HEALTH AND WELLBEING BOARD

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

Date: **Wednesday, 10th July, 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

4. Communications

For Discussion

5. Healthy Lifestyles (Pages 1 - 7)
   - Workstream presentation by Joanna Saunders, Public Health

6. Dementia (Pages 8 - 17)
   - Workstream presentation – Kate Tufnell, RCCG

7. Health and Wellbeing Strategy: Performance Management Framework (Pages 18 - 32)
   - report by Dr. John Radford, Director of Public Health

8. NHS SY&B Primary Care Strategy (Pages 33 - 35)
   - report by Laura Sherburn, NHS England

9. Evaluation of Warm Homes, Healthy People (Pages 36 - 67)
   - report by Catherine Homer, Public Health

For Information

10. Making Every Contact Count (Pages 68 - 76)

11. Tobacco Control Alliance (Pages 77 - 83)
    - minutes of 18th April meeting and draft action plan

12. Obesity Strategy Group (Pages 84 - 86)

13. Health Select Commission Work Programme 2013/14 (Page 87)

14. Date of Next Meeting
    - Wednesday, 11th September, 2013 at 10.00 a.m.
    PLEASE NOTE THE CHANGE OF DATE AND TIME

Agenda Item 5

ROTHERHAM BOROUGH COUNCIL – REPORT TO HEALTH & WELLBEING BOARD

1.	**Meeting:**	**Health and Wellbeing Board**
2.	**Date:**	**10th July 2013**
3.	**Title:**	**Healthy Lifestyles Theme Update**
4.	**Directorate:**	**Public Health, Neighbourhoods and Adult Services**

5. Summary

The Healthy Lifestyles theme of the Health & Wellbeing Strategy has the following outcomes:

Overarching outcome
People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles

Priorities
- We will work together to understand our community assets; identifying what and where they are across the Borough and how we use them effectively
- We will use the Health & Wellbeing Strategy to influence local planning and transport services to help us promote healthy lifestyles
- We will promote active leisure and ensure those who wish to are able to access affordable, accessible leisure centres and activities

The attached work plan outlines the activity which is underway to address these outcomes.

6. Recommendations

- That the HWBB endorse the work plan
- That partners commit to supporting the actions
- That the H&WB receives a further update on progress in due course

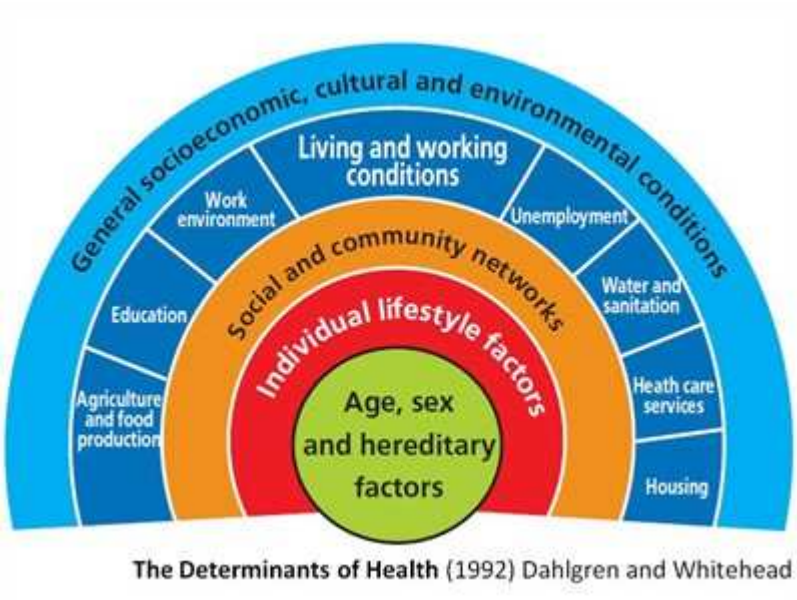
7. Proposals and Details

Health behaviours influence many facets of peoples' lives. The higher than average levels of obesity, smoking, alcohol use and lower level of physical activity amongst adults in the borough contribute to mortality and morbidity including long term conditions such as heart disease, stroke and diabetes and cancers. This has a significant impact on the health and social care systems – hospital admissions, social care provision as well as on formal and informal carers. Health behaviours impact on the local economy through attainment and skills development and business growth as well as worklessness, sickness absence and high levels of benefit claims for incapacity. Many individuals with long term health problems also experience low mood, anxiety and depression.

Obesity is also of concern in Rotherham's child population, as evidenced in the National Child Measurement Programme results for the Borough.

Health behaviours should not be seen as a "lifestyle choice" – for very many people their behaviours are influenced by the wider determinants of health and their awareness and understanding of personal/family health or "health literacy". The outcomes identified in the strategy recognise the impact of the wider determinants of health and reflect the consultation undertaken in the development of the strategy.

The wider determinants of health are reflected in the diagram below:



The Determinants of Health (1992) Dahlgren and Whitehead

The theme crosses the full life-course, with initiatives which address prevention and early intervention (for example in tobacco control and obesity) in both adults and children and encourage self-care and independence. There are clear links between deprivation and health inequalities relating to this theme and opportunities for raising awareness of commissioned activity and community based opportunities through the Deprived Neighbourhoods programme. Four of the priorities identified in the strategy – obesity, smoking, alcohol and fuel poverty – sit within the framework of the health

improvement function of the public health framework and changes in health behaviours can make a significant difference to the impact of living with long term illness, including dementia.

The linkages with the transport and environment arenas also play an important role in peoples' ability to adapt their behaviours and the work plan includes a range of activities which promote increased physical activity through active transport (including walking and cycling) and public use of green space across the Borough.

8. Finance

RMBC Public Health commission a range of behaviour change programmes (from the ring-fenced PH grant) including weight management, smoking cessation, treatment for alcohol dependency and a Health Trainer Service. The weight management services are contracted until the end of the current financial year and will be recommissioned subject to approval by Cabinet. Work has been undertaken to review the effectiveness of a range of tobacco control initiatives and a new commissioning framework for tobacco control is being developed.

9. Risks and Uncertainties

There is a risk that progress will be limited by reductions in budgets across the partner organisations. It is important that communities and individuals are encouraged and supported to develop local initiatives and solutions to meet their needs and that partners work consistently to promote behaviour change programmes and services across the borough, maximising all opportunities to raise public awareness and increase referrals to services.

10. Policy and Performance Agenda Implications

Behaviour change services are subject to compliance with evidence and best practice (NICE) and are routinely performance managed.

Contact Name:
Joanna Saunders, Head of Health Improvement, Public Health. Telephone 01709 255852, email joanna.saunders@rotherham.gov.uk

Health and Well Being – Healthy Lifestyles Work Plan

Actions	Responsible Person	Progress	Deadline Date
Overarching Outcome: **People in Rotherham will be aware of health risks and be able to take up opportunities to adopt healthy lifestyles.**			
1. Benchmarking information available from findings of Health Inequalities summit (2011) community consultation (what people said)	Rebecca Atchinson	Complete	n/a
2. Clinical benchmarking data available from NHSR/ RCCG GP Comparative data (2011) and Joint Strategic Needs Assessment (what we know)	Robin Carlisle	Complete. Monitor updates as they are produced by CCG. JSNA in development	n/a
3. Commissioned lifestyle/behaviour change services delivery mapped across borough ensuring there are a range of services to meet the needs across the lifecourse (opportunities available)	Joanna Saunders/ Alison Iliff/Mel Howard	Available from service providers on an ongoing basis. Performance management data and equity audits available.	Ongoing
4. Work with partners to challenge the social norms in Rotherham (eg 75% of adults don't smoke; healthy weight is achievable for the majority of people) – reflected in cultural values of partner organisations	All partners	Development of Smoke Free Charter for Rotherham Promotion of social norms through work with partners including sports clubs, parish councils, schools and community organisations	Ongoing
5. Promotion of Public Mental Health through partners and the take up of targeted training to raise awareness of the importance of mental health and wellbeing	All partners Ruth Fletcher-Brown	Development of 5 Ways to Mental Wellbeing programme Delivery of training to support Welfare Reform programme	March 2014

Priority One: We will work together to understand our community assets; identifying what and where they are across the Borough and how we use them effectively			
1. Establish opportunities for delivery of services across the Borough, but with particular focus in deprived neighbourhoods (links with Dependence to Independence theme)	As above and service providers	All DN Coordinators made aware of behaviour change/lifestyle service contacts and potential for delivery in community settings. Service specifications for weight management, stop smoking and Health Trainers require providers to target deprived neighbourhoods and outcome data is monitored for reach into DNs on an ongoing basis. Similar exercise to be undertaken with alcohol/substance misuse services as part of review/recommissioning. All services engaged in DN workstream as required (eg practitioner events, community events etc)	Ongoing
2. Ongoing review of service offer in response to feedback from public (links with Expectations & Aspirations theme)	As above and service providers	Provider services are routinely performance managed on activity levels, customer feedback and complaints.	Ongoing
3. Support will be provided to voluntary/community organisations to help them signpost and refer clients to healthy lifestyle services	DN Coordinators Service providers	Attendance at practitioner events, community events etc	Ongoing
4. Where appropriate voluntary/community providers and non-specialist services are provided with training to delivery brief intervention	Behaviour change service leads	RUFC Community Sports Trust received training to deliver smoking cessation support (Levels 1 and 2) to children and	May 2013

and intermediate services to enhance their own service offer and to extend the availability and access to behaviour change services (capacity building)		young people, particularly focussed on the Roma/Slovak community School Nurses trained to Level 2 Stop Smoking Support. Wide range of partners offered and trained in OCN Weight Management.	Ongoing
Priority Two: We will use the health and wellbeing strategy to influence local planning and transport services to help us promote healthy lifestyles			
1. Delivery Making Every Contact Count training for deprived neighbourhood coordinators/teams, customer services officers (across a range of services), practitioner awareness sessions (training needs assessment)	Sally Jenks	Offer developed and workshop to be undertaken with H&WB stakeholders	Sept 2013
2. Rotherham Local Plan consultation includes the development of policy – for example in relation to hot food takeaways, use of green space to promote active travel, sports and recreation, play and use of cultural and public spaces etc – reflecting the wider determinants of health and the promotion of population health	Helen Sleigh/ Joanna Saunders	Consultation period ends 29th July 2013	2013

3. Continue work with Housing to promote Affordable Warmth (see separate action plan for priority measure)	Catherine Homer/ Paul Benson		Ongoing
4. Continue to support the SY Safer Roads Partnership in reducing road traffic accidents and promoting safe use of public highways for increasing active travel	Joanna Saunders/Tom Finnegan-Smith	Wide range of activities promoted through SRP and partners Active review of use of cars in close proximity to schools	Ongoing
Priority Three: We will promote active leisure and ensure those who wish to are able to access affordable, accessible leisure centres and activities.			
1. Map leisure/physical activity opportunities available across borough	Rotherham Active Partnership Rebecca Atchinson/Chris Siddall		September 2013
2. Seek opportunities to draw down resources to expand the physical activity offer in the Borough through Big Lottery and other external funding opportunities	RAP Rebecca Atchinson/Chris Siddall	Bid in preparation. Support to education settings and community providers to increase opportunities for physical activity	
3. Promotion of lifestyle/behaviour change services through MECC and active referral into services (monitored through service contract management)	All partners	See previous note	
4. Promotion of services/activities/resources through multimedia	All partners PH, RMBC and provider websites		Ongoing

Joanna Saunders June 2013

Agenda Item 6

Health and Well-being Strategy

Priority 6: Dementia

Update Report July 2013

"I'd like a chance to die like my father did - of cancer, at 86.

Remember, I'm speaking as a man with Alzheimer's, which strips away you're living self a bit at a time.

Before he went to spend his last two weeks in a hospice he was bustling around the house, fixing things.

He talked to us right up to the last few days, knowing who we were and who he was.

Right now, I envy him. And there are thousands like me, except that they don't get heard.

So let's shout something loud enough to hear"

A quote from Terry Prachett's Alzheimer Speech 2008

1. Introduction

The Rotherham Health and Wellbeing Strategy sets out the following six key priority areas that will be delivered over the next three years to improve the health and wellbeing of Rotherham people:

Priority One:	Prevention and early intervention
Priority Two:	Expectations and aspiration
Priority Three:	Dependence to independence
Priority Four:	Healthy Lifestyles
Priority Five:	Long-term conditions
Priority Six:	Poverty

This document will focus on the cross – cutting theme of Dementia which has been identified as a key priority for the future provision of services. All partners are expecting an increasing demand over the next 3 years for services to support people with Dementia and their carers. Therefore, it is essential that Health and Social Care Commissioners work in partnership to commission new and innovative services within the increasingly challenging financial environment

2. Background – What is the problem?

Dementia is now the greatest health concern for people over 55 and the economic cost of dementia is more than cancer, heart disease or stroke. Currently, in Rotherham there are 1688 people on the GP Dementia register compared with a predicted prevalence of 3034. It is estimated that by 2025 the number of people in Rotherham with Dementia will have risen to 4397, an increase of 54% from 2008 (JSNA 2011).

Increased referrals for diagnosis all too often results in an increase in the time people wait for services. As demand increases the challenge for the Health and Social care system will be to ensure the delivery of timely access to services within the financial resources available. This will be a challenge facing Health, Social care and the voluntary sector involved in the delivery of support for people with Dementia throughout the pathway provision.

3. Dementia Diagnosis rates across South Yorkshire and Bassetlaw – How does Rotherham Compare?

Nationally, only about 42% of people with Dementia have a formal diagnosis and too often, diagnosis comes too late. In Rotherham the figure is higher with about 59.9% of people with Dementia having a formal diagnosis, but as national policies require the reduction of undiagnosed Dementia, local rates of Dementia diagnosis will need to

increase. Currently, Rotherham has the second highest dementia diagnosis rate as illustrated in table 1.

Table 1: Dementia Diagnosis rates across South Yorkshire and Bassetlaw

Clinical Commissioning Group (CCG)	Diagnosis rate (NDP)	Diagnosis rate (Adjusted NDP)	CCG Diagnosis rate Ambition 2013/14	CCG Diagnosis Rate Ambition 2014/15
NHS Sheffield	65.81%	66%	67%	70%
NHS Rotherham	57.75%	59.61%	64.99%	69.99%
NHS Doncaster	53.58%	56.11%	60%	62%
NHS Bassetlaw	50.12%	45.31%	55%	60%
NHS Barnsley	47.18%	45.10%	51%	56%

In line with the national requirements the NHS Rotherham Clinical Commissioning Group (CCG) Quality Premium target and Health & Wellbeing targets require an increase in the Rotherham dementia diagnosis rates by March 2014 to 64.99% and by March 2015 to 69.99%.

4. Local Variations in Dementia Diagnosis Rates

The local data collected from the Rotherham GP dementia registers highlights that there is a significant variation in the dementia diagnosis rates across the borough with some practices having dementia diagnosis rates of over 80% whilst others are have diagnosis rates of fewer than 35%. Further work needs to be undertaken to explore why there is such a variation across practices.

