HEALTH AND WELLBEING BOARD

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

Date: **Wednesday, 11th September, 2013**

Time: **10.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.

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

3. Minutes of Previous Meeting and Matters Arising (Pages 1 - 7)

4. Communications

For Discussion

5. Workstream Progress Presentation - Poverty (Pages 8 - 27)

6. Locally Determined Priority Presentations (Pages 28 - 64)
   - Fuel Poverty (Catherine Homer to present) (Pages 28 - 45)
   - Dementia (Kate Tufnell to present) (Pages 46 – 64)

7. CCG Annual Commissioning Plan 'Plan for a Plan' (Page 65)

8. Right Care, First Time Consultation Update (Page 66)

9. Winterbourne View Joint Improvement Programme: Local Stocktake (Pages 67 - 85)
   - Director of Health and Wellbeing to present

10. Rotherham Smokefree Charter (Pages 86 - 90)

For Information

11. Caring for our Future: Implementing Social Care Funding Reform (Pages 91 - 92)

12. Better Health Outcomes for Children and Young People Pledge (Pages 93 - 102)

13. Pharmaceutical Needs Assessment (Pages 103 - 105)

14. Date of Next Meeting
- Wednesday, 16th October, 2013 at 1.00 p.m.

HEALTH AND WELLBEING BOARD
10th July, 2013

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Dr David Polkinghorn	Rotherham Clinical Commissioning Group
Michael Morgan	Acting Chief Executive, Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children and Young People's Service
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Catherine Homer	Health Improvement
Ian Jerrams	RDaSH
Laura Sherburn	NHS South Yorkshire and Bassetlaw
Joanna Saunders	Head of Health Improvement
Gordon Laidlaw	NHS Rotherham
Chrissy Wright	Commissioning, Policy and Performance, RMBC
Kate Green	Commissioning, Policy and Performance, RMBC

Apologies for absence were received from Karl Battersby, Melanie Hall, Martin Kimber, Shona McFarlane and Tracy Kitchen.

S14. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes of the previous meeting of the Health and Wellbeing Board held on 12th June 2013 be approved as a correct record.

S15. COMMUNICATIONS

The Chairman referred to the challenge event taking place today at the Home Office about mental health issues.

S16. HEALTHY LIFESTYLES

Consideration was given to a report and presentation from Joanna Saunders, Head of Health Improvement about healthy lifestyles and behaviour. The report stated that the Healthy Lifestyles theme of the Health and Wellbeing Strategy has the following outcome and priorities:-

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

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

The work plan, included with the submitted report, outlined the activity which is underway to address these outcomes.

The presentation and subsequent discussion included the following issues:-

- the Context for the Health and Wellbeing Strategy theme
- Health behaviour and wider determinants (e.g.: obesity and smoking)
- Health and Wellbeing Strategy outcomes (as shown above)
- Plans and progress (e.g.: the Green Deal – affordable warmth; Government Welfare Reforms).

Reference was made to the workshop about "Make Every Contact Count" which takes place at the Town Hall, Rotherham on Monday, 16th September, 2013.

Resolved:- (1) That the report be received and its contents noted.

(2) That the work plan, included in the report now submitted, be endorsed.

(3) That partner organisations shall commit to supporting the actions contained in the work plan.

(4) That a progress report about the Healthy Lifestyles theme of the Health and Wellbeing Strategy be submitted to a future meeting of the Health and Wellbeing Board.

S17. DEMENTIA

Consideration of this item was deferred until the next meeting.

S18. HEALTH AND WELLBEING STRATEGY: PERFORMANCE MANAGEMENT FRAMEWORK

Consideration was given to a report, presented by the Director of Public Health, containing 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. Performance details in respect of each one of the priority measures were included in the submitted report.

Discussion took place on issues affecting:-

: Community Alcohol Partnerships
: Obesity and Healthy Weight Framework services
: Smoking prevalence (and women who smoke during pregnancy)

Members of the Board were provided with an additional briefing document entitled “Healthy Weight Framework Services”. The document listed the service contracts for the 2013/14 financial year, which had been continued from 2012/13 as the Commissioning Lead moved from the NHS to the Borough Council as part of the Public Health transition.

Resolved:- (1) That the report be received and its contents noted.

(2) That further reports about the Health and Wellbeing Strategy Performance and Management Framework be submitted to meetings of the Health and Wellbeing Board at quarterly intervals.

S19. NHS SY&B PRIMARY CARE STRATEGY

Consideration was given to a report, presented by Laura Sherburn (NHS South Yorkshire and Bassetlaw) about the discussion document entitled ‘Vision for Primary Care,’ published by NHS England. The report stated that NHS England is developing a national strategic framework for primary care, for later implementation within local primary care strategies. Listed in the report were the seven key principles which guide the NHS in its service provision and also a summary of the vision for primary care.

Members of the Health and Wellbeing Board were being asked for their views on the following questions:-

: are there other ways in which the NHS Constitution values and pledges affect primary care that are not listed in the submitted report ?

: are there any additional values, not listed in the report, that should be part of a dedicated Primary Care Strategic Framework ?

: how well do the Board members feel the local primary care community is working currently ?

: what are the issues which need to be addressed within the local Primary Care Strategy to deliver the vision set out in the submitted report ?

It was noted that, during the Summer 2013, NHS England will engage with key stakeholders nationally and in some communities in order to obtain a local perspective. The information and intelligence gathered will be used to inform the development of the national strategic framework for primary care.

Reference was made to the number of GP and dental practices in the Rotherham Borough area, in the context of access to these services and whether that number was below the national average. Details will be reported to the next meeting of the Health and Wellbeing Board.

A question was asked about whether a strategy was being developed in respect of Eye Health and a response will be reported to the next meeting of the Health and Wellbeing Board.

Members of the Board expressed the view that a Strategic Framework for Primary Care must monitor that commissioned services are actually being provided, especially in the context of health inequality.

The Chairman referred to the need to organise a South Yorkshire-wide Health and Wellbeing meeting, for consideration of the health of offenders who are released from prison, with specific reference to mental health issues.

Resolved:- That the report be received and its contents noted.

(Dr. D. Tooth and Dr. D. Polkinghorn declared their prejudicial interests in the above item, as providers of medical services in the Rotherham Borough area)

S20. EVALUATION OF WARM HOMES, HEALTHY PEOPLE

Consideration was given to a report presented by Catherine Homer (Public Health Specialist) concerning the Department of Health's "Warm Homes Healthy People" Fund which aims to support local authorities and their partners in reducing heath and illness in England due to cold housing in the winter. The report stated that 2013/14 is the second year in which 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, which has been delivered during the period 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.

The overall aim of the Fund is to support a variety of projects that together will reduce illness, morbidity and excess winter deaths amongst vulnerable people living in cold damp homes.

The objectives of the "Warm Homes Healthy People" Fund are to:

a) 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;

b) support householders to improve the thermal efficiency through practical measures and advice and maximise access to benefits; and

c) provide practical measures through home safety checks and warm packs to offer immediate benefit in cold weather.

The Board noted that a "Warm Well Families Research Project" event is being arranged to take place during October 2013.

Resolved:- (1) That the report be received and its contents noted.

(2) That a further report outlining the progress of this issue be submitted to the next meeting of the Health and Wellbeing Board to be held on 11th September, 2013.

S21. MAKING EVERY CONTACT COUNT

The Health and Wellbeing Board considered the contents of the Borough Council's document entitled "Making Every Contact Count – Applying the Prevention and Lifestyle Behaviour Change Competence Framework".

The document stated that 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. 'Making Every Contact Count' is a powerful tool to improve the health and wellbeing of the public.

The Chairman referred to the workshop on "Making Every Contact Count" which will take place on Monday, 16th September, 2013, at the Town Hall, Rotherham.

Members of the Board expressed the view that clear evidence should be obtained, using end-point data, of the effectiveness of workforce development and service improvement.

Resolved:- (1) That the report be received and its contents noted.

(2) That this matter be considered further at the next meeting of the Health and Wellbeing Board to be held on Wednesday 11th September 2013.

S22. TOBACCO CONTROL ALLIANCE

The Health and Wellbeing Board considered the contents of the following documents:-

i) the Rotherham Tobacco Control Alliance Action Plan 2013/2014, which has the high level aspiration "to reduce the adult smoking prevalence to below national average by 2016"; and

ii) the minutes of the meeting of the Rotherham Tobacco Control Alliance held on 18th April 2013.

Resolved:- That the contents of the action plan and of the minutes be noted.

S23. OBESITY STRATEGY GROUP

The Health and Wellbeing Board considered the contents of the minutes of the meeting of the Rotherham Obesity Strategy Group held on 24th April 2013.

Resolved:- That the contents of the minutes be noted.

S24. HEALTH SELECT COMMISSION WORK PROGRAMME 2013/14

Consideration was given to the contents of the scrutiny work programme for the Council's Health Select Commission for the 2013/2014 Municipal Year.

The Board expressed the view that there should be clarity as to which meetings these scrutiny issues would be reported to.

It was noted that the Rotherham Clinical Commissioning Group was awaiting the response of the Council to the consultation about the Urgent Care Review and the proposed co-location of urgent care services at the Rotherham hospital.

Resolved:- (1) That the report be received and its contents noted.

(2) That a report be submitted to a future meeting of the Health and Wellbeing Board about the outcome of the Scrutiny review of Autistic Spectrum Disorder.

S25. DATE OF NEXT MEETING

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 11th September, 2013, commencing at the earlier time of 10.00 a.m., at the Town Hall, Rotherham.

ROTHERHAM BOROUGH COUNCIL – REPORT TO HEALTH & WELLBEING BOARD

1.	**Meeting:**	**Health and Wellbeing Board**
2.	**Date:**	**11th September 2013**
3.	**Title:**	**Poverty Theme Update**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

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

Overarching outcome
Reduce poverty in disadvantaged areas through policies that enable people to fully participate in everyday social activities and the creation of more opportunities to gain skills and employment.

Priorities
- We will make an overarching commitment to reducing health inequalities, particularly in areas suffering from a concentration of disadvantage.

We will ask the Rotherham Partnership:
- To look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work.
- To ensure that strategies to tackle poverty don't just focus on the most disadvantaged, but there is action across the borough to avoid poverty worsening.
- To consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person.

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 take into account the deprived neighbourhoods work when service planning
- That the HWBB receives a further update on progress in due course

7. Background and Details

7.1 Poverty in Rotherham

The Indices of Multiple Deprivation (IMD) 2011 has shown a worsening position for Rotherham;

- Rotherham has 31,150 people claiming DWP benefits or 20% of people aged 18-64.
- 24,940 are claiming workless benefits including 8,850 job seekers.
- The number claiming JSA has increased by 126% between 2008 and 2013 (February)
- 5.7% of all people aged 18-64 are claiming JSA but for those aged 18-24 the figure is more than twice as high at 12.7%
- Long term unemployment has increased from 380 in 2008 to 2,660 in 2013 (+600%). Although unemployment fell by 6% between 2012 and 2013, long term unemployment increased by 6%.
- In Rotherham 29.8% of people 16+ have no qualifications compared with 22.5% in England

There are, however, eleven areas of the borough where there is a concentration of people whose quality of life is significantly below the norm for other parts of the borough. These areas have, in the main, suffered from long term deprivation and have featured amongst the worst in the country based on their rankings in the Index of Multiple Deprivation for many years. In these eleven areas, people who are suffering from the effects of multiple deprivation are not finding opportunities to improve their quality of life.

The table below shows the comparable difference between the borough average, the average of the 11 deprived neighbourhoods and the 'worst" deprived neighbourhood against a number of Poverty indicators.

Indicator	**Rotherham**	**11 Most Deprived N'hoods (Average)**	**Highest or "Worst" Value in the Deprived N'hoods**	**"Worst" Neighbourhood**
IMD Score	28.1	54.3	65.6	Canklow
Income Deprived	17.6%	35.1%	42.7%	Canklow
Child Poverty	23.5%	44.8%	58.1%	Canklow
Workless 2008/9	13.4%	21.9%	27.2%	E Herringthorpe
Workless 2012	15.2%	28.2%	36.3%	Canklow
JSA 2012	5.2%	11%	16.8%	Eastwood
IB/ESA 2012	7.9%	12.9%	18.7%	Canklow
DWP Ben 2012	18.9%	33.4%	41%	Canklow
CT or Housing Benefit	29%	52.3%	61.5%	Eastwood
Free School Meals	18.7%	34.9%	52.6%	Rawmarsh E
Annual Benefit Loss per WA adult	£556	£872	£1,089	Canklow

Male Life Expectancy	76.9	73.9	70.7	Dinnington C
Female Life Expectancy	80.9	78.8	71.9	Canklow
5+ GCSE A*-C	56.2%	37.3%	25%	Canklow

It was agreed by Cabinet and Rotherham Partnership that a strategy should be put in place to tackle such inequalities and Cabinet Member and Strategic Director leads were identified along with Coordinators for each of the eleven areas.

The aim of the strategy is to;

- Change the character of an area - may involve changes to the physical environment, provision of facilities, quality of services as well as changing the norms and values of people within the community.

- Improve the opportunities available to people – work with local people in each area to identify how services need to change to reflect their particular needs.

- Improve the quality of life of individuals – there is a broad range of initiatives designed to improve the quality of life of individuals in Rotherham. What is required is an overriding approach that will enable these initiatives to fit better together.

In overall terms it is clear that we need a long term approach that will survive changes in government and be based on local action, working within the policy framework of the time.

7.2 How we will achieve the strategy

Our work will concentrate on what we can influence, what happens at a local level. We need to exploit national programmes and initiatives not be led by them.

1. Act Now

We need to start to act together immediately and not wait for data packs, plans, strategies, etc. Deal with the obvious now:

- Good quality public services delivered to the same standards as the rest of the borough
- Improve the quality of public realm, shifting resources if necessary to deal with litter and cleanliness
- Improve access and take up of services
- Maximise benefit take up

2. Develop a clear understanding of the area; a baseline

This is about mapping and overlaying, getting a really detailed understanding of the area and its people. We need to know about the characteristics and composition of

every household and street, what resources and assets are being used in the area – collectively across all partners – and what results we are achieving.

We need a smart action plan that is practical, changes things we have control over quickly through task allocation, and identifies actions that need to be planned and agreed with other partners.

Our priorities need to be the same priorities of the local community – and address what's it like now – what needs to be changed right away - and what things should look like in the medium and long term future.

3. Engage people through action

There is a need set up simple governance arrangements and identify a local, dedicated 'professional' who will ensure that important public services are of high quality and are provided in a way that local people want to access them.

This requires someone who is experienced enough to keep a focus on outcomes, who understands how public services can work together, and who can win over hearts and minds to change the way things are done. This lead professional will be passionate and committed to see through significant improvements. This will require a focus on tasks and will identify changes in working practice to improve conditions, service design and take up.

We will need to give the lead professional freedom to act within certain boundaries and make operational decisions that will deal with immediate issues in a neighbourhood.

4. Long term strategies

Our strategy will need to be realistic and aim for incremental improvements - firstly not worsen, secondly to stabilise and then finally to improve.

We need to ensure that we don't do anything or make any decisions that worsen the situation in deprived neighbourhoods, or allow external factors to disproportionately affect disadvantaged neighbourhoods.

- We need to examine the effects of national social policy and welfare reform to understand their likely impact on geographic and interest communities.

- We need to examine existing policies and strategies to evaluate whether they currently disproportionately affect disadvantaged communities and look for ways of mitigating the effects of disadvantage.

- We need to identify changes in policies and strategies, revenue budgets, capital investment plans, standards and procedures to reflect the specific needs of each area over the longer term.

- We need to carry out impact assessments for any new developments, policies, etc.

In short, we need to ensure that borough wide programmes are relevant to disadvantaged communities.

5. Measure change in practical ways

We do not want to create an industry of measurement but will need to be clear that improvements in the Index of Multiple Deprivation are being achieved and local factors that result in Multiple Deprivation are being addressed.

It will be 2016 before the IMD data will show what we had achieved, so we need to put in place our own agreed measures of how lives are improved.

7.3 Current Position

Co-ordinators have been identified for each of the eleven areas and were given the remit of;

- Developing a local rich picture
  - Establish an analysis of the critical issues within the area
  - Clear evidence base and an analysis of need
  - Use local intelligence about need and pressing problems.
  - It will be the baseline from which progress is monitored

- Putting in place governance and engagement strategies
  - Establishing communication and engagement routes with members and communities
  - Supporting the local governance arrangements
  - Determining the need for a local group to oversee action
  - Establish effective mechanisms that get things done

- Establishing an action plan

- Making connections with the key players from other agencies to deliver the action plan

Rich pictures and action plans have been developed in each area and between 4 and 7 priority areas have been identified. Focussed activity is now taking place and Coordinators are working corporately to ensure interagency commitment and progress on these priorities. The Poverty & Deprived Neigbourhoods work plan is attached and provides detail on the progress of the priorities.

