend to be less stable than those being discharged from hospital.

8.3 The Rotherham Community Unit

This facility is used to support patients who need a period of recovery or recuperation that cannot be provided at home or in one of our intermediate care facilities.

Using Interqual, RFT have demonstrated that between 15% and 30% of hospital beds are currently occupied by patients who do not require acute care. At any one time there are over 200 patients occupying an acute hospital bed with a length of stay longer than 10 days. A significant proportion of these are medically stable. They may require observation or rehabilitation but not acute care. Many patients are awaiting recommencement of services or assessment for care packages.

The Community Unit beds will play a pivotal role in facilitating the timely discharge of patients who no longer require acute care in a hospital. They will also be able to support patients who do not require admission to hospital and whose needs can be met in an alternative setting.

8.4 Enhanced Community Care Service (ECC)

Rotherham's Enhanced Community Care Service provides multidisciplinary care co-ordination to high-risk patients who have been identified using the risk stratification tool.

The Enhanced Community Care Service supports GP in the case management of patients who would benefit from risk-reduction interventions. Individual Practices meet with their local ECC co-ordinator to identify patients where there are concerns relating to condition management.

The day-to-day clinical work of the ECC is led by a community matron. The community matron acts as care co-ordinator for all patients on the ECC and is able to pull in support from Locality Community Health Teams. The Locality Teams support the ECC by making available community nurses, allied health professionals and health support workers.

8.5 Care Home Support Service

There are currently around 1,600 older people living in 40 residential and nursing care homes in Rotherham, with the provision of around 2,000 beds. The number of older people is predicted to significantly increase to 1,800 by 2015 and 2,100 by 2020. Around 350 older people are admitted to residential care each year.

The main aims of the Care Home Support Service are to:

- Reduce A&E referrals, ambulance journeys and hospital admissions from care homes
- Meet the mental health needs of residents (in conjunction with RDASH via MH pathways)
- Support the case management of residents at high risk of hospital admission
- Address health training needs of care home staff
- Ensure appropriate access to falls prevention services
- Review health care provision within care homes and liaise with RMBC

8.6 Future Development of Alternative Levels of Care

The Rotherham health and social care community will increase the number of GP referrals into the Care Co-ordination Centre and divert more patients to alternative care settings. We will maintain current good performance on bed occupancy and length of stay within the intermediate care service.

The CCC will be extended to support the case management of patients who are at high risk of hospital admission. High risk patients will be identified using Rotherham's GP Case Management Programme. The CCC will be able to carry out the following tasks as part of any care plan.

- Provide an access point for patients who require advice and support on self care
- Monitor conditions remotely using telemedicine and responding to these where appropriate
- Delivery of health coaching, improving outcomes through lifestyle changes

The CCC will provide a reactive service to the same cohort of patients when they have an urgent care need.

We will pilot integrated telehealth/telecare packages for patients who currently receive both health and social care support. We will explore the potential of developing an integrated telecare/telehealth hub, linking up the Care Coordination Centre run by Rotherham FT with the RMBC based Rothercare service.

Finally we will ensure full integration between the CCC and NHS 111. We will put in place pathways to ensure that patients with a long term condition who phone NHS 111 will be routed to the CCC for support and advice.

11 Action Plan for Local Long Term Conditions Programme

Table 1 sets out the key actions an action plan for the Long Term Conditions Programme.

Workstream	Responsible Person	Actions	Date
Risk Stratification			
Establish current level of use within GP Practices	DB	Generate reports from the current risk tool to identify high risk patients. Cross check with case management lists	Jul 13
Measure impact of the risk stratification tool	DB	Evaluation report to the Adults Board	Aug 13
Cross check high-risk patients against social care systems	DB/SM	Assess whether there is those receiving social care services are high risk health patients	Aug 13
Integrated Long Term Conditions Teams			
Extend case management pilot across all GP Practices	DT	Evaluation in October of all specially commissioned health initiatives	Oct 13
Explore use of personal health and social care budgets	SM/DB	Identify patients who score high on risk stratification tool. Target those with social care support for personal budgets. Report to Adults Board with list of patients and strategy	Sep 13

