

HEALTH AND WELLBEING BOARD

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

Date: Wednesday, 26th March, 2014

Time: 9.30 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. Questions from Members of the Press and Public
4. Minutes of Previous Meeting (Pages 1 - 12)
5. Communications
 - Offer of Peer Review
 - Rotherham Heart Town Annual Report 2013 (Pages 13 - 25)
6. National Energy Action Fuel Poverty
 - Catherine Homer, Public Health Specialist, and a representative from National Energy Action to present
7. Better Care Fund
8. Healthwatch Rotherham Progress Update (Pages 26 - 30)
9. Promoting Health Checks
<http://publications.nice.org.uk/encouraging-people-to-have-nhs-health-checks-and-supporting-them-to-reduce-risk-factors-lgb15>
10. Mental Health and Learning Disability Services - Fundamental Review (Pages 31 - 32)

11. 2014/15 Meeting Dates and Times
- | | | |
|------------|--------------------------------|------------|
| Wednesday, | 4 th June, 2014 | 9.30 a.m. |
| | 2 nd July | 9.30 a.m. |
| | 27 th August | 9.30 a.m. |
| | 1 st October | 9.30 a.m. |
| | 12 th November | 1.00 p.m. |
| | 3 rd December | 9.30 a.m. |
| | 21 st January, 2015 | 11.00 a.m. |
| | 18 th February | 11.00 a.m. |
| | 11 th March | 9.30 a.m. |
| | 22 nd April | 9.30 a.m. |
12. Date of Next Meeting
- Wednesday, 23rd March, 2014, commencing at 1.00 p.m.

HEALTH AND WELLBEING BOARD
19th February, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Robin Carlisle	Rotherham CCG (representing Chris Edwards)
Bob Chapman	South Yorkshire Police (representing Jason Harwin)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Chair, Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Dr. David Polkinghorn	GP Executive Member, Rotherham CCG
Dr. John Radford	Director of Public Health

Also in Attendance:-

Kate Green	Policy Officer, RMBC
David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Brian Hughes	NHS England
Ian Jerrams	RDaSH (representing Chris Bain)
Dr. Jason Page	GP Executive Member, CCG
Clair Pyper	Director of Safeguarding (representing Joyce Thacker)
Chrissy Wright	Strategic Commissioning Manager, RMBC

Presentation by:-

Rebecca Atchinson	Public Health, RMBC
Anne Charlesworth	Public Health, RMBC
Chris Siddall	Sports Development, RMBC
Sue Wilson	Children, Young People and Families, RMBC

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Chris Edwards, Jason Harwin, Tracy Holmes, Martin Kimber and Joyce Thacker.

S74. DR. DAVID POLKINGHORN

The Chairman reported that this would be David's last meeting.

The Board's appreciation was placed on record for his contributions to the work of the Board and wished him well for the future.

S75. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the meetings held on 22nd January and 11th February, 2014, be approved as a correct record.

Arising from Minute No. S64 (Flu Vaccination Programme), Dr. John Radford reported that NHS England were pushing back from the national rollout of a flu vaccination programme for delivery to 6-19 year olds; it was for local determination as to whether it was taken forward.

It was felt that the way forward should be discussed at a South Yorkshire level.

Arising from Minute No. 68 (Rotherham CCG Plan 2014/15), Robin Carlisle reported that it had been submitted to NHS England and would be included on the CCG website. It would also be circulated to all stakeholders shortly. Brian Hughes reported that a meeting had taken place with the CCG as part of NHS England's assurance process and would be communicating initial feedback.

Arising from Minute No. S70 (Joint Protocol between Health and Wellbeing and Children's Safeguarding Boards), it was noted that the Protocol had been signed by all the relevant signatories.

S76. COMMUNICATIONS

(1) Conference

It was noted that a conference, led by the CCG with support from the Council, was to be held on 16th July at the New York Stadium entitled "Working Together for a Healthier Rotherham. A request would be made for speakers from partners.

(2) Better Care Fund

Brian Hughes reported that the final guidance template had been issued which he would circulate after the meeting. He would then give initial feedback followed by NHS England, along with a local authority peer, assessing each bid and giving written feedback by 28th February allowing further work to take place between then and the 4th April.

S77. REVIEW OF GOVERNANCE ARRANGEMENTS

Kate Green, Policy Officer, reported that the Board had been in operation as a statutory board since April, 2013, and had matured well, developing strong working relationships between partners. However, the health and wellbeing landscape had changed considerably and Boards were increasingly being directed by Government to provide leadership and direction on a number of key policy agendas. As a result, to enable Rotherham's Board remain fit for purpose and able to deliver what was required, it was felt that a review of the governance arrangements was required.

Board members had undertaken an anonymous self-assessment looking at governance and operation of the Board in September, 2013. A number of comments had been made which had been incorporated into the following proposals:-

- Better Care Fund

It had been agreed that an Executive Group be established which would report directly to and provide a support mechanism for the Board. It would hold the strategic overview of the health and wellbeing agenda, delivery of the Health and Wellbeing Strategy workstreams and the Better Care Fund plan.

Appropriate membership of the Executive Group was to be agreed.

- Format of Meetings

It was proposed that the meetings remain monthly for the time being due to the volume of work. However, it was proposed that the format changed so that every other meeting was for core members only (commissioners) to cover key business items i.e. commissioning plans, financial information and any major Service reconfigurations, the Better Care Fund Plan and performance management.