8. Finance

Some significant improvements in the deprived neighbourhoods may be possible without additional resources however as progress continues it will inevitably highlight issues around resource levels, resource allocation and the deployment of resources.

We need to identify changes in policies and strategies, revenue budgets, capital investment plans, standards and procedures to reflect the specific needs of each area over the longer term. Given the foreseeable challenging future for public sector finance, the old approach of attracting additional government grant funding is unlikely to result in significant inward investment. In such a climate it is fundamental that we look at how we use existing resource to target activity on those areas facing the greatest challenges. This requires each service across the public sector to consider how they can appropriately tailor their services to local need.

9. Risks and Uncertainties

It is recognised that dealing with some of the most difficult issues we face in the deprived neighbourhoods constitutes a long term project and a challenge will be to maintain a level of commitment that survives changes in a national government and local organisations.

10. Policy and Performance Agenda Implications

This proposal supports Council priorities;

- CP 1 - Stimulating the local economy and helping local people into work
- CP 2 - Protecting our most vulnerable people and enabling them to maximise their independence
- CP 3 - Helping people from all communities to have opportunities to improve their health and wellbeing
- CP 4 -All areas of Rotherham are safe, clean and well maintained

And NAS Priority;

- Vulnerable people are protected from abuse, ASB and crime is reduced and People feel safe where they live (CP 2, CP 4)

Contact Name:
Dave Richmond, Director Housing & Neighbourhood Services
Tel: 01709 (82)3402, email dave.richmond@rotherham.gov.uk

Health & Well Being – Poverty & Deprived Neighbourhoods Work Plan

We will make an overarching commitment to reducing health inequalities, particularly in areas suffering from a concentration of disadvantage			
Priorities	**Lead Person**	**Progress**	**Target date**
1. Each Priority Neighbourhood will have a priority measure regarding health inequality where relevant.	Dave Richmond	Features in 9 of 11 areas with established priorities.	All priorities in place by end Feb
2. To look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work.		Addressed in DN action plans where appropriate	
3. To ensure that strategies to tackle poverty don't just focus on the most disadvantaged, but there is action across the borough to avoid poverty worsening.		1. Mapping exercise underway, to ascertain the extent of poverty alleviation work currently being undertaken in Rotherham. 2. Research underway to capture national best practice in anti poverty work. 3. Potentially leading to new anti poverty strategy. + added to strategic group work plan	Commence 25.1.13
4. To consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person		As part of 3 above	

East Herringthorpe	Strategic Lead: Joyce Thacker	Elected Member Lead: Cllr Paul Lakin	Area Coordinator: Sarah Currer Sarah.currer@rotherham.gov.uk 01709 334743 07786 335945

Analysis of critical issues	RAG Status – Green	Rich picture Complete and will be refreshed for year 13/14
Governance & Communication Arrangements	RAG Status - Green	Meetings held with Ward and Cabinet member to agree priorities and draft action plan. Partnership group set up with ward members, cabinet member, strategic director and key partners – to commence January 13. Updates provided to Community first and co-ordinating group for input.
Production of Action Plan	RAG Status - Green	Action plan produced and was agreed at the partnership meeting in February 2013

Priorities	**Headline Successes**	**Headline Issues**
Employment/Employability/Education & Skills	• IT facilities to be accesses by the community in High Greave and Thrybergh. • ICT provider identified to c-o-ordinate activity across the area. • Employment Surgery funded through	• Meetings arranged with youth service to progress key actions now review complete.

	Community First providing adcice and job searching and interviews. • Literacy project commenced with school • Debt and Financial play at High Greave School with RCAT. • Welfare reform training for front line staff 16th July • Work with CAB on a bus touring the area and presentation to take place At Area Assembly meeting 18TH July.	
Health	• 16th May – partnership development and shared working network event was held at My Place. Well attended and initial feedback positive. • Healthy lifestyle project commenced through Community first • High Greave school received funding for a full time sports coach. • Community Alcohol Partnership (CAP) – draft action plan in place and launch took place 16th July with Thrybergh SCC showing a DVD which will be shared with the community and feeder schools to raise awareness of alcohol safety.	• Working to corporate health priorities as little local information. Some progress being made here and the theme of the next Parntership meeting is Health on the 10th September.
Crime / ASB and Housing & Environment	• Assessment of the area for target hardening and recommendations made for which funding is now being looked into. • Application to PCC for out of hours youth provision at Dalton Parish Hall. • Litter picking equipment purchased and walkabouts and litter picks arranged with young people. • Untidy land on Laudsdale Road across from High Greave School – clearance by caretakers. • Schedule of walkabouts agreed with Chair/ Neighbourhood Champions which commenced 07/13 – number of action from this walkabout.	• Funding to implement recommendations by police safety officer. • Need to have promotional material to advertise SNT/101 number – many people do not know how to contact SNT. Funding required.
Community Engagement / Capacity Development	• 2 successful events at Christmas and Easter provided local information through consultation and a list of 61 people who are wanting to get involved or attend future events.	

	• The 61 people plus posters and promotion through High Greave School to invite to a coffee morning to progress the possibility of a community group/ forum/ talk to community members about their thoughts for the area. • Application successful for 2 Community Organisers through Groundwork. Host organisation training to take place first week in September and recruitment in October. • Coffee morning took place on 22/06 – 10 residents attended. One membe joined Area Housing Panel as a result. • Summer wonderland Event joint with East Dene took – 22nd August. Consultation to be anaysed . Excellent turn out from Community members. • Event with Children's Centre 24th July at Silverwood Miners Welfare- consultation complete with Sports Development.	

East Dene	Strategic Lead: Colin Earl	Elected Member Lead: Cllr John Doyle	Area Coordinator: Waheed Akhtar Waheed.akhtar@rotherham.gov.uk 01709 822795 07748 142669

Analysis of critical issues	RAG Status – Green	◦ Rich picture completed ◦ Updated June 2013.
Governance & Communication Arrangements	RAG Status – Green	◦ June 2013 - Governance arrangements reviewed to enable closer overview with Eastwood deprived area. ◦ East Dene Coordination Group comprising SLT lead, Cabinet lead, 3 Ward Councillors meeting regularly. Group to meet on a quarterly cycle with Eastwood Co-ordinating Group and Community First panel meetings falling on the other two months of the quarter.
Production of Action Plan	RAG Status – Green	◦ Action plan produced – updated June 2013

Priorities	**Headline Successes**	**Headline Issues**
Pre-school provision	◦ Local pre-school provider has successfully applied for capital grant to increase provision – work to be completed by the Autumn	◦ Discussions ongoing with School Effectiveness Service regarding actions for improving achievement at KS2 and GCSE levels
Adult Skills	◦ Audit of provision completed	◦ Further work being undertaken on local venues

	◦ IT course started at St James Community Centre – 16/5/13 ◦ IT course started at Mowbray Gardens Community Centre – June 2013	and opportunities for increased provision.
Jobs / Pre-employment	◦ Scoping work being carried out on current employment training schemes and options for East Dene.	◦ Tesco designation as 'regeneration store' to be decided nationally. This would then offer up increased opportunity for targeted deprived community employment.
Community Engagement	◦ Community event held on 28/5/13. Good opportunity to promote work and consult on priorities. Contacts generated for community engagement and adult skills. ◦ Next event planned for 22/8/13. Will include local providers and consultation on community priorities as well as fun activities. ◦ Lease agreed to bring former Scouts Hut on First Avenue back into use. Repair works needed	

Dalton & Thrybergh	Strategic Lead: Karl Battersby	Elected Member Lead: Cllr Paul Lakin	Area Coordinator: Malc Chiddey malcolm.chiddey@rotherham.nhs.uk 01709 255857

Analysis of critical issues	RAG Status – Green	Rich picture complete and agreed with ward members
Governance & Communication Arrangements	RAG Status - Green	Meeting held with Cabinet Member and other local partners early Jan to agree governance arrangements and identify leads to take forward actions
Production of Action Plan	RAG Status - Green	Action plan produced and agreed with ward members

Priorities	Headline Successes	Headline Issues
Employment/Employability/Education & Skills	Arrangements made to have evening classes on IT/benefits/CV/Job centre via internet at Thrybergh Comp and East Herringthorpe, plus training for youth services staff	Advertising to attendees to be community friendly and working with Parish councils, Training delivered on 6/6/13 Training given by DWP to staff who will start twice weekly training at different venues from September. All local NEETS to be addressed by IYSS 23/8/13
Health	Thrybergh Comp have purchased a Defib for sports centre and are having staff trained. Health event for area partners held 16rh May	Thrybergh Comp to plan/ direct / film play on Alcohol and launch Community Alcohol Partnership on 16th July showing to parents and other partner

		leads. To be also shown at all schools in area and filmed at Life-wise and DVD made available. £1,500 Funding for project from Parish councils and CAP. CAP launch held with over 120 attendees including parents of children involved in play. DVD and leaflets made and distributed. 23/8/13
Crime / ASB and Housing & Environment	Community Alcohol Partnership in area have signed up all retailers and given training, school is to do play and DVD on effects of alcohol with young people and show it to parents (launch) and to all other schools in area.	Initial indication from April this year is a reduction in ASB for CAP area Evening walk-a-bout planned for October with all agencies and IYSS to review youth provision in Thrybergh 23/8/13
Community Engagement / Capacity Development	Debt management event held with no attendees, Citizens Advice on Youth bus visiting local areas at prime times (4th June). Bus event showed promise and will repeat with better advertising through schools, CAB also to attend local events Gala's to provide advice.	Very little community engagement or locally established vol groups. Both Parish councils agreed to lead on this area of work. Meeting held with Rother-Fed and RCAT and Thrybergh Parish Council to look at doing Newsletter and Social Media Campayne. Work on-going to get a local member of Area Housing Panel. Meeting to held with existing Church and NHW groups. 23/8/13

Rawmarsh East	Strategic Lead: Joyce Thacker	Elected Member Lead: Cllr Ken Wyatt	Area Coordinator: Sharon Hewitson Sharon.hewitson@rotherham.gov.uk 07825 125382

Analysis of critical issues	RAG Status - Amber	Ongoing
Governance & Communication Arrangements	RAG Status – Green	The Management Steering Group for the East Rawmarsh Disadvantaged Community consists of a Cabinet Member, Strategic Lead Officer, Local Elected Members and the Area Partnership Manager. This group reports to the Health and Well Being Board. Agreement made in terms of priorities and to meet initially on a two monthly basis
Production of Action Plan	RAG Status - Green	To be completed after consultation with ward members and Joyce Thacker one week after the meeting on Tuesday 19th Feb. now in review and development.

Priorities	**Headline Successes**	**Headline Issues**
Employment/Employability/Education & Skills	On going Portal project. Within RCS and St Joesephs junior school and community	Awaiting go ahead for new development Carneigie and restructuring
Health	Childrens centre arranged to work with victim	

	support in terms of training domestic abuse.	
Crime / ASB and Housing & Environment	On going interagency approach to crime at Nag Level and Snt briefings.	
Community Engagement / Capacity Development		Awaiting go ahead for new development Carneigie and restructuring

Eastwood	Strategic Lead: Paul Woodcock	Elected Member Lead: Cllr Mahroof Hussain Cllr Roger Stone - lead for Roma Slovak community	Area Coordinator: Shaun Mirfield Shaun.mirfield@rotherham.gov.uk 01709 255041 07852 186876
Analysis of critical issues	RAG Status – Green	Completed	
Governance & Communication Arrangements	RAG Status – Green	- Bi-monthly governance group comprising Cab Mem/SLT Leads, Ward Cllrs and partners – next one to be convened in Aug/Sept - Rotherham East Community First Panel and NAG are contributing to work too	
Production of Action Plan	RAG Status - Green	Draft action plan complete	

Priorities	Headline Successes	Headline Issues
CYP Education - Increase take up of present & capacity of future pre-school provision to contribute to long term improvements in educational attainment	• £50K+ allocated to extra pre-school provider • Rotherham East Community First Panel awarded funding supporting existing pre-school provider to increase take up • RMBC Early Years agreed to deploy staff too to Community First funded parent and toddler groups to link up with Coleridge Childrens Centre	
Adult Skills - Provide accessible adult skills training in readiness for job opportunities, and financial advice and support	• Recent Rotherham East Community First Panel awarded funding to another project supporting this priority, match funding DWP. The project will improve the quality of potential employees from within the Ward by providing accredited qualifications and work experience	
Crime & Environmental - Reduce ASB at least in line with SRP target & build community cohesion, with an Eastwood Village focus	• The new District Superintendent, Paul McCurry has convened a weekly meeting to oversee the work to reduce crime and ASB in Eastwood Village • RUCST have secured SYP PCC funding to deliver activities over a 12 month period	Approval being awaited in respect of SYP Delivery Plan which will embed Team Eastwood ensuring daily coverage to 9.00pm and coverage to 2.00am over weekends. Joint PCSO/Warden patrols launched 3 evenings per week. Positive feedback from community. Partners/residents

		Liaison Group starting

Town Centre	Strategic Lead: Karl Battersby	Elected Member Lead: Cllr Mahroof Hussain	Area Coordinator: Zaidah Ahmed Zaidah.ahmed@rotherham.gov.uk 01709 255951 07785 591394

Analysis of critical issues	RAG Status – Green	Draft rich picture completed
Governance & Communication Arrangements	RAG Status – Green	The Management Steering Group for the Town Centre Disadvantaged Community consists of a Cabinet Member, Strategic Lead Officer , Local Elected Members and the Area Partnership Manager. This group reports to the Health and Well Being Board.
Production of Action Plan	RAG Status - Amber	Draft version produced

Priorities	**Headline Successes**	**Headline Issues**
Improve access to employment opportunities	Commission a piece of work to address job search skills with young people. BESY commminsioning a job search club for 16-18 year olds in wellgate Working with RCAT and local schools to give more young people apprentiships oppiortunities. Working with Willmott Dixon to give more adults and young people an opportunity to access work experience in the construction field. Planning a partnership event in September to bring key players together in the Town centre and Canklow areas. Work club set up at Broomvalley school – 10 parents attending. Four sessions of debt management set up in June for local communites at Broomvalley school.	
Provide opportunities for learning about healthy lifestyles	• Community first bid in place to address health needs within the wellgate area. • A health event to address health needs with workshops to be held on 4th July at Broomvalley school. • Health awareness sessions to be held at Broomvalley school in September. • A family Induction day planned for EU families	

	on the17th September with all key partners to address health, education and crime.	
Increase educational attainment and skill development for young people	Set up a skills based/CV building / careers inspiration work type club Community First bids secured for increasing educational attainment and skill development. Funding secured to run an identlty course at Oakwood school in September. Family learning sessions planned at Broomvalley school over the summer.	
Reduce ASB & Crime in the Town Centre	Meeting planned to disucss ASB in the Town centre. Discussions taking place around a Tactical plan for the Town centre with SYP.	

Ferham & Masbrough	Strategic Lead: David Burton	Elected Member Lead: Cllr Jahangir Akhtar	Area Coordinator: Shaun Mirfield Shaun.mirfield@rotherham.gov.uk 01709 255041 07852 186876

Analysis of critical issues	RAG Status - Green	Completed
Governance & Communication Arrangements	RAG Status – Green	- Bi-monthly governance group comprising Cab Mem/SLT Leads, Ward Cllrs and partners – next one to be convened in Aug/Sept - Rotherham West Community First Panel and NAG are contributing to work too
Production of Action Plan	RAG Status – Amber	Action plan in draft stage. Governance Group in Jun ’13.

Priorities	**Headline Successes**	**Headline Issues**
Health - Promte and increase access to behaviour change services by developing links with existing groups, wellbeing within Roma community and active engagement of schools & nurses in Child Measurement Programme		
CYP Education - Explore ways of supporting Winterhill to		

continue delivering improvements, deploy Health Bus & explore replication of Wingfield Health Clinic		
Crime & Environment	• Rotherham West Community First Panel awarded funding to Ferham Community Group and RUCST to deliver diversionary and environmental work. Meeting Tues 11th Jun, being chaired by Cabinet Member Lead, will plan implementation of projects	Engaged a large no of people, adults and children, from all communities. Further events planned.