5. Dementia Programme Work streams

A review of services across Health, Social Care and the voluntary sector undertaken in 2011/12 highlighted the wide range and variety of services currently commissioned to support people with Dementia and their carers. This configuration of services makes it sometimes fragmented, difficult to navigate, with potential problems arising in the transition of people from service to service and as a consequence they sometimes experience long delays to access services or end up being referred to an inappropriate service.

To address the challenges arising from the anticipated increase in people with Dementia, Rotherham Clinical Commissioning Group, RMBC and key stakeholders agreed to undertake a whole system review of the provision of Health and Social care services across Rotherham. To progress this work the following four groups were established:

- Dementia - Prevention Group
- Dementia – Early Diagnosis Group
- Living Well with Dementia Group
- Dementia and End of Life Care Group

The overall purpose of the groups to review the dementia pathway looking at the following different stages:

- Prevention, Promoting Healthy Lifestyles & Falls Prevention
- Recognise, Screen, Assess & Refer
- Post Dementia Diagnosis, Living Well & Dementia Friendly Communities
- End of Life

6. Rotherham Dementia Pathway

6.1. Prevention, Promoting Healthy Lifestyles & Falls Prevention

This part of the pathway focuses on the prevention of further complications, such as falls, promoting healthy lifestyles for the individual with dementia and their carer as well as working to reduce social isolation and reduce stigma.

<u>What have we achieved?</u>

- The development of a Multi-agency Dementia Prevention Group which has completed a Dementia Prevention gap analysis.

- The rollout of the RMBC a Small Grants Scheme. Since its introduction the scheme has awarded 8 grants to support work on dementia.
- The delivery of the Rotherham Dementia Awareness Week Event.

What work is ongoing?

- OTAGO Falls Prevention Training delivery through the Dementia Café Programme.
- The engagement of people with dementia & their carers in walking groups to promote physical activity.
- RMBC's Dementia Champion's initiative for RMBC employees and those with RMBC contracts.

What do we need to do?

Further work to promote healthy lifestyles for people with dementia and their carers through initiatives, such as:

- Making Every Contact Count – Promoting safe drinking messages to people with dementia & carer alcohol prevention.
- Dementia Café Healthy Lifestyle Awareness - Health Checks, Cook & Eat sessions.

6.2. Recognise, Screen, Assess & Refer

This part of the pathway focuses on:

- reducing unacceptable delays and developing more transparent waiting times
- improving access to services
- enabling the early diagnosis of dementia

- Undertake a review the future capacity, demand and delivery in view of the financial restraints and increasing demand.

What have we achieved?

- Case Finding – As part of the 2013/14 NHS Standard Contract Rotherham Clinical Commissioning Group (RCCG) & The Rotherham Foundation Trust (TRFT) have agreed a programme to screen those over 65 in hospital for Dementia.
- Case Finding - TRFT / RDaSH have agreed a Dementia referral pathway for those individuals identified through the above screening programme.
- The NHS Health Check (40-74) now includes Dementia Awareness.
- The rollout of the QTV Dementia Awareness programme as part of the Rotherham Dementia Awareness Week Programme of events.
- Delivery of the Alzheimer Society Dementia Champion's training June 2013. This was attended by 12 Rotherham Residents.
- Partners have agreed standardised principles for Dementia Friendly Environments against which they will self-assess their organisations.

What work is ongoing?

- To continue to rollout the Alzheimer Society's Dementia Champions & Dementia Friend Training across the district.
- To continue to rollout the Dementia Friendly Environments Initiative programme across Rotherham.
- RDaSH have submitted a funding bid for 'Lighting Scheme for improving well-being, independence & sleep'. If successful this will be implemented at The Woodlands Hospitals.
- The rollout of the TRFT Dementia Friendly Environment & Dementia Champions programme.

What do we need to do?

- The rollout the 2013/14 Dementia Quality Outcomes Framework (QOF) a national case finding programme for GPs.
- To develop and agree standard Dementia Coding across Rotherham practices. Once this has been agreed a guidance document for primary care will be developed.
- To develop a Voluntary Sector Led Rotherham Dementia Alliance.

6.3. Post Dementia Diagnosis, Living Well & Dementia Friendly Communities

This part of the pathway focuses on:

- Supporting people with Dementia to live in community settings and maintain their independence for longer by developing high-quality, compassionate community care.
- To ensure Provider Medication policies are in line with Contract requirements.
- The reduction of inappropriate admissions to hospital by providing better community support, such as specialist services and carers support.
- To ensure that people with Dementia do not stay longer in hospital than those without Dementia.
- The reduction in the delay discharges experienced by people with Dementia.
- To improve carers support and quality of life (reduction in carer fatigue).

What have we achieved?

- Anti-psychotic Register established by RDaSH.
- Reduction of the use of anti-psychotics in Rotherham from 18 – 10% during 2012/13.
- TRFT Pre-discharge check list for antipsychotic medication in place.
- Dementia Café procurement undertaken and awarded.
- RMBC Bronze to Platinum Dementia training programme in place.
- Prescribing Observatory for Mental Health (POMH) 11a topic antipsychotic use in dementia, re-audit completed

What work is ongoing?

- Rotherham CCG and RDaSH are working to develop a Memantine shared-care protocol.
- Rotherham CCG and Crossroad are undertaking a review of the service in place to increase a more flexible and personalise approach to carers respite care.
- Work to standardisation Patient & Carer Information across organisation.
- The Social Prescribing Project has awarded funding to the Expert Patient Programme to enable them to deliver the 'Caring with Confidence' course. Funding has also been awarded to Crossroad to provide respite care to release carers to attend the 'Caring with Confidence' course.
- TRFT is currently rolling out a programme of Dementia training across its workforce.

What do we need to do?

- To undertake the Anti-psychotic Nurse-led review s across Care Homes. This initiative has struggled to recruit to the post and as a result has been delayed.
- To engagement Primary care service in the Bronze to Platinum Dementia training provided by RMBC.
- To further work to eliminate areas of duplication across the pathway.
- Develop & redesign services to promote independence and help people with dementia to live within the Community for longer.
- Improve carers support and quality of life (reduction in carer fatigue).

6.4. End of Life Care

The focus of this part of the pathway is to ensure the End of Life Care (EOLC) pathway meets the needs of people with Dementia.

What have we achieved?

- Stakeholder End of Life Care (EOLC) Event Held attended by partners from across the district.
- An EOLC Multi-disciplinary Group established & Action plan in place.

What work is ongoing?

- Work is underway to establish an EOLC Register across the borough. Initial GP pilots have been completed and the wider rollout of the register across the borough is due to commence.

What do we need to do?

- Further work needs to be undertaken to ensure the End of Life Care pathway meets the needs of people with dementia.

6.5. What can the Health & Wellbeing Board do to support the programme

- Continue the dementia workforce development programme
- Strong leadership to break down barriers on joint working
- Continue to support the further development of the dementia pathway
- Support the development of a Dementia Friendly Community in Rotherham

6.6. Final challenge

Why not join the Prime Minister's Challenge and become an Alzheimer Dementia Champion or Dementia Friend and help build a Rotherham Dementia Friendly Community.

Dementia Friends is about giving more people an understanding of dementia and the small things that could make a difference to people living in the community.

To find out more go to the Alzheimer Society website on

http://www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=2070

ROTHERHAM BOROUGH COUNCIL – REPORT HEALTH AND WELLBEING BOARD

1.	**Meeting**	**Health and Wellbeing Board**
2.	**Date**	**10 July 2013**
3.	**Title**	**Health and Wellbeing Performance Report July 2013**
4.	**Directorate**	**Public Health**

5. Summary

This paper introduces the first formal performance report to the Health and Wellbeing Board.

6. Recommendations

- **Members of the board are invited to note the baseline report**

7. Proposals and details

This is the first formal performance report to the Health and Wellbeing Board about each of the six priority measures that the Board determined were key to the delivery of the Joint Health and Wellbeing Strategy. The data presented represents the most recently available and published metrics.

It was agreed that where a metric has a significant lead-time before its publication and/or effect being observed, intermediate proxy measures would be reported if possible every Quarter. In some instances the publication of refreshed metrics is less than Quarterly or will require the development of new data collection. The Board had previously indicated that it wanted to minimise new data collection.

Accountable Officers have been asked to provide metrics where these are available and details for each measure are provided below.

8. Finance

Not applicable

9. Risks and uncertainties

Data quality and reporting timelines are an issue for some of the metrics and this will result in some metrics relating to a specific period changing in subsequent reports.

10. Policy and Performance Agenda Implications

Making Every Contact Count (MECC)

MECC remains as a Quarterly metric for a number of the Health Improvement measures. A separate report is being presented to Board containing proposals to progress this approach more widely within Rotherham. The next step is to hold a workshop to develop the approaches to MECC in each of the public sector workforces.

Schools with anti-tobacco policies approved by the Head

The “whole of school review” process is currently underway and will be used to establish the baseline position in the vast majority of the 120 schools in Rotherham. About 15 schools don’t yet submit reviews and these will be contacted over the summer to ascertain their position. Baseline information will be presented in the next report.

Smoking Prevalence

2012-13 outturn is expected later in 2013.

Alcohol related admissions

The local partnership have agreed a specific definition of alcohol related admissions against which reduction targets have been set. The baseline for this metric is 2012-13.

Development of Community Alcohol Partnerships (CAPs) across the borough

The Board recognised the scale of the challenge in implementing CAPs across Rotherham and agreed that this action should be focussed on the 11 areas that need to develop faster than the rest of Rotherham. Delivery of CAPs is dependent upon capacity and resource within Housing and Neighbourhood Services and at present only two of them are in development.

Participation in the responsible Retailer scheme within CAP areas

Recognising the resources available to gain borough-wide participation in this scheme, the focus is to maximise participation in CAP areas. Delivery is dependent upon capacity and resource within Trading Standards and sickness absence has hampered progress.

FPN Waivers which result in attendance at binge drinking course

Baseline figures are for 2012-13 rather than 2011-12 as this is when scheme was commenced.

Brief interventions

2011-12 baseline figures for GP and community will be included in next report. Brief interventions in hospital settings will start being recorded from September 2013 and the first and that months figure will be reported in December 2013.

NCMP data

The 2012-13 outturn figures are expected to be published in December 2013.

Weight Management Framework Activity

Activity figures presented are enrolments and completions. The latter is a subset of the former and the duration of the treatment may go beyond the reporting cut-off; therefore, the 2012-13 outturn and Q4 2012-13 figure are liable to change when next reported.

Applications for fast food outlets in proximity to schools or in any of the 11 areas

RMBC is currently reviewing planning policy in relation to the grant of class A5 planning consent.

Increased green-space utilisation and access

Response awaited from Chris Siddall

Dementia

Dementia specific care package assessment metrics (number, timeliness and reviews) are not currently available but are being considered for development in order to report from 2014-15.

11. Background Papers and Consultation

Performance Management Framework July 2013 – attached

12. Contact Details

Officer: **Dr Nagpal Hoysal, Consultant in Public Health Medicine**

Director: **Dr John Radford, Director of Public Health**

Health and Wellbeing Strategy Reporting Framework

Priority 1 - Smoking

High level aspiration - Rotherham: a smoke free town

Goal 1 - Preventing initiation of tobacco use amongst children and young people

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Percentage smoking at delivery 20.1% (12/13 Qtr 2) to below the national average by 2015	20.8%	19.2%	19.1%	A	Q4 12/13	22.0%	18.5%	R	17.9%	16.7%	Alison Iliff
	Percentage of young people (Year 7 & 10) smoking (CYPS lifestyle survey) (regular smokers)	2%/14%	2%/14%			2012	2%/14%	See notes		0%/0%	0%/0%	Alison Iliff

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Quarterly Proxy Measure	Participation in Responsible Retailer Scheme in CAP areas	New Measure for 2013-14				01-04-13 to 01-07-13	29%	20%	G	50%	75%	Alan Pogorzelec
	Number of enforcement interventions taken in relation to the sale of tobacco to children	New Measure for 2013-14				01-04-13 to 01-07-13	0	0	G	5	5	Alan Pogorzelec
	Schools with anti-tobacco policies approved by Head	See notes - Baseline due Sep13									100%	Alison Iliff

Goal 2 - Reducing Harm to Adults from tobacco consumption

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Percentage of adults 18 and over smoking (integrated household survey)	23.3%	23.3%	23%	R	2011-12	23.3%	23%	R	22%	22%	Alison Iliff

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Quarterly Proxy Measure	Percentage of key public sector staff undertaking Making Every Contact Counts									75%	100%	
	Participation in Responsible Retailer Scheme in CAP areas	New Measure for 2013-14				01-04-13 to 01-07-13	29%	20%	G	50%	75%	Alan Pogorzelec
	Number of enforcement interventions taken in relation to illicit and / or counterfeit tobacco	New Measure for 2013-14				01-04-13 to 01-07-13	3	2	G	5	5	Alan Pogorzelec

Priority 1 - Smoking

Goal 1 KM 1

Current Position represents Q4 2012/13 (Jan-Mar13); Baseline represents 2011/12 financial year.

Baseline data may be affected by high percentage where mother's smoking status not known (quarters Q1 and Q2 2011/12)

Targets adjusted to match national ambition decrease of 21.7% between 2009/10 and 2014/15 (to be achieved between Q3 2010/11 and 2014/15) (31/05/13)(AI)

Quarterly position shows high variation, so suggest notice is predominently taken of outturn figure, which will show year to date or, at Q4, the whole year's picture.

KM 2

Data shown as Y7/Y10. Baseline represents 2011 Survey data and Current Position represents 2012 Survey data. Survey is conducted and reported annually.

When information issued about data collection mechanism for PHOF indicator smoking at age 15, this KM will be amended.

QPM 3

Will use the whole school reviews, which are being submitted now, to identify a baseline of schools with policies. This won't include schools that are 'red' and don't submit a whole school review.

These can be phoned in the new school year to audit. The whole school review audit will take place over the summer holidays as this is when Healthy Schools team have downtime to do the analysis Denominator = 120 schools (24/06/13). Denominator figure = 120 schools (Primary – 95 LA and 3 Academies, Special 6 LA, Secondary 11LA and 5 Academies). (AI)

Goal 2 KM1

11-12, 12-13 and current position represent 12 months April 11-Mar 12. Survey is collected quarterly. Publication is erratic - no data published since August 2012.