The alternate meeting would be reflective and in 2 parts, the first for any necessary core business and the second part with provider and VCS involvement.

It was felt that this would allow more focussed agendas addressing the strategic priorities of the Board.

- Board Membership

It was proposed that the membership be as follows:-

Core Members:

Cabinet Member for Health and Wellbeing (Chair)
 Cabinet Member for Adult Social Care
 Cabinet Member for Children, Young People and Families Services
 Director of Public Health
 Chief Executive, RMBC
 Strategic Director, Neighbourhoods and Adult Services
 Strategic Director, Children's and Young Peoples Services
 Chief Officer, CCG
 Chair of Clinical Commissioning Group
 NHS England representative
 Chair of Healthwatch Rotherham
 Chief Superintendent, South Yorkshire Police

Provider/VCS (for reflective meetings):

Chief Executive, RDaSH
 Chief Executive, Rotherham Foundation Trust
 Chief Executive, Voluntary Action Rotherham

- Stronger engagement with the public

Consideration was given to the above proposals. The following issues were raised:-

- What about providers of Primary Care?
- Insufficient representation of Health providers – 3 GP commissioners on the core membership to correspond with the 3 Councillors
- The position of Vice-Chair should not be from the Local Authority – it was noted that this was not possible as the Board was a formal committee of the Council and would involve amending the Council's Constitution.
- Felt to be a retrograde step to not have a representative from the Foundation Trust on the core membership
- Quality of decision making was very much enhanced if providers were there
- Possible loss of additionality – the split of provider/commissioner was not straight forward. The VCS provided both functions
- A number of partners carried out public engagement activities which needed capturing
- The Executive Group had been established to produce the BCF submission and to support its delivery. However, if its remit was broadened to include the strategic overview of the Health and Wellbeing agenda, what was the purpose of the Board?

Resolved:- (1) That 1 additional CCG representative be included on the core membership of the Board.

(2) That Janet Wheatley lead on a review of the public engagement activities carried out by organisations and report to next meeting.

(3) That future agendas include “questions from members of the public”.

(4) That the Terms of Reference, membership and organisational diagram for the Executive Group be submitted to the next meeting.

S78. LIFESTYLE SURVEY 2013 RESULTS

Sue Wilson, Performance and Quality Manager, gave the following powerpoint presentation:-

Lifestyle Survey

- The Lifestyle Survey had been ongoing since 2006 capturing the views of young people in Y7 and Y10 in the following topics:- Food and Drink, Health, Activities and Fitness, Being in School, Out of School, Young Carers, Bullying and Safety, Smoking, Drinking and Alcohol, Sexual Health and Local Neighbourhood
- The Survey was a joint initiative between Local Authority and Health to capture the views of young people
- Not compulsory for a school or pupils to participate
- Findings from each year's survey shared with Health, Police, Local Authority Teams, Members and the Public

Increased Participation in 2013

- This year was the first year all 16 schools had participated (50% increase) – 2012 – 8 schools participated
- 3,474 pupils participated in 2013 (142% increase from 2012) – 1,434 pupils participated in 2012. This increase was due to a concentrated effort on returns, communications with schools
- Regular updates to schools highlighting the benefits of the survey and supporting schools with clear information on where support could be obtained to support pupils with specific issues

Positive Improvements since 2012

- More pupils felt they were a healthy weight up to 74% from 70%
- More pupils taking regular exercise up to 81% from 79%
- Increase in the number of pupils having 5 portions of fruit and vegetables up to 43% from 42%
- More pupils regularly drinking water up to 67% from 65%
- More pupils having their breakfast at home up to 79% from 67%
- Fruit most popular choice for a break time snack
- More pupils said their home was smoke-free up to 66% from 64%
- Higher % of pupils said they had never tried a cigarette up to 80% compared to 75%

Improvement Actions

- Obesity Strategy Group – supported in past 4 years – 1,721 children access tiered weight management services
- Joint working DC Leisure and RIO (Rotherham Institute for Obesity) supporting young people. Healthy Schools Service promoting support that was available for young people
- The MoreLife programme was a free 12 weeks weight management course to help children maintain a healthy weight. The Programme took place at Rotherham, Maltby and Aston Leisure Complexes
- 98% of schools accredited in Healthy Schools Programme
- Smoking was a priority measure in the Health and Wellbeing Strategy. Activity to reduce smoking among young people was included in the performance framework including requiring schools to have a smoke-free policy

Areas for Attention

- More Young Carers identified
- Safety issues similar to 2012 – Town Centre and Public Transport where pupils felt least safe
- Bullying rates remained similar to 2012, however, less pupils reporting this
- Local shops were identified as 1 of the places where pupils were purchasing alcohol and parents supplying their children with cigarettes and alcohol
- Pupils felt good about themselves had reduced