Dinnington Central	Strategic Lead: John Radford	Elected Member Lead: Cllr Richard Russell	Area Coordinator: Andrea Peers Andrea.peers@rotherham.gov.uk 01709 254145 (RVW, WV) 01909 568515 (RVS) 07717 450973

Analysis of critical issues	RAG Status – Green	Completed
Governance & Communication Arrangements	RAG Status – Green	Strategic Group comprising of Elected Members, Cabinet Member & Strategic Director to oversee role of DN agenda. NAG to manage action plan.
Production of Action Plan	RAG Status - Green	Action plan developed

Priorities	Headline Successes	Headline Issues
Keeping Safe (Community Safety)	Priorities agreed • Operation Collaboration very successful – monthly programme of activities and walkabouts established • Monthly multi-agency surgery established • Large reductions in ASB and Crime year on year • Families for change being managed through SNT • Programme of diversionary activities developed for hotspot areas and dates (high demand)	Lack of reporting and lack of confidence and trust in partner agencies continues to be an issue
Where we Live (Housing & Environment)	• Priorities agreed • Community Group developed on Leceister Road • Landlords Forum relaunched	Sustainability of work being carried out be CPU. – Targeted work resulting in significant changes in the community – however, limited resources may mean this cannot be sustained. Sepcifcally an issue on Victoria Street which requires a clear up

	• Targeted enforcement activity by CPU resulted in significant environmental improvements particularly on LR. • Social housing being built on LR • Boundary treatments on Doe Quarry Lane • Action plan developed to address environmental issues on Victoria Street – clearing up on allotments is the main issue. • Dinnington Gallery Town Project – official launch 12th September by the Mayor.	by CPU and watiting on a decision on bids for funding lead by CPU.
Our Future (Children, Young People & Families)	• Priorities Agreed • Programme of Family learning activities developed and funded • Consortium Funding Bid – Ditital Technology and raising pupils attainment • Youth Forum Developed	
Economic Development (Jobs & Training)	• Priorities agreed • Training programme to raise aspiration developed and delivered on LR. • Foodbank through Salvation Army	Reluctance of residents to engage in training which is being delivered in venues other than Salvation Army on Lesceister Road.
Health & Well Being (Health & Deprivation)	CAP launch held at DRC - over 40 stakeholders / partners attended the event. Very successful event. CAP action plan being progressed and work with local licensees is moving forward. Work regarding education and young people is a current focus – meetings arranged with IYSS to progress.	

Maltby South East	Strategic Lead: Tom Cray	Elected Member Lead: Cllr Amy Rushforth	Area Coordinator: Andrea Peers Andrea.peers@rotherham.gov.uk 01709 254145 (RVW, WV) 01909 568515 (RVS) 07717 450973

Analysis of critical issues	RAG Status – Green	Completed
Governance & Communication Arrangements	RAG Status – Green	Ward Members met to agree priorities. Strategic group comprising of Elected Members, Cabinet Member, Strategic Director , Chief Superintendent, Housing & Communities Manager, Highways Network Manager to oversee role of DN agenda. NAG to manage action plan

Production of Action Plan	RAG Status - Green	Action plan developed for specific estates in Maltby. Themed action plans also developed

Priorities	Headline Successes	Headline Issues
Children, Young People & Families	• Priorities agreed • Maltby Youth Forum developed and constituted. Leading on Young People's issues in Maltby – video made • Junior Wardens initiative developed and sustainable in Maltby Craggs. • Coronation Park Masterplan • Increased detached youth work in Maltby • Learning Community mapping progress levels of young people within deprived communities and comparing to those in wider • Programme of activities developed, particularly for weekends and holidays • Intergenerational project being developed to raise aspiration around young women.	Sharing of data and information on families between agencies and stakeholders. Particularly health information and between schools.
Skills & Employability	• Priorities Agreed • Increased take-up of places at Workclubs after developing better referral processes • Confidence and assertiveness course developed • Budgeting course developed in partnership with MTC • Advice surgery twice a week at Edward Dunn • Model Village Association running ICT courses in the community • Benefits and Advice Roadshow • Developing Training the trainers course to allow with support around universal job match and universal credit • Food Aware project developed – referral to foodbank – sponsored by MTC	Exploring opportunities around setting up Credit union in Maltby with Rothersave. However, capacity issues with Rothersave and capacity in the community around volunteering and support.
Health	Priorities agreed:- Drugs and Alcohol misuse Mental Health Domestic Violence	

	Half day summit being organised to bring professionals together to begin action planning around issues.	
Crime & ASB	• Priorities Agreed • Year on year reduction on crime and asb. • Celebration of partnership working. • Developing "Team Maltby" approach using best practice from "Team Eastwood" • Task and Finish Group set up for Maltby Craggs	Under reporting and lack of confidence and trust in agencies remains issue.
Housing & Environment	Priorities Agreed • Hope project – brought two empty properties back into use • Developing joint LLP with South Yorkshire Housing • Maltby Landlords Forum relaunched • Insulation project for properties around Abbey Reach • Community engagement in environmental Projects – Model village neighbourhood agreement and China Town Tara • Birks Holt Estate Management Plan	

Aston North	Strategic Lead: John Radford	Elected Member Lead: Cllr Gerald Smith	Area Coordinator: Andy Wright Andy.wright@rotherham.gov.uk 0114 293 9174

Analysis of critical issues	RAG Status – Green	Drafted – Communication Plan, Action plan, Governance Arrangements and data monitoring sections need to be completed. It is anticipated that the local arrangements will be similar to those implemented in Maltby, initial links to the NAG to be made so that the activity can develop.
Governance & Communication Arrangements	RAG Status – Amber	Need to link in with NAG and local agencies to start developing the local structures and governance arrangements. This is likely to be similar those established in Maltby.
Production of Action Plan	RAG Status - Red	Draft in progress – Met with Cllr Gerald Smith and Lyndsay Pitchley to develop the action plan, have some initial ideas about project that are being developed within the community.

Priorities	**Headline Successes**	**Headline Issues**
Young People	Develop a skate park with the Young People in the area. This has been look at previously but more formal activity now needs to take place. Julie is working with the Young People and Youth Services	Need to re-engage the YP on the basis that they are going to be actively involved in developing the skate park. Need to get the YP to re-approach the Parish council to identify the land that can be used

	to develop the project and present to the parish council.	and any approvals that are needed.
Employment	Some discussion took place around apprenticeships for over 25s but no clear action was developed or replacement priority discussed. Following discussion around the available groups and activities for the young and the elderly it was noted that there was a lack of engagement for people of working age and perhaps we should look at how we might engage with men of working age as they are often less well connected socially than women.	The community engagement activity through the public art project is still being planned. As part of this working age men will be a target group.
Health	Some discussion around lack of mobility for the elderly resulting isolation but no clear action developed to tackle this issue. Discussion was based around the number of groups and activities taking place in the area. There seems to be numerous activities for the elderly and the young providing they are able to attend.	Further consultation needs to take place to evidence that mobility is an issue for some elderly in the area. Further investigation into pensioner poverty is taking place as this is one of the deprivation drivers for the area.
Community Engagement	Lee and Julie to work on community engagement activity, alongside Sue Wilson, there are a number of groups and in the area that could potentially result in some individuals taking lead roles. Need to look at re-engaging service providers and ensure they are working together effectively. Lizzy Alageswaran has some section 106 money to develop an art in the community project, she will be working with Julie and Lee to develop this activity and use it as a community engagement tool to build links and relationships. Initial work will be around the Aston Carnival.	Julie and Lizzy are taking the lead in engaging the community. There will also be a practitioner event to engage with agencies working in the area. The practitioner event is being developed with Sue Wilson

Canklow	Strategic Lead: Tom Cray	Elected Member Lead: Cllr Rose McNeely	Area Coordinator: Matt Finn Matthew.finn@rotherham.gov.uk 01709 823134 07785 253909

Analysis of critical issues	RAG Status – Green	Completed
Governance & Communication Arrangements	RAG Status – Green	Monthly meetings held with Ward Members. Governance arrangements from Community First Panel.

Production of Action Plan	RAG Status - Green	First draft complete and agreed with Cabinet Member

Priorities	Headline Successes	Headline Issues
Support & build the community	Canklow Community Connections have become a Tenants and Residents Association (TARA) and are now accessing community funding to develop an adopt a street campaign and a community garden. Community health and fitness programmes have begun through EDS which are aimed at increasing local involvement and to support a sustainable future for activity participation.	There is a need to broaden community involvement to ensure it is sustainable. The development of a work club environment is a priority for the coming months with partnership work with job centre plus, mandating organisations and local employers.
Plan and deliver services differently	Agreement with directors of community health services to use visits to clients in the areas for getting key messages into homes. Community garden progressing and basic equipment from Housing Services through the current Housing renovation scheme being provided to the community group to support the community garden and the adopt a street campaign	Health indices remain high on the agenda to tackle through information and targeting resources at the right places.
Target prolific offenders and work with the willing	The Families for Change work has already action planned a number of families to target resources. Additional walkabouts with community members, elected members, the TARA and partners to identify local concerns.	Under-reported ASB in the area and as there is only one community group there is a risk this success could be short lived. Impact events and partnership work has been a success but more partnership and co-ordinated work is required with local police teams.

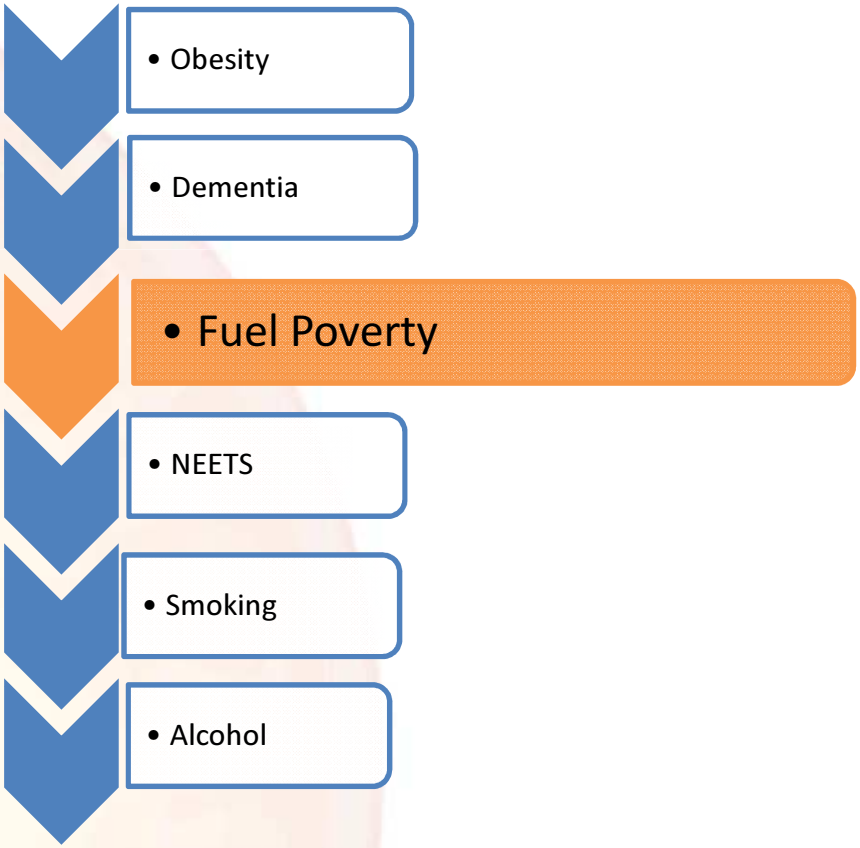
Rotherham Metropolitan Borough Council
Where Everyone Matters

Winter Warmth
Preparation for winter

Health & Wellbeing Strategy
Fuel Poverty Priority

Catherine Homer
Public Health Specialist
Rotherham Public Health

Health and Wellbeing Strategy Priorities



Winter Warmth
Preparation for winter

Why is fuel poverty a priority? (1)

- **Current definition:** When a householder **needs** to spend more than **10%** of their income to **adequately heat their home**
- **Causes of fuel poverty**: energy efficiency of the property; fuel costs; behaviours and knowledge, characteristics; and, household income
- Fuel poverty is a serious problem from **three main perspectives:** poverty, health and well-being and carbon reduction
- **Heat** or **Eat**

Winter Warmth
Preparation for winter

Why is fuel poverty a priority? (2)

- **Cold weather kills**. 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

- Children living in cold homes are likely to have **poorer attendance** and **attainment** in school

The Private and Social Cost of Premature Death and Illness Related to Cold Homes

	Premature Death	Cardio Vascular Illness	Respiratory Illness	Falls at Home	Common Mental Disorders	Total Cost
Loss of Well-Being	£1.600	£1.216	£0.440	£0.636	£5.152	£9.044
NHS Cost						
Secondary	£0.111	£0.258	£0.088	£0.133	£0.399	
Primary	£0.013	£0.021	£0.017	£0.029	£0.161	
Total NHS Cost	£0.124	£0.279	£0.105	£0.162	£0.560	£1.230
Social Care Cost	£0.006	£0.012	£0.007	£0.008	£0.103	£0.136
GDP Loss	-	-	-	-	£0.453	£0.453
Total Cost	£1.730	£1.507	£0.552	£0.806	£6.268	£10.863

Rotherham, 2009/10, £ Million

Prepared by Dr Bernard Stafford staffordgb@gmail.com

Winter Warmth
Preparation for winter

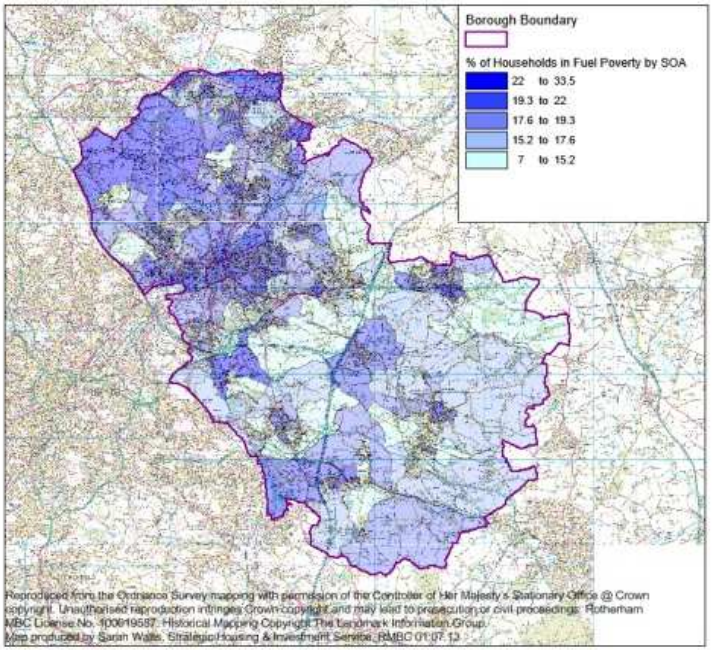
The Private and Social Cost of Premature Death and Illness Related to Cold Homes

- Source of evidence:
  - English Housing Conditions Survey
  - Mental Health and Housing Conditions in England, National Centre for Housing Research 2010
  - Housing Health and Safety Rating System
- **Economic model** mapping **cold**, **damp** and **mould** to **probability** of **harm**
- Probability of harm further mapped to **economic** and **NHS cost**
- Probable this is an **underestimate** of effect since the model assumes only **one person per dwelling**

Winter Warmth
Preparation for winter

Rotherham

- Fuel poverty levels **above** National average
- The rise in fuel prices – energy costs have risen 96% since 2004 , or an average of £700 over the same period
- Average of **144** Excess Winter Deaths per year 1990-2010
- **17,800** council properties have been supported through Carbon Energy Reduction Target (CERT)
- **400** council properties have received solid wall insulation through CERT
- **1049** private sector properties have received solid wall insulation through the Community Energy Saving Program (CESP)
- **1,649** non traditional build properties in the borough
- **Green Deal** (GD) including **Energy Company Obligation** (ECO)



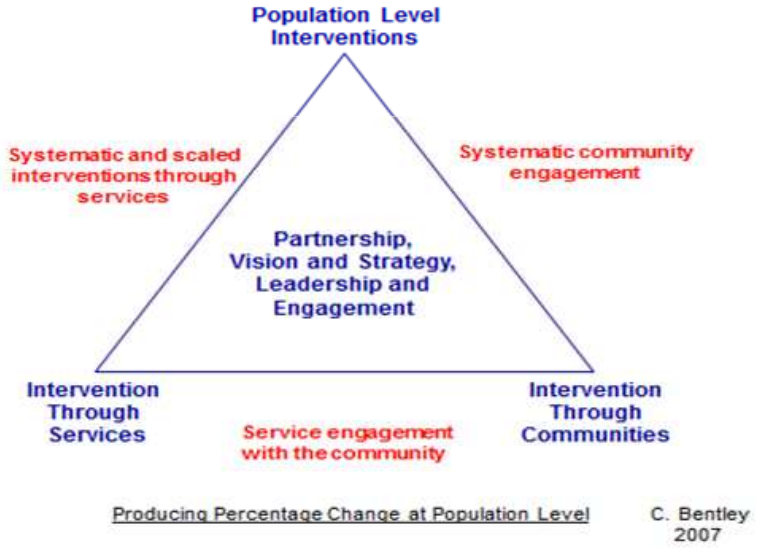
Winter Warmth
Preparation for winter

Strategic Objectives

- **Reduce levels of fuel poverty** across the Borough
- Significantly **reduce levels of cold related illness** and **excess winter deaths**
- **All** of Rotherham's occupied **private rented housing stock** has an Energy Performance rating of **E** and above
- Target all council stock **not improved** under Decent Homes because of resident choice
- **Raise awareness** of fuel poverty and associated interventions amongst RMBC staff, partner organisations and householders
- Meet vision and ambitions set in the **Rotherham Warmer Homes Strategy** (RWHS)

What do we need to do?

