

## **CABINET MEMBER FOR HEALTH AND WELLBEING**

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

**Date: Monday, 10th March, 2014**

**Time: 11.30 a.m.**

### **A G E N D A**

1. To determine if the matters are to be considered under the categories suggested in accordance with Part 1 (as amended March 2006) of Schedule 12A to the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence
4. Declarations of Interest
5. Minutes of previous meeting (Pages 1 - 4)
6. Health and Wellbeing Board (Pages 5 - 18)
  - Minutes of meeting held on 22<sup>nd</sup> January and 11<sup>th</sup> February, 2014
7. Suicide Prevention and Self Harm Working Group (Pages 19 - 21)
  - Minutes of meeting held on 5<sup>th</sup> December, 2013
8. Obesity Strategy Group (Pages 22 - 25)
  - Minutes of meeting held on 5<sup>th</sup> February, 2014
9. Rotherham Tobacco Control Alliance (Pages 26 - 29)
  - Minutes of meeting held on 16<sup>th</sup> January, 2014
10. Healthwatch Rotherham - Update
11. Heart Town Annual Report 2013 (Pages 30 - 42)
12. 'Working Together for a Healthier Rotherham' Conference

### **Extra Items:-**

13. "Meeting the Dementia Challenge" - 13th March, 2014.
14. Loneliness Summit - 8th April, 2014
15. Exclusion of the Press and Public.  
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs).
16. BCF Feedback (Pages 43 - 45)
17. Healthwatch Rotherham Contract Novation (Pages 46 - 49)
18. Date of Next Meeting  
- Monday, 14<sup>th</sup> April, 2014, commencing at 11.30 a.m.

**CABINET MEMBER FOR HEALTH AND WELLBEING**  
**27th January, 2014**

Present:- Councillor Wyatt (in the Chair) and Councillor Tweed.

An apology for absence was received from Councillor Dalton.

**K54.       DECLARATIONS OF INTEREST**

There were no Declarations of Interest made at the meeting.

**K55.       BETTER CARE FUND**

Kate Green, Policy Officer, gave the following update on the above Fund:-

- The development of the Local Plan was progressing
- One of the national conditions was that it must be used to support Adult Social Care services in the Local Authority
- It must also demonstrate how 7 days Services was to be provided to prevent unsafe discharge from hospital, how to improve data sharing, joint approach to assessment and care planning and identify the impact on the acute sector
- The Health and Wellbeing Board had overall responsibility for signing off the Local Plan before submission to NHS England
- High level task group established supported by a multi-agency officer working group
- Task group and the Health and Wellbeing Board had adopted the nationally recognised definition for integration i.e. "I can plan my care with people who work together to understand me and my carer(s), allowing me control and bringing together services to achieve the outcomes important to me" and agreed in principle the local outcome measure
- Requirement to consult with Service users, patients and providers as to how they were involved. Healthwatch Rotherham had been commissioned to carry out a piece of work with the general public. Work with Social Care providers was also taking place as well as pulling together outcomes from a range of consultations around the Health and Wellbeing Strategy and the Joint Strategic Needs Assessment. The CCG would also be gathering information from the consultative work they had carried out in developing their own commissioning plans

- The final Local Plan would be considered at a special meeting of the Health and Wellbeing Board on 11<sup>th</sup> February prior to its submission to NHS England on 14<sup>th</sup> February
- The Fund would be performance managed through 5 national measures and 1 locally determined measure. Rotherham had agreed to adopt a local measure in relation to Long Term Conditions and work was being undertaken to ensure this measure was fit for purpose

Resolved:- That the report be noted.

**K56. MINUTES OF PREVIOUS MEETING**

Consideration was given to the minutes of the meeting held on 9th December, 2013.

Resolved:- That the minutes of the meeting held on 9th December, 2013, be approved as a correct record.