Development of specialist integrated community teams across 4 key pathways in	LW/SM/DB	Develop then implement proposals for further integration of the following care pathways: falls and bone health, COPD, stroke and neurological conditions. Include RMBC and 3rd sector as part of a multi-disciplinary approach	Mar 14
Self Management			
Develop an integrated Patient and Practitioner Skills Programme for health and social care	DB/SM	Agree joint workforce development plan for practitioner skills training. Reconfigure existing patient skills programme, extending it to social care customers. Present plans to Adults Board	Jan 14
Develop specialised psychological support services for people with long term conditions	DB/LW	Develop a protocol for delivering psychological support for people on the case management programme	Sep 13
Develop a local network, incorporating statutory, independent and voluntary sector partners to promote self management	DB/SM	Identify membership, prepare terms of reference and set up meeting schedule	Jun 13
Introduce an integrated person held care plan which incorporates a care plan and self-management plan	DB/SM	Review template for a person held care plan for people on the case management programme. Incorporate a self-management plan and flare up plan. Implement new care plan	Jan 14
Alternative Levels of Care			
Pilot integrated telehealth/telecare packages and explore the potential of developing an integrated telecare/telehealth hub	BC/HR DB/SM	Develop a range of integrated telehealth/telecare packages that can be offered to GPs as part of the GP case management programme	April 14

Introduce a programme of telehealth coaching for people with long term conditions, based at the Care Coordination Centre	DH/DB		Jane14
Full integration between NHS 111 and the Care Co-ordination Centre	DH/DB	Develop a system whereby all NHS 11 calls with a disposition for a community service are routed through the Care Coordination Centre	June 13

Key

DB	Dominic Blaydon	LW	Lorraine Watson
SM	Shona McFarlane	HR	Helen Ramsay
DT	Dave Tooth	BC	Ben Chico

Rotherham's Joint Health and Wellbeing Strategy

Long Term Conditions Workstream

Dominic Blaydon,
Head of Urgent Care and Long Term Conditions
May 2013

Priority 5 – Long Term Conditions

Rotherham people and families will increasingly identify their own needs and choose solutions which are best suited to their personal circumstances

Six Strategic Outcomes

1.Prevention and early intervention

2.Expectations and aspirations

3.Dependence to independence

4.Healthy lifestyles

5.Long-term conditions

6.Poverty

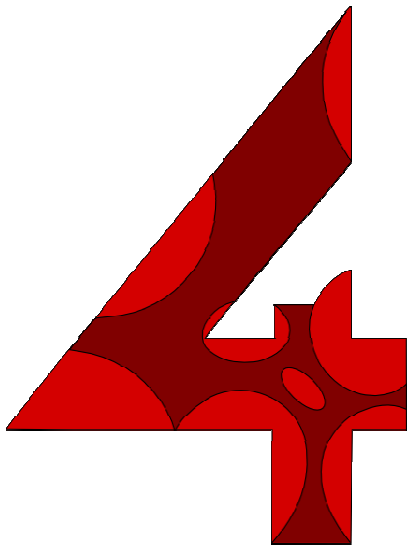
Overview

- Overseen by Urgent Care Management Committee
- Assuming members have read document
- Highlight key issues
- Next steps
- 3 ways you can support the programme

Long Term Conditions Programme

Programme incorporates 4 key workstreams

- Risk profiling
- Integrated neighbourhood teams
- Self management
- Alternative levels of care



Areas for consideration moving forward

- Does risk management tool identify high intensity social care users
- Explore development of personal health and social care budgets
- Patient and practitioner skills programme for health and social care
- Specialised psychological support services for people with LTCs
- A local network to promote self management
- Integrated person held record, including self management plan
- Effective use of alternative levels of care

4 ways you can support the programme

1. Workforce development programmes on self management
2. Identification of high-intensity health and social care users
3. Development of a person held health and social care record
4. Strong leadership to break down barriers on joint working

Any Questions?