- **Continue** to engage **new** and **existing stakeholders** through the RWHS
- Set up and **deliver** the Green Deal /Energy Company Obligation framework
- **Continue** to utilise **existing intelligence** and support **development** of **new** research
- **Raise awareness** of links between **health** and **fuel poverty**
- Use **MECC** as a tool to ensure **more departments / staff raise issues of fuel poverty**
- **Maximise** personal assets, capability and behaviour
- Adopt a **whole systems** approach to reduce levels of fuel poverty



Challenges

- **Causes** of fuel poverty
- Structural and organisational **change**
- **Reliance** of **new policy** as main vehicle
- **Lack** of engagement and understanding
- Most **vulnerable** and **hard to reach** populations **most likely** to be in fuel poverty
- **Welfare Reform**
- **Climate** impacts

What can the H&WB do?

- Professionals consider the effect of cold on patients / clients and use the principles of MECC to signpost and advise e.g. Willmott Dixon
- Support the use of the Winter Warmth England toolkit www.winterwarmthengland.co.uk
- Support **Green Deal** as a RMBC **priority**
- Support and attend the '**Warm Well Families Feedback**' event and '**Abacus**' workshop

Winter Warmth
Preparation for winter

Thank you for listening, any questions?

Further details from Catherine Homer

Catherine.homer@rotherham.gov.uk

Briefing paper for the Health and Wellbeing Board: Fuel Poverty

Fuel Poverty

Fuel poverty and Excess Winter Deaths (EWD) remain key national priorities and are both indicators contained in the public health outcomes framework. Fuel poverty levels in Rotherham are higher than the national average. Fuel poverty occurs when a householder needs to spend more than 10% of their income to adequately heat their home. Fuel poverty is caused by the interaction of income, energy efficiency and energy prices. 16.7% of households in Rotherham live in fuel poverty; this compares to 14.6% across England and 17.7% in Yorkshire and the Humber. Fuel poverty occurs right across the borough not just in areas of high deprivation – Brampton, and Wentworth and Harley have high levels of fuel poverty. Most households are privately rented and pre-1919 properties.

Figure 1. Levels of fuel poverty across the borough.

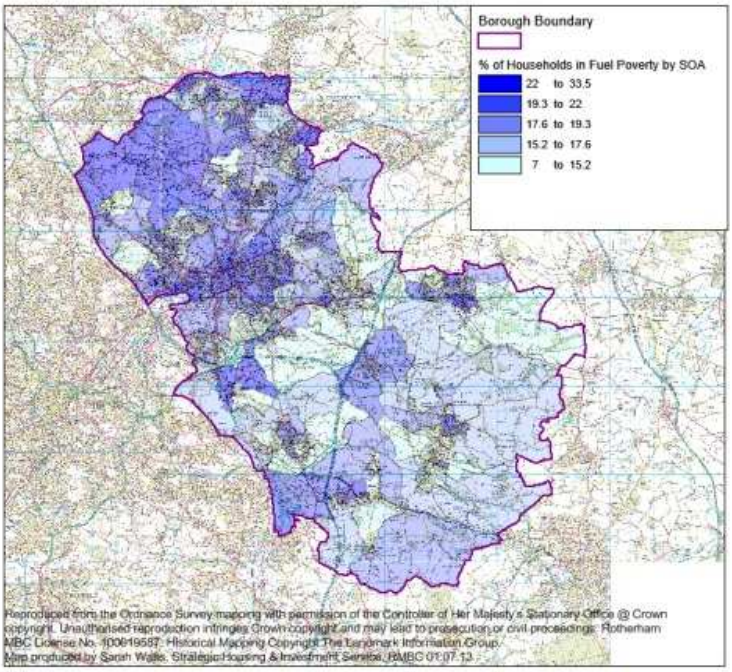
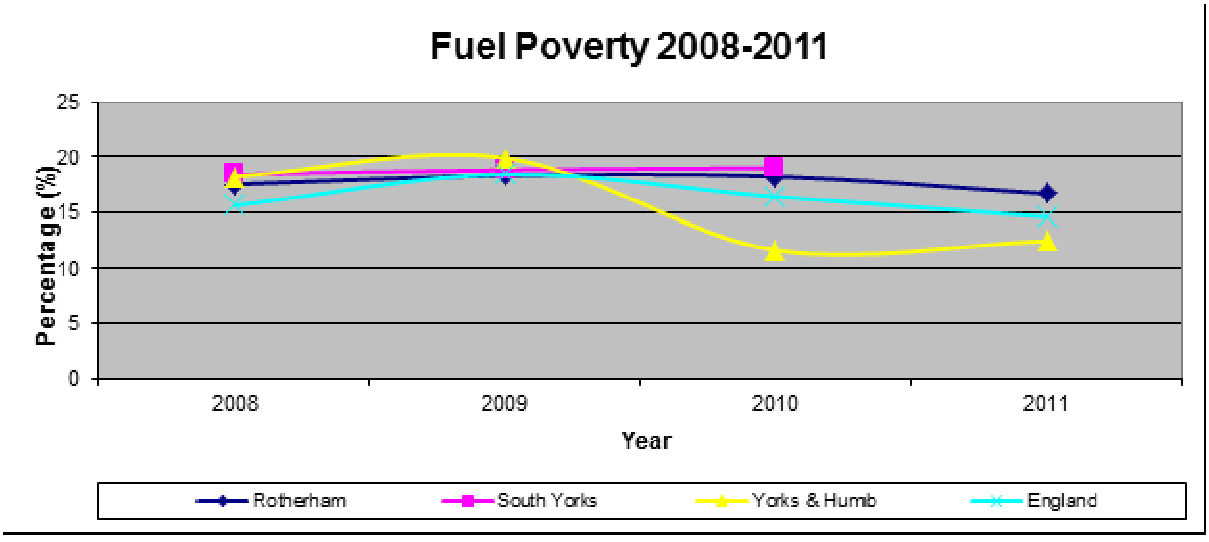
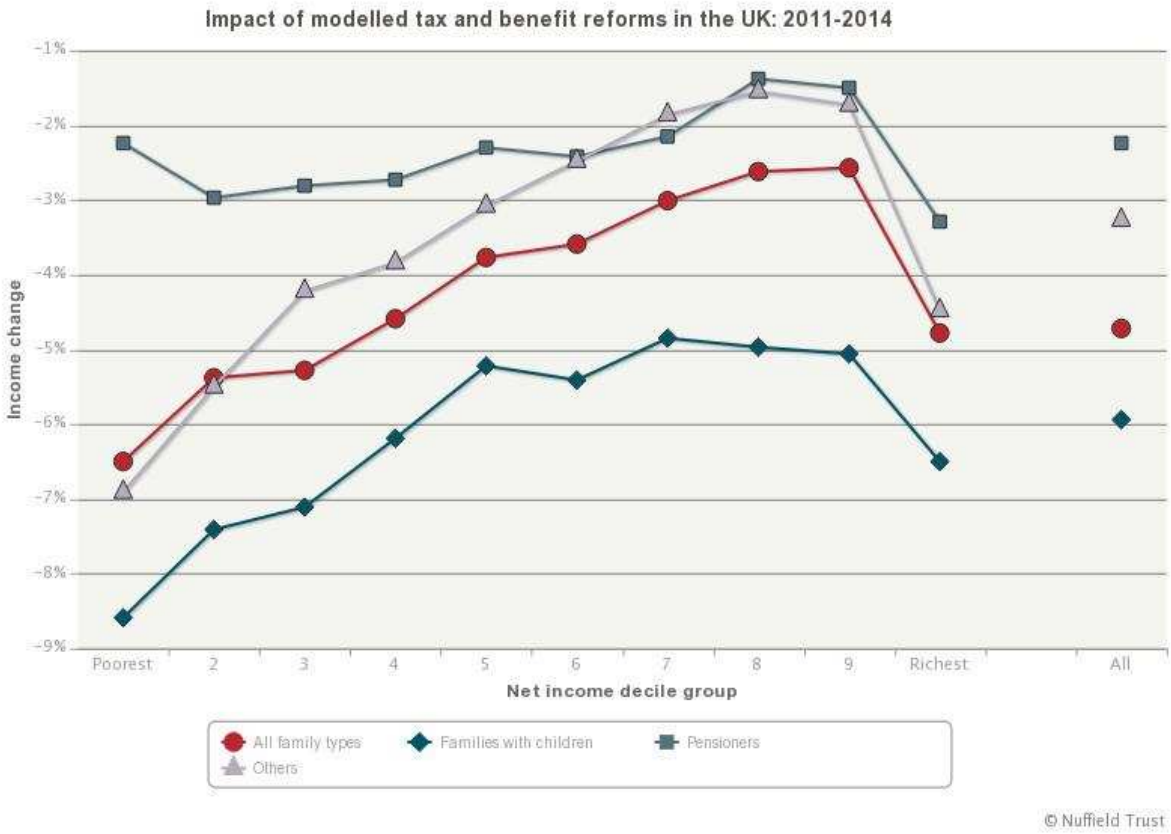


Figure 2. Fuel Poverty levels 2008-11, Rotherham, SY, Y&H, England



Whilst Fuel Poverty rates have fallen slightly over the last year Rotherham cannot afford to rest on its current achievements. Welfare reform is likely to increase levels of fuel poverty particularly in families on low incomes. Figure 3 shows the loss in income for poorer families with children. Those with below average incomes face losses of between 5% and 9% over the 3 years to 2014, with the poorest losing the most (workless families won't benefit from increased tax allowances). Families with children stand to lose between 1.5% and 2% more than the average for all households, so they are more likely to be pushed into fuel poverty or find that their existing fuel poverty is intensified by reducing income. Households living on the brink of fuel poverty face difficult trade-offs between heating their homes, feeding their families or getting into debt all of which can worsen mental or physical health problems.

Figure 3.



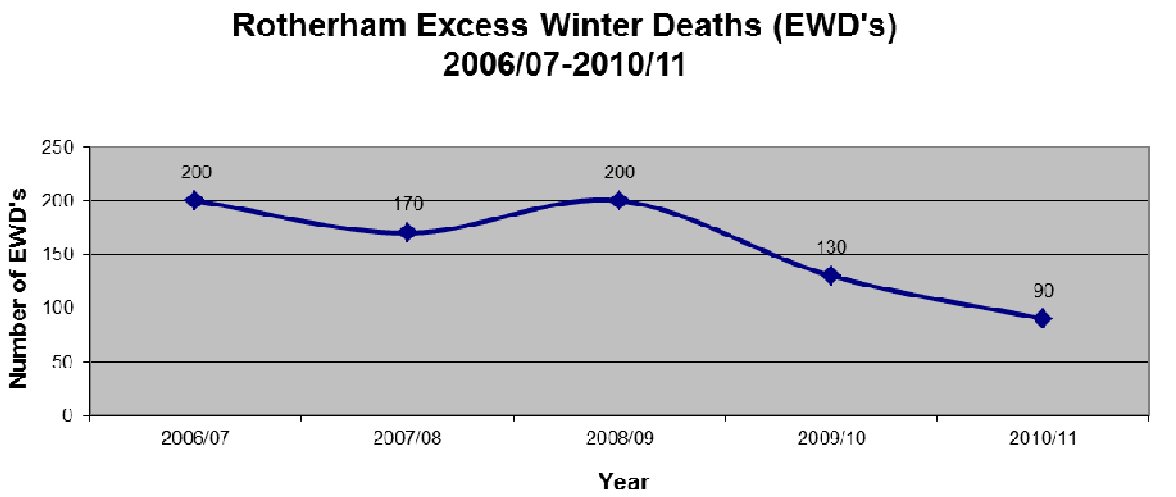
Health Impacts of Fuel Poverty

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. Children living in cold homes are likely to have poorer attendance and attainment in school.

There was an average of 144 Excess Winter Deaths (EWD) per year between 1990 and 2010. The Office for National Statistics (ONS) standard method for calculating EWDs defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in the preceding August to November and the following

April to July. EWDs are associated with cold weather but are potentially amenable to effective intervention. These interventions could include raising awareness and knowledge of health impacts of cold homes to change individual behaviour or referral systems for access to energy efficiency schemes.

Figure 4. EWD 2006/7 – 2010/11



Ample empirical evidence exists to demonstrate the association between cold homes and premature death and a range of physical and mental illnesses. Attempts to monetise these associations have been made by a range of sources. The Chief Medical Officer estimated the annual cost to the NHS of treating winter related disease due to cold private housing to be £859million and suggested that investing £1 in keeping homes warm could save the NHS 42 pence in health costs.

Figure 5. The Private and Social Cost of Premature Death and Illness Related to Cold Homes, Rotherham, 2009/10, £ Million

	Premature Death	**Cardio Vascular Illness**	**Respiratory Illness**	**Falls at Home**	**Common Mental Disorders**	**Total Cost**
Loss of Well-Being	**£1.600**	**£1.216**	**£0.440**	**£0.636**	**£5.152**	**£9.044**
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GDP Loss	-	-	-	-	**£0.453**	**£0.453**
Total Cost	**£1.730**	**£1.507**	**£0.552**	**£0.806**	**£6.268**	**£10.863**

Figure 5 presents estimates of personal and social costs arising from cold related premature death and a range of cold-home related illnesses. These estimates are in money terms and they are derived by multiplying per case costs by the number of cases - i.e. cost = number of cases x costs per case on a per case basis for Rotherham. They are dated 2009/10 which is the most recent year for which data for certain key variables are available. This economic model has been developed by Dr Bernard Stafford, Health Economist affiliated to the Centre for Health and Social Care Research at Sheffield Hallam University, working with the Abacus group. Sources of evidence used to generate this economic model include:

- English Housing Conditions Survey
- Housing Health and Safety Rating System
- Mental Health and Housing Conditions in England, National Centre for Housing Research 2010

This model maps cold, damp and mould to the probability of harm, and then the probability of harm is further mapped to economic and NHS cost. It is probable this is an underestimate of effect since the model assumes only one person per dwelling. The outstanding feature of the cost estimates is the dominance of costs relating to mental illness.

Policy and Interventions to Reduce Fuel Poverty

Green Deal is a new Government energy efficiency scheme which launched in January 2013. The Green Deal is envisaged as a 'pay-as-you-save' mechanism. Under the scheme customers are able to make their homes and businesses more energy efficient at no upfront cost. Repayments are made over a period of time via the customer's fuel bill.

How the Green Deal works: The level of the instalments can't be higher than the expected saving for the customer as a result of the improvements. If that Green Deal customer leaves a property, the next occupant will be responsible for continuing to make the Green Deal payments. This means that no customer should pay more for the energy efficiency improvements than the savings that will result from these improvements. This is called the Golden Rule.
In summary the two key elements of the scheme are:

a) **the 'golden rule'** which states that only properties where the projected savings on energy bills – as judged by an accredited assessor – are greater than the cost of the energy efficiency measures are eligible

b) **the repayments**, which are attached to the property rather than the individual. If the person who signed up for the scheme moves house, responsibility for payment will pass to the next person named on the electricity bill.

The Energy Company Obligation **(**ECO) will replace the existing Carbon Emissions Reduction Target (CERT) and the Community Energy Saving Programme (CESP). It requires major energy suppliers to fund energy efficiency measures for vulnerable households and those living in hard-to-treat properties.

ECO is expected to represent about £1.3 billion per year of funding for energy efficiency measures. However, because the energy suppliers are expected to recover this money from their customer base via increased fuel bills, their targets are expressed as an annual reduction in carbon emissions (the carbon saving target) and an aggregate reduction in the fuel bills of supported households (the affordable warmth target). This incentivises the suppliers to achieve their obligations as cost effectively as possible.