Priority 2 - Alcohol

High level aspiration - Rotherham: a place where people drink responsibly

Goal 1 - Preventing harm to children and young people from alcohol consumption

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Percentage of Year 10s reporting that they drink alcohol (CYPS Lifestyle Survey) (regular drinkers)	30%	12%							0%	0%	Kay Denton

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Quarterly Proxy Measure	Percentage of key public sector staff undertaking Making Every Contact Counts											
	Community Alcohol Partnerships across the Borough						2 being developed				11	Mel Howard
	Participation of retailers in Responsible Retailer scheme in CAP areas	New Measure for 2013-14				01-04-13 to 01-07-13	29%	20%	G	50%	75%	Alan Pogorzelec

Goal 2 - Reducing Harm to Adults from alcohol consumption

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Reduce hospital admissions due to alcohol related illness		1,069			Q4 12/13	257			20% less	TBC	Anne Charlesworth

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Quarterly Proxy Measure	Percentage of key public sector staff undertaking Making Every Contact Counts											
	Community Alcohol Partnerships across the Borough						2				11	Mel Howard
	Participation of retailers in Responsible Retailer scheme in CAP areas	New Measure for 2013-14				01-04-13 to 01-07-13	29%	20%	G	50%	75%	Alan Pogorzelec
	Number of FPN waivers which result in attendance at binge drinking course		86									
	Number of brief interventions in general practice		8,749			Q4 12/13	2,971			12,000	16,000	Anne Charlesworth
	Number of brief interventions in community settings (Lifeline plus Health Trainer statistics)	2,673	3,192			Q4 12/13	427			4,000	8,000	Anne Charlesworth
	Number of brief interventions in hospital settings											Anne Charlesworth

Priority 2 - Alcohol

Goal 1 KM1

Represents those reporting drinking regularly. Baseline represents 2011 Survey data and 2012-13 represents 2012 Survey data. Survey is conducted and reported annually.

Goal 2 KM1

Data represents number of admissions to Rotherham Foundation Trust by Rotherham PCT patients.

QPM 6

Community brief interventions includes Lifeline and Health Trainer provision - in 2012-13 this was 1952 and 1240 respectively and Q4 2012-13 this was 102 and 325 respectively

After consideration, it was decided that Best Bar None would not be progressed as responsible retailer should do the same job without the cost that is incurred.

Priority 3 - Obesity

High level aspiration - Rotherham: a place where being a healthy weight is the norm

Goal 1 - Preventing obesity in children and young people

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Percentage of overweight and obese children in Reception	16.1%				2011-12	16.1%			15%	12%	Joanna Saunders
Key Measure	Percentage of overweight and obese children in Year 6	33.0%				2011-12	33.0%			30%	25%	Joanna Saunders
Quarterly Proxy Measure	Percentage of key public sector staff undertaking Making Every Contact Counts											
Quarterly Proxy Measure	Referrals of children to Healthy Weight Framework interventions	313	287			Q4 2012-13	83					Joanna Saunders
Quarterly Proxy Measure	Completed Healthy Weight Framework interventions by children	144	104			Q4 2012-13	35					Joanna Saunders
Quarterly Proxy Measure	Percentage of applications for fast food outlets approved that are within close proximity to a school or in a deprived area (in accordance with policy)	55%	36%			01-04-13 to 02-07-13	0%					Helen Sleigh

Goal 2 - Reducing harm to adults from obesity

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Healthy eating prevalence (Integrated Household Survey/ Active People Survey)	21.3%				2011-12	0					Joanna Saunders
Key Measure	Increased prevalence of diagnosed diabetes	6.2%	6.28%				6.33%					Dominic Blaydon
Quarterly Proxy Measure	Percentage of key public sector staff undertaking Making Every Contact Counts											
Quarterly Proxy Measure	Referrals of adults to Healthy Weight Framework interventions	2884	2242			Q4 2012-13	611					Joanna Saunders
Quarterly Proxy Measure	Completed Healthy Weight Framework interventions by adults	1414	854			Q4 2012-13	104					Joanna Saunders
Quarterly Proxy Measure	Increased greenspace utilisation and access	13.7%								15%	16%	Chris Siddall

Priority 3 - Obesity

Goal 1 KM1 &2

(Annual data) Last Quarter represents 2010/11 financial year; Current Quarter and Baseline represents 2011/12 financial year.

QPM 2

Activity data has been validated and work is underway to establish baselines and quarterly performance

QPM 3

Planning policy relating to this is currently out for consultation

Goal 2 KM 1

Baseline represents modelled data for 2006-2008 based on Health Survey for England data. Indicator being developed nationally for Public Health Outcomes Framework on which target can be set

KM 2

Last Quarter represents position as at October 2013; Current Quarter represents position as at January 2013; Baseline represents 2011/12 financial year.

QPM 2

Activity data has been validated and work is underway to establish baselines and quarterly performance

QPM 3

Current Postion represents Q4 2012-13. This is affected by a high percentage of missing data for completions.

QPM 4

Baseline represents survey period March 2009 - February 2012. Indicator is based on annual survey data

Priority 4 - NEET

High level aspirations outcome - Our commitment is that by 2016 all Rotherham's young people will participate in education or training up to the age of 18.

Goal 1 - Reduce percentage of Academic Age 16 - 18 Young People who are Not in Employment, Education or Training (NEET)

Key Measure	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
	Percentage of Academic Age 16 - 18 Young People who are NEET	7.6%	7.4%	7.1%	A	Apr-May 2013	7.8%	7.40%	R	7.1%	7.0%	Collette Bailey

Goal 2 – Reduce percentage of Academic Age 16 - 18 Young People whose current situation is Not Known

Key Measure	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
	Percentage of Academic Age 16 - 18 Young People whose current situation is Not Known	4.8%	3.9%	5.0%	G	Apr-May 2013	3.5%	5.0%	G	5.0%	5.0%	Collette Bailey

Goal 3 – Increase percentage of Young People Participating (reporting to commence April 2013)

Goal 2 - Reducing harm to adults from obesity

Key Measure	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
	Percentage of Academic Year 12 participating	89.0%	N/A	N/A	N/A	Apr-May 2013	90.9%	91.0%	A	92.0%	95.0%	Collette Bailey
	Percentage of Academic Year 13 participating	80.0%	N/A	N/A	N/A	Apr-May 2013	82.9%	82.0%	G	82.0%	85.0%	Collette Bailey

Goal 4 – Reduce percentage of RMBC Corporate Responsibility LAC/CL Young People (Academic Age 12 -14) who are Not in Employment, Education or Training

Key Measure	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
	Percentage of RMBC Corporate Responsibility LAC/CL Young People (Academic Age 12 -14) who are NEET	28.0%	25.3%	N/A	N/A	Apr-May 2013	22.8%	24.0%	A	24.0%	20.0%	Collette Bailey

Priority 4 - NEET

Goal 1,2 2011-12 Baseline is the 2011/12 reported data and Outturn 2012-13 is the 2012 reported data (Nov-Jan averages)(from DfE)

Goal 3 Baseline taken from the Annual Activity Survey for 2012.

NB - DoE changed the count for NEET as at April 2013 - currency will no longer apply and therefore the adjustment set to NEET % has been amended.

This is projected to inflate the NEET % by approximately 1%.

Participation is defined as

- full-time education, such as school, college or home education
- an apprenticeship
- part-time education or training if they are employed, self-employed or volunteering full-time (which is defined as 20 hours or more a week).

Priority 5 - Fuel Poverty

High level aspiration - Everyone in Rotherham can afford to keep warm and keep well

Goal 1 - Reducing the effects of Fuel Poverty

	Indicator	2010 Baseline	2011-12			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Key Measure	Percentage of the population needing to spend more than 10% of household income to achieve adequate levels of warmth in the home and meet their other energy needs.	18.2%	Data Released in 2014			01/01/2011-31/12/2011	16.7%	17.2%	G			Catherine Homer

	Indicator	2011-12 Baseline	2012-13			Current Position				2013-14 Target	2014-15 Target	Accountable Lead
			Outturn	Target	RAG	Period	Outturn	Target	RAG			
Quarterly Proxy Measure	The number of properties receiving energy efficiency measures through Community Energy Saving programme (CESP)		1,049	1,285	R	01/03/2013-23/06/2013	0	0	G	200	CESP superceded by Green	
	The number of properties receiving energy efficiency measures through Carbon Emissions Reduction Target (CERT)		1%	1%	G	CERT schemes have come to an end (31st March 2013) and have been superseded by Green Deal / ECO						
	The number of properties receiving energy efficiency measures through Dept of Energy & Climate Change (DECC)	To be delivered July 2013 onwards				01/03/2013-23/06/2013	0	0	G	320		
	The number of properties receiving energy efficiency measures through Green Deal / Energy Company Obligation (ECO)	1st year of collection anticipated in 4th quarter 2013-14										

Priority 5 - Fuel Poverty

Goal 1

KM Current Position represents 2011 calendar year. Baseline represents 2010 calendar year.

QPM 1 Is currently achieving the quarterly target. The pot of money initially secured to complete the DECC works in 2012-13 has now been allowed to roll over into 2013-14. The programmed work is now scheduled to be completed in Q1 of next year and the total number of houses this will assist is set to exceed 1285 .

Priority 6 - Dementia

High level aspiration - Enabling people with dementia to live independantly for longer

Goal 1 - Earlier detection of dementia in order to provide effective care

	Indicator	2011 Baseline	2012-13 Outturn	2012-13 Target	2012-13 RAG	Current Position Period	Current Position Outturn	Current Position Target	Current Position RAG	2013-14 Target	2014-15 Target	Accountable Lead
Key Measure	QOF identified prevalence as a % of calculated 'true prevalence'	59.50%				Q4 2012-13?	59.50%			64.99%	69.99%	Kate Tufnell

	Indicator	2011-12 Baseline	2012-13 Outturn	2012-13 Target	2012-13 RAG	Current Position Period	Current Position Outturn	Current Position Target	Current Position RAG	2013-14 Target	2014-15 Target	Accountable Lead
Quarterly Proxy Measure	Number of referrals to memory clinic			550		Q4 2012-13?	192	137				Kate Tufnell
	Number of assessments undertaken in memory clinic			500		Q4 2012-13?	153	125				Kate Tufnell
	Number of new plans of care in place for people with dementia	new - data not available										Kate Tufnell
	% of patients seen within 18 weeks (Referral to Treatment - Memory Clinic Pathway)			95%		67%				95%	95%	Kate Tufnell
	Timeliness of social care assessment within 28 days (all adults)	83.2%	93.7%	93%	G	2013 to 17-06-	92.6%	92%	G	94%	94%	Michaela Cox
	Care package assessments responded within 28 days for people with dementia											
	Acceptable waiting times for care packages within 28 days	97.5%	97.5%	97.5%	G	2013 to 17-06-	93.3%	92.5%	G	97.5%	97.5%	Michaela Cox
	Annual reviews of care package assessments for people with dementia											
	Percentage of clients receiving a review	93.0%	93.1%	93%	G	2013 to 17-06-	22.6%	25%	G	93%	93%	Michaela Cox
	A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	Proposed indicator										Kate Tufnell

General guide to column headings:
Baseline:- 2011-12 Outturn
Quarterly Target :- The target for Current Quarter so for this report will be the target for Quarter 3
Year End Target :- Will be the target for 2012-13
2013-14 Target:- Will be the 2013-14 Target
2014-15 Target:- Will be the 2014-15 Target

For a number of indicators, no 2013-14 target has been set and targets have been proposed for 2013 onwards
For new indicators, we are seeking Board support and commitment to data collection
A number of local measures are also in the National Outcomes Frameworks - achievement of these will be key to getting the Health Premium Incentive and meeting NHS and DH targets
There are limitations on the availability of data for several indicators, including some key local measures that are also in the Public Health Outcomes Framework.

Vision for Primary Care – a discussion document

NHS England – South Yorkshire & Bassetlaw Area Team

Introduction

Primary Care is defined as the first contact of a patient with a healthcare provider, usually a GP, dentist, pharmacist or optician, in a given episode of illness. As such, it has a key role to play in improving health outcomes and reducing health inequalities. We know that good primary care has a positive impact across the whole of the health and social care system. Evidence shows that strong and effective primary care services are vital for health economies and for delivering high quality, best value health services and healthy populations. NHS England holds the core contracts with each of the four primary care groups (dentistry, pharmacy, optometry and GP practice), and our aim, as a single commissioner of primary care, is to deliver excellence in commissioning NHS primary care services including improvements in quality and patient satisfaction, and reductions in inequalities of access and outcomes.

NHS England is currently in the process of developing a national strategic framework for primary care, which will then be implemented locally within local primary care strategies. In contribution to (and also in preparation for) this national framework (due out in October), the South Yorkshire and Bassetlaw Area team is seeking views on what the vision for primary care locally should be, across the four main categories of dentistry, GP practice, pharmacy and optometry, to enable us to feed into the national work, and also to start planning local solutions for the future.

Principles of the NHS Constitution, and the Primary Care context

Seven key principles guide the NHS in all that it does. They are listed here, together with a narrative that links them to the issues we need to consider within the primary care setting.

1. <u>The NHS provides a comprehensive service, available to all</u>
   Primary care has to serve a widely diverse population, and organise itself to meet a plethora of not just health needs but social, economic, and cultural characteristics, many of which are often found within one provider's own locality. As the "front door" to many other healthcare services, primary care has to make sure it is not just available but most importantly accessible to all communities and cultures.

2. <u>Access to NHS services is based on clinical need, not an individual's ability to pay</u>
   Primary care providers need to balance this principle with their own business models, as they often provide services to fee-paying patients alongside NHS patients. Transparency of process on all levels is key to achieving this balance.

3. <u>The NHS aspires to the highest standard of professionalism and excellence</u>
   We need to make the best use of mechanisms available to us to ensure that best practice and excellence is promoted across the primary care provider

community. There is a wealth of opportunity for providers to learn from each other for the benefit of patients, and we need to harness this.

4. NHS services must reflect the needs and preferences of patients, their families and carers.
   Primary care providers are often the best placed providers in the system to know the whole family rather than just the patient. This unique knowledge is key to providing integrated, holistic care, and all primary care providers need to consider how they can maximise it, and use it to best advantage of the patient.

5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population
   For many patients, their primary care provider is their first port of call. However their needs will often be wide-ranging, and therefore the primary care provider needs to have smooth, effective relationships in place with all the possible partners in health and social care, to ensure the patient's needs are met. This principle has been re-emphasised in the recent government commitment to Integrated Care[1].

6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources.
   The sustainability of primary care is an increasingly pertinent issue, in the face of growing demand, a finite workforce, and the financial challenges in the NHS. Primary care provision needs to be organised and configured in the most efficient and effective way, to preserve local access and continue to provide safe and high quality services. Innovative thinking needs to be embraced in order to achieve this goal.

7. The NHS is accountable to the public, communities and patients that it serves.
   NHS England, as the commissioner of primary care, is committed to open-ness and transparency, and will be putting in place processes for the public to more easily access information on the performance of all providers, including primary care providers.

Medical Primary Care – Government Pledges

There are also a number of government pledges to patients within the NHS Constitution that advise them of their rights. All of these are relevant to primary care, as it sits at the heart of the healthcare system; however there are a handful of pledges that relate directly to GP Practices' responsibilities to the patient, as follows:

- You have the right to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse, in which case you will be informed of those reasons.
- You have the right to express a preference for using a particular doctor within your GP practice, and for the practice to try to comply.