Health and Wellbeing Board Locally Determined Priority: Smoking

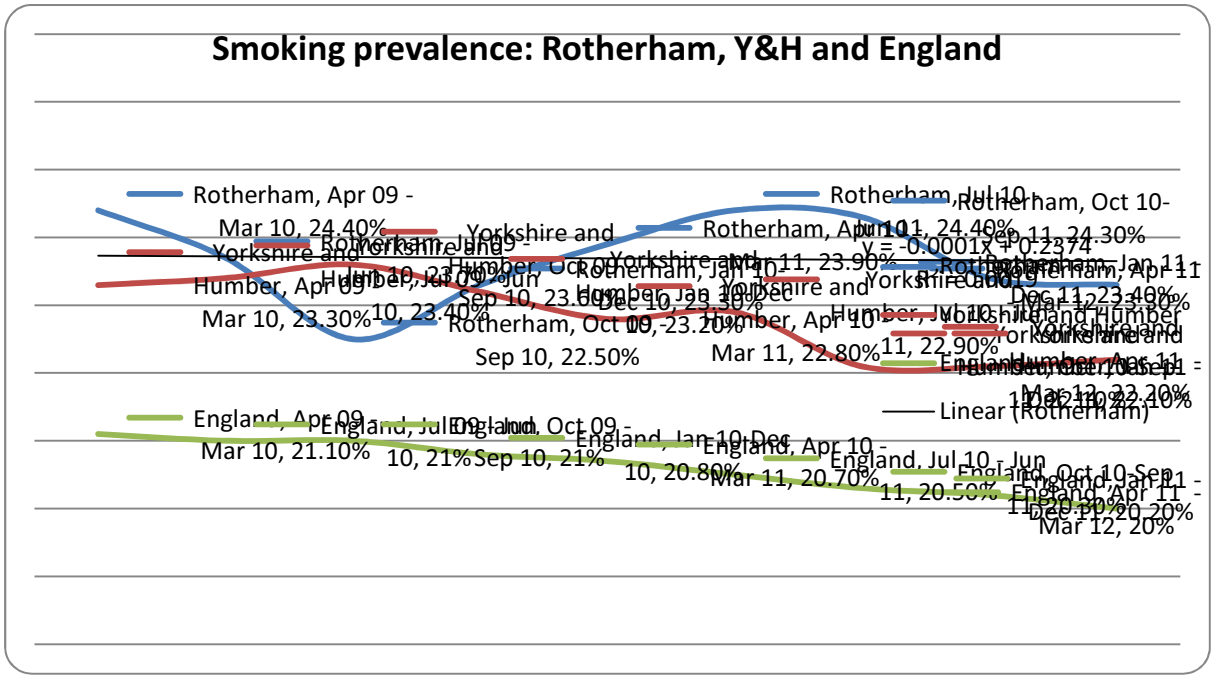
Briefing paper on tobacco control

Providing background information to the presentation

Smoking and tobacco control remains a key national priority as the decline in smoking rates slows and tobacco use continues to be the main cause of preventable death. The public health outcomes framework contains three indicators for smoking prevalence: adult prevalence, prevalence at age 15 and prevalence at time of delivery (smoking in pregnancy rate). Tobacco use in Rotherham is higher than the England average on all indicators. Tobacco is the only product that, when used as directed by the manufacturer, kills 50% of its consumers.

Adult smoking

Rotherham smoking prevalence is currently around 23.5%, compared to an England average of 20%. This masks vast differences between boroughs, with some areas having rates of close to 50%.



Source: Integrated Household Survey, ONS (experimental statistics)

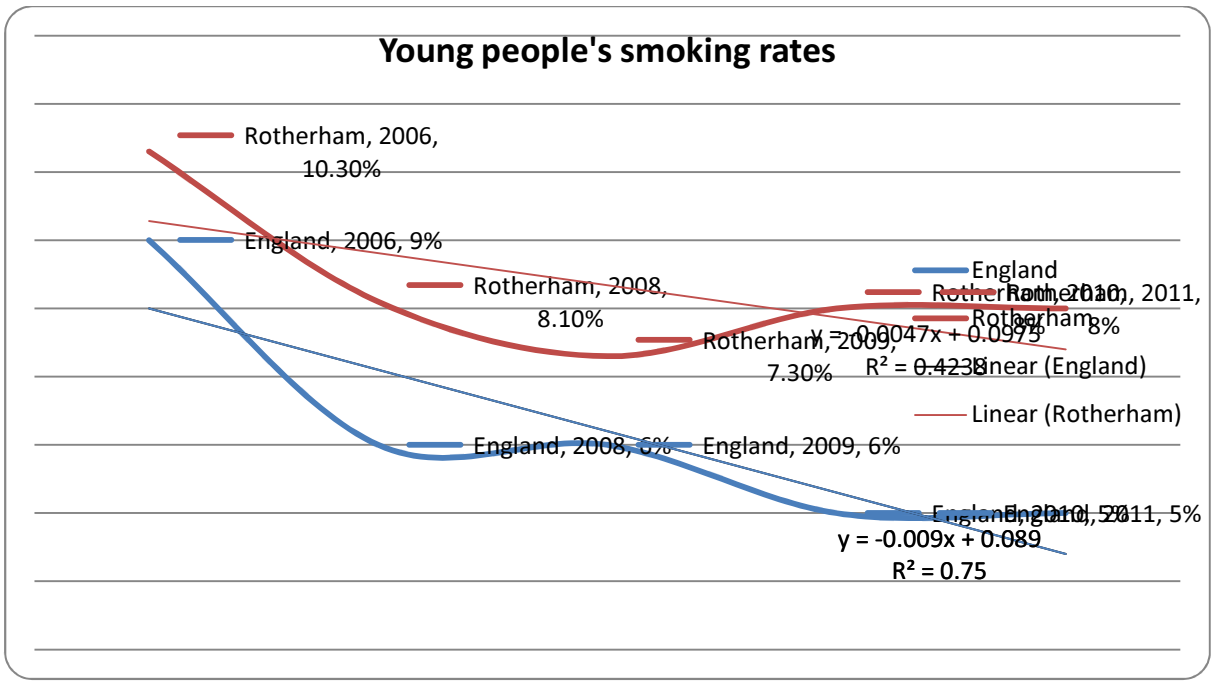
The required measure for adult smoking, up until 31 March 2013, was achieving a set number of 4-week quitters. Our local services have regularly delivered more successful quitters per 100,000 population than the regional and national average. However, the relapse rate for 4-week quitters is high with only around 20% of 4-week quitters still being non-smokers at 12 months. The number of new and relapsed smokers is similar to the number who quit or who die, which means smoking prevalence is remaining fairly static.