Progress and Action

- % of Pupils identifying themselves as young carers
 - Barnardos were working in partnership with statutory parents to promote Working Together to Support Young Carers
 - Rotherham UK Youth Parliament members were developing a Young Carers Card
 - Carers Charter had specific actions for young carers
 - Improve the offer of information and support to young carers
 - Awareness raising in schools and in other young people settings of support for young carers and the Youth Carers Services
- Personal Safety
 - Youth Cabinet led the Overview and Scrutiny Management Board meeting and requested that all key partners meet to address the issues of feeling safe in the Town Centre and feeling safe using public transport
- % number of Pupils reported that they had been bullied
 - School were appointing Anti-Bullying Ambassadors
 - 14 secondary schools had signed up to the National Bullying Charter and all schools had an Anti-Bullying Strategy and toolkit
 - Schools could achieve a grading within the Charter from bronze to gold
- Number of pupils involving Smoking, Drinking and Drugs
 - Know the Score was a commissioned service to support young people with alcohol and drug issues
 - Community Alcohol Partnerships had been developed in 2 project areas – Dinnington and East Herringthorpe/Dalton/Thrybergh
 - Smoke free class resources provided to all primary and secondary schools
 - Work underway to ensure all schools had a Smoke Free Policy
- Where pupils were obtaining Cigarettes from
 - Health partners were promoting to parents the health risks giving their children cigarettes and alcohol when they were under age
 - Trading Standards implementing Responsible Retailer Awards
 - Reward responsible operators and share their good practice with others
 - Support for retails to reach the standard which would permit them to use the responsible retailer log

- Where pupils were obtaining Alcohol from
 - Health partners were promoting to parents the health risks of giving their children cigarettes and alcohol when they were under age
 - Rotherham Responsible Retailer Award aims to provide incentive for the operators of licensed premises to improve their standards of operation to the level of a commonly agreed national benchmark
- Feelings
 - Targeted Mental Health in Schools conference held 15th November, 2013
 - Self-harm pathway being developed for frontline workers who had contact with young people (9-25) who were self-harming
 - Bereavement pathway in development which would ensure support for children and young people who were bereaved/affected by suicide
 - Letter sent out via schools in June, 2013, to all parents highlighting support for young people who may be in emotional distress
 - Support services for young people who may be in emotional distress advertised on Public Health Channel during Summer/Autumn months in 2013
 - Youth Cabinet – Children’s Commissioner’s Day would take place on 27th February, 2014, sharing their work around self-harm

Areas where Young People were being Supported

- Youth Cabinet was taking forward issues raised in the Lifestyle Survey – would be included on the agenda for the Children’s Commissioner’s Day
- Youth Cabinet was working on a number of the areas for attention identified in the Survey and were working with the Youth Service to put forward their ideas of how they could be addressed
- Members had supported young people in various projects from their Community Leadership Fund

Next Steps

- 15 out of 16 schools had signed up to participate in the 2014 Survey
- Consultation ongoing reviewing the questions with health partners, Safer Neighbourhood Teams, Schools
- Youth Cabinet reviewing the themes of questions in 2014 and plans in place for it to be more involved in the findings and how to make improvements for the 2015 Survey
- Communication in local media – ongoing campaign to support the positive outcomes from the action plan. Communications Team would work jointly with Service Quality, Police, Health, Voluntary Sector and other key stakeholders to produce information for the press on the activities ongoing which supported the outcomes from the Survey
- Plans in place to monitor activities to support young people specifically around the issues raised in the Survey

The information from the Survey fed into many of the Council's Services and also fit with the Joint Strategic Needs Assessment.

It was noted that the results would be presented to the Improving Lives Select Commission and the Safeguarding Board in March.

Sue was thanked for the presentation.

S79. ROTHERHAM ACTIVE PARTNERSHIP

Rebecca Atchinson, Public Health, and Chris Siddall, Sports Development, gave the following powerpoint presentation:-

Why is physical activity important?

- Being physically active contributed towards
 - Positive mental health and wellbeing
 - Improved quality of life
 - Reduced the risk of arthritis, cancer, diabetes, heart disease, respiratory illnesses and more
 - Improved the recovery from strokes, falls, osteoporosis
 - Was the 5th leading global burden of disease in western Europe
 - Was 1 of the top modifiable risk factors
- It was not just preventing/reducing obesity

What is physical activity?

- Everyday activities
 - Active travel, walking and cycling, active at work, housework, gardening and DIY
- Active recreation
 - Recreational walking and cycling, swimming, exercise and fitness classes, dancing, active play, outdoor pursuits and adventurous activity
- Sports
 - Organised team sports, structured competitive activity, PE and School Sports, individual sports
- Move more, more often

Activity levels in Rotherham

- Improving trend from Active People Survey 6
- Over half Rotherham adults did not do physical activity
- Rotherham was the 127/150 least active local authority
- 33.57% inactive adults

The costs of physical inactivity

- Inactive people compared to active people annually had 38% more days in hospital and 6% more visits to their GP
- Rotherham's inactivity rates had been estimated to cost over £22M per year

- National comparisons of lifestyle issues estimated annual costs

Physical inactivity	£8.2B
Alcohol misuse	£17B
Drugs	£15.4B
Smoking	£13.74B
Obesity	£15.8B
Sexual health	£12.05B
- If every local authority was able to reduce inactivity by 1% a year over 5 years local tax payers would save £44 per household

Rotherham's vision

- “Rotherham will be a place where people feel good, are healthy and active and enjoy life to the full”

Links to the Health and Wellbeing Strategy

- Rotherham Active Partnership's new approach followed the life course targeting those least active
- Strong linkages to themes

Further Developments

- Website
 - To promote physical activity opportunities across the Borough
 - To provide people with long term conditions advice on safe sessions
- Passport of physical activity
 - Given to all patients leaving service with a physical activity element
 - Clear advice on what they should consider and avoid
 - Linked to the website

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

- Linkages to the Health and Wellbeing Strategy that would support funding bids
- Challenge to put physical activity on a par with other therapeutic interventions offered by the NHS
- Social prescribing was 1 of the most successful interventions coming through. Some elderly people could undertake various chair-based activities
- The review of the Partnership could discuss opportunities for funding and how services could be delivered across Rotherham and whether duplication could be reduced to maximise impact
- A successful funding bid had been submitted around the disadvantaged community of Canklow, Dalton, Thrybergh and East Dene; a bid was still pending for Maltby and Dinnington. There would be close work using the community development approach, working

with partners in the area and the 11 Disadvantaged Team Leaders to gain an understanding why the inactivity levels were as high as they were in those areas and what services and intervention was required to try and encourage those that were not active

- Attempted to identify where all the Partnership's services fitted together in order to recognise and use people's skills effectively

Rachel and Chris were thanked for their presentation.