[1] https://www.gov.uk/government/publications/integrated-care

- You have the right to access to a primary care professional within 24 hours or a primary care doctor within 48 hours.

While these pledges are only relevant to GP practices, the culture of raised expectation is being created and this often applies equally in the patient's eyes to dentistry, pharmacy and optometry. Patient waiting times are a big element of every provider's business; as is patient choice, which again directly affects the sustainability of each of the four elements of primary care.

The vision for primary care – a summary

From all of the above, it is clear that NHS primary care needs to be

- Accessible
- Integrated
- High Quality
- Person-Centred
- Sustainable

The aspirations within the above principles and pledges are ambitious, and there are many challenges currently affecting NHS dentistry, pharmacy, optometry and GP practice. It is clear that there needs to be a strategic programme of change in place to move us towards the desired end state.

Discussion points

Members of Rotherham Health & Well-Being Board are asked for views on the following points:

- Are there other ways in which the NHS Constitution values and pledges affect primary care that are not listed above?
- Are there any additional values not listed that should be part of a dedicated primary care strategic framework?
- How well do you feel the local primary care community is working currently? What are the issues we need to address within our local primary care strategy to deliver the vision set out above?

Next Steps

Over the summer NHS England will engage with key stakeholders nationally and in some communities to get a local perspective. We will use the intelligence gathered to feed into the development of the national strategic framework for primary care. We will also be using it to start shaping the programme of work required locally to make primary care the best it can be for the future. Upon publication of the national strategic framework, anticipated to be in the autumn, we will then be able to formalise a local primary care strategy, based on the national vision, which takes into account all the local issues that need addressing.

Laura Sherburn
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NHS England
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Rotherham Warm Homes Healthy People Evaluation

November 2012 - April 2013

Acknowledgments

The project team would like to acknowledge and thank the partners involved in the development and implementation of the project. Partners have been accommodating to meeting the timescales involved in the delivery of the work. Partners have continued to demonstrate enthusiasm and commitment to the tackling fuel poverty. We would also like to thank the Department of Health for offering Rotherham funding for the second year running to allow the development of the work taken place.

Foreword

Living in a cold home has huge negative impacts on health and causes unnecessary misery for many people. We know that too many people in Rotherham live in fuel poverty and suffer poor health as a result. This is why fuel poverty and excess winter deaths are a priority of the Health and Wellbeing Board in Rotherham.

This is the second year Rotherham been successful in securing funding from the Warm Homes Healthy People Fund. The funding has acted as a catalyst to developing a strong collaboration of local stakeholders. More importantly it has ensured we have been able to help vulnerable people across the borough access measures and enable them to live in warmer homes.

As chair of the Health and Wellbeing board and with an interest in climate change and the environment I am delighted to be involved in this work. The opportunities brought about by the Warm Homes Healthy People funding will continue to be developed and ensure those most vulnerable to the health impacts of cold homes will be reached and supported.

Councillor Ken Wyatt JP
Chair of the Health and Wellbeing Board

Contents

Executive Summary

Living in a cold home has significant implications on the health and wellbeing of residents across our borough, particularly the most vulnerable. People with an existing chronic health condition or disability, the very young or older people are more at risk from the negative impacts of living in a cold home.

Fuel poverty levels rose to over 6 million in 2012 in the UK. The failure to tackle this issue will result in increased strain and burden on the NHS and social care in the form of GP visits, hospital admissions and excess winter deaths. Currently, there is an average of 2,500 excess winter deaths in the Yorkshire and Humber region each winter.

Background

The Department of Health's 'Warm Homes Healthy People' Fund aims to support local authorities and their partners in reducing heath and illness in England due to cold housing in the winter. This is the second year Rotherham has been successful in securing funding. In total Rotherham has received £215,747 over the two years.

The Warm Homes Healthy People funded work links to a number of local strategies and priorities and has helped to raise the profile of the need to address fuel poverty and excess winter deaths using a multi-agency approach. This work delivered during November 2012 to April 2013 has continued to build upon the multi-agency partnership developed since the initial 2011/12 application. The funding has enabled partners to offer support to the most vulnerable members of the Rotherham community including: older people, families, deprived communities, people living in poor housing stock and those with long term conditions including mental ill health.

Aim

To support a variety of projects that together will reduce illness, morbidity and excess winter deaths amongst vulnerable people living in cold damp homes.

Objectives

- *Raise the awareness of both householders, particularly the most vulnerable and staff, of the problems associated with fuel poverty, poorly insulated housing and associated health impacts*
- *Support householders to improve thermal efficiency of their home through practical measures and advice and maximise access to benefits*
- *Provide practical measures through home safety checks and warm packs to offer immediate benefit in cold weather*

Outputs

- *2000 warm packs distributed to adults and children across Rotherham with a focus on vulnerable households*
- *More than 140 households supported by handy persons services*
- *Over £40,000 of extra benefits identified*
- *Energy best deal and energy efficiency training for front line staff*
- *Energy and health, and Green Deal awareness raising for the public and local workforce*
- *Increase in the number of local voluntary and statutory organisations engaged in supporting people to keep warm during the winter months.*

Background

Living in a cold home has significant implications on the health and wellbeing of Rotherham residents, particularly the most vulnerable. People with an existing chronic health condition or disability, the very young or older people are more at risk from the negative impacts of living in a cold home.

Fuel poverty levels rose to over 6 million in 2012 in the UK, with 18.2% of householders in Rotherham living in fuel poverty. The failure to tackle this issue will result in increased strain and burden on the NHS and social care in the form of GP visits, hospital admissions and excess winter deaths. Currently, there is an average of 2,500 excess winter deaths in the Yorkshire and Humber region each winter.

The effects that living in fuel poverty and a cold home can have for communities are widespread. As well as physical health, fuel poverty is known to negatively impact on mental health, social isolation, educational attainment, the condition of housing stock and 'blight' a neighbourhood

Strategy

Tackling fuel poverty and reducing excess winter deaths is one of the six key priorities of the Health and Wellbeing Board in Rotherham. This is being supported by a number of key strategic documents including the Rotherham's Warmer Homes Strategy (RWHS) which brings together directorates and stakeholders with a responsibility for housing and health. The strategy recognises current financial challenges facing residents and organisations, and changes to legislation and structures that may worsen fuel poverty. A coherent and holistic approach has been adopted aiming to reduce levels of fuel poverty in Rotherham, spanning the remits of all the main partners including: health services; Rotherham Metropolitan Borough Council (RMBC); energy suppliers; and, the voluntary community sector. The vision of the RWHS is:

To enable and provide opportunity for all Rotherham residents to live in warmer homes.

The local implementation of the Cold Weather Plan (CWP) is devolved into two documents, the RWHS and the NHS Rotherham Winter Plan. Operationally the two plans complement each other and engage the services and organisations required at the different levels of the CWP.

The funding

The Department of Health 'Warm Homes Healthy People' Fund (WHHP) was established to support local authorities and their partners in reducing death and illness in England due to cold housing in the coming winter. In doing so will support local areas to meet the aims of the 2012 CWP. Expectations of the funding were that a multi-agency approach to tackle these aims would be developed and include statutory, voluntary and community sector partners. WHHP funding was expected to supplement other national and local funding to support more people at risk from cold weather.

This is the second year Rotherham has been successful in securing funding. In total Rotherham has received £215,747 over the two years. In 2012/13 Rotherham secured £134,472. This was less than the original application requesting £165,500. However the sum of national applications for the funding exceeded the £20m available in the fund. Therefore in order to maximise the spread of funding available to as many successful proposals from Local Authorities across England as possible, all successful bids were reduced by 19%.

The 2012/13 project has continued to build upon the multi-agency partnership developed since the 2011/12 application. The funding has enabled partners to offer support to the most vulnerable members of the Rotherham community including: older people, families, deprived communities, people living in poor housing stock and those with long term conditions including mental ill health.

Aim

To support a variety of projects that together will reduce illness, morbidity and excess winter deaths amongst vulnerable people living in cold damp homes.

Objectives

This proposal includes a variety of projects that, jointly, will reduce illness, morbidity and excess winter deaths amongst vulnerable people living in cold damp homes.

- Raise the awareness of householders towards the problems associated with fuel poverty, poorly insulated housing and impacts on health
- Support householders to improve thermal efficiency of their home and maximise access to benefits
- Improving housing stock through Government funded schemes such as Community Energy Saving Partnerships (CESP) and Carbon Energy Reduction Target (CERT)
- Explore methods of data sharing between statutory, voluntary and private sectors in order to target resources more effectively and efficiently
- Targeted groups are given access to information with regard to fuel efficiency measures and financial vulnerability enabling them to live in warmer homes
- Vulnerable groups including families and people with long term conditions including mental health are supported
- Provide practical measures through home safety checks and warm packs to offer immediate benefit in cold weather
- Provide out of hours assistance to residents living in social housing through winter months
- Skilling up front line staff to support their clients with appropriate and actionable advice and information on relevant initiatives to stay warm and well.

Target Audience

A key aim of the 2011/12 work was to build on the learning from the Keeping Warm In Later Life projecT (KWILLT) and focussed on supporting older vulnerable people to access support to keep warm and well during the winter months. KWILLT was a research study funded by the National Institute for Health Research (see www.kwillt.org for more details). Through the development of the RWHS, local priority setting work, development of the Warm Well Families research study, local and national evidence it was apparent that children and young people are also at risk from the negative impacts that living in a cold home may have on health and development. Therefore this year's WHHP project aimed to build on the successful collaboration developed from the 2011/12 project and expands the network of stakeholders to include organisations and departments working with young children and families.

Project Partners

Stakeholders from voluntary and statutory sectors were involved in delivering the project demonstrating the commitment to reducing health morbidity and deaths associated with people living in cold homes. The project aimed to enhance the provision that the existing stakeholders offered to the Rotherham community. The main project partners included:

- Rotherham Metropolitan Borough Council
- NHS Rotherham
- GROW
- Age UK
- Yorkshire Housing
- Rotherham Citizens Advice Bureau
- South Yorkshire Fire and Rescue
- Sheffield Hallam University

This evaluation will focus on the achievements of the 2012/13 funding.

Project Delivery & Outputs

All project partners were involved in the development of the initial proposal for the funding. This process was accomplished efficiently as the main project partners were already engaged following the 2011/12 work. Organisations known to existing stakeholders who were working with children and young people were approached to be involved in the project. The original project targets shown in appendix 1 were included in the project proposal for the funding.

The information below summarises outputs from each partner.

Age UK

Age UK Rotherham received a combination of funding from: WHHP; Age UK national campaign 'Wrapped Up'; and, EoN to deliver their winter offer. Clients who were supported were from the existing Age UK database and new clients from: one stop shop; hospital after care; self-referrers; befriending services; families and neighbours; community outreach events; campaigns on the local radio; and, links to the Met Office level 4 emergency alerts.

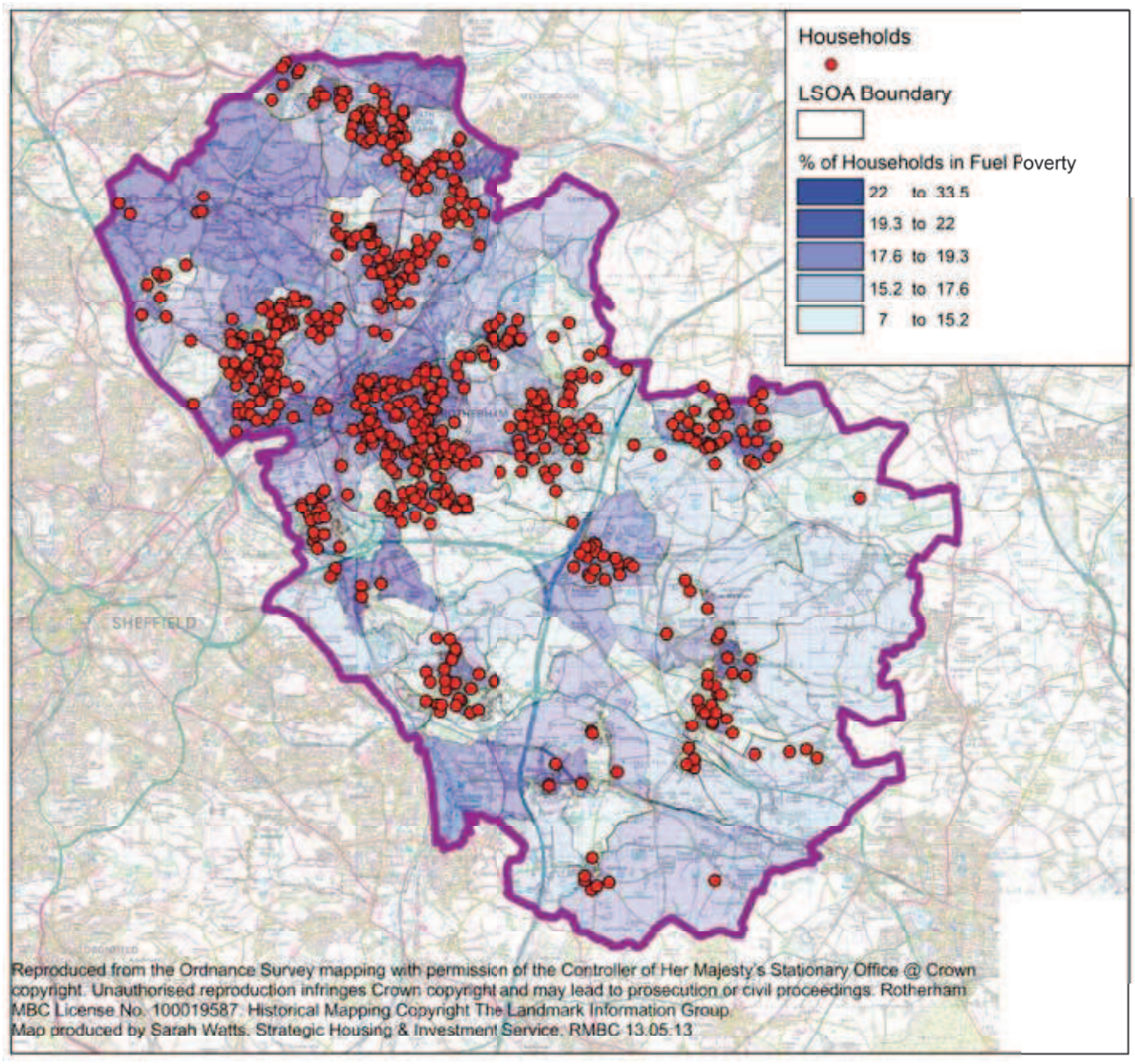
> *"The WHHP funding has provided Age UK with a vehicle to promote our own holistic lifestyle services and enabled us to enhance our winter offer to residents over 55 years living in all tenures of housing across the whole borough"*
>
> **Di Hollingsworth**
> **HEAD OF CARE AND SUPPORT SERVICES**

Age UK Rotherham have also continued their partnership with South Yorkshire Community Foundation to deliver their surviving winter campaign to householders through the redistribution of winter fuel payments. This was the second year Age UK Rotherham have been involved in the WHHP work and all staff now promote energy efficiency all year round, furthermore 4 handy persons staff have been trained to offer energy efficiency checks and fitting small scale measures. Throughout winter 2012/13 Age UK have provided householders with:

- Information packs about how to keep warm (n=987)
- Tips and advice on heating your home effectively
- 'Keeping warm' packs that include a blanket, socks, mug and a thermometer (n=300)
- Practical handyman help to make sure understand your heating system and are energy efficient to maximise the warmth and minimise the cost (n=100)
- Advice and information about additional payments and entitlements available for older people including Warm Home Discount and small grants to help with bills.