As two major funding mechanisms for reducing carbon emissions, tackling fuel poverty and improving the local housing stock, the Green Deal and ECO are of obvious interest to local authorities. The fact that the schemes work at household level, and the obvious potential for a co-ordinated, area-based approach to delivery suggests a key role for local authorities in their delivery. Indeed, the Government's Green Deal and ECO consultation states that: 'the role of local authorities and other local partners is likely to be crucial in ensuring intensive and effective delivery of the Green Deal.'

The Green Deal working group is planning to set up a partnering framework to deliver the Green Deal initiative in Rotherham. Through this partnership framework a number of contractors will be procured who will each focus on a designated geographical area ensuring that Rotherham accesses a substantial amount of the £1.3 billion ECO funding available nationally. The group are also preparing an application to the Green Deal Communities Fund, an additional pot of money from Department of energy and Climate Change (DECC) to enhance the Green Deal offer to privately funding residents not qualifying for ECO.

Case Study

This case study is a reflection of work taking place under the Rotherham Warmer Homes strategy. The example comes from Yorkshire Housing and was funded through the Warm Homes Healthy People fund 2012/13.

Frozen and not wanting to leave the house a customer called to see if Yorkshire Housing knew any Gas Safe engineer to look at her boiler. Yorkshire Housing sent an approved contractor to the home who established that the boiler was over 40 years old. Yorkshire Housing staff revisited and found that client had cancer in its second stages with a diagnosis of only 6 months to a year to live. The home was extremely cold, and was causing the client to get depressed. The cold was impacting on her personal hygiene and her bathing habits so that once in a warm bath she just wanted to go to bed. This meant she was becoming increasingly socially isolated. Her character had changed dramatically and her husband was worrying.

Through the Warm Homes Healthy People funding Yorkshire Housing arranged for the installation of a new boiler, which was installed within two weeks of the initial visit. The couple stated the difference was unbelievable and they feels the woman's last months would be worry free and she wanted to go out again.

Resources

The 'Keeping Warm in Later Life projecT' (KWILLT), developed and conducted in Rotherham, aimed to identify factors influencing older people's decision making regarding keeping warm at home in winter and their barriers to accessing help. KWILLT Pen Portraits, e-learning and films are available at www.kwillt.org and www.winterwarmthengland.co.uk.

www.winterwarmthengland.co.uk The WWE toolkit was developed in Rotherham for Yorkshire and the Humber and is being utilised across England. It provides a range of resources and communications materials that staff from all organisations can use to spread messages about keeping warm at home to the public and their colleagues.

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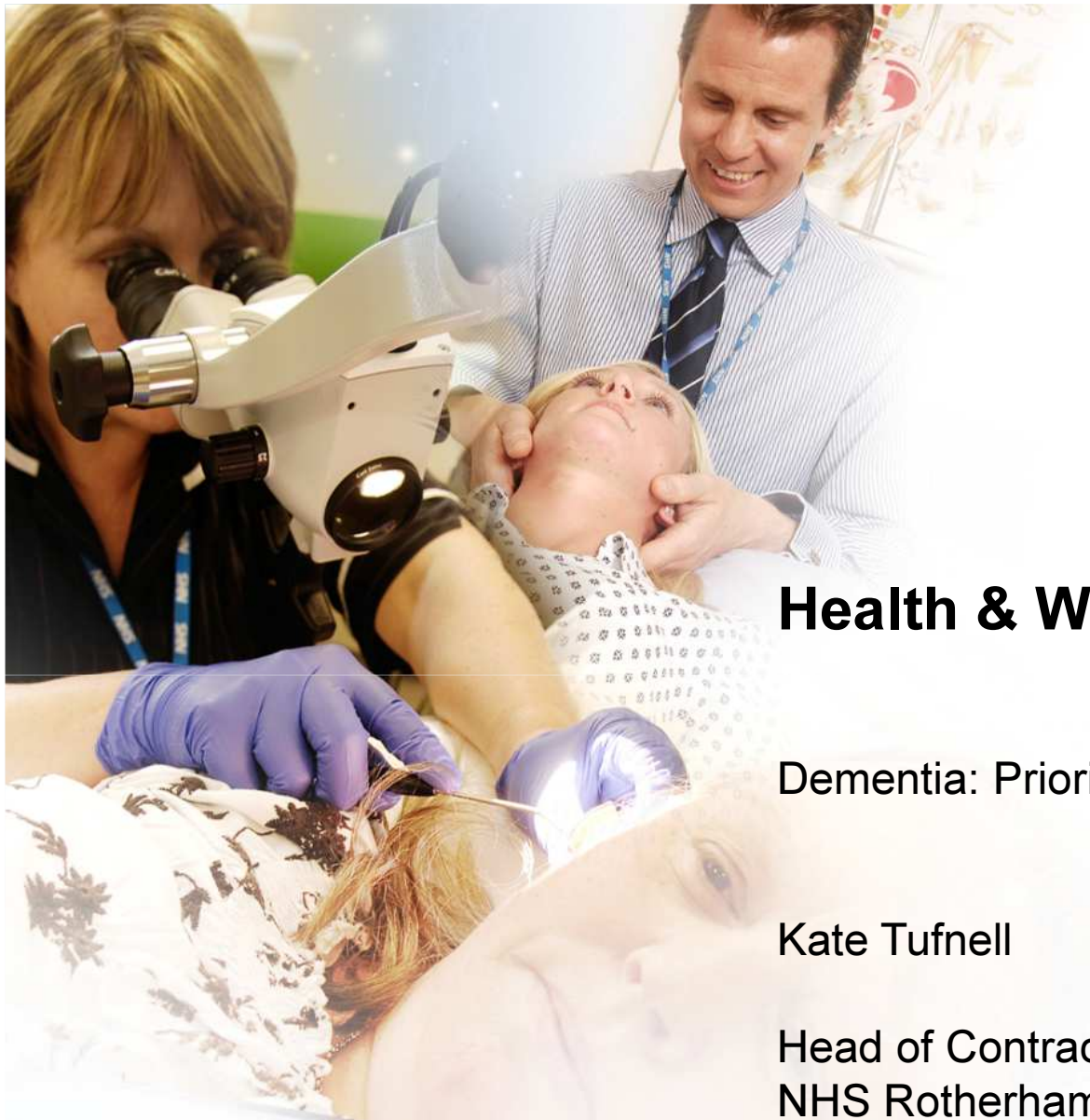


NHS
Rotherham
Clinical Commissioning Group

Health & Wellbeing Board

Dementia: Priority 6

Kate Tufnell

Head of Contracts and Service Improvement
NHS Rotherham CCG

Your Life,
Your Health

Overview

NHS
Rotherham
Clinical Commissioning Group

- Overseen by Older Peoples Mental Health Group
- Assuming members have read document
- Highlight key issues
- Next steps
- 4 ways you can support the programme

Your Life,
Your Health

What is the problem?

NHS Rotherham Clinical Commissioning Group

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.

- Rotherham -1688 people on the GP Dementia register (3034)

- By 2025 the number of people in Rotherham with dementia will have risen to 4397(JSNA 2011).

Your Life, Your Health

The cost of dementia

NHS
Rotherham
Clinical Commissioning Group

Dementia is an expensive condition with a considerable cost to both public and private Finances

A large proportion of the cost of caring for a person with dementia is borne by the carer

In the UK = £23 billion a year

Your Life,
Your Health

Dementia Programme

NHS
Rotherham
Clinical Commissioning Group

The programme incorporates 4 work streams:

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

Your Life,
Your Health

Six Priority Outcomes

NHS
Rotherham
Clinical Commissioning Group

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

Your Life,
Your Health

4 ways you can support the programme

NHS Rotherham Clinical Commissioning Group

1. Continue the dementia workforce development programme
2. Strong leadership to break down barriers on joint working
3. Continue to support the further development of the dementia pathway
4. Support the development of a Dementia Friendly Community & Dementia Alliance in Rotherham

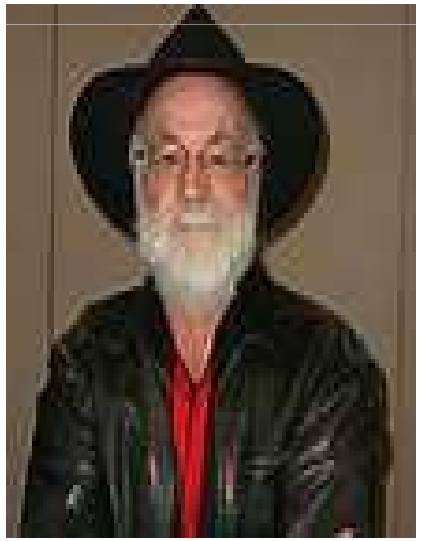
Dementia Friends

Your Life, Your Health

Challenges

NHS Rotherham Clinical Commissioning Group

- This is everyone's business (*individual level*)
- Increase demand on service to be delivered within same resources
- Complexity of pathway & independencies
- Variation across the system & potential inequalities



Your Life, Your Health

NHS
Rotherham
Clinical Commissioning Group

Thank you

Kate Tufnell

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When it comes right down to it, you're in it alone. Each day is different, and **you get up, put one foot in front of the other**, and go—and love; just love."

Your Life,
Your Health

Health and Well-being Strategy

Priority 6: Dementia

Update Report – August 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 Pratchett'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.
- RDaSH have submitted a funding bid for 'Lighting Scheme for improving well-being, independence & sleep' to be implemented at The Woodlands Hospitals. **Successful Bid.**

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.
- The rollout of the TRFT Dementia Friendly Environment & Dementia Champions programme.
- The rollout the 2013/14 Dementia Quality Outcomes Framework (QOF) a national

case finding programme for GPs – commenced (22 practices recruited)

- To develop a Voluntary Sector Led Rotherham Dementia Alliance.

What do we need to do?

- To develop and agree standard Dementia Coding across Rotherham practices. Once this has been agreed a guidance document for primary care will be developed.

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.
- Develop an Adult Mental Health Liaison Service.

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 CCG Annual Commissioning Plan (ACP) 2014/15
'Plan for a Plan' v1.2 07 08 13

There will be 4 versions of the ACP produced, their purpose and timescales are shown below:

P4P	**'Plan for a Plan'-** (this paper) to outline the necessary consultation/approvals process and timeframe	**CV**	**Consultation Version** of the ACP – powerpoint presentation to encourage initial feedback (produced in September for use up to December)	**V1**	**Version 1** of the ACP - for first submission (produced by relevant SCE and officer lead from members feedback during November)	**V2**	**Version 2** of the ACP - for final submission (produced in February for March submission)

The consultation and development periods are outlined below:

	Develop and approve 'plan for plan'		**Views from member practices, patients, public and stakeholders**		**Production of plan to meet national and local requirements**		**Suggested meeting and version**

The following table outlines the consultation, approvals process and timescales for the development of the ACP (some meetings for 2014 have not been fixed, so dates are estimates):

	Frequency (if a meeting)	AUGUST 2013	SEPTEMBER 2013	OCTOBER 2013	NOVEMBER 2013	DECEMBER 2013	JANUARY 2014	FEBRUARY 2014	MARCH 2014	APRIL 2014
Meetings										
GPMC	Monthly		**P4P** 25.09	**CV** 30.10		**V1** 18.12		**V2** 26.02		
Locality Meetings	Monthly		*CE (RCa/KF) to attend*		*Subsequent feedback via GPMC*					
CCG Governing Body	Monthly		**P4P** 05.09	**CV** 02.10			**V1** 15.01		**V2** 05.03	
CCG GB/SCE Away Day	Annually		**P4P** 04.09							
AQA (QIPP, risk, governance)	Bi-monthly		**P4P** 25.09				**V1** 22.01			
H&WBB	Monthly		**P4P** 25.09	**CV** 23.10			**V1** 15.01	**V2** 19.02		
QIPP Delivery Group (QIPP section)	Bi-monthly		**P4P** 18.09				**V1** 22.01			
OE	Weekly	**P4P**		**CV** tbc	**CV** 20.11	**V1** tbc		**V2** tbc		
SCE	Weekly	**P4P**		**CV** tbc		**V1** tbc		**V2** tbc		
CRMC (only relevant sections)	Every 2 weeks			**CV** tbc		**V1** tbc				
MMC (only relevant sections)	Every 2 weeks			**CV** tbc		**V1** tbc				
UCMC (only relevant sections)	Every 4 weeks			**CV** tbc		**V1** tbc				
MH/LD QIPP Committee (only relevant Sections)	Monthly			**CV** tbc		**V1** tbc				
PPG Network	Bi- Annually			**CV** 29.10						
GP Commissioning Events	Bi- Annually					**CV** 05.12				
Scrutiny	By request			*By*	*Request*					
Stakeholder Engagement										
RMBC (also via membership of above groups)	n/a					**V1**				
TRFT (also via membership of above groups)	n/a					**V1**				
RDaSH (also via membership of above groups)	n/a					**V1**				
VAR (also via membership of above groups)	n/a					**V1**				
Hospice (also via membership of above groups)	n/a					**V1**				
Special Interest Groups	n/a			*Via*	*CCG Website*					
General Public	n/a			*Via*	*CCG Website*					
NHSE/DH	n/a						**V1** first draft		**V2** final	
Other Communications										
Website	n/a								Mid-March	
Annual Report and Event (?)	Annually									
		Produce 'P4P'	Produce 'CV' for consultation			Produce 'V1' →	Submit 'V1'	Produce 'V2' →	Submit 'V2'	

Right Care, First Time Consultation Update: for Information to Health and Wellbeing Board

Formal public consultation on the proposals for Urgent Care ended on 26 July 2013.
The consultation concluded over 18 months of engagement which took the form of a series of discussions, focus groups, market research and briefings. Work with local stakeholders, including patient and community groups, initially helped the CCG to understand the use and perceptions of NHS services and how these could be improved and developed to meet patient needs. Formal consultation sought views on the proposal to bring together services for patients who need urgent care into one place, at a new Urgent Care Centre.

The consultation process
Formal public consultation took place between 6 May and 26 July 2013.

It was undertaken in line with Government guidance on consultation and service changes. In particular the CCG sought to ensure that the proposal has:

- commitment and support from clinicians;
- a clear clinical evidence base;
- Clear benefits for patients in terms of quality of care and availability of services.

The comments and suggestions submitted as part of the pre-consultation and formal consultation will be taken fully into account in arriving at the final decision.

A range of consultation channels were used including:

- Distribution of the consultation document, including an easy-read version, to over 500 individuals, groups and local networks;
- posters and flyers, also widely distributed, primarily to promote the public meetings;
- articles in the local and regional media and in NHS staff and stakeholder publications targeted at staff;
- online consultation pages on the CCG website and an online response form;
- public meetings and attendance at scheduled user group meetings during the consultation period;
- one-to-one meetings with stakeholders;
- Social media.

Consultation responses
The consultation results are now being analysed. The consultation asked for feedback in the form of comments and issues about the proposal, which means that there is much qualitative analysis to be completed. From the initial analysis, there is broad support for the proposal from statutory stakeholders and from public meetings.

98 responses from individuals/groups have been received through a combination of online, email and paper responses. There is an equal split between those who either agree or strongly agree with the proposal and those who disagree or strongly disagree. 11% of responders were neutral. Amongst individuals and some of the patient/community groups the main issues raised include:

1. Car parking at RFT (availability, convenience, cost, proximity to Urgent Care Centre)
2. Quality of Care (ie the desire to see quality at least maintained or improved overall as well as the opportunities closer working with A&E will bring)
3. Convenience of Walk in Centre location (this covers both its physical location and the convenience of the services it offers)

There are also a large number of comments making suggestions about the physical accessibility of the proposed building and how the design and planning of the new service could improve the patient and carer experience.

ROTHERHAM BOROUGH COUNCIL – REPORT TO HWBB

1	**Meeting:**	**Health and Wellbeing Board**
2	**Date:**	**11th September, 2013**
3	**Title:**	**Winterbourne View Joint Improvement Programme – Stocktake of Progress**
4	**Directorate:**	**Neighbourhoods and Adult Services – Learning Disability Services.**

5 **Summary**

This report refers to the care of adults with learning disability. In particular it relates to those with complex and challenging behaviour who have been placed in NHS funded specialist provision both in and out of Rotherham.

The attached document is a stocktake of the progress made in Rotherham against key commitments required by the Winterbourne Joint Improvement Programme. This national programme was established in 2012 following the emergence of the scandal of sustained ill treatment of people with a learning disability at Winterbourne View Hospital in 2011.