National data shows that desire to quit and quit attempts are also reducing. In 2011 two-thirds (67%) of smokers said they wanted to quit smoking, significantly less than the 74% who reported

they wanted to quit in 2007 (Smoking Toolkit Study). The same study also found a year on year decline in people making quit attempts, from 42.5% people making a quit attempt in 2007 to 33.5% in 2011.

Young people's smoking

Children, not adults, start smoking. Over 80% of smokers will start before they are 19, and nearly 40% before they are 16. Exposure to adult smoking increases the likelihood of a child taking up smoking with 99% of all 16 year old smokers living in a household where at least one other smoker (ASH, 2012).



Sources:
1. Smoking, drinking and drug use among young people in England in 2011. National Centre for Social Research, 2010: NHS Information Centre for Health and Social Care.
2. Rotherham Young People's Lifestyle Survey

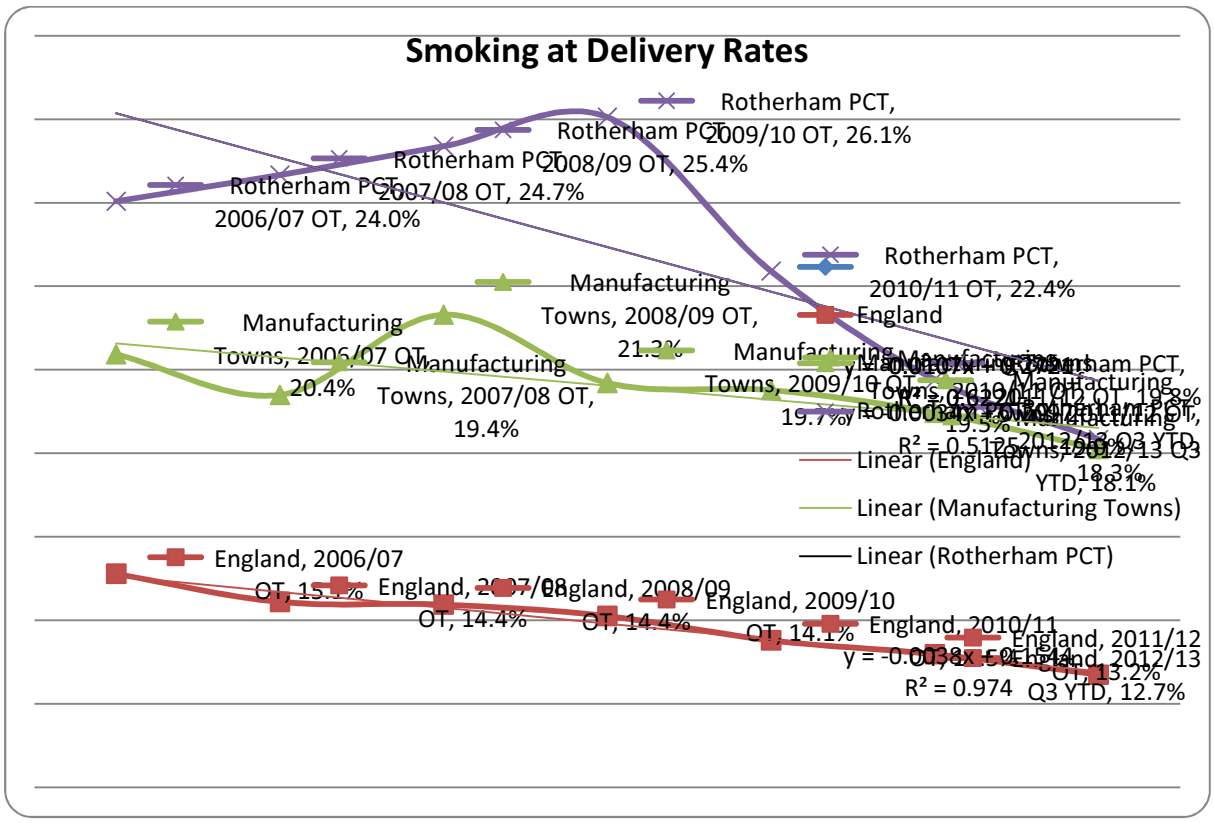
Smoking rates among young people in Rotherham are higher than the England average and the gap is widening, but these figures need to be viewed with caution as they are taken from two different surveys. There is currently no consistent data collection of young people's smoking rates that can be broken down to local areas, although this is in development to fulfil the PH outcomes framework indicator. The local survey asks young people to make a judgement on whether their smoking is social/occasional or regular whereas the Information Centre survey asks whether people smoke every day, more than once a week, once a week etc and then applies the descriptor of 'regular' to those who smoke daily or weekly. The national survey also asks a range of young people between ages 11 and 15, whereas our local survey is conducted at years 7 and year 10 only.