Resolved:- That the Board receive 6 monthly reports from the Rotherham Active Partnership.

S80. RECOVERY FROM OPIATE DEPENDENCE

Anne Charlesworth, Head of Alcohol and Drug Strategy, presented a report on the performance assurance processes/data and some of the actions that had been put into place to address the shortfall in performance paying particular emphasis to opiate exits.

The report had been considered by the Safer Rotherham Partnership/DAAT Board on 8th January where it was agreed that the report be forwarded to the Health and Wellbeing Board to engage wider support for the improvement of the outcome.

Evidence suggested that people generally were not able to sustain positive outcomes from addiction without having gained or maintained recovery capital in other domains i.e. positive relationships, a sense of wellbeing, meaningful activity, education, training, employment, adequate housing etc. There was a need to acknowledge that drug treatment providers could not deliver the 'recovery' agenda alone but needed involvement from partner agencies to support progress in a number of domains for individuals. Research showed that where an individual had limited capital in a number of domains, overcoming severe drug or alcohol dependence or abstinence without progress in other recovery domains was rarely sustained.

Rotherham was not unlike the national picture in that it had an ageing drug treatment population (over 40s) many of which had been in treatment for some considerable time which made them harder to help and 'recover' leaving a significant challenge for local areas.

It was recognised that drug users relapsed and treatment systems needed to be designed to deal with the outcome. Re-presentations to treatment were significant in terms of successful exits and Rotherham performed very well with current performance at 13.3%. This equated to 6 users whom had previously exited successfully and then returned back to drug treatment within 6 months. This would indicate that, despite successful exits being low, locally individuals were better prepared and stayed drug free for longer.

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

- Rotherham had a large number of young people who experienced neglect, sometimes physical injuries, as a result of their parents' mental health and substance abuse/domestic abuse
- Elsewhere in the country the number of opiate users into treatment had dropped off - until the last 6 months Rotherham had seen a significant drop but still had above the average of new users coming into treatment – 370 within Primary Care, 200 within the criminal justice system and 300+ still long term prescribed for opiate dependency
- The new targets would mean there would be pressure to get the individuals currently stable on methadone off the medication
- There were children in Rotherham from the 11 plus age range who had experienced a range of drugs including opiates
- The Government's change of Policy would only work if sufficient levels of service and support were put into place
- Currently GPs provided drug treatment but if a practice had a small number of patients, the increased frequency of reviewing and support may be hard for a practice to sustain and be at the expense of other patients

Resolved:- (1) That the Board's support to build support for recovery initiatives which were seeking to improve the outcome be noted.

(2) That the Board notes that the outcome could not be delivered by the existing systems alone as opiate users in treatment were part of the wider picture of social disadvantage in the Borough and the current opportunities for employment and housing were having some impact on the ability of the services to promote recovery as a positive option.

(3) That a recognition that any perceived 'quick fix' type solutions to the Indicator were likely to have significant negative risks on both the individuals and the crime rate.

S81. JOINT STRATEGIC NEEDS ASSESSMENT CONSULTATION

Further to Minute No. 61 Chrissy Wright, Strategic Commissioning Manager, presented the revised version of the JSNA taking account of the representations received.

The 6 weeks consultation with stakeholders had run between 30th December, 2013 and 9th February, 2014. Details of the draft JSNA website had been circulated to a range of stakeholders, both statutory and VCS agencies, as well as a well attended VCS consultation session held on 27th January.

The consultation had been generally positive. Comments and suggestions made were constructive and would help to develop the JSNA.

A new requirement was to include a register of community assets which would be developed in 2014 with progress reported in JSNA updates.

It was noted that the document had now been "signed off". However, in future "sign off" would be in line with commissioning priorities and planning.

Resolved:- (1) That the current version of the Rotherham Joint Strategic Needs Assessment, updated following consultation, be approved.

(2) That quarterly reports of any significant changes or otherwise by exception be submitted to the Board.

S82. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 26th February, 2014, commencing at 9.30 a.m. in the Rotherham Town Hall.



Rotherham
Heart Town
Love our town ♥ Love your heart

Rotherham Heart Town Annual Report 2013



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Introduction

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

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

This report summarises the progress made during Rotherham's second year as a Heart Town as well as our plans for future developments.

Cardiovascular health in Rotherham

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

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

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

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

Advancing Rotherham Heart Town

Defibrillator Campaign

Defibrillators (also known as automated external defibrillators or AEDs) are used to give electric shocks in some cases when the heart has stopped. For every minute that passes without defibrillation chances of survival decrease by up to 10 per cent. Research shows that applying a controlled shock within five minutes of collapse provides the best possible chances of survival. No specific training is required to use the defibrillators as the machine will not allow a shock to be delivered if there isn't a need for one, and emergency call handlers can talk somebody through what to do if they need further support. The importance of having defibrillators easily accessible in the community cannot be underestimated.