It is a requirement of each local stocktake that it be presented to its Health and Well Being Board. As such, it represents an assurance to the Board that all partners, led by the Local Authority, but incorporating the Clinical Commissioning Group, are meeting their requirements of the Joint Improvement Programme in delivering the actions required.

6 **Recommendations**

- **That the Health and Well Being Board note and endorse the attached stocktaking report.**

7 Proposals and Details

Currently there are four people who are out of area in specialist NHS commissioned places, there are four people funded under mental health arrangements and three in Rotherham's own Assessment and Treatment Unit at Badsley Moor Lane (this is one less than at the time of the stocktake documents completion). These numbers are small by any comparator standard.

Within the stocktake document there are specific questions asked in each of the eleven specific areas under consideration and reported upon accordingly. These include partnership working, co-ordinated financial management, case management of individuals, reviews, safeguarding, commissioning, local team working, crisis management, understanding future needs, transition planning from children's services into adult services, and understanding future requirements.

The stocktake document for Rotherham has been able to demonstrate excellent partnership working across Health and Social Care which are meeting the overall requirements in all the areas of the Joint Improvement Programme

8 Finance

There are no additional financial requirements as a result of this stocktake, however there is a clear expectation upon Health and Social Care to co-operate closely together to meet their mutual obligations and maximise efficiencies.

9 Risks and Uncertainties

The Joint Improvement Programme places all partners working with adults with Learning Disability under closer scrutiny. Although the number of individuals affected in Rotherham are relatively small their needs are complex and challenging.

Ongoing involvement by Rotherham professional staff in out of area placements is essential to maintain up to date and relevant information to reduce the prospect of a Rotherham resident being cared for in a substandard or inappropriate provision.

10 Policy and Performance Agenda Implications

The Joint Improvement Programme is setting the policy and performance agenda for the care of this group of adults with Learning Disability.

11 **Background Papers and Consultation**

- Transforming Care: a national response to Winterbourne View Hospital Dept of Health 2012

- Winterbourne View Review: Concordat: A Programme of Action Dept of Health 2012

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Winterbourne View Joint Improvement Programme

Initial Stocktake of Progress against key Winterbourne View Concordat Commitment

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to Sarah.Brown@local.gov.uk

An easy read version is available on the LGA website

May 2013

Winterbourne View Local Stocktake June 2013			
1. Models of partnership	**Assessment of current position evidence of work and issues arising**	**Good practice example (please tick and attach)**	**Support required**
1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s)?	1.1 The Joint Health and Social Services Learning Disability Service has been established for over 10 years. This has been the foundation of this work which has ensured a joint delivery of this programme from the outset. The service is jointly commissioned by Rotherham Metropolitan Borough Council (RMBC) and Rotherham Clinical Commissioning Group (RCCG), with the local authority as lead commissioner, and is managed through a Learning Disability Commissioning Group and an effective Learning Disability Partnership Board.		
1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning & providers).	1.2 Close working relationships exist with care providers, Supporting People programme, and housing providers which are able to support the programme in Rotherham e.g. 40 supported living schemes already in Rotherham. Supporting People spend 13% of total budget on services for people with learning disabilities. Partners include Mencap, Golden Lane Housing, Voyage Care, RCCG, RMBC Housing Department, and specialist commissioners.		
1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs?	1.3 We have a Learning Disability Commissioning Group and other planning groups which ensure that all service developments are planned and developed in partnership. The Commissioning Group reports directly to the Partnership Board and guides decision-making on future service investment and disinvestment, seeking to		

	establish best quality services that can demonstrate value for money. It includes Commissioners from RMBC and RCCG and respective Finance Leads. Evidence from the CCG MH & LD QIPP Board (minutes & TOR) & Rotherham LD Board (Part A & B minutes & TOR). In the last year, an additional 6 supported living placements have been developed, in partnership, to support young people in transition and people living with older carers.			
1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.	1.4 The LD Partnership Board consists of all major agencies, carers and service users who receive regular reports of the progress of the Joint Service and how it is delivering on this programme. The Board is chaired and co-chaired by a service user and carer. Evidence of monitoring can be found in the minutes from the LDPB			
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress?	1.5 The Health and Wellbeing Board are fully engaged with this agenda. They received an initial report for information regarding Winterbourne View. This Stocktake and the Annual report will be received by the HWB Board, giving the Board an up to date position. Regular update reports will be received on the resulting action plan. The HWB Board at its last meeting received and considered the recent letter from Norman Lamb the responsible government minister.			
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	1.6 Yes – the terms of reference of the LD Commissioning group are explicit regarding dispute resolution mechanisms. These include reporting through to the Adult Partnership Board (Joint Commissioning Board) and Chief Officers group			

1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG for a, clinical partnerships & Safeguarding Boards?	1.7 The CCG is part of the NHS England LAT LD Group Chaired by Margaret Kitching, Director of Quality & Nursing (evidence – minutes). The membership of this group includes representation from Bassetlaw CCG, Doncaster CCG, Sheffield CCG, and Rotherham CCG & NHS England. Safeguarding Adults Board – Director of Health and Wellbeing (RMBC) reports to the Board with regard to the LA's response to Winterbourne and the Joint Improvement Programme (JIP). CQC chair a monthly business meeting with Rotherham health and social care agencies and comprehensive intelligence on local activity in relation to quality assurance/ compliance/ and safeguarding is shared consistently at this meeting. A quarterly CQC strategic meeting looks in-depth at themes and trends, and considers the implications of Winterbourne, the Francis Report and Serious Case Reviews. This stocktake will be presented to the July Strategic Meeting. The Cabinet Member for Adult Social Services also receives the partnership Board minutes and other relevant reports.		
1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this?	1.8 No issues at present		
1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan?	1.9 It is not considered at present that additional support is required.		
2. Understanding the money			
2.1 Are the costs of current services understood across the partnership?	2.1 Health element – we have a joint register of health funded out of area placements. (Evidence – Health Funding Register).		

	Similarly all placements and services are closely scrutinised within the Local Authority Budget monitoring. Spend against the Pooled Budget, which funds the Rotherham Learning Disability Service through a S75 Agreement, is monitored by the LD commissioning Group		
2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.	2.2. Yes, there is clarity about the funding sources. These include, in addition to joint funded costs (through the pool budget), CHC & S117 costs. These are detailed on the Health Funding Register (evidence Health Funding Register). Specialist Commissioning Bodies (NHS England) and CHC funded placements - this data is included on the Health funding Register and is monitored by the LD Commissioning Group and the RCCG QIPP Group Which has been established in order to ensure that NHS efficiencies are delivered in a clear and coherent way.		
2.3 Do you currently use S75 arrangements that are sufficient & robust?	2.3 Yes – A pooled budget has been established with the joint LD service and is monitored by the LD Commissioning Group and the LD partnership board		
2.4 Is there a pooled budget and / or clear arrangements to share financial risk?	2.4 The pooled is managed as above and is subject to a 3 yearly refreshed Partnership Agreement.		
2.5 Have you agreed individual contributions to any pool?	2.5 Yes		
2.6 Does it include potential costs of young people in transition and of children's services?	2.6 The pool contains the potential costs of young people who are identified as being in the process on transition to adult services. Transition costs are calculated on the basis of information from children's services and through transition planning. Additional funding from the LA for transitions has been included in this year's budget. RMBC Commissioning is a corporate function (with		

	Children and Young Peoples commissioners sitting alongside Adults commissioners). This maximises the opportunity to pool expertise and knowledge in seeking the best choice for individuals.		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	2.7 There is close working relationship between health and social care partners – forums in which the medium term strategy are considered exist– evidenced in CCG QIPP forum and LD Commissioning Group. QIPP group considers partner commissioning plans and considers the impact of partner efficiency programmes. The Council has a Medium Term Financial Strategy that collates intelligence from JSNA (and other information tools) and Service Plans to predict future demand for spend.		
3. Case management for individuals			
3.1 Do you have a joint, integrated community team?	3.1 Yes- the Integrated community team is well established as part of the Joint LD Service– further evidence Service Specification included in the RDaSH Contract		
3.2 Is there clarity about the role and function of the local community team?	3.2 As above		
3.3 Does it have capacity to deliver the review and re-provision programme.	3.3 Yes – the review programme is person centred and individualised to the customer's assessed needs. There are relatively low numbers of patients involved – and they have consistently been monitored and reviewed – evidenced by ongoing review practise). There is also a CCG case manager in place who works closely with the LD Service.		
3.4 Is there clarity about overall professional leadership of the review programme?	3.4 Yes - operational management is led by the service managers in the joint service – who report progress of the JIP to the Joint Commissioning group and to the Partnership Board		

3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates?	3.5 Yes – all our customers and families are supported by named workers. Evidence – Care Co-ordinator & Case Manager Notes, The Health Funding Register, Social Care Assessments, a range of Commissioned Advocacy Services, including IMCA and IMHA, specialist advocacy, and peer advocacy. In addition, Speak Up offers a service user perspective in reviewing the quality of provision in Rotherham care homes, and has a routine presence on the Council's Overview and Scrutiny Committee.		
4. Current Review Programme			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	4.1 There is clear agreement and full information sharing in place. There are currently 4 people in out of area specialist commissioned places, there are 4 people placed in hospital out of area through section 117 funding. There are 4 people currently appropriately placed in Rotherham ATU. Arrangements to support them include – Care co-ordinators (LD Community nurses), CCG Case Manager.		
4.2 Are arrangements for review of people funded through specialist commissioning clear?	4.2 The arrangements for review are in place and clear. People's circumstances are regularly reviewed with specialist commissioning colleagues and allocated community nurses in joint learning disability team.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Health watch) agreed and in place.	4.3 Yes – the agreements around each individual are in place. All people placed out of area are engaged in the process. Any gaps are met by advocacy services commissioned by RMBC.		
4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used?	4.4 There is full knowledge of everyone identified in 4.1 Evidence – the Health Register is in place, and is comprehensive.		

4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	4.5 The Health Register has an identified co-ordinator in the Joint Service – who has close liaison with an identified case manager within the CCG. The first point of contact is the allocated worker within the Joint Service. These workers are all members of in the Community Learning Disability Team, which is managed within the Joint Service.		
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	4.6 There are IMCA and IMHA arrangements in place which include advocacy support in relation to reviews and any safeguarding issues. Rotherham Advocacy Partnership provides professional issue based advocacy and Speak Up are funded to provide self/peer advocacy. In addition there are generic advocacy and advice services which work routinely with people with learning disabilities and mental health problems and will signpost people for more targeted support.		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed?	4.7 Reviews were undertaken in line with the guidance provided in February. In addition we are undertaking a case review/quality audit which will be completed by an independent Performance and Quality team by 31st July		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations?	4.8 Yes – as an extra measure of assurance reviews to be audited by Performance and Quality Team against model of good practise issued.		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed?	4.9 Yes. There are no outstanding reviews.		
5. Safeguarding			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	5.1 We are aware of and work to the ADASS Guidance. Care co-ordinating staff are aware of local protocols for out of area placements and liaise with local safeguarding strategies as appropriate. Where safeguarding issues arise in respect of people placed		

	out of district, there is attendance at any strategy meetings and action plans would be implemented.		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments?	5.2 Care Providers are invited to regular Shaping the Future (Provider Engagement) events to discuss future commissioning intentions, risk assessments will be reviewed as part of the holistic reviewing process and is part of the Contract Compliance Officer role alongside the Home from Home Quality assessment. A risk matrix has been developed that measures against contract compliance, QA, safeguarding activity, financial viability, business continuity etc. RMBC, RCCG and FTs share information routinely with CQC, including the gathering of more 'soft intelligence' arising from our Eyes and Ears processes. .		
5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.	5.3 Yes – Rotherham ATU inspected by CQC on the 1st and 2nd November 2011. This was part of the 150 urgent inspections which were part of the immediate response to Winterbourne. Outcomes 4&7 were met but required improvements. Outcome 21 was not compliant. The issues identified regarding, in particular care plans and recording were subsequently improved following an immediate and detailed Action Plan being implemented by all partners involved. CQC acknowledged the improvement on their subsequent inspection on the 2nd March 2012 when the ATU was found to be fully compliant. (Action plans – evidence) Ongoing quality assurance of ATU as part of RMBC contract and performance monitoring. (evidence – minutes)		
5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme?	5.4 Rotherham Adult Safeguarding Board has received Winterbourne reports and RMBC and NHS responses to it. The RSAB will review this Stocktake document and any future updates. There is a senior management representative form Children's services on the Adult		

	Board, and adults service representation, on LSCB, both at Director level, which ensures an effective senior management link between the Boards. The LSCB will receive a copy of the stocktake and any subsequent reports.		
5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint?	5.5 The Assessment and Treatment Unit (ATU) _uses the BILD accredited RESPECT model of restraint – closely managed by Service Manager who is tasked to investigate and report any identified incident to Senior Management within RDASH. Out of Area – restraint processes/DOLS requirements are fully considered in reviewing process.		
5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.	5.6 ATU in Rotherham is part of the Joint LD service and is able to share good practise and share training and information across the whole joint service. Evidence RDaSH's report on Winterbourne.		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments?	5.7 There is a Vulnerable Persons Unit staffed by the Police and the Council with a remit to consider and act on oppression and Hate Crime, and to protect the interests of vulnerable people. Safer Neighbourhood Teams apply intelligence from VPU to their community safety activity and will actively support vulnerable tenants where indicated. Police representatives attend the Safeguarding Boards. Rotherham operates a 'Safe in Rotherham Scheme' with town centre traders, shops, and operators, which advertises where vulnerable people can go to receive welcome and support and a public place of safety.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns?	5.8 Yes – all parties linked to safeguarding board. Monthly risk matrix completed and discussed directly with CQC (evidence (minutes and risk matrix's) in regular meetings where concerns are shared. The		

	highlights from the risk matrix are presented to adult Safeguarding Board at each meeting. Commissioners receive alerts from CQC around planned visits, and CQC contact RMBC Safeguarding team direct where safeguarding issues are encountered during visits. Named officers are in regular contact. Where issues relate to care homes or care providers CQC attend Strategy meetings and Case Conferences.		
6. Commissioning arrangements			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	6.1 Yes – work is underway to progress the recommissioning of the Rotherham ATU. This will reduce bed capacity to the level of demand and other changes to the community based support that is provided will ensure increase in capacity, to prevent further admissions and support the gradual reduction of bed base . Evidence – ATU & Psychiatry Review currently under way (evidence – minutes from the MH & LD QIPP Group, Rotherham LD Board). ATU reducing beds from 10 to 5 by September 2013. Review will assess whether this level of provision will continue to be provided – in conjunction with a strengthening of support in the community.		
6.2 Are these being jointly reviewed, developed and delivered.	6.2 The Joint Service Management Team and Commissioners ensure that commissioning intentions are clear and in line with Winterbourne JIP. Evidence as in 6.1 + TOR – membership of these groups included CG, RMBC, RDaSH (Mental Health Trust and lead provider NHS services). There is a Project Board in place which works jointly to ensure these plans are being delivered.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services?	6.3 Health Funding Register includes all out of area placements that are funded by health (includes joint funding). There is clear agreement on the numbers of placements that are funded.		