Smoking rates increase as children get older. Both sets of data include younger pupils who will have lower smoking rates. The PH outcomes indicator is for smoking prevalence at 15 years, so we would expect the rates to be higher than those shown here. For information, 11% of 15 year olds nationally smoke regularly; in the local lifestyle survey 14% of Year 10 pupils identified themselves as regular smokers.

There is little evidence for the effectiveness of cessation support for young people; the focus should be on prevention of uptake. We currently provide smokefree class resource packs for secondary and primary schools, each providing a series of 10 in-class activities focusing on promoting the benefits of not smoking and challenging the social norms around young people and smoking. Rotherham also has an active Smokefree Homes programme. Another key issue for tackling young people's smoking rates is to reduce their access to tobacco products. Trading standards obtain intelligence and take action on cheap and illicit tobacco, underage sales and 'fag houses', but the local Lifestyle Survey shows nearly 40% of Year 10 smokers get their cigarettes from local shops.

Smoking in pregnancy

Smoking in pregnancy causes serious complications for mother and baby, including increased risk of miscarriage, premature birth, stillbirth, low birth weight and sudden unexpected death in infancy (Royal College of Physicians (RCP), 1992; Salihu and Wilson, 2007). Active maternal smoking causes about 5000 miscarriages, 300 perinatal deaths and 2200 premature births in the UK each year (RCP, 2010).



Source: The Health and Social Care Information Centre, Lifestyle Statistics / Omnibus

Smoking in pregnancy rates are falling at a rate faster than national rates, but the gap between Rotherham and the England picture is still too large. The recent falls are a result of the new pathway embedding smoking cessation advice into routine antenatal care. All pregnant smokers have at least one intervention from the specialist stop smoking midwives as part of their routine antenatal care, whether or not they have expressed an interest in stopping smoking. When a woman attends for her routine scan or any other antenatal appointments, if she is a smoker she will be directed to see the midwife. If she is already receiving support to quit this can provide an additional contact and motivation. If she has not shown any interest before, the midwife delivers a hard-hitting

intervention to describe the harms of smoking to the mother and baby, relating it to local data on still-births, labour complications etc. If the woman still declines help this is recorded in her notes as having refused treatment.

However, the rate of reduction has flattened this year. We still need to continue to encourage women to quit before they get pregnant, to get more women choosing to quit at the earliest point in pregnancy and to support those women who have achieved a 4-week quit to maintain that quit through to delivery and beyond.