**K57. HEALTH AND WELLBEING BOARD**

The minutes of meeting of the Health and Wellbeing Board held on 27<sup>th</sup> November and 18<sup>th</sup> December, 2013 were noted.

**K58. SUICIDE PREVENTION AND SELF HARM**

It was noted that a Rotherham-wide conference was to be held on 3<sup>rd</sup> April, 2014.

**K59. ENVIRONMENT CLIMATE CHANGE WORKING GROUP**

The minutes of the Environment and Climate Change Group held on 14<sup>th</sup> October, 2013 and 14<sup>th</sup> January, 2013, were submitted for information.

**K60. WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME**

Shona McFarlane, Director of Health and Wellbeing, presented the response received in respect of the Authority's stocktake return submitted in accordance with the Winterbourne View Joint Improvement Programme.

The response included an outline of key strengths and potential areas for development. It illustrated that the Authority was compliant in all aspects of the stocktake.

Resolved:- That the report be noted.

**K61. APPOINTMENT OF PARTNER GOVERNOR TO RFT**

Resolved:- That Councillor Tweed be nominated to represent the Authority as a Partner Governor to the Rotherham Foundation Trust.

**K62. REGIONAL HEALTH AND WELLBEING MEETING**

The Chairmen reported on the recent regional health and wellbeing meeting which had held on 13<sup>th</sup> January, 2013, where a presentation had been given on the Better Care Fund Guidance. The presentation had included:-

Benefits of integrated care

Examples of where it was happening

How the Department of Health would make integrated care happen everywhere

The Better Care Fund and where the funding came from

What happened if targets were missed?

Role of Health and Wellbeing Boards

Budgets

Deadlines

Resolved:- That the report be noted.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING URGENT MATTERS IN ORDER TO DEAL WITH THE MATTERS AT HAND)****K63. NATIONAL ASSOCIATION OF COUNCILLORS - HEALTH AND WELLBEING**

The Chairman reported that he had been invited to give a speech at the above event which was to be held on 14-15<sup>th</sup> February, 2014, in York.

Rotherham was to feature quite prominently at the event with an officer from the Yorkshire Ambulance Service speaking about community defibrillators and the Rotherham Heart Town project.

Resolved:- That attendance at the above event be considered by the Deputy Leader.

**K64. RURAL COMMISSION/URBAN COMMISSION**

It was noted that at a special meeting of the Local Government Association General Assembly, a new set of governance procedures had been agreed which affected the above bodies.

The 2 Commissions were being combined into 1 new body. However, the Rural Annual Conference would still go ahead.

**K65. DATE AND TIME OF THE NEXT MEETING**

Resolved:- That the next meeting of the Cabinet Member take place on Monday, 10<sup>th</sup> March, 2014 at 11.30 a.m. at the Town Hall.

**HEALTH AND WELLBEING BOARD**  
**22nd January, 2014**

**Present:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing <b>(in the Chair)</b>
Chris Bain	RDaSH
Louise Barnett	Rotherham Foundation Trust
Karl Battersby	Strategic Director, Environment and Development Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Commissioning Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. David Polkinghorn	Rotherham CCG
Joyce Thacker	Strategic Director, Children, Young People and Families
Janet Wheatley	Voluntary Action Rotherham

**Also in attendance:-**

Robin Carlisle	Rotherham CCG
Kate Green	Policy Officer, RMBC
Melanie Hall	Healthwatch Rotherham (rep. Naveen Judah)
Pete Hudson	Chief Finance Manager, RMBC
Shona McFarlane	Director of Health and Wellbeing, RMBC
Phil Morris	Rotherham Local Safeguarding board
Joanna Saunders	Department of Public Health (rep. Dr. Radford)
Chrissy Wright	Strategic Commissioning Manager, RMBC

Apologies for absence were submitted by Brian Hughes, Naveen Judah, Martin Kimber and Tracy Holmes.

**S64. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

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

Arising from Minute No. S59 (Flu Vaccination Programme), Joanna Saunders reported that there was no further national information. There was a national meeting convened for the following week from which feedback would be received.