6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	6.4 There is a planned reduction of Assessment and Treatment beds from 10 to 5 beds. All Out of Area Placements are subjected to rigorous examination. (Rotherham CCG Annual Commissioning Plan). Any Out of Area hospital placements have to be agreed with the CCG contract manager. There is an active position from RMBC to seek local community placements and least restrictive setting for everyone needing high level packages of care.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	6.5 Joint reviewing agreements have been in place for some time and the Joint Learning Disability team have worked consistently closely with specialist commissioner s in returning people to Rotherham as, and when, appropriate.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	6.6 Future costs are kept under review by LD Joint Commissioning Group.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	6.7 Rotherham Advocacy Partnership and Speak Up SLA's have been reviewed in 2012/13 and provide sufficient advocacy. A consortium agreement exists for IMCA and there is sufficient capacity and IMHA services are adequately resourced. Services are regularly monitored and reviewed by the contracts team and provider Impact Assessments undertaken for any change in service delivery to make sure that service meets demand.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed?	6.8 Initial plans are in place for the S117 Health Funded placements. The 4 Secure Placements are currently considered appropriate and people will not be moving.		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	6.9 We are confident that all in patients have been reviewed and those identified as being appropriate to move back have been supported to move already. Currently there are 8 people in either Specialist		

	provision or Out of Area Section 117 accommodation ATU and for whom an immediate return to Rotherham is not appropriate. However 2 or 3 people may be returned to Rotherham within the next 12 months, depending on their personal circumstances, and person centred plan. Within Rotherham the number of beds is reducing from 10 to 5 by September 2014 – with an intention to review further as resources shift to more intensive support for people in crisis within the community		
6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, and legal)?	None at present		
7. Developing local teams and services			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	7.1 Same as 6.1		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements?	7.2 Advocacy is commissioned by RMBC – contracts are managed and reviewed by LD Commissioners and are regularly quality assured. (Evidence -Quarterly reporting mechanism).		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning?	7.3 The care planning for individuals in undertaken on a person centred individualised approach. The relatively low numbers of potential people involved in this programme means that Rotherham will have capacity to meet this demand.		
8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally?	8.1 The commissioning plan on which the current service reconfiguration is taking place is based on an assessment of the capacity needed to respond to the needs of individuals once the service has been reconfigured. The Health part of the Joint Service has recently reconfigured its provision (including the reduction of ATU beds) – this has led to a strengthening of the Intensive Support Team (IST) which will		

	strengthen the crisis response capacity in the service.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	8.2 this is being considered as Phase 2 of the ATU and Psychiatry review which will move onto examine further systems and services which will be aimed towards supporting and treating people in the community in crisis wherever possible.		
8.3 Do commissioning intentions include a workforce and skills assessment development?	8.3 Phase 2 will require a consideration of the skills and mixture of staff to achieve this		
9. Understanding the population who need/receive services			
9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges?	9.1 The JSNA was been refreshed in 2012 in preparation for and to inform the Joint Health and Wellbeing Strategy and is in the process of review currently. The Market Position Statement from December 2013 will address the specific needs of people with complex needs and will link with the Adult Service Plan which is under development.		
9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.	9.2 Yes – the reviews consider all these issues where appropriate		

10. Children and adults – transition planning			
10.1 Do commissioning arrangements take account of the needs of children and young People in transition as well as of adults.	10.1 The Learning Disability Commissioning Group and Partnership Board receive periodic reports from the Service regarding funding for the number of young people identified in transition into adult services and commissioners work together to consider needs in transition.		
10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services?	10.2 Yes. There is an effective transitions process in place, including person centred reviews in years 8 and 9. There is close liaison with Children's services –		

	quarterly meetings with them has ensured an accurate up to date list of those expected into adult LD services and likely costs and demands for the next 2 -3 years (evidence – transitions document)		
11. Current and future market requirements and capacity 11.1 Is an assessment of local market capacity in progress? 11.2 Does this include an updated gap analysis? 11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.	11.1 Yes –the Council has a Market Position Statement which is now being refreshed, supported by the IPC national development programme (Developing Care Markets for Quality and Choice). 11.2 The existing market position statement includes a gap analysis as informed by the JSNA – this work will be refreshed this year in line with 11.1. 11.3 The numbers of people in Rotherham identified in this stocktake are indicative of the consistent measures and approach of the LD service in endeavouring to support people at home and in their own community. The approach taken has been a person centred approach to ensure that services are individualised.		

Please send questions, queries or completed stocktake to Sarah.brown@local.gov.uk by 5th July 2013

This document has been completed by

Name: John Williams

Organisation: Joint RMBC/NHS Learning Disability Service

Contact: 01709 302839 or john.williams@rotherham.gov.uk

Signed by:

Chair HWB: Councillor K J Wyatt JP

LA Chief Executive:  MARTIN KIMBER

CCG rep:  CHRIS EDWARDS

ROTHERHAM BOROUGH COUNCIL –

REPORT TO HEALTH AND WELLBEING BOARD

1.	**Meeting**	**Rotherham Health and Wellbeing Board**
2.	**Date**	**11/09/2013**
3.	**Title**	**Rotherham Smokefree Charter**
4.	**Directorate**	**Public Health**

5. Summary
Smoking is one of the priority measures within the Rotherham Health and Wellbeing Strategy. The Health and Wellbeing Board received a presentation and briefing paper on smoking and tobacco control issues at the May meeting, where one of the proposals was the introduction of a Rotherham Smokefree Charter.

A consultation on the Charter has been carried out; responses received have been positive and indicated a willingness to adopt the principles in the Charter.

6. Recommendations
That the Health and Wellbeing Board members

- **Adopt the Rotherham Smokefree Charter**
- **Require commissioned services to adopt the Rotherham Smokefree Charter**
- **Promote the Rotherham Smokefree Charter through professional networks**

7. Proposals and details

The Rotherham Smokefree Charter has been developed to enable organisations to demonstrate their commitment to reducing tobacco use in the borough, and the exposure of their staff to secondhand smoke. It includes six principles that are straightforward for organisations to adopt and implement. Accompanying guidance notes will assist organisations in fulfilling the charter requirements.

The Charter was circulated for consultation over a six-week period to a range of individuals and groups including Elected Members, Rotherham Health and Wellbeing Board, Rotherham Health Select Commission, Rotherham Partnership Board, Voluntary Action Rotherham, Barnsley and Rotherham Chamber of Commerce and to businesses via RMBC's Business, Retail and Investment team. Feedback has been wholly positive, with all responders indicating a willingness to adopt the principles.

We request that all members of the Health and Wellbeing Board adopt the Charter and require all services they commission to do so through contractual requirements as existing contracts/service specifications are due for renewal/revision.

We will formally launch the Rotherham Smokefree Charter in October 2013 as part of the Stoptober campaign, which this year includes a focus on employers.

8. Risks and uncertainties

None

9. Policy and Performance Agenda Implications

Adoption of the Rotherham Smokefree Charter would support the delivery of Rotherham's Joint Health and Wellbeing Strategy.

10. Background Papers and Consultation

Consultation as described in section 7 above.

Keywords: Tobacco control, smoking, secondhand smoke

Officer: Iliff, Alison
Director: Dr John Radford, Director of Public Health

Rotherham Smokefree Charter

Rotherham Tobacco Control Alliance has developed the Rotherham Charter to enable organisations to demonstrate their commitment to the reduction of tobacco use in the borough and to support them in the development of policies and practices to protect staff in the community from exposure to secondhand smoke.

By signing the Rotherham Tobacco Control Charter you are committing to the following principles:

1. We will have a comprehensive workplace smokefree policy

2. We will provide information to our staff and customers/patients/service users about the benefits of quitting smoking and the support available locally

3. We will provide information to our staff and customers/patients/service users on how to reduce their exposure to secondhand smoke

4. We will have a named Smokefree Champion on our workforce

5. We will not permit the sale of tobacco products (legal or illicit) on our premises

6. [Where home visits are offered] We will request customers/patients/service users to provide a room which has been smokefree for a minimum of 30 minutes, as far as is practicable, prior to a planned visit by our staff

Signature: …….. Date: ……

Job Title: ……

Organisation: ……

Rotherham Smokefree Charter: Guidance notes for fulfilling the charter

1. **We will have a comprehensive workplace smokefree policy**

National smokefree legislation means that all enclosed premises and work vehicles are now smokefree by law. This does not negate the need for a workplace smokefree policy, as this should cover a wider range of issues than the legislative position. A comprehensive policy should incorporate the following topics:

- *The purpose of the policy*
- *Smoking will only be permitted during official breaks*
- *Staff who smoke will be requested to not smoke in uniform or while wearing a staff badge, near entrances and to not drop smoking related litter.*
- *The premises will be free of tobacco litter and measures will be taken to ensure that entrances to the premises are kept free of tobacco litter*
- *That the policy applies to anybody working on the premises or for the company, including agency staff and sub-contractors as well as substantive employees*
- *What support to quit is available (see below)*
- *Use of illicit tobacco is not tolerated*
- *The consequences of non-compliance*

Some smokefree policies are now also including regulations around the use of electronic cigarettes. Whilst these products are not covered by the smokefree legislation employers may wish to adopt local restrictions on their use in working time or on work premises as they can look like regular cigarettes and give the impression to visitors and other employees that it is acceptable to smoke.

An example policy can be supplied; please contact Alison Iliff on Alison.iliff@rotherham.gov.uk

2. **We will provide information to our staff and customers/patients/service users about the benefits of quitting smoking and the available local support**

Smoking kills. It is the single biggest cause of preventable illness and premature death, particularly through cancer, circulatory and respiratory diseases. The effects begin even before birth. Women who smoke during pregnancy are three times more likely to have a low birth-weight baby and are more likely to suffer a miscarriage or premature birth or other complications.

There is support available for anybody wanting to quit smoking from the local NHS Stop Smoking Service and from some general practices and pharmacies.

Rotherham NHS Stop Smoking Service: 01709 422444 or call into the Quit Stop at 16 Bridgegate, Rotherham.

Written materials can be obtained free of charge from the local service or from the Smokefree Resource Centre: http://smokefree.nhs.uk/resources/

3. **We will provide information to our staff and customers/patients/service users on how to reduce their exposure to secondhand smoke**

Breathing in other people's cigarette smoke is called passive, involuntary or secondhand smoking. Secondhand smoke, also called environmental tobacco smoke, comprises *sidestream* smoke from the burning tip of the cigarette and *mainstream* smoke which is smoke that has been inhaled and then exhaled by the smoker. More than 4000 chemicals are contained in tobacco smoke and these can be inhaled by children and non-smokers through secondhand smoke.

Smokefree legislation has reduced exposure to secondhand smoke in public places, but smoking in homes and cars remains a risk to children and non-smokers. You can't remove the risk from tobacco smoke by opening windows, using fans, smoking in one room or not smoking in front of the children. Even with a window open, smoke from one cigarette can linger for up to 2.5 hours. **There is no safe level of exposure to tobacco smoke.** The only way to protect your family from tobacco smoke is to not allow anyone to smoke inside your home or car.

Written materials can be obtained free of charge from the Smokefree Resource Centre:
http://smokefree.nhs.uk/resources/

4. **We will have a named Smokefree Champion on our workforce**

The Smokefree Champion will advocate on, and be the main source of information and advice for staff and customers/patients/service users about, tobacco control issues. They will ensure information about local stop smoking services are promoted within the organisation on noticeboards and through other internal communications mechanisms and publicise national events such as No Smoking Day.

5. **We will not permit the sale of tobacco products (legal or illicit) on our premises**

It is a criminal offence for anyone to sell, transport or possess illicit tobacco products. Illicit tobacco describes smuggled, bootlegged and counterfeit products or the resale of products purchased outside the UK for personal consumption.

6. **[Where home visits are offered] We will request customers/patients/service users to provide a room which has been smokefree for a minimum of 30 minutes as far as is practicable prior to a planned visit by our staff**

There is currently no law that protects staff working in customers'/patients'/service users' homes from exposure to secondhand smoke. As a responsible employer, this action takes steps to protect your workforce and to reinforce a message to the individual receiving a home visit that their smoking behaviour can impact on others as well as themselves. Whilst there is no safe level of exposure to tobacco smoke (see 3 above), this compromise position demonstrates to customers/patients/service users the importance of protecting staff from exposure to secondhand smoke.

For further information and support on implementing the Rotherham Smokefree Charter please contact Alison Iliff, Public Health Specialist, on 01709 255848 or by email at alison.iliff@rotherham.gov.uk

Department of Health

Social Care Local Government Care Partnerships
79 Whitehall
London
SW1A 2NS
T 020 7210 5348
E Jon.Rouse@dh.gsi.gov.uk
www.dh.gov.uk

Local Authority Chief Executives
Directors of Adult Social Services
Directors of Children's social services
Directors of Public Health
Health and Wellbeing Board leads
Clinical Commissioning Groups
NHS England Regional Teams

By email

18th July 2013

Dear colleagues,

CARING FOR OUR FUTURE: IMPLEMENTING SOCIAL CARE FUNDING REFORM

In February, the Government announced historic reforms to give everyone more certainty and peace of mind over the cost of old age, or of living with a disability. For the last few months we have undertaken work on the detail, including drafting the relevant Care Bill clauses and a large amount of stakeholder engagement. Today we reach an important milestone with the launch of the consultation on the implementation of care and support funding reform.
Plans to help people better prepare for the cost of their future care needs have been published alongside details of how the new fairer funding system will protect homes and savings.

From 2016 the reforms will deliver a new cap of £72,000 on eligible care costs, additional financial help for people of modest wealth with less than £118,000 in assets including their home and, from 2015, a scheme to prevent anyone having to sell their home in their lifetime.

The consultation confirms details of the plans including:

- for people entering a care home, their property will not be included in the assessment of assets if a partner or dependent still lives in the home; and
- many people getting financial support towards the costs of meeting their eligible needs will reach the cap without paying out the whole £72,000 themselves.

Because the cap is based on the total cost of meeting someone's eligible needs, not just their own contribution, an individual's payments are added to those made by the local authority when measuring progress towards the cap.

As we enter this next phase of the process, we know there are many details and issues to be worked out around how the changes are implemented. There are many questions or issues to be clarified, chief among them:-

- how will we calculate how a person's costs will count towards the cap?
- how will their needs be fairly assessed by local councils?
- how will people receive information about their progress towards the cap?
- how the system should work for working age adults?
- how the deferred payments scheme should work?
- what are the best ways to provide information and advice on the right care and support and how to fund it?

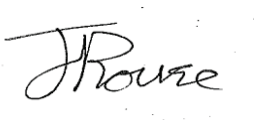
In some areas we need more evidence before we can make decisions on the right way forward. Where that is the case, the consultation paper is clear and specific in its call for evidence.

We are keen to hear people's views to help us deliver a care and support system that is fairer for everyone. Running until 25 October, the consultation launched today will now set about gathering views on how these changes to the funding system should happen and be organised locally. We want this to be an open and collaborative process to ensure that the new care and support payment system is effective, fair and sustainable. The consultation can be accessed via the following weblink:-
https://www.gov.uk/government/consultations/caring-for-our-future-implementing-funding-reform>

We will be providing opportunities to engage for a wide range of stakeholders attending events and meetings over the Summer. Details will be made available at the above website.

It has been through collaboration and contribution with the health, care and support sector that we have managed to come this far and we want to continue the spirit of collaboration throughout this consultation and beyond as we design and implement these changes. We are keen to hear from you and your networks to help us identify and work through these issues, to realise the full benefits of these reforms for individuals, their families and their carers.

Yours sincerely,



Jon Rouse

Director of Social Care, Local Government and Care Partnerships

Department of Health | Local Government Association | RCPCH Royal College of Paediatrics and Child Health | Public Health England

20 July 2013

Dear Lead Member for Children's Services and Chair of the Health and Wellbeing Board,

Improving health outcomes for children and young people: Delivering and commissioning children and young people's public health services and invitation to sign the pledge

You will be as shocked as we are that childhood mortality in this country is among the worst in Europe. You will also want to know how poor many outcomes are for children and young people with long-term physical and mental conditions as well as those who are acutely sick. April 2013 marked the transfer of public health from the NHS to local authorities. Local authorities are now responsible for delivering and commissioning a range of children and young people's public health services for five to 19-year-olds, with responsibility for children under five following from 2015. This puts local authorities and health and wellbeing boards in a prime position to tackle the poor health outcomes experienced by children and young people.

We are writing jointly to you to share the resources available to assist councils with this increased responsibility and to invite you to sign up to the "Better health outcomes for children and young people pledge". The pledge is a part of the February 2013 system wide response to the Children and Young People's Health Outcomes Forum Report (2012).

Health and wellbeing boards are a crucial part of the new health landscape. Each board will want to ensure there is a proper focus on children within its priorities, that it has a thorough assessment of their needs through the Joint Strategic Needs Assessment, as well as from engagement with children and young people themselves. With a well-informed Joint Health and Wellbeing Strategy, services can be commissioned that will give children the best start in life. The resources outlined in Appendix A will help you to make this a reality.

We hope that signing up to the pledge will demonstrate a commitment to giving children the best start in life. We also hope it will start local conversations about how health and wellbeing boards, local authorities, health and wider partners can work together to improve health outcomes for children and young people, and tackle the unacceptable variation in the quality of care for children and young people across the country and reduce health inequalities. The Local Government Association (LGA), the Royal Colleges, the Department of Health and Public Health England are proud signatories of the pledge. We encourage you to work with partners and to engage with local children and young people to adapt the pledge to reflect local needs. A copy of the pledge is available at Appendix B.

Lead Members for Children's Services play a key role in these conversations and in ensuring that the health needs and wellbeing of all children and young people, including the most disadvantaged and vulnerable, and their families

and carers, are addressed. Lead Members will want to ensure they are working closely with their health and wellbeing boards in doing this.