Smoking is not just a health issue

Cheap and illicit tobacco

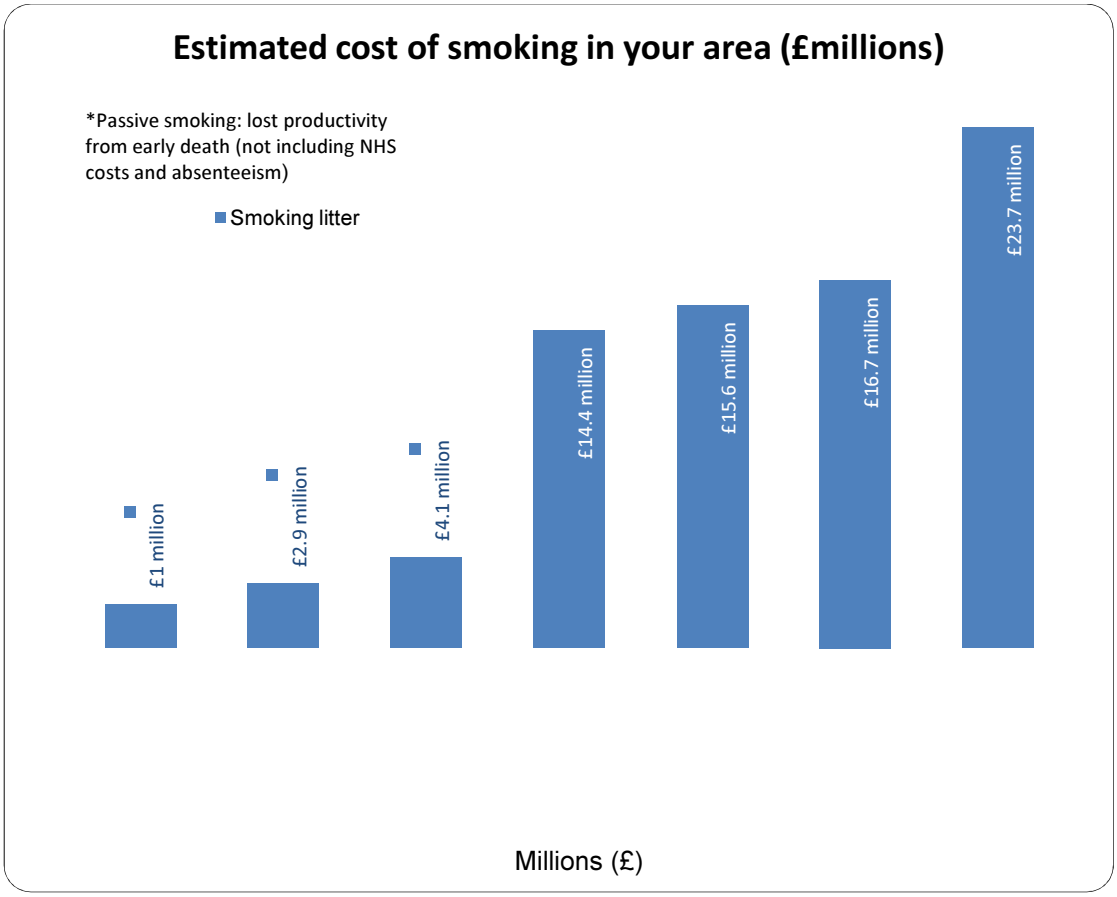
There is a growing supply and use of cheap and illicit tobacco. The term 'cheap and illicit' covers all non UK duty paid products, whether they are genuine products purchased abroad for 'personal use' and sold on by the purchaser, counterfeit versions of regular brands, or brands that have no legal market anywhere (eg Jin Ling). Illicit tobacco is associated with organised crime, with brands such as Jin Ling being produced specifically for smuggling and funding criminal activity. The sale of illicit tobacco takes place in retail premises (under the counter sales), from individuals selling in face to face (car boot sales, markets, white van trade) and 'fag houses', where single cigarettes are often sold to children and young people, which also raises safeguarding concerns.

Cheap and illicit tobacco is not subject to the same quality standards as legal tobacco products. They frequently have higher levels of the toxins that are found in standard cigarettes, as well as factory detritus including floor sweepings, sawdust and rat droppings.

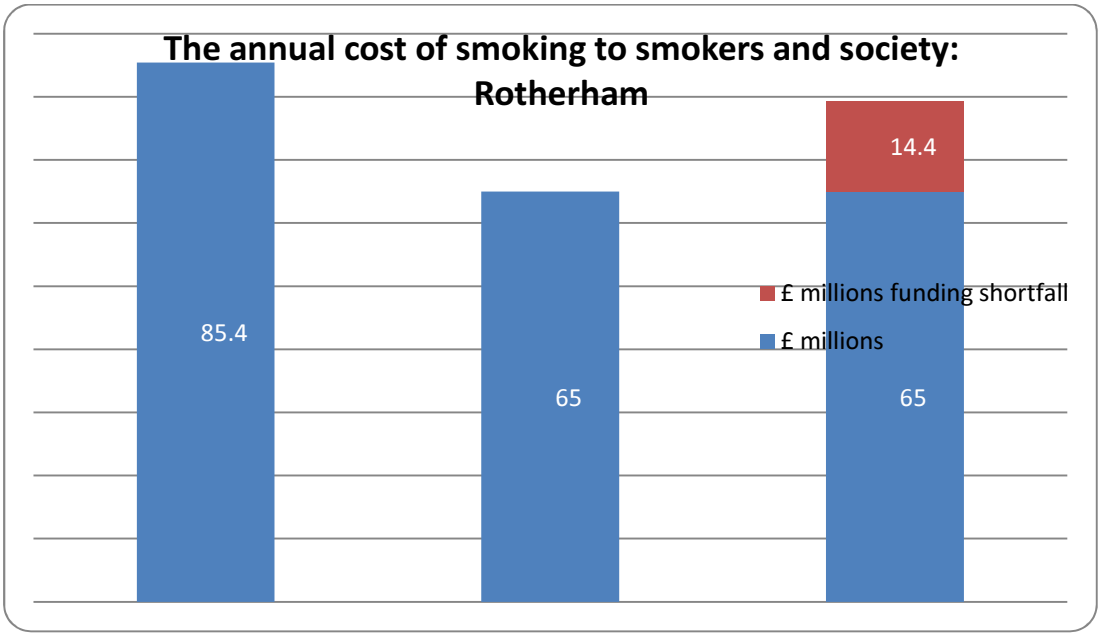
There is a direct relationship between the price of tobacco and smoking prevalence; the World Bank estimates a 10% increase in price leads to a 4% reduction in prevalence. However, the continued availability of cheap and illicit tobacco undermines any impact of price rises.