Arising from Minute No. 61 (Joint Strategic Needs Assessment), Chrissy Wright gave clarification of the website address. A report would be submitted in due course on uptake.

Janet Wheatley reported that a consultation event was to take place on 27<sup>th</sup> January at the Unity Centre for the voluntary and community sector.

**S65. COMMUNICATIONS**

The following were reported:-

- (1) Attendance at a meeting of specialist commissioners by Councillor Dalton.
- (2) NHS England's Commissioning intentions had been received and would be circulated.
- (3) Rotherham was 1 of 6 areas in the country that had successfully secured funding from the local area CCG and the Police and Crime Commissioner for a pilot initiative for mental health patients in custody. There would be mental health practitioners working alongside the Police and Council employees to identify those with possible mental health issues. An update would be submitted in due course.
- (4) "Ramp up the Red" – a national Heart Town initiative – would run through the month of February.

**S66. RMBC BUDGET - MEETING THE CHALLENGE**

Pete Hudson, Chief Finance Manager, gave the following powerpoint presentation:-

The Financial Challenge

- The scale of financial challenges/risks facing local government was set to continue at least until 2017 (possibly a decade)
- From 2013/14 there had been increased financial risk transferred to local councils through the Local Government Finance and Welfare Reform challenges and restrictions on finances e.g. Council Tax Referenda
- Sustainable medium/long term financial planning was now even more critical

What this meant for Rotherham

- 2010/11           £5M (emergency budget)
- 2011/12           £30M
- 2012/13           £20M
- 2013/14           £20M
- 2014/15           £23M
- 2015/16           £23M (estimate)

Old Budget Principles

- Previous budget principles served the Council well in the past, however, in the context of the Government's Finance and Welfare Reform changes, a new approach was essential to meet future financial challenges:-  
Support Services pared to a minimum



Staff headcount reduced by over 1,000 and management posts reduced by 19%  
 Lean Council  
 No longer 'salami slice' services

#### New Budget Principles

The Council's budget had been developed to:-

- Focus on the things most important to local people
- Help people to help themselves wherever possible
- Provide early support to prevent needs becoming more serious
- Shift scarce resources to areas of greatest need including targeting services and rationing services to a greater extent than at present

#### What this meant for Rotherham

- Need to create an Investment Fund to focus on delivering Business Growth
- Not doing everything, providing fewer services directly and supporting more people needing help through forging partnerships with other public sector stakeholders, communities, businesses and citizens to help them to do more for themselves
- Using the limited and shrinking resources to tackle the biggest problems for the most needy, focussing on the 11 most deprived areas, accepting some would need to get less or less frequently
- Achieving the best quality, safest, most reliable outcome via the most affordable service delivery method
- Direct provision of service only where the Council was the cheapest/best quality solution to meet the critical needs of its citizens

#### Rotherham's 2014/15 Budget Challenge

Initial Funding Gap in Medium Term Financial Strategy

£19.1M

- June Spending Round adjustments  
+1.0M
- July Technical Consultation adjustments  
£0.4M

#### Additional Pressures

- New Government announcements  
+0.7M  
(reduced Housing Benefit grant/reduced Education Support Grant)
- Pensions Triennial Revaluation  
+1.5M
- Undelivered savings target 2013/14  
+0.3M

Revised Funding Gap

£23.0M

Meeting the Challenge: Savings Proposals 2014/15

- Directorate Savings Proposals  
£15.6M
- Central Savings Proposals  
£5.3M
- Revisions to Planning Assumptions  
£2.1M
- Total  
£23.0M

It was noted that the budget proposals were to be considered by Cabinet 5<sup>th</sup> March, 2014.

Discussion ensued on the presentation with the following comments made:-

- Important for all parties to share their budget proposals to enable collaborative working and achieve maximum impact for the funding available – also to ensure partners did not make budget cuts in the same areas
- Once the full list of all the saving proposals had been compiled Impact Assessments would be worked up to accompany the report to Cabinet to enable Members to be aware of the effect of the savings

Pete was thanked for his presentation.