The map below (fig 1) highlights the geographical areas where clients, who received support were from and the levels of fuel poverty in these areas. A large proportion of clients lived in areas typically in high levels of fuel poverty however the map also indicates there is a need to support people with energy efficiency and keeping warm advice in all areas of the borough.

Figure 1 Age UK Clients and percentage of households in fuel poverty



Yorkshire Housing

The Home Improvement Agency (HIA), Yorkshire Housing (YH) purchased and put together 2000 (1800 adults and 200 children's) warm packs that were distributed via all the project partners. The warm packs cost £10.00 each and included:

Adults

- Hot water bottle
- Blanket
- Socks
- Soups
- Flask
- Thermometer
- 10 top tips for staying warm.

Children's

- Socks
- Blankets
- Hats and gloves
- Soups
- Microwaveable
- Thermometer
- 10 top tips for staying warm

YH also distributed 880 warm packs to organisations and community groups including:

- Mencap
- Reema (Rotherham Ethnic Minority and Others)
- Groups working with dementia sufferers
- Salvation Army
- Carers groups working with adults and children
- BME mental health groups
- Over 50's clubs
- Vulnerable older people living in the Harley area

Through distribution of the warm packs YH engaged with these new and existing partner organisations. Clients from Mencap and black and minority ethnic groups have since been in contact with YH to access their repairs service. This is particularly important as it demonstrates the trust that has been built between the organisations, as the clients suffer from mental health issues and low confidence so to contact an organisation themselves is a major achievement.

As a HIA, YH offer small scale repairs to the properties of vulnerable householders, and 40 householders requested the handy person's service through this funding. Through the WHHP funding YH extended their existing provision to target communities where translators were required. These communities are considered to be more at risk from the health impacts of the cold weather and rarely access the services of the HIA.

15 householders identified through the WHHP work have been referred to one of the utility company's replacement boiler service.

"This is the second year Yorkshire Housing have been able to access Warm Homes Healthy People funding from the Department of Health and Rotherham MBC. The money has enabled us to get over the door steps of some of the most vulnerable people in our community to give them energy saving advice and small home improvements."

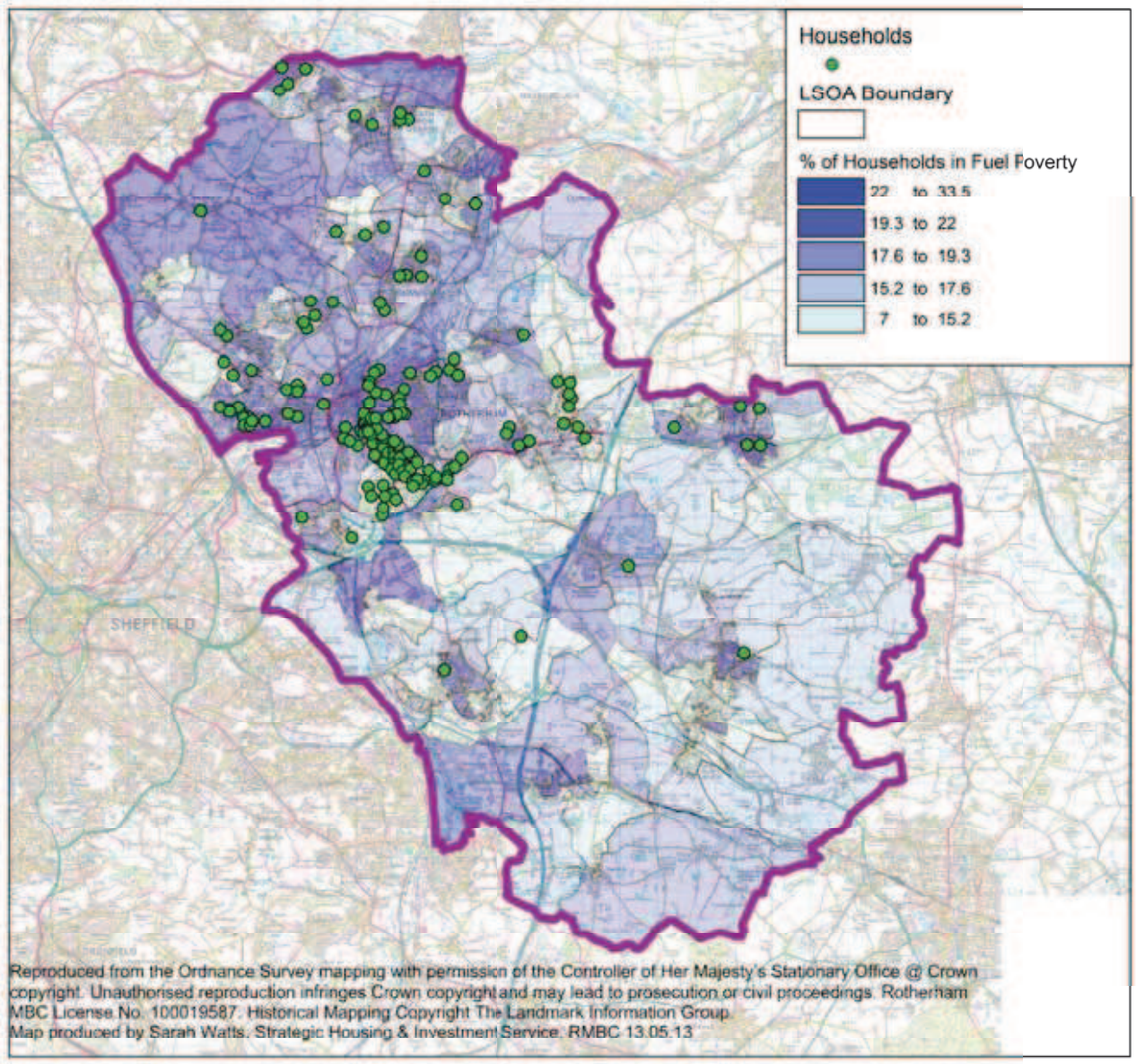
Angela O'Neil
NEEDS ADVICE SUPPORT OFFICER

Rotherham Citizens Advice Bureau

The WHHP money funded additional advice hours to support clients in ensuring they were on the best energy deal to save money. Targeted approaches using fuel poverty and Index of Multiple Deprivation (IMD) data provided by RMBC, allowed Rotherham Citizens Advice Bureau (RCAB) to target the energy best deal advice offer to existing clients living in areas of most need. Specific work targeting Asian communities was led by a RCAB worker from this ethnic group. Outreach sessions have been held at Rotherham Hospital and in the town centre. Further outreach weekly sessions are being held in more remote areas of the borough to target and support householders who do not access RCAB's town centre services.

RCAB worked with 258 clients from December 2012 to March 2013. The clients supported through this work were in many aspects similar to the population makeup as identified in the 2011 Census. Figure 2 demonstrates where clients from across Rotherham lived, not all were from areas with high level of fuel poverty.

Figure 2 RCAB Clients and percentage of households in fuel poverty



- A relatively high proportion of clients indicated they were from an ethnic minority group (20.4%). Most clients were working age (91%17-64 years) but were not working.
- Most clients had an income of less than £999 per calendar month and around half were earning less than £600 per calendar month.
- Approximately one third of clients had dependent children and the largest group seen were single people with no children.
- 29.2% indicated they were disabled or had long term health conditions.
- The financial gains made for all clients totalled £42,788, with most of this financial gain for identified benefits

RCAB staff have commented how being involved with this work has led to them increasing their knowledge on energy efficiency and energy best deal advice. This has enabled them to bring the subject up into more of their routine consultations and contact with clients.

RCAB have delivered training to frontline workers from the Parenting Team and GROW.
Some WHHP clients responded to RCAB's core satisfaction survey and their responses will be examined to determine how satisfied they were with the advice they received. Results from this survey will be available later in 2013.

GROW

GROW are a voluntary sector organisation who aim to provide a unique holistic service that enables Rotherham women and their families to make informed choices. GROW have distributed 200 (100 adults and 100 children) warm packs to service users which workers have established relationships with. The packs have enabled GROW workers to begin discussions very quickly about cold homes, fuel poverty, debt etc.

Feedback around the warm packs has been collected from GROW staff and the families who have received them. Below are just a few of the comments that have been received.

"The warm packs have significantly helped family members by providing them with the essentials they need to effectively keep warm and reduce costing by saving on fuel when using these items." (GROW staff)

"The children in the family have really enjoyed the characterised fleecy blankets and the cuddly warmers" (GROW staff)

"Some of our service users wrapped the items in the children's packs for extra Christmas presents due to the difficulty in affordability for gifts" (GROW staff)

"Thank you so much for the blankets, they are very useful and the gloves and microwave bags were a very pleasant surprise! Thanks" (Family)

> *"GROW staff are now confident when talking to families about fuel poverty issues The warm packs have supported staff to raise the issues of debt, cold homes and health behaviours with the vulnerablet families we work with. This is now embedded in GROW's core offer of support to our families"*
>
> **Sue Barratt**
> **CEO GROW**

Nine members of GROW staff attended training facilitated by RCAB. This training, the resources given and previous work undertaken have raised the confidence of GROW workers around talking to families about cold homes, heating, damp homes, healthy eating, and energy savings.

GROW workers used mobile phones and internet connected lap tops on home visits checking tariffs and switching energy providers. On occasions workers have negotiated with suppliers to reduce tariff and payment schemes.

When required GROW workers have supported families to seek specialist support for their debt – CAB, RMBC Money Advice. If families are able GROW have supported them to access the National Debt Line website/helpline in order to promote empowerment o families to resolve issues themselves.

Future work and added value

GROW have applied for funding to the Pfizer Foundation to further develop the work of supporting families to deal with living with fuel poverty further.

GROW is seeking funding to support families living in disadvantaged areas to engage with a Ministry of Food healthy eating programme where the worker will also work with families to shop for the meals (on a budget) and work in their homes to replicate the dishes, buying cooking utensils as required.

South Yorkshire Fire and Rescue

South Yorkshire Fire and Rescue (SYFR) distributed 45 warm packs to local children's centres and 20 directly to vulnerable householders that were identified as living in fuel poverty during a home safety check. Home safety checks are carried out by fire community support officers, operational fire fighters and vulnerable person's advocates, during the checks advice is given to householders promoting fire safety and fitting free smoke alarms where needed. Where householders are classed as vulnerable due to drug and alcohol misuse, mental health or mobility issues etc, they receive follow up visits from specialist trained staff where they can be further assessed if other resources are needed to help keep them safe for example flame retardant bedding or throws. SYFR are acknowledged as being a trusted service by the general public and are increasingly becoming involved in supporting various health agendas including keeping warm in the home and Making Every Contact Count (MECC).

"We know that the ways some people keep warm in their homes can be a cause of house fires, putting them at risk of serious injury or even death. This misuse maybe because they don't understand the risk or because for some it is the only way they think they can keep warm. Being involved in the WHHP work has added value to the offer SYFR can give to the householders by allowing our staff to refer to other services who can help people with their heating and ensure they are safer during the winter months"

Pete Jones
COMMUNITY PARTNERSHIP OFFICER, SYFR

Rotherham MBC – Parenting Team, Children and Young Peoples Service

The WHHP funding has enabled the development of work targeting families. The Parenting Team in RMBC have distributed 77 warm packs, 36 children's and 41 adults to the families which Parent Support Advisors are currently supporting. The families all live in either social housing or private rented in deprived areas of Rotherham. Families supported by the Parenting Team have complex needs, they often live transient lifestyles and many are in debt and have low self-esteem. The families have stated:

'I have found the blankets for the children really useful, in keeping them warm when they are sat watching TV or reading'.

11 Parent Support Advisors undertook training from the RCAB in energy debt advice and best deal. As a result of the training two families have been referred to RCAB for energy advice. Both families found the information useful and as a result one of them has managed to secure their tenancy and agree payments for their arrears of fuel.

It has been identified that the vulnerability, low incomes and childcare issues of many of the families it is difficult for them to visit local financial advice services. Therefore an iPad and dongle is being purchased to allow the parenting staff to support families with appropriate energy and debt advice

within their own home.

Rotherham MBC

21,000 copies of a Warm Homes Healthy People magazine were distributed to all social housing tenants across the borough. This magazine covered a range of information including health and financial advice, energy saving tips, heating maintenance and contact numbers of local support and assistance. A range of press releases and communications were sent out throughout the winter months to raise awareness of the issues and schemes available to help residents.

Green Deal Summit

A Green Deal Summit event aiming to raise awareness about the Governments Green Deal initiative was held in April at the New York Stadium in Rotherham 70 delegates attended the event representing voluntary and community organisations, private landlords, letting agents, elected members, disadvantaged neighbourhood managers, installers, strategic directors and front line staff. Speakers were from the Department of Energy and Climate Change, Rotherham Metropolitan Borough Council, National Energy Action and Sheffield Hallam University.

Department of Energy and Climate Change

Funding of £336,000 was successfully received from DECC to provide loft and cavity wall insulation to approximately 320 private sector householders who have not been able to access measures supported by Warmfront or would not benefit from the Government's Energy Company Obligation programme. To date, in excess of 130 householders have been identified and 158 measures are being offered. A programme of works is anticipated to commence before the end of May 2013. Additional marketing, through local press and radio as well as door to door, will assist with identifying additional householders who will be supported with the remaining monies and it is anticipated that the programme will be completed by the end of September 2013 to enable householders to benefit from the improved thermally efficiency of their homes over the 2013/14 winter period

Challenges, Opportunities and Recommendations

Partners were approached to indicate key opportunities and challenges that the WHHP funding and project has presented to their organisation. On the whole partners were very appreciative of the funding and commented about the extended benefits the project had brought to their organisation.