Economic consequences

The economic consequences of smoking are significant to the local economy, estimated to cost around £79m each year, and are not just additional healthcare costs.



Source: ASH *The case for local action on tobacco*, 2012



Source: ASH *The case for local action on tobacco*, 2012

Smokers in the borough spend more than £85 million on tobacco each year, which contributes £65m to the Exchequer. However, the societal cost is far greater than this, meaning we have a shortfall in funding of £14.4m, or 18%. The figures assume that all tobacco expenditure is on legal, duty-paid products, but we know that national estimates are that 10% of cigarettes and 46% of hand rolling

tobacco is illicit with no contribution to the public purse, and therefore the funding shortfall is likely to be far greater.

A comprehensive programme of tobacco control

Healthy Lives, Healthy People: A Tobacco Control Plan for England (DH, 2011) states that 'Comprehensive tobacco control is more than just providing local stop smoking services or enforcing smokefree legislation.' A comprehensive commissioned tobacco control programme should fulfil the locally deliverable aspects of the World Bank's six strand approach to tobacco control:

- stopping the promotion of tobacco
- making tobacco less affordable
- effective regulation of tobacco products
- helping tobacco users to quit
- reducing exposure to secondhand smoke
- effective communications for tobacco control

Historically almost all funding for tobacco control goes into support to stop smoking and almost nothing into preventing uptake, dedicated activity to reduce the availability of cheap and illicit tobacco and to promoting smokefree as the social norm. This situation isn't unique to Rotherham, and is a result of the 4-week quitter targets – when the target was to achieve larger and larger numbers of 4-week quitters the funding inevitably went into increasing capacity to support quit attempts. We know from the Smoking Toolkit Study that only around 5-6% of quit attempts are made with NHS support despite widespread promotion of services, yet we currently do nothing to provide information and advice to the majority of smokers trying to quit who don't want or use NHS support about what they can do to maximise their chances.

Collaborative work across South Yorkshire and with the School for Health and Related Research (SChARR) at the University of Sheffield has determined a plan for future commissioning of a broader programme of tobacco control, with a shift in the balance of funding away from stop smoking support to free up resources to support the other aspects of a tobacco control programme.

References:

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Rotherham Metropolitan Borough Council (2012) *Rotherham Young People's Lifestyle Survey* available at http://www.rotherham.gov.uk/downloads/file/7914/lifestyle_survey_2012

Royal College of Physicians (1992) *Smoking and The Young.* RCP, London

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Salihu HM, Wilson RE (2007) Epidemiology of prenatal smoking and perinatal outcomes. *Early Hum Dev* **83**(11): 713–20

The Health and Social Care Information Centre, Lifestyle Statistics / Omnibus (2013) *Statistics on Women's Smoking Status at Time of Delivery*

West R, Brown J (2013) Smoking Toolkit Study. Latest data and publications available at: www.smokinginengland.info

Notes	**Title of Meeting**:	**Heart Town**
	Time:	**2.30 pm**
	Date:	**21st May 2013**
	Venue:	**Meeting Room 1,Town Hall**
	Reference:	**AI /jf**
	Chairman:	**Cllr Ken Wyatt**

In attendance:
Cllr Ken Wyatt (chair) – RMBC Cabinet Lead for Health and Wellbeing
Alison Illif – RMBC Public Health
Amanda Hutt – MLS / British Transplant Games
Chris Johnson - RMBC
David Thomas – BHF Volunteer
Chris Beaumont – RMBC Elected Member
Dominic Beck – Barnsley and Rotherham Chamber of Commerce
June Thomas – BHF Chair Rotherham Branch
Lisa Williams – DC Leisure
Emily Newman – DC Leisure
Hayley Mills – DC Leisure
Malc Chiddey – RMBC
Lauren Mallinson – BHF Fundraising Volunteer Manager