**S67. RMBC COMMISSIONING INTENTIONS FOR ADULTS AND CHILDREN'S SERVICES**

Chrissy Wright, Strategic Commissioning Manager, gave the following powerpoint presentation:-

The Big Things – Adult Social Care and CYPS

- Early Intervention and Prevention
- Dependence to Independence
- Joint Commissioning and Integration
- Achieving Financial Efficiencies

Alignment with Health and Wellbeing Strategic Priorities

- Priority 1 – Prevention and Early Intervention
- Priority 2 – Expectations and Aspirations
- Priority 3 – Dependence to Independence
- Priority 4 – Healthy Lifestyles
- Priority 5 – Long Term Conditions
- Priority 6 – Poverty

Adult Social Care – Priority Activities

- Early Intervention and Prevention
- Growth of Connect to Support
- Dependence to Independence

- Disinvest in residential care placements and invest in community-based services
- Joint Commissioning and Integration  
Better Care Fund identify current joint work and opportunities for a pooled budget with alignment with RCCG
- Achieving Financial Efficiencies  
Delivering the identified savings in the budget matrix

#### CYPS Social Care – Priority Activities

- Early Intervention and Prevention  
Partnership with Public Health on breast feeding and smoking cessation in pregnancy
- Dependence to Independence  
Deliver Support and Aspiration SEND reforms
- Joint Commissioning and Integration  
Building transition into the Better Care Fund programme
- Achieving Financial Efficiencies  
Deliver the strategic transformation intentions e.g. reconfiguration of Children's Centres

Discussion ensued on the presentation with the following comments made:-

- Children's Centres had been a flagship for the previous Government, however, the current Government had not provided funding for them. Due to the critical financial challenges faced by the Council, there was only funding for 1 more year
- Given the support for the 11 most deprived areas, many of which had Children's Centres and were a model of good practice, it was felt that closing them would be disastrous
- Just working in the 11 most deprived areas would not achieve the aims/aspirations across the board

Chrissy was thanked for her presentation.

#### **S68. ROTHERHAM CCG PLAN 2014/2015**

Robin Carlisle, Deputy Chief Officer, Rotherham CCG, presented the CCG's 5 year commissioning plan for endorsement prior to submission to NHS England on 14<sup>th</sup> February, 2014.

The plan had been developed in discussion with member GP practices, other Rotherham commissioners (RMBC and NHS England) and providers of health services in Rotherham (including TRFT and RDASH) and circulated to stakeholders. Comments received and the requirements of the planning guidance "Everyone Counts" had been incorporated into the draft.

Comments by Board members would be welcomed particularly on the following:-

- 5 year vision
- Plan on a page
- QIPP (Quality, Innovation, Productivity and Prevention) both Provider and System Wide

There was still work required by the February deadline with regard to financial implications, levels of ambition for outcome measures and Rotherham's approach to the Better Care Fund.

Discussion ensued on the document with the following comments made:-

- Important for all Service providers to understand/know the detail of what the implications were for their particular services and the chance to be involved
- Need to ensure all the plans being submitted to the various bodies all aligned and did not forget the transformational time required to make the plans happen

Resolved:- (1) That any comments on the plan be submitted to the CCG as a matter of urgency to enable the plan to be submitted to NHS England by the 14th February, 2014, deadline.

(2) That the Council and NHS England, as co-commissioners, confirm that the plan was complementary with their own commissioning plans.

(3) That TRFT and RDASH, as substantial providers of health services within Rotherham, confirm that the financial, activity and strategic vision in the plan triangulated with their 5 year organisational plans.