A sub-group was established to focus on increasing the provision of defibrillators within the borough following on from the mapping exercise conducted by Yorkshire Ambulance Service NHS Trust (YAS) last year. Fourteen Rotherham businesses were provided with devices jointly funded by BHF and Westfield Health, a local non-profit health insurer. The recipients adopted the Heart Town principles and were asked to publicise that they have an AED that can be accessed in an emergency to neighbouring sites, thereby increasing the number of people that can be assisted.



The town centre has been another focus for the project, with new devices being in place in Riverside House, Rotherham Visitor Centre, the Civic Theatre and Rotherham Markets. Joint funding from BHF, Rotherham Charity Cup Committee and Rotherham FA has placed three devices in sports grounds in Bramley, Wickersley and Kimberworth. The local community has provided strong support for this piece of work, with defibrillators making an immediate and tangible difference to the health outcome for people having a heart attack, and fundraising for devices has been widespread. A

number of local parish councils have raised funds for a local AED and the market traders secured funding for two devices within a single day.

Since the Heart Town partnership began we have an additional 65 defibrillators across Rotherham, saving people's lives in the event of a heart attack; 34 of these are as a direct result of the Rotherham Heart Town partnership, with 27 being co-funded by BHF. The high local profile of the importance of defibrillator access has influenced the placement of many of the remaining devices.

During 2013 another local group, *Start a Heart 24-7*, has joined the Heart Town Partnership. The group held a fundraising day in Woodlaithes Village in memory of a local resident who had died of a heart attack. They will be funding a number of additional defibrillators across the borough.

Looking ahead to 2014, we will continue to identify gaps in defibrillator access, advise on device placement and support fundraising for additional AEDs. In addition we will run an awareness campaign to ensure as many people as possible in Rotherham understand how a defibrillator can save lives and to alleviate any concerns people might have about using them.

Prevention and care activities

BHF Heartstart

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

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

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

The BHF has provided grants to fund the manikins, training and resources to 65 Heartstart schemes in Rotherham over previous years and continues to support an affiliation package, which includes free annual public liability insurance and educational resources to all active schemes. In 2013 six new schemes started in the borough taking the total number of active schemes in Rotherham to 59.

BHF Health Care and Innovations

The BHF Health Care and Innovation Programme is continuing to offer a support package to one fully funded Community Resuscitation Development Officer. He is employed by Yorkshire Ambulance Service and seconded into the Community Resilience team for the duration of the funding. His role is to develop a network of BHF affiliated school and community Heartstart schemes.

This support package provides access to a variety of formal and informal learning activities that demonstrate impact on prevention of disease, patient care and service delivery and that are appropriate to each individual healthcare practitioner. The package offers access to:

- BHF conferences and events
- Healthcare conferences (national and regional)
- BHF branded clothing, business cards and badges
- Access to BHF courses
- Introduction to the BHF
- Access to a members only website and resources
- Networking opportunities

The BHF is also providing a continuing professional development package to one cardiac liaison nurse, five cardiac rehabilitation nurses and two heart failure nurses in Rotherham.

BHF Health at Work

We have continued to promote the Health at Work programme with Rotherham businesses, including a new element to the programme in 2013, Quit Smoking at Work. The programme completely free and provides a range of benefits including:

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

A presentation on the importance of promoting health at work and the BHF programme was given at the Good Health Your Business event, jointly run by the local public health teams and Barnsley and Rotherham Chamber of Commerce. Rotherham's Health Trainer team will be increasing engagement with local employers in 2014, including promotion of the Health at Work programme.

BHF Olympic Legacy project

Three training workshops were delivered for staff in early years, primary and secondary education settings about sustaining the legacy of the London 2012 Olympics.

- Early movers – helping under 5s live active and healthy lives
- Engaging primary aged children in physical activity
- Motivating the least active secondary aged pupils

The three practical sessions gave participants a range of tools and techniques to motivate children and young people to be physically active. Complementing these events were two new BHF resources offered to Rotherham schools:

The Motivator pack including eight class based learning activity sessions designed to be used in years 7 and 8 (11-14 year olds). The pack comes with detailed lesson ideas, extra resources and hand outs which helps provide students with information on the importance of physical activity and help them make positive changes that will help them lead healthier lives.

The Activator pack explains how to deliver a peer mentoring scheme within a school, how to engage students in activity by enlisting the help of other students with a keen interest in activity.

National No Smoking Day

2013 was the first year that the National No Smoking Day campaign was delivered by BHF; despite annual promotion of the event in Rotherham this year we were able to bring the event and its 'swap fags for swag' theme under the Heart Town banner and increase the extent of its promotion through the range of partners involved in the steering group.

Health Bus

Rotherham had the use of a health bus for a week in May 2013, taking our behaviour changes services into the local community to promote healthy lifestyles and available local support. BHF literature was provided on the bus and services that will contribute towards reducing heart disease risk, including stop smoking, weight management, physical activity and alcohol services all participated in the events.

BHF Publications and exhibits

The partnership also benefits from the charity's range of prevention and care resources and education programmes so that everyone could benefit and take practical steps to improve their heart health. This enables local partners to develop plans that could deliver measurable improvements.