Opportunities

- Developing and strengthening partnerships with other local and national organisations
- Raising the skills and knowledge of their staff about the health impacts of living in cold homes, energy and debt advice, interventions available to support people
- The extended winter period and low temperatures enabled organisations to continue their project delivery
- Welfare reform means many people are preparing to save money and therefore were open to energy saving and best deal advice
- Involvement of organisations specifically working with families and purchasing children's warm packs enabled organisations to work with families
- A dialogue between partners to promote opportunities for attending community events and hosting town centre stalls
- Use the Winter Warmth resources to promote the whole offer from the warm homes healthy people work rather than individual organisations promoting their own individual services
- Changes to the welfare system will mean more householders are at risk of falling into fuel poverty, targeting food banks and clients linked to the hardship funds will ensure more vulnerable householders will be supported
- Warm packs gave an incentive to engage people with services own offer
- Partners involved are trusted locally in the information they provide which helped to promote the messages
- WHHP funding enabled services to attract funding from other sources

Challenges

- Timescales linked to the funding application process restricted partners from being more inventive and making best use of available data e.g. Energy Performance Certificates
- Limited capacity of organisations to deliver extra services brought about by the WHHP funding on top of their own priorities and the priorities of other funders
- Data sharing between statutory organisations could have enhanced and enabled targeted work
- Limited engagement with contractor partners and a housing association meant some funding had to be reallocated to other organisations
- Timescales linked to project delivery restricted activity and planning time, some services were ready to deliver in September / October
- Communication between partners about the different opportunities to support households was sometimes ad hoc and lost in the priorities of different organisations

Recommendations

- Standard survey and data collection tools given to clients from all partners to establish key data in order to better target services if money comes available in the future
- Host an event early in the development of outputs with front line staff not just managers to establish their concerns and best practice to help residents , to better engage front line staff and ensure they are aware of the whole offer
- Provide unisex blankets in the warm packs and include porridge rather than just cup a soups
- Continue to develop relationships with children's services
- Align awareness raising with an opportunity to carry out energy efficiency improvements that will contribute towards tackling fuel poverty and creating a warmer home.

Appendices

Appendix 1 - Original Project Targets

Rotherham Citizens Advice

- Supporting a minimum of 236 households through;
  - 3 x training sessions for front line workers or family groups in ensuring they understand rights around energy companies, looking at the most effective way to identify the best price for energy delivery and some basic training in budgeting
  - Providing advice hours to support 2 families per week 1st November – 31st March

Age UK

- A minimum of 1,200 older person households will be offered:
  - Home visits to give advice on energy efficiency/ maximise use of heating systems and practical help e.g. fitting heat conserving measures,
  - Information packs about how to keep warm and provision of warm packs;
  - Emergency support service to ensure essential supplies are in place in the event of extreme adverse weather;
  - Advice and information by phone, appointment and home visit to provide access to maximise income and reduce energy costs including benefits checks, better energy deals etc.

Wilmott Dixon

- Develop an approach for sharing intelligence between agencies in order to support vulnerable tenants
- Provide out of hours emergency cover for social housing tenants across the borough

Yorkshire Housing

- Household visits to targeted communities to include the provision of 1000 warm packs for older people and 150 for families
- Offering home safety checks and one to one behavioural advice utilising new intelligence to identify suitable clients
- Support GROW and children's service at RMBC with referrals for priority families
- Undertake small scale essential repairs to boiler / heating systems

GROW

- Will work with a minimum of 80 families who are at risk of suffering from the harmful effects of cold homes (included in this figure are isolated women living on their own)
- Supporting service users to access appropriate partner agency support whilst ensuring they understand and benefit from all information offered
- Work with CAB to develop staff awareness and facilitate activities

Social Housing Association partners

- Targeted advice hours offered to vulnerable tenants living in social housing

South Yorkshire Fire & Rescue

- Incorporate the distribution of warm packs within the Home Safety Checks undertaken across the borough particularly supporting the most vulnerable.

RMBC Housing Services

- Offering practical winter advice to 21,000 social housing tenants via newsletter
- Provide advice to 7,000 tenants during Gas Safe inspections and offer referral mechanism, where necessary

Rotherham MBC and NHS Rotherham

- Winter warmth focussed private rented landlords newsletter
- Manage small scale emergency fund to enable vulnerable householders to receive repairs and or replacement of boilers/heating appliances/etc
- Leaflets and thermometer cards
- ‘Improving Health and Homes Summit’

Rotherham MBC Parenting Team

- Targeted work with 50 vulnerable families
- Developing cooking skills - ‘winter warmers on a budget’
- Attend awareness raising sessions with targeted families and champion efforts to prioritise keeping warm and well

Appendices

Appendix 2 - Case Studies

Each partner has provided a case study from their work. These case studies aim to provide value and examples of the real like achievements the Warm Homes Healthy People funding has had for Rotherham's communities

The new force combining
Age Concern and Help the Aged

Case Study
Age UK

About the Person

Mr and Mrs L are older people that live in the former pit village of Thurcroft. They are 83 and 78 respectively and live in an old former mining semi-detached property. Mr L is generally in good health and Mrs L suffers with a health condition, but they both report that they do “feel the cold”.

What was the Situation

Mr L initially contacted Age UK Rotherham at the beginning of November 2011 about problems with an ill fitting UPVC door that allowed both a draught and rain through it. A Handyperson was sent out to investigate and work was done to lower the door in order to prevent this. The Handyperson who is very experienced and who has worked for Age UK Rotherham for a few years noticed their home was a little cold and informed the clients that in the near future we were hoping to launch our Winter Warmth Projects and were waiting to hear about funding which would enable us to provide further information about products to help keep their home warmer and make it more energy efficient. The couple were very enthusiastic about this and telephoned Age UK Rotherham in December to refer themselves to the project.

What did age UK do to make a difference

Once the projects started the Handyperson subsequently revisited Mr and Mrs L to ensure they got the benefit of free products that were available and would make a considerable difference to the warmth of their home. The Handyperson talked to them about keeping warm throughout the colder months and explained the benefits of energy efficiency. He then conducted a survey on the property and identified both UPVC doors both front and back were draughty from the bottom of the door. He removed the lower plastic sills to both doors and fitted, without drilling the ‘Stormguard PVC Door brush seals’. He further noticed a large gap underneath the internal door to the living room and fitted an ‘Under Door to Floor’ draught excluder. Mr L and the Handyperson then proceeded to check the internal lights and replaced older non energy efficient bulbs in both the hallway and the living room with new energy efficient ones.

What outcomes were achieved

Mr and Mrs L were both extremely pleased with this work and reported that since the Handyperson visit they “have noticed a considerable improvement with the draughts especially in the hall” and they “Feel warmer in the living room”.

They both were delighted with the service and very much wanted to say:

" We have noticed a considerable improvement with the draughts especially in the hall”

"Feels warmer in the living room”

"We appreciate what he did and that he did a marvellous job”.

YORKSHIRE HOUSING

Case Study
Yorkshire Housing

Yorkshire Housing

Frozen and not wanting to leave the house a customer called to see if we knew any Gas Safe engineer to look at her boiler. We sent one of our approved contractors out but they said the boiler was too old as it was over 40 years old. We re visited and found that she had cancer in its second stages with a diagnosis giving her about 6 months to a year to live. The cold was causing the lady to get depressed, her husband said she never wanted to go out and following a warm bath she just wanted to go to bed.

Her character had changed dramatically and her husband was worrying. Following discussion with colleagues at the council it was agreed funding from the WHHP could be used to pay for a new boiler.

The work was carried out within two weeks and the lady called to thank us for all the work we had done. She said the difference was unbelievable and she feels her last months would be worry free and she wanted to go out again. We were also asked us to do extra work around the house and garden fence.

Case Study
GROW

GROW case study 1

A single mum with 2 children, she has previously been involved in a domestic violence relationship which has impacted on her mental health and had detrimental effects on her children.

Mum has struggled to maintain a secure tenancy and has recently moved into private accommodation which is 2 bus rides away from her children's schools.

Mum finds it difficult to manage her finances and budget accordingly and has needed additional support with this.

Recently mum had her benefits suspended due to failure to attend her JSA appointment, this was because mum had no funds to get to her appointment and now needs to make a new claim. This has left mum and her 2 children in an extremely vulnerable situation and resulted in the family being left in crisis. Mum has no close family or friends that she can turn to for support, her Dad who is the only close relative she has any contact with has terminal cancer, which adds additional pressure and stress.

On 2 occasions GROW have had to provide mum with funds for fuel as the family were in their home without any fuel supply or means of obtaining any for a number of days. This funding was secured to help in emergencies from RMBC.

GROW Case Study 2

Support was given to a family regarding damp issues in property which included phone calls made to the local housing authority to liaise and advocate on their behalf to ensure that there was recognition of the problems causing hardship to the family.

Historically this family has a record of not engaging with help offered and found it difficult to communicate their point of view and worries.

Contact made with Rentokil to arrange times and dates for work to be undertaken to evaluate seriousness of damp and to measure up for calculation of remedial work.

Further phone calls to Rentokil were made to arrange times and dates for remedial work and to ensure that the family had an understanding of what work needed to be done.

The work was carried out successfully and the family were supported with information and advice regarding issues with condensation, fuel economy and budgeting advice.

Case Study
South Yorkshire Fire and Rescue

Home Safety Check 1 scheduled to visit a property in Thurcroft 21/01/13

A Home Safety Check was conducted at this address by our Fire Community Support Officers, upon conducting this visit with the residents the initial findings were of concern to escalate this up to our Home Safety Check 3 process with our Vulnerable Persons Advocate Below are details from the visit as passed to our Rotherham Vulnerable Persons Advocate. The house is a Council property which belonged to her grandmother, she no longer lives there but the granddaughter is now resident there with her boyfriend and 4 children. The oldest child is 7 yrs old. The boiler is leaking upstairs; this has caused the floor boards and ceiling to rot. There are also no internal doors downstairs and only 2 doors upstairs but do not shut and there are no handles on them.

The resident has telephoned the Council regarding the boiler and doors and have been told that they will come out and so far they haven't. This house is in a poor state of repair and needs the Council help to make it liveable. There is a hole in the living room to upstairs through the ceiling. Potentially if there was a fire in the living room it could spread through the ceiling into their "designated safe room". Social services are involved and they have a family support worker. The baby has been in hospital with breathing problems. They now smoke outside due to the child's respiratory problems. The front door was blocked with a push chair. If there was a fire to start the smoke would spread quickly and therefore would not be able to get out or make themselves safe upstairs due to the state of the doors.

Actions Taken:

Fire Community Support Officers:
Completed a Home Safety Check. Linked alarms already fitted. Gave warm packs for each individual and as they have no doors to keep rooms downstairs warm. Advised resident will pass this onto VPA who may be able to get the Council out to rectify the problems.

Advised due to no internal doors and the risk of injury being high, they need to switch electrical items off and make sure there is a low risk of fire happening. We gave out 2 adult's warm packs and 3 children's warm packs and also winter warmth leaflet for energy advice/support.

Vulnerable Persons Advocate:
Contacted Rotherham Metropolitan Borough Council Response Team – 01709 382121 – they advised they will assess the boiler within 24hrs – 21/01/12 and look to fix the ceiling hole.
Contacted Rotherham Metropolitan Borough Council Housing Team - 01709 336040 – They had advised Vulnerable Persons Advocate that the resident has to call in themselves to refer the missing doors and then possibly need to provide a written letter. Vulnerable Persons Advocate spoke with resident and explained what we have done so far to support and reiterated the advice given from Rotherham Metropolitan Borough Council that they needed to contact the Council to rectify problems and gave resident direct contact number to do this.

Vulnerable Persons Advocate to follow up with a courtesy call in 1 week's time.

Rotherham Metropolitan Borough Council
Where Everyone Matters

Case Study
Rotherham MBC – Parenting Team

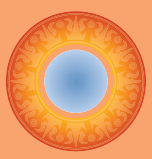
Roma Slovakian families. A focus of our work for the warm homes project was on the Roma Slovakian population. This population is increasing in Rotherham and historically have been difficult to engage with and subsequently offer support to. However, due to the warm homes funding we were able to offer cooking sessions to 33 families. Jamie Olivers Ministry Of Food were commissioned to run the sessions which entailed information on creating 'winter warmers on a budget'. A translator was required in order to run the sessions which were held at a local Children's Centre.

The feedback from families was very positive. As a result of the sessions a Parent Support Advisor has run two workshops (12 people to each session), to share advice and information around energy advice. It has also allowed the Parenting Team to facilitate further workshops with this Slovak community on debt advice and completing job applications as well as offer sessions on effective parenting strategies.

We intend to run more cooking sessions for vulnerable families in order for us to approach the subject of keeping warm.

"The cooking sessions and warm packs have proved to be a great way for my team to engage with families from ethnic populations we have not worked with before. There have been many wider benefits from the cooking sessions that we may not have been able to achieve without the WHHP funding."

Victoria Morris, Parent Support Advisor Team Manager.



www.rotherhampublichealth.co.uk
Rotherham Metropolitan Borough Council

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Making Every Contact Count

Applying the Prevention and Lifestyle Behaviour Change Competence Framework

MECC a Plan - Applying the Behaviour Change Framework

Public Health is currently undergoing radical change and with it comes a challenging agenda for policy makers, commissioners, employers and individuals as well as those responsible for supporting learning. With the shift to a local authority-led public health service, the necessity to build capacity, capability and confidence for whole workforce, across all sectors becomes imperative.

The opportunity to garner a wider public health workforce in the promotion of healthy lifestyle choices brings with it the need for robust, inclusive systems that ensure everyone understands how to communicate health and prevention messages effectively.

The Prevention and Lifestyle Behaviour Change Competence Framework provides a mechanism to ensure systematic, measurable and evidenced development of workforces to meet the challenge. Developed over the past four years the framework is informed by NICE guidance, the KSF (Knowledge and Skills Framework), staff reviews, National Workforce Competences (NWC) and National Occupational Standards (NOS). Whilst these clearly define the need and the competencies, the framework also acknowledges the complexity and the challenging factors effecting health and wellbeing behaviour and therefore operates from the premise of 'starting from where the person is' and considers behaviour change in the context of the wider and social determinants of heath.

The framework provides the architecture to facilitate workforce strategies and development activities that deliver both the public health and NHS policies, strategies and relative Outcomes Frameworks designed to improve the health and wellbeing of individuals and populations.

As well as the clear benefits for commissioning, service provision and improving the capacity of the workforce, the Framework also provides a barometer for organisations' investment in staff health and wellbeing and associated improvements in productivity.

Good health is now increasingly recognised as everyone's business. The Public Health Responsibility Deal (2011) is the Government's way of drawing on the potential of employers in both the private and public sectors to help tackle health inequalities through the influence they have over health in the workplace, alcohol, food and physical activity. The Framework can assist the initiative by providing a workforce strategy to facilitate the achievement of outcomes through a competent, capable and confident workforce.

Whilst the Framework is designed to assist organisations and individuals, the ultimate beneficiaries are of course people, communities and populations. 'Making Every Contact Count' is a powerful tool to improve the health and wellbeing of the public.