## **S69. BETTER CARE FUND**

Tom Cray, Strategic Director Neighbourhoods and Adult Services, gave the following powerpoint presentation;-

### Task Group Terms of Reference

- To work with members of the Health and Wellbeing Board to understand and interpret the requirements of the Better Care Fund
- To develop a local jointly agreed vision for integration
- To develop a plan to be signed off by the Health and Wellbeing Board and submitted to NHS England by 14<sup>th</sup> February
- To do any necessary further work to ensure the plan was adopted and being monitored by April, 2014

### We Are Here:-

- The Health and Wellbeing Board has developed good relationships across the new health and care landscape
- Already agreed the joint priorities through the Health and Wellbeing Strategy informed by the JSNA

- The Health and Wellbeing Board have made a commitment to integration through the local Strategy
- Clear links to what needs to be delivered as part of the Better Care Fund
- Better Care Fund Plan would help deliver the Health and Wellbeing Strategy

#### Definition of Integration

- Adopt the nationally recognised definition of Integration:  
“I can plan my care with people who work together to understand me and my carer(s), allowing me control, and bringing together services to achieve the outcomes important to me” (‘National Voices’)

#### Vision

- Overarching vision of Health and Wellbeing Board: To improve health and reduce health inequalities across the whole of Rotherham
- The Better Care Fund would contribute to 4 of the strategic outcomes of the Health and Wellbeing Strategy:
  - Prevention and Early Intervention – Rotherham people will get help early to stay health and increase their independence
  - Expectations and Aspirations – all Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community
  - Dependence to Independence – Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances
  - Long-term Conditions – Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life

#### Measuring Success

- Develop ‘I statements’ as a common narrative to help us
  - Keep the voice of Rotherham people at the heart
  - Understand what integration feels like for service users/patients/carers
- Based on what people tell us – way of ‘making it real’
- Influencing change through people’s experiences
- Adopt this as a principle with aim to implement at a later date (drawing on lessons learned from national consultation)

#### Criteria for Selection of One Local Measure

##### Must have:-

- A clear, demonstrable link with the Joint Health and Wellbeing Strategy
- Data which was robust and reliable with no major data quality issues (e.g. not subject to small numbers – see “statistical significance” in next section)
- An established, reliable (ideally published) source
- Timely data available, in line with requirements for pay for

performance – this meant that baseline data must be available in 2013-14 and that the data must be collected more frequently than annually

- A numerator and a meaningful denominator available to allow the metric to be produced as a meaningful proportion or a rate
- A challenging locally set plan for achievement
- A metric which created the right incentives

Local Measure (choose 1 from 9 or select own)

- NHS Outcome Framework
  - Proportion of people feeling supported to manage their (long term) condition
  - Diagnosis rate for people with Dementia
  - Proportion of patients with fragility fractures recovering to their previous levels of mobility/walking ability at 120 days
- Adult Social Care Outcomes Framework
  - Social care related quality of life
  - Carer reported quality of life
  - Proportion of adults in contact with secondary, mental health services living independently, with or without support
- Public Health Outcomes Framework
  - Proportion of adult social care users who have as much social contacts as they would like
  - Proportion of adults classified as inactive
  - Injuries due to falls in people aged 65 or over (Persons)

Does the Local Measure meet the Better Care Fund Criteria?

Local Measure – suggested option

- NHS Outcome Framework
  - Possible new local measure  
Health Related Quality of Life for people with long term conditions, Indicator E.A.2 from the “Everyone Counts”
  - Proportion of people feeling supported to manage their (long term) condition

Next Steps

- To have a clear commitment from all partners to provide data and information as and when required
- To agree the local measure for pay-for-performance element
- Joint offer working group (LA/CCG/NHSE) to ensure we are meeting all national conditions
- Consultation with user/patients/providers
- Next Task Group meeting 31<sup>st</sup> January to look at:-
  - What is currently commissioned that does not improve Better Care Fund measures
  - What needs to be commissioned to meet the Better Care Fund measures and estimated costs
  - First draft of Better Care Fund Plan

Discussion ensued with the following points raised/clarified:-

- The task group comprised of Martin Kimber, Chris Edwards, Julie Kitlowski, Councillor John Doyle, John Radford and Tom Cray
- It was not new money but the funding currently allocated to the Local Authority and the CCG for Services provided to patients and the citizens of Rotherham
- A regional event had shown that Rotherham had made similar levels of progress as others with regard to the submission
- Challenge was to ascertain which Services met the outcomes and then how to prioritise to meet the Services currently commissioned

Tom was thanked for his presentation.