Fundraising and volunteering

A key pillar of the Heart Town agreement is increasing volunteering opportunities in the borough and the support for fundraising for BHF's prevention and care activities, including supporting local health care professionals, and the Mending Broken Hearts research appeal which is taking the fight to heart failure. National Heart Month in February saw partners participating in a range of activities; even Rotherham's Town Hall Rocked up in Red! Wear red days, bake sales and bucket collections all contributed to the BHF's fight for every heartbeat. As discussed above, a large number of small-scale fundraising events have been held across Rotherham to raise funds specifically for defibrillators

and some of the recipients of the BHF/Westfield funded devices have subsequently raised funds or donated goods to BHF shops and BHF fundraising events.

BHF Branch volunteers led a successful second Circle of Hope event in late June. An expanded event saw participants participating in a range of active fundraising activities, including a 4-minute mile challenge in Clifton Park, a fun run/jog/walk and football challenges in the town centre and swimming and cycling challenges in Rotherham's Leisure Centres. The town centre also hosted a number of health information and awareness stalls, with people able to find out about local opportunities for stop smoking and weight management support and physical activity opportunities.

The Circle of Hope event was supported by Andrew Kerrison, in memory of his brother Richard Fieldsend. Richard, a former semi-professional footballer, suffered severe heart failure following a massive heart attack in 2012, and sadly lost his fight for life in May, 2013, on his 45th birthday. In his last months of life, he was an Ambassador for the BHF and bravely featured in a BHF film to raise awareness of the devastating effects of heart failure and increase public support for the Mending Broken Hearts Appeal. His family and friends to continue to fundraise for the appeal in his memory, so that other families don't have to endure what they have.



Warming up for Circle of Hope 2014

Rotherham Heart Town has been selected as one of the Mayor's Charities for 2013/14 and has participated in a number of Mayor's Charity events. The Mayor and Mayoress have been active supporters of a number of Heart Town events throughout the year. The link with the Mayor's Charity has also raised awareness of the partnership's aims through the local business community.

Over the summer the branch volunteers actively promoted the British Transplant Games, which were held in neighbouring Sheffield, to raise awareness of the importance of registering for organ donation. Last year more than 350 people in the UK benefitted from a heart or heart and lung transplant, but there are always fewer donors than people who need a transplant. Inspired by a local young man who is on the transplant waiting list, the branch ran a stall in the town centre and at the British Transplant Games. Organisers of the national event far exceeded the target number of sign-ups.



Branch members promoting the Transplant Games UK and National Donor Register

Rotherham Show was another focus for fundraising, where the branch ran Mr Hearty's Bazaar. The event takes place during BHF's Bagathon month, so the stall aimed to encourage people to recognise that their trash might be somebody else's treasure and to donate unwanted items to BHF shops rather than throw them away.

Rotherham College of Arts and Technology (RCAT) students have continued to volunteer on Heart Town events and bucket collections and links with the Council of Mosques have strengthened. Towards the end of 2013 a volunteer has been identified to work specifically with schools across the borough, making links with the RMBC healthy schools team. Another volunteer has been appointed to focus on building relationships between the Heart Town and local companies, making links with the Chamber of Commerce.

The future

During 2013 our partnership has built upon the foundations we established during the first year. New links have been made that has strengthened the steering group and provided new and additional expertise. We concluded the year with the news that Rotherham Heart Town had been shortlisted for a Local Government Chronicle Award. We hope we will be celebrating our success when the winners are announced in March.

We will use 2014 to further consolidate the progress made to date; we will focus our action planning around the BHF strategic goals and establish small working groups to deliver local impact. We will remain focused on providing real change to real lives and through the defibrillator project to ensure that as many people as possible feel confident in using the new devices in their local community. We will continue to support BHF's Mending Broken Hearts appeal through the staging of an even bigger Circle of Hope event.

2014 will also see the launch of the Rotherham Heart Town Award, where supporters who participate in the three key activities within the partnership agreement – prevention and care, fundraising and volunteering, and stock donation – have their commitment officially recognised. We look forward to celebrating with our first recipients during National Heart Month.

Finally, we will continue to support and nurture our volunteers, who play such a key role in the Heart Town Partnership.

Rotherham Heart Town steering group members

During 2013 the following people were members of the Rotherham Heart Town steering group

- Cllr Ken Wyatt (Joint Chair)
- David Thomas (BHF branch member and Joint Chair)
- June Thomas (BHF branch chair)
- Joanne Ward (BHF patient representative)
- Dr John Radford, Rotherham Public Health
- Alison Iliff, Rotherham Public Health
- Malcolm Chiddey, Rotherham Public Health
- Phillip Spencer, Rotherham Public Health
- Stephanie Dilnot, BHF
- Lauren Mallinson, BHF
- Cllr Christine Beaumont, RMBC
- Kay Denton Tarn, RMBC
- Chris Siddall, RMBC
- David Barker, RMBC
- Katie Taylor, RFT
- Sarah Briggs, RFT
- David Smith, Yorkshire Ambulance Service NHS Trust
- Ian Cooke, Yorkshire Ambulance Service NHS Trust
- Emma Scott, Yorkshire Ambulance Service NHS Trust
- Alex Wilson, Rotherham United Community Sports Trust
- Mark Cummins, Rotherham United Community Sports Trust
- Dominic Beck, Barnsley and Rotherham Chamber of Commerce
- Linda Jarrold, Voluntary Action Rotherham
- Nizz Sabir, Rotherham Council of Mosques
- Lisa Williams, DC Leisure
- Hayley Mills, DC Leisure
- Emily Newman, DC Leisure
- Antoinette Goodwill, RFT
- Trish Lister, Start a Heart 24-7
- Carrie Platts, Start a Heart 24-7
- Ann Berridge, RMBC
- Judi Kyte, RDASH