The Framework is a supportive mechanism that enables benchmarking across geographical regions, workforces and services. The aim is not to create new roles or workforces but to ensure a wide range of workforces can feel confident and competent to Make Every Contact or Every Contract Count.

It is simple, flexible, and universal in application: the workforce functions for delivering behaviour change are clearly defined in the three levels:

- Level 1 -Brief Advice
- Level 2 - Behaviour Change Intervention e.g. brief intervention / motivational Interviewing.
- Level 3 - Behaviour Change Intervention service / professions

Level 1	Level 2	Level 3
The worker is able to engage with individuals and use basic skills of awareness, engagement, and communication to **introduce** the idea of lifestyle behaviour change and to **motivate** individuals to consider/think about making changes to their lifestyle behaviours.	The worker is able to select and use brief lifestyle behaviour change techniques that help individuals **take action** about their lifestyle behaviour choices which may include starting, stopping, increasing or decreasing lifestyle behaviour activities.	The worker is able to select and use appropriate techniques and approaches to provide support to individuals as they **change** their lifestyle behaviours and facilitate the individuals to **maintain these changes** over the longer term.
1.1. Ensure individuals are able to make informed choices to manage their self care needs	**2.1.** Ensure your own actions support the care, protection and wellbeing of individuals	**3.1.** Enable people to address issues related to health and wellbeing
1.2. Support and enable individuals to access appropriate information to manage their self care needs	**2.2.** Select and implement appropriate brief lifestyle behaviour change techniques with individuals	**3.2.** Enable individuals to put their choices for optimising their lifestyle behaviours into action
1.3. Communicate with individuals about promoting their health and wellbeing	**2.3.** Enable individuals to change their behaviour to improve their own health and wellbeing	**3.3.** Enable individuals to maintain lifestyle behaviour changes
1.4. Provide opportunistic brief advice	**2.4.** Undertake brief interventions	
Level 4 – NOT COVERED BY THE FRAMEWORK		
The worker uses specialist/advanced or lifestyle and behaviour specific behaviour change approaches to support individuals. Workers at this level will also act as a resource for the support, training and education of others.		

Application of the Framework

The Organisation can choose to apply the Framework to suit business requirements.

The following suggests some approaches to stimulate ideas for application.

Informing Strategy and Planning	Assessment and planning to meet the gaps in the public health role of the workforce at ALL levels.
Underpinning Commissioning	Enables commissioners to quantify expectations and outcomes.
Transforming Culture	Provides clarity around the public health role and provides organisations with a common language to consider behaviour interventions.
Workforce Development	Provides clarity of levels of intervention and identifies training needs.
Supporting Service Provision	Provides clarity on the roles and responsibilities and identifies support needs.
Assisting Workforce planning	Identifies knowledge and skills required to deliver health behaviour interventions.

Making Every Contract Count

Service Commissioners	Service Providers
Training and Education Commissioners	Training and Education Providers

Making Every Contact Count

Human Resources	Individuals

The Framework in Services

Service Commissioners	Service Providers	Evaluate through
Make a strategic pledge to ensure the MECC principles are at the heart of services, based on population need.	Make an organisation-wide commitment to embed the MECC principles throughout the service.	Evidence in contacts and strategic plans to ensure MECC is at the heart of the services.
Use the Framework to ensure MECC is embedded in performance management processes to assess effectiveness, quality and outcomes of lifestyle behaviour change interventions.	Strategic planning is required to embed MECC in all services, widening frontline delivery of lifestyle behaviour change to all staff whether a receptionist providing level 1 brief advice or a physiotherapist providing brief interventions at L2.	Work undertaken to identify roles supported to undertake lifestyle behaviour change interventions, and workforce needs analysis to assess and meet training, education and development needs.
Provide clear and measurable targets for lifestyle behaviour change interventions in all contracts for NHS organisations; acute, community, mental health services and primary care contracts. Also in non-NHS and voluntary sector health development services and contracts.	Identify staff in appropriate roles to deliver lifestyle behaviour change interventions as part of their role. Identify current levels of competence and the action required to meet gaps using the framework as a component of workforce planning and development planning. Identify mechanisms to capture activity, including referrals to specialist services. Build on best practice in current services, e.g. smoking cessation, weight management, alcohol reduction, occupational health services and health trainers.	Numbers of staff competent and confident to deliver lifestyle behaviour change interventions at all levels. Activity levels and referrals.
Encourage cross-organisation and sector development to maximize lifestyle behaviour change interventions.	Consider opportunities to implement lifestyle behaviour change interventions can be incorporated into service redesign.	A growing culture of lifestyle behaviour interventions and improving health of the population.

The Framework in Training & Education

Training and Education Commissioners	Training and Education Providers	Evaluate through
Identify what lifestyle behaviour change education and training needs to be purchased from partner HEIs/education providers through developing a shared understanding of the wider workforce and service requirements, including end-to-end workforce planning process.	Develop a shared understanding of workforce requirements with partner health, social care, local authority and third sector organisations. Understand the workforce needs of employers and students.	A range of courses are offered to address a range of lifestyle behaviour change interventions. Course evaluations demonstrate an increase in competence, confidence and support to undertake behaviour change when back in practice.
Commission appropriate education and training that will enable the wider workforce to develop the competence and confidence to deliver lifestyle behaviour change interventions at defined levels.	Map current and future education provision against the framework levels. Design and redesign programmes and modules that are specifically focused on behaviour change interventions using current best evidence.	Courses are mapped against the framework with clear objectives. Education provision linked to NHS and PH Outcomes Frameworks to illustrate how education contributes to delivering outcomes.
Performance manage education providers to assess if commissioned provision is fit for purpose, for example using data from the MECCAT.	Review the learning needs of students on other courses or programmes and identify where it would be appropriate to introduce behaviour change elements as part of the course or programme.	Systematic review of current provision. Improvement in baseline skills as evidenced through the MECCAT or similar assessment tool.
Source new provision and commission to address any gaps as required.	Use the competence framework to inform the development of any new courses.	New courses are mapped against the framework.

Incorporating the guidance set out in the NHS North West Public Health Teaching Network report, 'Commissioning training for behaviour change interventions: evidence and best practice in delivery,' (Powell and Thurston 2009).

The Framework through Organisation Development

Human Resources	Individuals	Evaluate through
Make MECC an organisation-wide commitment to support staff and for staff to support their clients.	Make a personal commitment to make every contact count with your service users.	Individuals understand their responsibility to 'making every contact count'.
Support the development of effective partnerships within Human Resource and Organisational Development teams to ensure competences are embedded in workforce planning and development processes.	Assess your current level of competence using the MECCAT or other practices of self reflection.	Individuals, teams and departments are aware of their responsibilities, contributions and capabilities.
Ensure competences are embedded in job descriptions and performance appraisals.	Understand your contribution and responsibility to MECC.	Increased behaviour change activity and increase of uptake of specialist services.
Ensure the framework is used as a component of workforce planning and development processes and cycles and use the results to plan and prioritise learning activities. This process can be facilitated by using the MECCAT.	Seek development opportunities to underpin your professional development.	Contribution of MECC to workforce strategy or activity to deliver outcomes frameworks and service needs. Continuous workforce development to improve lifestyle behaviour change capability.
Ensure the development, with Occupational Health Services, of lifestyle behaviour change skills to support opportunities within the workforce for healthier lifestyles.	Seek support to address personal lifestyle behaviour where required.	Improving workforce health, as identified through sickness absence. Monitor access and service use. Use staff survey to capture data.

Making Every Contact Count Assessment Tool (MECCAT)

The Making Every Contact Count Assessment Tool (MECCAT) is designed to support both individuals and their organisations in managing competence development. Currently available online, further versions of the assessment tool are being developed.

It was designed to allow the individual to identify existing skills and knowledge in relation to *Prevention and Lifestyle Behaviour Change: A Competence Framework*. At the same time, it is also facilitates the organisation's workforce planning and its support of staff development and training. The tool includes measures of confidence, competence and organisational preparedness, and an understanding of the framework by the individual.

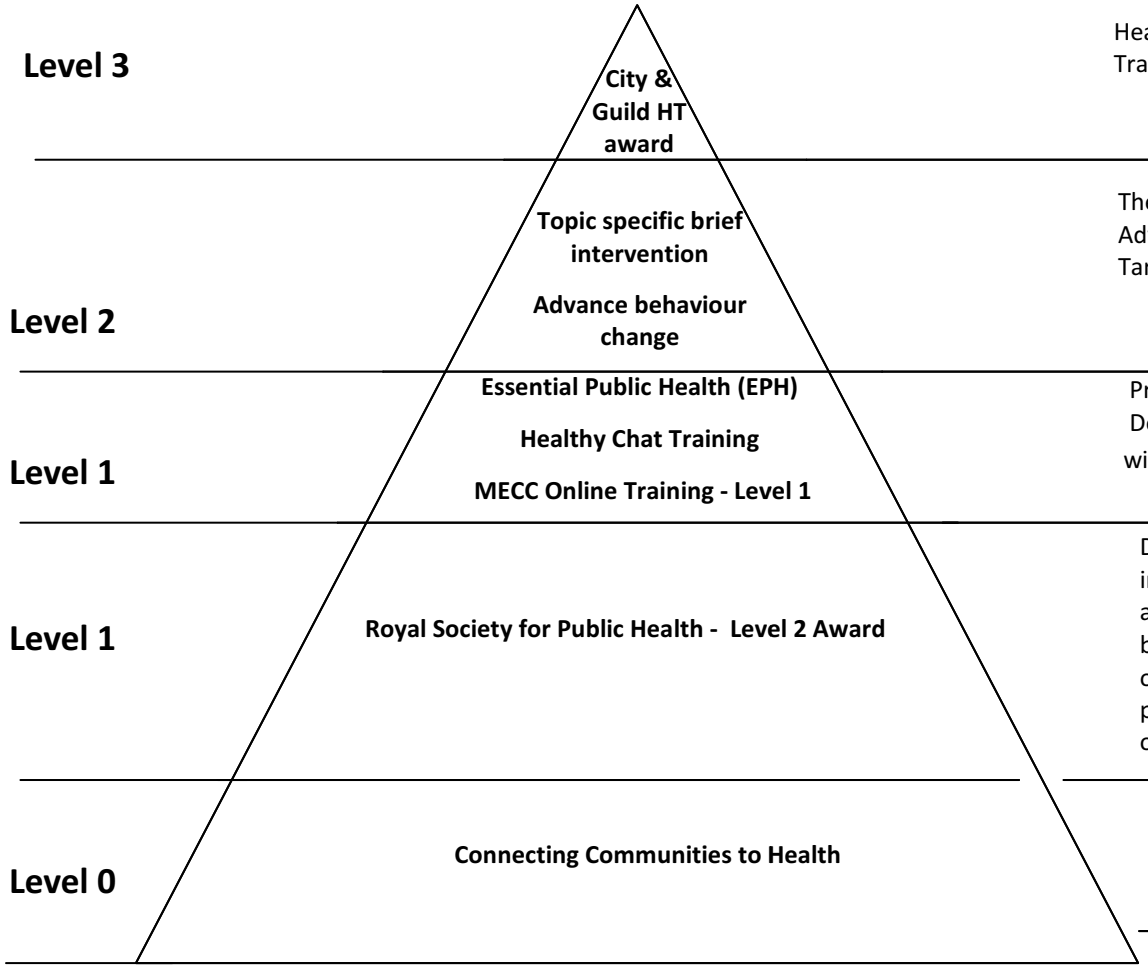
The outputs of MECCAT are used to:

- Determine current levels of competence based on the Prevention and Lifestyle Behaviour Change: A Competence Framework.
- Support staff in using the results to create personal development plans.
- Identify the continuing professional development and education needs across the workforce.
- Inform performance management, job design and workforce development.
- Provide quality assurance that the workforce is competent and fit for practice and purpose.

The five main areas covered through the MECCAT are associated with individuals and their work environments:

1. **Belief: Making Every Contact Count**: The extent to which staff accept the philosophy of the "Making Every Contact Count" initiative and their consideration of wider social determinants of health
2. **Continuing Professional Development**: The extent to which staff are making efforts to adopt a public health approach in their roles and keep their knowledge and skills up to date.
3. **Organisational Readiness**: Staff perceptions of their organisation and the extent to which it supports them or otherwise (barriers to performance and change).
4. **Confident Competence**: Staff perceptions of their own competence in relation to behaviour change.
5. **Capability**: The approach that staff adopt towards their work in terms of whether they have the confidence to put their learning, skills and experience into practice.

Making Every Contact Count – How the Framework could fit with your existing Training and Development



Health Trainer Qualification- Health Trainers & Health Trainer Champions.

Thematic training, e.g. smoking, alcohol, mental health.
Advanced behaviour change techniques.
Target appropriate frontline staff.

Practical skills & tools to raise issues.
Delivered to all frontline staff who regularly work with patients /clients / customers on a 1:1 basis.

Develops knowledge & understanding of health improvement. Local health priorities covered. Covers aspects of self care/awareness of own health & well being. Delivered to support cultural change in organisations & as part of staff Health & Well being programmes. Developing health leadership within an organisation.