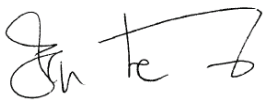
We recognise that many local authorities are already doing important work to prioritise children's health outcomes through integration and partnership working. If all local areas were as good as the best, together we could improve children and young people's quality of life now, and their ability to live fulfilling lives as they move through childhood. We are inviting local authorities, health and wellbeing boards, health, schools and wider partners to share examples of good practice so that learning can be promoted nationally. If you would like to share what your local authority is doing or planning to do to improve health outcomes for children and young people email a short description to Samantha.Ramanah@local.gov.uk. All examples will be published on the LGA's website and Knowledge Hub for the National Learning Network for Health and Wellbeing Boards to share learning.

Not all change is an improvement, but there is no improvement without change. We ask you to make a commitment to using the information and resources attached to challenge the status quo and to signing the pledge. Bold and brave decisions will be needed if we are to give children, young people and families the services they deserve.

Dan Poulter MP,
Parliamentary Under Secretary of State for Health,
Department of Health

Cllr David Simmonds,
Chair of the Children and Young People Board,
Local Government Association

Christine Lenehan, Director, Council for Disabled Children and Co-Chair of the Children and Young People's Health Outcomes Forum



Professor Ian Lewis, Medical Director, Alder Hey Children's NHS Foundation Trust and Co-Chair of the Children and Young People's Health Outcomes Forum

Dr Hilary Cass,
President,
Royal College of Paediatrics and Child Health

Duncan Selbie
Chief Executive
Public Health England

Appendix A – Further resources

The Pledge can be accessed at:
www.gov.uk/government/publications/national-pledge-to-improve-children-s-health-and-reduce-child-deaths

Knowledge Hub for the National Learning Network for Health and Wellbeing Boards (HWBs)
The Knowledge Hub for HWBs is a free online platform, it shares information, resources, ideas and learning on Health and Wellbeing Boards. Members can ask for help from other members and participate in live question and answer sessions.
Join here:
https://knowledgehub.local.gov.uk/group/nationallearningnetworkforhealthandwellbeingboards
Email Samantha.Ramanah@local.gov.uk for help or further information

LGA dedicated children's health webpage
The LGA works with local authorities, including lead members for children's services to deliver better health and wellbeing outcomes for children and young people. Access the full range of support tools and latest information on children's health issues including safeguarding in the reformed NHS system, Health and Wellbeing Boards, local Healthwatch and public health issues.
www.local.gov.uk/childrens-health

The LGA has a dedicated webpage on health with tools and resources on public health, Healthwatch and health and wellbeing boards.
www.local.gov.uk/health

Child Protection Information Sharing project
The Children and Young People's Health Outcomes Forum welcomed the Department of Health's child protection – information sharing project, which Dan Poulter MP announced in December 2012. This will enhance national IT systems in emergency departments and other unscheduled health care settings to include information, fed securely from local authority systems, on the child protection status of individual children.

Local authorities are encouraged to express interest in the project now and to be ready to come on stream when it starts to roll out next year. More information can be found at:
www.gov.uk/government/news/child-protection-information-sharing-project

Child Health Profiles
Child Health Profiles provide a snapshot of child health and well-being for each local authority in England using key health indicators, which enable comparison locally, regionally and nationally. By using the profiles local organisations can work in partnership to plan and commission evidence-based services based on local need. The profiles allow local authorities to

compare the outcomes in their local population with others in order to identify and share best practice. Find your local profile at: www.chimat.org.uk/profiles

Atlas of Variation in Healthcare for Children and Young People
The Atlas of Variation provides information to allow clinicians, commissioners and service users to identify priority areas for improving outcome, quality and productivity.

Variations in healthcare exist for many legitimate reasons. Populations and individuals have distinct needs, and some of the variation observed is a reflection of the responsiveness of the service to meeting particular needs. However, the degree of variation demonstrated in the Child Health Atlas cannot be explained solely on that basis. Identifying and tackling variations in healthcare will improve both the quality and efficiency of the care provided, and deliver the best possible health outcomes for all children and young people.
www.rightcare.nhs.uk/index.php/atlas/children-and-young-adults

Establishing Local Healthwatch: Engaging with Children and Young People
Local Healthwatch's duties extend to involving children and young people in their work. It includes the need to develop strategies for effectively involving children and young people, and particularly those who are most disadvantaged. This is covered in one of a series of briefings produced by the Local Government Association to assist local authorities and their partners in local communities and the NHS to support the commissioning, setting up and early development of local Healthwatch. http://tinyurl.com/kxartmk

Factsheets for School Governors and Health and Wellbeing Boards and Children, Young People and Families
The Children and Young People's Health Outcomes Forum has published a range of factsheets. Local authorities may find the factsheets for school governors and health and wellbeing boards and children, young people and families of particular interest.
www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results

Factsheet on School Nursing
In addition the Department of Health has published a school nurse factsheet for head teachers and governors. The factsheet sets out details of the model and vision for school nursing which will positively impact on standards in all schools and improve health and wellbeing of school aged children and young people. http://tinyurl.com/kwpqvo2

Department of Health | Local Government Association | RCPCH Royal College of Paediatrics and Child Health | Public Health England

Briefing on School Health Service
The Department of Health and Local Government Association have produced a briefing for Lead Members for Children's Services (LCMS) providing an overview of the School Health Service and sharing top tips to help LCMS think about how they can use the School Health services to deliver better health outcomes for 5-19 year olds.
www.gov.uk/government/publications/school-health-service-briefing-for-local-council-members

From transition to transformation in public health
The LGA and Department of Health has produced a set of online resource sheets. The purpose of this resource is to assist local authorities and public health to develop a local public health system that is designed to have the greatest potential for improving health, not just in councils but with all local partners. The focus is on transformation, showing how councils and public health are going beyond the practical steps of transition to develop a local vision public health, supported by new models for implementation.
http://tinyurl.com/kdk5w9t

National Child Measurement Programme: Briefing for elected members
These frequently asked questions for elected members have been jointly produced by the Local Government Association and Public Health England. They address a number of transitional issues relating to the transfer of responsibility for delivering the National Child Measurement Programme, which moved from PCTs to local government in April 2013.
http://tinyurl.com/n5etuj8

'Must Knows' for lead members for children's services
The 'Must knows' are a long-standing source of information and support for lead members for children's services (LMCS). The suite of information has been comprehensively revised for 2013 and focuses on the key issues facing lead members for children's services and the current and planned reforms impacting on children's services.
http://tinyurl.com/n3pdwt3

Teenage pregnancy resources for elected members and officers
The LGA has launched a number of resources on teenage pregnancy to help local authorities understand and address the key issues. The resources include: Relationships and sex education: a briefing for councillors and a briefing on local government's role in tackling teenage pregnancy.
http://tinyurl.com/l5ekp56

The council's role in tackling public health issues – resources for local authorities
The LGA has launched a number of resources on key public health issues including obesity, mental health, drugs and alcohol.
http://tinyurl.com/cod86q6

The 2012 report of the Children and Young People's Health Outcomes Forum
www.gov.uk/government/publications/independent-experts-set-out-recommendations-to-improve-children-and-young-people-s-health-results

The system wide response to the Forum's Report
http://tinyurl.com/msaupsh

Statutory guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies
http://healthandcare.dh.gov.uk/jsnas-jhwss-guidance-published/

Safeguarding children in the reformed NHS system
The Department for Education has published revised statutory guidance 'Working together to safeguard children' (2013)
http://tinyurl.com/brwtm77

NHS England has published an updated accountability and assurance framework for safeguarding vulnerable children and young people which sets out the responsibilities of each of the key players for safeguarding in the new NHS system. http://tinyurl.com/c57dca4

A guide for new councillors 2013/14
This Councillors' Guide, produced by the Local Government Association is designed to provide new councillors with all the information they need to know. It explores some of the key issues and challenges facing local government today and includes useful hints and tips from experienced councillors.
http://tinyurl.com/l95trlg

National Health Visitor Plan: progress to date and implementation 2013 onwards
The 'National Health Visitor Plan' is a joint DH, NHS England, Public Health England and Health Education England document. It sets out how these partner organisations will work with the health profession, families, local authorities and communities to achieve the government's health visiting commitment to increase the workforce by 4,200, transform the service by April 2015 and support its sustainability beyond 2015.

In 2011 the 'Health Visitor Implementation Plan 2011-15' set out action to revitalise the health visiting service, to help an expanded workforce to provide a new health visitor service model. We are now at the half-way point of a 4 year programme of recruitment and retention, professional development and improved commissioning linked to public health improvement.

'The National Health Visitor Plan: progress to date and implementation 2013' celebrates the successes of the programme so far and sets out how partner organisations within the new health landscape will work with the profession, families and communities in delivering the national commitment up to and beyond 2015. www.gov.uk/government/publications/health-visitor-vision

Better health outcomes for children and young people

Our pledge

> "The foundations for virtually every aspect of human development – physical, intellectual, and emotional – are laid in early childhood."
>
> **(Marmot)**

Children and young people growing up in England today are healthier than they ever have been before. Health care and social changes have had dramatic impacts. Previously common killer diseases are now rare. More children with serious illnesses and disabilities are surviving into adulthood and the infant mortality rate has fallen to less than a quarter of what it was at the beginning of the 1960s.

But international comparisons and worrying long-term trends demonstrate there is room for improvement, with poor health outcomes for too many children and young people compared with other countries. A smaller group of more vulnerable children – such as looked after children – suffer much worse outcomes. The variation in outcomes and quality of healthcare for children and young people is unacceptable. The clear evidence that pregnancy and the earliest years are critical to the future health and wellbeing of children and adults and that evidence-based early interventions can have significant positive impacts does not always inform how services are commissioned.

The need for improvement is not new; numerous reports have highlighted the issues. Individual initiatives have led to improvements in specific areas, but have not resulted in the system wide changes required to improve outcomes. What is new is the opportunity to ensure the focus on outcomes in the new health and care system includes children and young people clearly and explicitly, from conception through to adulthood.

We are committed to improving the health outcomes of our children and young people so that they become amongst the best in the world.

System-wide change is required to achieve this and each part of the system, at each level, has a vital contribution to make. To this end we pledge to work in partnership, both locally and nationally, with children, young people and their families.

Our shared ambitions are that:

1. Children, young people and their families will be at the heart of decision-making, with the health outcomes that matter most to them taking priority.
2. Services, from pregnancy through to adolescence and beyond, will be high quality, evidence based and safe, delivered at the right time, in the right place, by a properly planned, educated and trained workforce.
3. Good mental and physical health and early interventions, including for children and young people with long term conditions, will be of equal importance to caring for those who become acutely unwell.
4. Services will be integrated and care will be coordinated around the individual, with an optimal experience of transition to adult services for those young people who require ongoing health and care in adult life.
5. There will be clear leadership, accountability and assurance and organisations will work in partnership for the benefit of children and young people.

We all have a part to play in promoting the importance of the health of our children and young people.

Through our joint commitment and efforts we are determined to:

- **reduce child deaths** through evidence based public health measures and by providing the right care at the right time;
- **prevent ill health for children and young people and improve their opportunities for better long-term health** by supporting families to look after their children, when they need it, and helping children and young people and their families to prioritise healthy behaviour;
- **improve the mental health of our children and young people** by promoting resilience and mental wellbeing and providing early and effective evidence based treatment for those who need it;
- **support and protect the most vulnerable** by focusing on the social determinants of health and providing better support to the groups that have the worst health **outcomes**;
- **provide better care for children and young people with long term conditions and disability** and increase life expectancy of those with life limiting conditions.

Because

- **the all-cause mortality rate for children aged 0 – 14 years has moved from the average to amongst the worst in Europe**[1]
- **26% of children's deaths showed 'identifiable failure in the child's direct care'**[2]
- **more than 8 out of 10 adults who have ever smoked regularly started before 19**[3]
- **more than 30% of 2 to 15 year olds are overweight or obese**[4]
- **half of life time mental illness starts by the age of 14**[5]
- **nearly half of looked after children have a mental health disorder and two thirds have at least one physical health complaint**[6]
- **about 75% of hospital admissions of children with asthma could have been prevented in primary care**[7]

Building momentum

At national level a new **Children and Young People's Health Outcomes Board**, led by the Chief Medical Officer, will bring together key system leaders in child health to provide a sustained focus and scrutiny on improving outcomes across the whole child health system.

A new **Children and Young People's Health Outcomes Forum** will provide both ongoing expertise in child health and offer constructive challenge to the next phase of this work. The Forum will hold an annual summit involving the CMO to monitor progress on child health outcomes and make recommendations for their improvement.

The Children and Young People's Health Outcomes Forum report and system response can be found at **http://www.dh.gov.uk/health/2012/07/cyp-report/**

For the very first time, everyone across the health and care system is determined to play their part in improving health outcomes for children and young people.

1 Wolfe I, Cass H,Thompson MJ et al. Improving child health services in the UK: insights from Europe and their implications for the NHS reforms. BMJ 2011; 342:d1277
2 CEMACH report 2008
3 Healthy Lives, Healthy People – our strategy for public health in England. Department of Health (2010)
4 Health Survey for England 2010
5 Kessler R, Angermeyer M, Anthony J et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. World Psychiatry 2007 Oct; 6(3):168-76
6 DfE Outcomes for children looked after as at 31 March 2012
7 Asthma UK. Wish you were here – England (2008).

ROTHERHAM BOROUGH COUNCIL

1.	**Meeting:**	**Health and Wellbeing Board**
2.	**Date:**	**11th September 2013**
3.	**Title:**	**The Pharmaceutical Needs Assessment (PNA)**
4.	**Directorate:**	**Public Health**

5. Summary:

The Health and Social Care Act 2012 confers responsibility for developing and updating of the Pharmaceutical Needs Assessment (PNA) to Health and Wellbeing Boards (HWBs).

The Board is required to issue a PNA for its area by April 2015.

The PNA is designed to inform commissioners about what services are or can be provided by community pharmacies to meet local need. It contributes to the overall JSNA.

NHS England (NHS E) will rely on the PNA when making decisions on market entry for applications to open new pharmacy and dispensing appliance contractor premises. Such decisions are appealable and decisions made on appeal can be challenged through the courts.

6. Recommendations:

That the Board note the requirement for publication of the PNA by 1 April 2015 and the proposed timetable for delivery.

7. Proposals and Details:

A pharmaceutical needs assessment must meet the requirements of the NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013 as amended by statutory instrument No 349.

- The regulations place a statutory duty on HWBs to develop and publish their first PNA by 1 April 2015
- HWBs are required to publish a revised assessment as soon as is reasonably practical after identifying significant changes to the availability of pharmaceutical services since the publication of its PNA unless it is satisfied that making a revised assessment would be a disproportionate response to those changes. NHS England have been requested to supply the relevant information to allow the development of the Rotherham PNA.
- Part 2 of the regulations sets out matters each HWB must have regard to under this duty. These include the demography of its area, current provision of pharmaceutical services relating to choice and sufficiency, whether further provision of pharmaceutical services would secure improvements, or better access, to services. The PNA will also consider the likely future needs for services.
- HWBs are required to publish a revised assessment within three years of publication of their first assessment.
- The development of the PNA with be overseen by the Director of Public Health and involve a range of stakeholders including the Local Pharmaceutical Committee (LPC) and NHS England.
- Rotherham will work with neighbouring HWBs to consider cross-border commissioning of services and impact within the PNA.
- Key milestones are summarised below:

Key Steps	**Timescale**
PNA Regulations come into force	1 April 2013
Engagement of Stakeholders	May 2013 – April 2014
First draft of PNA and copy to Board	January 2014
Formal Consultation (60 days)	February 2014
Analysis of Consultation	May 2014
Amend PNA in light of Consultation	May 2014
Final Report to Trust Board including Consultation	June 2014
PNA published	1 April 2014

8. Risks and Uncertainties:

Decisions on applications to open new premises may be appealed to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and may also be challenged via the courts.

The use of PNAs for the purpose of determining applications for new premises is relatively new. It is therefore expected that many decisions made by NHS E will be appealed and that eventually there will be judicial reviews of decisions made by the FHSAU. It is therefore vitally important that PNAs comply with the requirements of the regulations, due process is followed in their development and that they are kept up-to-date.

Where a party believes that the HWB has not complied with the requirements of the regulations and that they have been unfairly disadvantaged as a result their only recourse will be via the courts.

Failure to comply with the regulatory duties may lead to a legal challenge, for example where a party believes that they have been disadvantaged following the refusal by the NHS CB of their application to open new premises. The risk of challenge is significant and HWBs should add the PNA to the risk register.

9. Background Papers and Consultation:

http://www.dh.gov.uk/health/2013/02/pharmaceutical-services-regulations/.

Contact Name:

John Radford
Director of Public Health