Thank you

The Heart Town partnership would like to extend particular thanks to the following businesses and individuals for their support of the initiative during 2013:

- June and David Thomas and all the members of the Rotherham Fundraising Branch
- Mayor of Rotherham, Cllr John Foden and Consort, Kath Foden
- Andrew Kerrison, on behalf of the family of Richard Fieldsend
- Westfield Health
- Rotherham Advertiser
- Rotherham College of Art and Technology
- DC Leisure
- London Scandinavian
- Morphy Richards
- AESSEAL
- and all local businesses that have supported Heart Town fundraising activities

Appendix 1: Heart Town Agreement

HEART TOWN COMMUNITY PLEDGE

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

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

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

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

The Heart Town will

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

Heart Town name.....

Signed for Heart Town

Signed for BHF

Designation

Designation

DATE:

DATE:

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Health and Wellbeing Board
2.	Date:	26th March, 2014
3.	Title:	Healthwatch Rotherham Progress Update
4.	Directorate:	Neighbourhood and Adults Services

5. Summary:

This report provides background information on the development of Healthwatch Rotherham along with progress achieved to date.

Parkwood Healthcare Ltd was awarded the Healthwatch Rotherham (HWR) contract which commenced on the 1st April, 2013. HWR replaced LiNKs.

A full compliment of HWR staff and Board Directors has now been achieved and the number of volunteers continues to increase.

Performance is monitored against an outcomes framework at monthly contract review meetings. The work plan for HWR details the specific pieces of work to be undertaken, or contribute to, in line with their role. Contingency has been built into the work plan to ensure that any urgent or critical work can be delivered within the overall capacity.

Further analysis of contacts received, issues collected and engagement activities undertaken by HWR are contained within this report.

It was always the intention that once Parkwood Healthcare Ltd had established Healthwatch Rotherham that the contract would novate from them to HWR to enable HWR to operate as an independent social enterprise. The intention to novate the contact by September 2014 was approved by the Cabinet Member, Health and Wellbeing on the 10th March, 2014.

6. Recommendations

That the Health and Wellbeing Board:

6.1 Notes the progress achieved by Healthwatch Rotherham.

6.2 Notes the decision to novate the contact to HWR by September 2014.

7. Proposal

7.1 Background

Healthwatch Rotherham (HWR) was commissioned by Rotherham Borough Council on behalf of the Health and Wellbeing Board as the consumer champion for health and social care services in Rotherham. The contract commenced on the 1st April, 2013 for a contract period of 2 years with an option to extend for a further 1 year dependent on central government funding made available. The main functions of HWR are:-

- Providing information and advice to the public about accessing health and social care services and choice in relation to aspects of those services e.g. signposting;
- Gathering people's views and experiences of health and care and feeding these into local JSNA, needs assessments and service developments.
- Making recommendations to Healthwatch England to advise CQC to carry out special reviews or investigations into areas of concern;
- Promoting and supporting the involvement of people in the monitoring, commissioning and provision of local care services;
- Obtaining the views of people about their needs for and experience of local care services and make those views known to those involved in commissioning, provision and scrutiny of care services; and
- HWR also includes the provision of an independent complaints advocacy service for NHS complaints.

The Outcomes Framework for HWR was approved at the HWBB in October 2013 and is used to measure performance at the monthly contract review meetings. A suite of key performance indicators are in place to measure performance against the outcomes framework and record the engagement activity undertaken.

7.2 Launch and Media developed for HWR

The launch of HWR took place on the 2nd October, 2013, officially announced by the Mayor and Mayoress of Rotherham. The launch event was well attended by both Elected Members and Officers.

HWR have also developed a website, twitter and facebook account and a newsletter is circulated regularly. All provide an update on HWR activity and outcomes achieved.

7.3 HWR Staff and Directors

All HWR staff, Chair and Directors to the HWR Board have been appointed. The HWR staff are:-

- | | |
|---------------------|-----------------------------------|
| • Melanie Hall, | Healthwatch Rotherham Manager |
| • Nathan Batchelor, | Research & Information Officer |
| • Anne Leem | Advocacy Worker |
| • Steve Mace | Engagement Officer |
| • Sharon Cope | Engagement officer |
| • Glyn Stott | Project worker temp Jan-July 2014 |

- Raised the issue regarding the time taken to respond to complaints with a Health provider and the provider is now revising their complaints processes and is including the HWR leaflet in its first response to complaints.
- Views and comments on The Rotherham Foundation Trust (TRFT) will be used to inform their Quality Accounts 13/14 and 14/15.
- The set up of a friendly society which is involved in service changes within a care home and is raising funds for residents, a good example of coproduction
- A GP practice is now reviewing the letters sent after HWR raised with them at the flu jab letter contained phrases such as 'chronic illness' when people did not have a chronic illness. This is now changed to Chronic illness/long term condition following consultation with the practice Patient Participation Group
- HWR raised with a statutory body about giving mixed messages regarding personalisation and as a result they are going to increase the training of staff on this subject.
- RDaSH has now changed its website to accurately reflect what people need to do to access primary care mental health services
- The HWR website has been updated to highlight the advocacy service and this was done on the back of the feedback received.
- A health provider is refining its standard operating procedures and undertaken further work on the discharge policy following feedback from HWR.
- A national issue on patient records has been raised at QSG in partnership with TRFT and Rotherham LGBT
- Commissioning arrangements for children with ASD have been highlighted to joint commissioners
- A lack of information on Health care provision and funding arrangements has been highlighted, this is a regional issue which the provider is making arrangements to resolve.