Apologies:
Kay Denton-Tarn
Steph Dilnot
Katie Taylor
Ian Cooke
David Barker
Alex Wilson
Chris Siddall

1.	**Welcome / Introduction and Apologies** Introductions were made around the table and apologies noted as above.	
2.	**Minutes of Last Meeting / Matters Arising** True record.	
3.	**British Transplant Games – AH** AH gave a brief update as follows; The games are to be held 15th – 18th August with more than 23 different sports to compete in at various sites. The aim is to raise awareness around organ donation and the hope is to sign up 12,000 or more new donors. BHF are major sponsors of the event. We discussed how we can link with the event to promote their aims and also raise the profile of the Heart Town Partnership. After discussion the following actions were agreed.	

	• Networking event to be held through the Chamber with local businesses prior to the games. – LM and colleagues to meet with Chamber Events Manager. • AH to send flyers and schedule to KW.	**LM / DT** **AH**
4.	**Feedback on Meeting with CCG** KW and AI advised the outcome of the meeting was very positive with a firm commitment from the CCG to support getting BHF services / resources into GP Practices. Steph can update on progress at a future meeting.	
5.	**New BHF Messaging – Fight for Every Heartbeat** LM updated as follows: • BHF has undergone brand repositioning – were using multiple versions of their logo, public awareness of organisation high but felt they were a foundation that awarded funds rather than a charity needing funds • BHF logo to remain the same and should be the only one used. • The need to make clear what we do and that BHF is a charity and needs funds • All stories / photos will be real patients / families.	
6.	**Circle of Hope** LM advised that work / collaboration is ongoing. The event will be held on 29th June – starting at 9am and is a multi-activity event. She went on to tell colleagues about a recent case study of a patient with severe heart failure who had agreed to be filmed in order to raise awareness of how devastating living with the condition can be for both patients and their families. Sadly he passed away on the 10th May but the family are keen that the video is shown on screens across Rotherham as they want his story to make a difference – raise awareness and encourage people to think about heart health. AI to send the link and circulate key press releases with the notes from this meeting. LM informed the group that there are to be 6 stalls at the event – 3 of which are currently available. AI to make contact with colleagues at Lifeline / Health Trainers / RIO / Reshape re the possibility of their booking a stall.	**AI** **AI**
7.	**De-Fib Project Update** Westfield Health have jointly funded 14 defibs with BHF for placement in Rotherham employers. Yorkshire Ambulance Service (YAS) has worked with proposed sites to identify 14 willing to receive the defibs. Presentation will take place on 21 May at 5.30 and include a speech from a survivor. One of the recipient businesses will be giving a donation to BHF tonight. Plans for town centre devices is well advanced. Riverside House defib has arrived, Visitor Centre one is awaiting delivery and Civic Theatre is under consideration by BHF. DB advised that two Parish Councils (Anston and Wales) are planning to purchase defibs. Anston will fund theirs from the annual bonfire. New scheme for BHF part funded equipment, including new assessment criteria and online application will be launched in June 2013.	

8.	**Fundraising Update** JT informed colleagues that the Circle of Hope is currently the main focus – gala's and fetes to be held during the summer months. DC Leisure recently held a gym challenge and raised £2,400. Rotherham Heart Town has been named as one of the new Mayor of Rotherham's charities for his tenure in post. This will not only help in meeting fundraising targets but also further raise awareness of the partnership. The local committee has 14 new members, which will increase profile and ability to carry out local fundraising.	
9.	**Prevention and Care Update** LM advised that a pilot had now started with 2 P&C volunteers working in the Yorkshire and Humber area looking at: o Health and wellbeing days o BHF resources - GP practices o Chest pain kit days o School assemblies – heart health LM acknowledged that this was a massive area to cover for 2 people and that ideally when the pilot was extended a specific volunteer for Rotherham would need to be looked at.	
10.	**Communications Update** DB was not present to give an update – it was noted that most recent communications were linked to the Circle of Hope Event and De- Fibs.	
11.	**Action Plan Review** The group went through the action plan – actions still red / amber were discussed and updated accordingly.	
12.	**Any Other Business** None to discuss	
13.	**Date and Time of next meeting** 2 July 2013 9.30 – 11am Venue TBC **Dates for 2013 Meetings (please note these have changed with reduction in meeting frequency):** • Tuesday 13 August • Tuesday 17 September • Tuesday 5 November • Tuesday 17 December	