Self Care. Understanding the impact of own behaviours/lifestyle on Health & Well being. Opportunities through local community groups, local people. E.g. supports community Health Advocates

Rotherham Tobacco Control Alliance

Action Plan 2013-2014

High level aspiration: to reduce the adult smoking prevalence to below the national average by 2016

Measure	Action	By When	Responsibility	Comments and updates	RAG rating
Goal 1: Preventing the initiation of tobacco use among children and young people					
1. Percentage smoking at delivery 20.1% (12/13 Qtr 2) to below the national average by 2015	Provide tailored support to pregnant women and their partners/families wanting to stop smoking	Ongoing	RSSS/ RFT		
	Deliver a minimum 176 pregnant quitters each year	By end March each year (reporting mid-June)	RSSS/RFT		
	Promote the risks of smoking in pregnancy and the benefits of quitting at every opportunity through: • Communications plan for tobacco control (10.1) • Communications and marketing plan for the Stop Smoking Service (10.2)	Ongoing	All partners (Public Health/RSSS for communications plans)		
	Specifically, promote the risks of smoking in pregnancy to groups with an increased likelihood of smoking, such as looked after children and teenage parents through: • Communications plan for tobacco control (10.1) • Communications and marketing plan for the Stop Smoking Service (10.2)	Ongoing	All partners (Public Health/RSSS for communications plans)		
2. Percentage of young people (Year 7	Work with schools, youth groups and other community organisations to promote smokefree homes and smokefree spaces, and to denormalise smoking	Ongoing	RMBC Healthy Schools, IYSS and Public Health;		

Measure	Action	By When	Responsibility	Comments and updates	RAG rating
& 10) smoking (CYPS lifestyle survey) (regular smokers)			RUFC		
	Promote support to parents to stop smoking and the impact of this on CYP smoking rates through: • Communications plan for tobacco control (10.1) • Communications and marketing plan for the Stop Smoking Service (10.2)	Ongoing	All partners (Public Health/RSSS for communications plans)		
	Seek voluntary smokefree status for all local authority children's play areas	March 2014	Public Health		
	Promote/disseminate the Smokefree Class Resources to secondary schools and PRUs (and specials if appropriate)	September 2013 Assess use quarterly	RMBC Healthy Schools		
	Promote/disseminate the Primary Smokefree Resource Pack to primary /junior schools (and specials if appropriate)	September 2013 Assess use quarterly	RMBC Healthy Schools		
	Develop YP smokefree activities community groups can use and which complement the smokefree class packs	March 2014	Public Health, RUFC		
3. All retailers to be part of the responsible retailers scheme – 100 13/14, 200 14/15	*TBC – link with community alcohol partnership work*				
4. Number of prosecutions for underage	Promote the age restrictions for selling of tobacco products, leading to increased intelligence about and enforcement of underage sales through:	Ongoing	RMBC – Trading Standards and Public Health		

Measure	Action	By When	Responsibility	Comments and updates	RAG rating
tobacco sales	• Communications plan for tobacco control (10.1)				
	Work with community organisations to denormalise smoking and raise awareness of risks of underage access to tobacco through: • Communications plan for tobacco control (10.1)	Ongoing	RMBC – Trading Standards and Public Health		
5. 100% of schools to have smokefree policies approved by heads	Audit number of schools with smokefree policies	September 2013	RMBC – Healthy Schools		
	Proactive tailored communications with head teachers/governors of schools without policies to promote template policy and (secondaries only) smokefree schools pack	Ongoing – report quarterly	RMBC – Healthy Schools and Public Health		
Goal 2: Reducing harm to adults from tobacco consumption					
6. Percentage of adults 18 and over smoking (integrated household survey)	Dissemination of MECC e-learning package	Ongoing	All Partners		
	Work with community, statutory and private sector organisations to promote smokefree homes and smokefree spaces, and to denormalise smoking through: • Communications plan for tobacco control (10.1)	Ongoing	Public Health, RSSS/RFT		
	Promote the benefits of quitting smoking and the support available to do so at every opportunity through: • Communications plan for tobacco control (10.1) • Communications and marketing plan for the Stop Smoking Service (10.2)	Ongoing	All partners (Public Health/RSSS for communications plans)		
	Provide a range of support options to people wanting to stop smoking, targeted at identified priority groups	Ongoing	RSSS/RFT		

Measure	Action	By When	Responsibility	Comments and updates	RAG rating
7. 100% of key public sector staff undertake every contact counts	Dissemination of MECC e-learning package	Ongoing	All partners		
8. participation by retailers in Responsible Retailer scheme – 100 13/14, 200 14/15	*TBC – link with community alcohol partnership work (see above)*				
9. Number of prosecutions for sales of illicit and counterfeit tobacco	Promote the dangers of illicit and counterfeit tobacco products, leading to increased intelligence about and enforcement of illicit sales through: • Communications plan for tobacco control (10.1)	Ongoing	RMBC –Trading Standards and Public Health		
10. General supporting actions					
	10.1 Develop and implement tobacco control communications plan	July 2013 and ongoing	Public Health		
	10.2 Develop and implement communications and marketing plan for the stop smoking service	July 2013 and ongoing	RSSS/RFT		

Rotherham Metropolitan Borough Council
Where Everyone Matters

Minutes	**Title of Meeting**:	**Rotherham Tobacco Control Alliance**
	Time:	**14:00 pm**
	Date:	**18 April 2013**
	Venue:	**Riverside House, Rotherham**
	Reference:	**AI**
	Chairman:	**Cllr Ken Wyatt**

Present:	**Cllr Ken Wyatt (Chair)**	**RMBC**
	Alison Iliff	**RMBC Public Health**
	Simon Lister	**Rotherham Stop Smoking Service**
	Kay Denton Tarn	**RMBC Healthy Schools**
	Peter Jones	**South Yorkshire Fire and Rescue**
	Alex Wilson	**Rotherham United Community Sports Trust**

1.	**In attendance and apologies** • Cllr Wyatt welcomed everybody to the meeting. • Apologies were received from Joanna Saunders, Cllr Jo Burton, Cllr Judy Dalton, Michaela Power and Alan Pogorzelec	
2.	**Minutes from the last meeting and matters arising** • The minutes of the previous meeting were agreed as a true and accurate record. **Matters arising** • An allowance for staff to attend stop smoking support during working hours was not approved. A group session was set up at Riverside in the New Year at lunchtimes but despite wide publicity only 3 people attended the sessions. This was not viable longer term so the individuals were transferred to other support options.	
3.	**Feedback on South Yorkshire tobacco control commissioning plans review** Alison outlined the outcome of the South Yorkshire-wide project to review tobacco control commissioning and activities for prevalence reduction. A year-long piece of work has been carried out, supported by Sheffield University and involving public and professional stakeholders from across the county. The recommended outcome was a rebalancing of funding away from just stop smoking support to a wider programme of tobacco control; commissioning a lower cost, more targeted stop smoking service, possibly South Yorkshire-wide, and using the savings made to increase investment into enforcement action against cheap and illicit tobacco, youth prevention and communications and marketing. The proposals were scheduled to go	

	to Cabinet on 24 April for approval. **Post meeting note: proposals were approved by Cabinet.**	
4.	**Rotherham Health and Wellbeing strategy: smoking as a priority measure and action plans** Rotherham's Health and Wellbeing Strategy has six workstreams and six priority measures. Smoking/tobacco is one of the priority measures. All priority measures have a number of performance measures that are being reported against, as well as having to contribute actions to the workstream action plans. The group discussed the proposal to redraw our action plan to ensure it complements the HWB strategy and supports delivery of the priority measure. Alison had drafted some proposed actions to achieve the performance measures and incorporate the workstreams. **Action:** • **All members to review the actions and send Alison any suggested additions/amendments by Friday 3 May** • **Alison to create new action plan for ongoing monitoring**	**ALL** **AI**
5.	**Smokefree Treeton update** Initial results have been shared, but are not yet in the public domain. They suggest a reduction in misperceptions across all the pilot areas combined, when compared to the control area. However two locations did not show a reduction. Treeton had a reduction similar to the Y&H average and also showed a reduction in self-reported smoking prevalence between the pre and post surveys. Approximately 500 households were surveyed in each area. A formal feedback event is being held for commissioners and community coordinators in late May. **Action: Alison to circulate further results when available**	**AI**
6.	**Terms of Reference** The existing terms of reference are now outdated as a result of the changes to the public health landscape. Discussions on membership and reporting structures were held. Responsibilities and aims should reflect the HWB strategy. **Actions:** • **Alison to draft revised ToR and circulate for comments** • **Alliance to formally approve the ToR at the next meeting**	**AI** **ALL**
7.	**NICE guidance: smoking cessation in acute, maternity and mental health services** Draft guidance has been issued for consultation and can be found at: http://guidance.nice.org.uk/PHG/51/Consultation/Latest The consultation runs from 05 Aril 2013 – 5 June 2013. The secondary	

	care tobacco group will be discussing the guidance at their meeting in early May and contribute towards a response. **Actions:** • **Alison to circulate the guidance** • **All to respond with views by Friday 17 May 2013** • **Alison to compile a response and circulate**	 **AI** **ALL** **AI**
8.	**AOB** • RUFC Youth forum report on Roma smoking rates – incorporate into the Roma health information on special needs groups within the Joint Strategic Needs Assessment (JSNA). **Action: Alison and Alex to meet separately to discuss how to take the working relationship forward and to connect RUFC activity with the strategic approach**. • RSSS has launched a daily text messaging service for quitters • E-cigarettes: There is a shop opening on Wellgate later this month selling E-cigarettes. There was an article in the Advertiser promoting the benefits and quoting Prof John Britton of the UK Centre for Tobacco Control Studies (an advocate of e-cigarettes for harm reduction). Discussed putting out a press release but felt hold off until we hear about MHRA endorsement, as we are still in a position where we can neither promote, nor actively campaign against.	 **AI/AW**
	Date and time of next meetings • Thursday 18 July 2013. Floor 2, wing B, room 21 • Thursday 17 October 2013. Floor 2, wing B, room 21 All meetings will be held at Riverside and run from 2.00pm – 4.00pm	

Rotherham Metropolitan Borough Council
Where Everyone Matters

Minutes		
	Title of Meeting:	**Obesity Strategy Group**
	Time:	**9.00 am**
	Date:	**Wednesday 24th April 2013**
	Venue:	**Rotherham Institute for Obesity, Clifton Lane Medical Centre**
	Reference:	**/JS**
	Chairman:	**Councillor Ken Wyatt**

Present: Councillor Ken Wyatt, Chris Siddall, Rebecca Atchinson, Richard Cowley, Hayley Mills, Matt Capehorn, Juliette Penney, Joanna Saunders, Jill Ward, Sarah Groom, Jackie Lothian and Kay Denton-Tarn

Apologies: Gill Alton, Rebecca Atchinson and Linda Jarrold

Item	***Description***	***Action***
2013/32	***Welcome/Introductions/Apologies*** Following a round of introductions, KW welcomed everyone to the meeting and thanked RIO for offering their venue for the meeting. Apologies were noted.	
2013/33	***Minutes of the meeting held on 24th April 2013 and matters arising*** The minutes were approved.	
2013/34	***National Child Measurement Programme update*** Juliette Penney gave an update on the delivery of the programme locally. There are over 6,000 children in this year's cohort and the programme has been delivered to the specification of revised national guidance. The results go out to parents/carers within 6 weeks of the measurement taking place and the School Nursing Service are getting calls for advice/support, mainly from parents of children in Reception. A summary flyer has been produced with information about the services available locally and information will be shared with local general practitioners.	
2013/35	***Bariatric Policy (Matt Capehorn)*** A draft policy has been produced by NHS England (link previously shared with group members). The proposed policy would impact on the service provided by a Tier 3 provider such as RIO, where a client would need support prior to and post-surgery. MC would be attending a meeting with local surgeons. Post meeting note: A revised document has been published clarifying the pathway and the expectations of a Tier 4 service.	
2013/36	***DC Leisure Exercise Referral Pathway (Hayley Mills)*** HM is keen to seek support for an exercise referral pathway for patients with long term conditions, which would support people following a cardiac event. She is seeking funding (potentially from the	

	British Heart Foundation or CCG) to train staff to deliver cardiac rehabilitation programme and build capacity to support such patients. Work undertaken at RIO has shown that 79% of clients are still engaging with physical activity programmes at 9 months post intervention, and there are a number of established links between the WM service providers and physical activity providers across the borough to support this. However, to date there is little in the community to support clients after cardiac events. HM to update with progress at the next meeting.	**HM**
2013/37	***Children & Young People Services Lifestyle Survey findings (Kay Denton-Tarn)*** KDT gave a comprehensive overview of the background to and key messages from the survey. See the link to Lifestyle survey reports on the Rotherham Healthy Schools Website: http://www.rotherhamconnectedlearning.org.uk/healthy_schools/healthy_schools_menu.php?pageID=4&pnam=main Discussion focused on the availability of tap water in schools, queues in some secondary schools and whether a question should be included about the content of breakfast in future surveys. JS agreed to seek further information about the availability of breakfast clubs in schools in Rotherham and the opportunities of promoting free school meals through the Welfare Reform work programme. There was also discussion about the awareness of and access to School Nurses within and outside school hours. There was also discussion of the role of MIND in some secondary schools.	**JS**
2013/38	***Healthy Eating/National Food Awareness campaigns (Kay Denton-Tarn)*** KDT shared the links to the above campaigns with the group.	
2013/39	***Feedback from Ministerial Visit (Joanna Saunders)*** JS and providers gave a brief update on the visit of Anna Soubry, MP (the Minister for Public Health) on 15th April 2013 and JS agreed to share the briefing paper prepared for the visit for information.	**JS**
2013/40	***Health and Wellbeing Strategy (Joanna Saunders)*** JS gave a brief overview of the 6 themes within the Health and Wellbeing Strategy (document attached with minutes), the life-course approach to its development and delivery and the 6 priority areas which have been identified, including obesity. JS is responsible for the development and delivery of the Healthy Lifestyles Theme within the strategy and the obesity priority and is working on work stream programmes/action plans (consistent with the existing work around healthy lifestyles and obesity) and the performance management framework. It was agreed that the minutes of the OSG would be referred to the Health and Wellbeing Board for information.	**JS/KG**
2013/41	***Any Other Business*** *Funding for Sport in Schools* – Chris Siddall outlined a funding programme which will allocate £9-10k to each primary school to upskill teachers in sport and physical activity or provide activities through external agencies. He was working with Rebecca Atchinson on the presentation of the offer to schools. At the present time there	

	is no framework for measurement of this activity in schools via OFSTED. *Other updates from CS* – CS also updated the group on the local Park Run (Saturday mornings, Clifton Park); the newly updated Active Always brochure; the Sport England bidding opportunities; Walk Leader training; a Walking Group in partnership with RIO and a Disability post which had received funding for a 3 year period.	
2013/42	***Provider Services Update*** *MoreLife Ltd. (Jackie Lothian)* – working with partners on camp recruitment (Rotherham's children will be selected following assessment by RIO). Other areas promote through the media and self-referral or referral by agencies such as schools and school nursing. MoreLife are also trialling recruitment 6 weeks after families receive the NCMP results letter. *RIO (Matt Capehorn)* – Camp referrals are coming in and a review meeting would be held early in June. This would be followed by a sign up/briefing evening for families. MC and colleagues had submitted a number of posters/presentations to an international obesity conference in Liverpool at the end of May. MC also expressed concern re the need to make general practitioners aware of the importance of accurate recording of childhood overweight/obesity using the appropriate centile charts. This would be clarified with the GPs through the CCG newsletter. There were no other specific updates which were not reflected in earlier minutes.	
2012/43	***Dates of Future Meetings*** ***Wednesday 31st July 2013*** from 9.00-10.30am – RIO, Clifton Lane Medical Centre. Future dates: Wednesday 23rd October 2013	**MC to book**

Health Select Commission:
Chair Cllr Steele, Vice Chair Cllr Dalton

Subject	Source	Work category	Scope
Excess Medication	Scrutiny	Initial report	Aim to find ways to reduce wastage and save resources
Continence Services	Scrutiny	Initial report	Aim to find ways for more preventive approaches and save resources
How to improve health in Rotherham	Cabinet/SLT	Progress Reports	This is a wide area – work with Health and Wellbeing Board on Health and Wellbeing strategy monitoring
Access to GPs	Scrutiny	Full Review	To follow on from issues raised in Urgent Care review
Continuing Health care for Children and Young People	Officer	Report	Follow on from Adults review
School nursing service	Scrutiny	Initial report – potential review	This will be scoped with initial report
Mental Health Services	Scrutiny	Initial report	This will be scoped with initial report
Sexual Health Services	Scrutiny	Initial report – potential review	This will be scoped with initial report