7.5 Activities of HWR

The community engagement and project work planned over the next 6 months, includes:-

- HWR are to hold community engagement events across the Borough, mainly at community buildings such as the customer service centres to both raise the awareness of HWR but also to gather the views around health and social care services.
- Drop in sessions will be delivered in Maltby, Dinnington, the north of Rotherham, the Gate surgery and Shiloh from April 2014
- The project worker recently appointed is to undertake the engagement and consultation with parents/carers and young people around the changes required for the development of an integrated health, social care and education service for children with disabilities and/or special educational needs. (outcomes and measures are yet to be agreed)
- A looked after children research project around the barriers for health care for looked after children commenced in January undertaken by a public health student from Sheffield university with support from HWR

Projects completed:

- HWR has consulted with health and social care service users in relation to development of integrated health care. The report was completed 24.1.14

7.6 Novation of the Contract to HWR

The proposal that Strategic Commissioners progress the novation so that the contract for Rotherham's local Healthwatch services to 2015 are provided by HWR directly was discussed on the 10th Match Cabinet Member for Health and Wellbeing Meeting. A key benefit of this is that HWR will operate in its own right and any income will be reinvested into HWR. The intention to complete the novation to HWR to enable them to operate as a independent social enterprise by September 2014 was approved. This would leave 7 months of the current contract and should the funding be available from DH, then the extension of 1 year will then be utilised.

8. Finance

The value of the Healthwatch Rotherham contract is £215,000 per annum, the contract is for two years 2013-2015 with an option to extend for a further year (if the funding is available). The budget continues to be monitored by the RMBC commissioning team and the projected under spend due to staff slippage in the year is to be determined before the end of quarter 4.

9. Risks and Uncertainties

To date the number of NHS complaints that HWR is providing advocacy for is 39. This is more than anticipated although it was recognised that a local service would result in more requests for complaints advocacy. The demand for this service will need to be monitored. Any other issues or risks will continue to be raised at the contract review meetings.

10. Policy and Performance Agenda Implications

None

11. Background Papers and Consultation

Consultation with HWR and Parkwood Healthcare regarding the contents of this report.

Contact Name: Chrissy Wright, Strategic Commissioning Manager
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NHS Rotherham Clinical Commissioning Governing Body

Health and Well Being Board: 26 March 2014

Fundamental review of CCG Commissioned Mental Health and Learning Disability Services

Lead Executive:	R Carlisle, Deputy Chief Officer
Lead Officer:	K Tufnell, Head of Mental Health Contracts and Service Improvement
Lead GP:	Russell Brynes, Lead GP for Mental Health and Learning disabilities

Purpose:

To inform the Board of the purpose, scope and timescale of the CCG's fundamental review of commissioned services for mental health and learning disability.

Background:

The CCGs commissioning plan, which came to the January HWBB, indicated that the CCG would undertake a fundamental review of services funded in its areas of responsibility.

The review will focus on the following areas; whether the CCGs overall investments in mental health and learning disability services is proportionate to the health needs of Rotherham patients, how to ensure parity of esteem, how to strengthen clinical leadership of the efficiency and quality assurance agendas, how to improve the reporting of outcome and activity measures and the implications of mental health payment by results. The review will include a market analysis, whether the CCG should be using a greater plurality of providers (including voluntary sector providers, a greater variety of mental health foundation trust providers, GP providers) and more facilitation of self-help such as computerised Cognitive Behaviour Therapy.

Analysis of key issues and of risks

The CCG has commissioned two reviews both by Attain.

Mental health

The review covers CCG commissioned mental health services for Older people, Adults Children. As co-commissioners RMBC and NHS England have been consulted in the production of the project initiation documents. Updates on progress will be through the multiagency mental health QIPP group.

Learning disabilities

The lead commissioner for Learning disabilities is RMBC and the project initiation document has been jointly developed with RMBC. The review will cover CCG funded services through the contract with RDASH, Out of area treatments, Section 117 funded patients and Learning Disability patients funded for continuing health care. Updates on progress will be through the Learning Disability Commissioning Executive.

Timescales

All reports will be completed by the end of May. The reports will first be shared between co-commissioners, then discussed with providers and then made publically available. The CCG will develop an action plan informed by the recommendations of the reports. Some potential additional funding will be in areas within the remit of the Better Care Fund so the Better Care Fund Task Group will be kept informed of progress.

Patient, Public and Stakeholder Involvement:

The report will include stakeholder interviews and seek to reflect patient's views both directly and from information recorded by providers.

Equality Impact:

The CCG will use the reviews to ensure that high quality care is provided to patients with the greatest need.

Financial Implications:

The review will consider how the CCG benchmarks in terms of funding mental health and learning disabilities.

If the review concludes there is a case for increasing the overall investment in mental health services the review will consider the relative priorities of investing in identified unmet needs areas of; dementia services, acute (24/7) services for adult mental health and older mental health services, improved CAMHS services (including increased medical capacity) and improved community services for learning disability patients.

Human Resource Implications:

The reports may lead to action plans and commissioning decisions which could have human resource implication.

Procurement:

The reports may lead to action plans and commissioning decisions which could have human resource implications.

Recommendations:

The Health and Well Being Board is asked to note the review and advise how it would like to be updated on progress and receive the actions plans following the reviews.