**S70. JOINT PROTOCOL BETWEEN HEALTH AND WELLBEING BOARD AND CHILDREN'S SAFEGUARDING BOARD**

Phil Morris, Rotherham Local Safeguarding Children Board (RLSB), submitted a proposed Protocol which outlined and confirmed the functions and responsibilities of Rotherham's key strategic partnerships i.e. the RLSB, the Children, Young People and Families Partnership (CYPFSP) and the Health and Wellbeing Board. It also set out the relationship between them, providing clarity and ensuring that the needs of children and young people in the Borough were identified and addressed at a strategic level:-

- The CYPFSP will formally report to the HWBB on the progress update against the relevant priorities (in line with the Health and Wellbeing Strategy) of both the CYPFSP and the key milestones and targets within the Children and Young People's Commissioning Plan
- The RLSCB will submit its Annual Report of the Health and Wellbeing Board
- The Health and Wellbeing Board will ensure that:  
The Joint Strategic Needs Assessment takes account of key areas for vulnerable children identified via the RLSCB Annual Report and the CYPFSP key priorities. The Director of Public Health had specific responsibility for this
- The Health and Wellbeing Board may also request that the CYPFSP and/or the RLSCB to consider issues for development, action or scrutiny

Resolved:- That the Protocol be approved and be put into operation with immediate effect.

**S71. DATE OF NEXT MEETING**

Resolved:- That a Special meeting of the Health and Wellbeing Board be held on Tuesday, 11<sup>th</sup> February, 2014, commencing at 9.30 a.m. in the Rotherham Town Hall.



**HEALTH AND WELLBEING BOARD**  
**11th February, 2014**

**Present:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing <b>(in the Chair)</b>
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Commissioning Officer, Rotherham CCG
Jason Harwin	South Yorkshire Police
Brian Hughes	NHS England
Naveen Judah	Healthwatch Rotherham
Martin Kimber	Chief Executive, RMBC
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Dr. John Radford	Director of Public Health
Janet Wheatley	Voluntary Action Rotherham

**Also in attendance:-**

Helen Dabbs	RDaSH
Kate Green	Policy Officer, RMBC
Shona McFarlane	Director of Health and Wellbeing
Clair Pyper	Director of Safeguarding
Chrissy Wright	Strategic Commissioning Manager, RMBC
Keely Firth	CCG

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Tracy Holmes, Julie Kitlowski, Dr. David Polkinghorn and Joyce Thacker.

**S72. BETTER CARE FUND**

Kate Green, Policy Officer, presented Rotherham's Better Care Fund plan for approval by the Board, prior to submission to NHS England by 14th February. The documents to be submitted included:-

- Planning Template Part 1 –
- Planning Template Part 2
- Appendix 1 - Summary of consultation
- Appendix 2 - Rotherham Better Care fund Action Plan
- Appendix 3 – Health and Wellbeing Strategy
- Appendix 4 – Joint Strategic Needs Assessment
- Appendix 5 – Overarching Information Sharing Protocol

Kate drew attention to the following:-

- A huge amount of work had been put in by officers from all agencies
- The work had been developed by a multi-agency officer group overseen by the Task Group which provided the strategic overview of the work

- Negotiations had taken place by both the Local Authority and CCG in order to produce a plan and action plan that both partners were fully signed up and committed to
- A range of consultation activity and engagement had taken place as well as collating information from previous consultation. This had included:-
  - Commissioning of Healthwatch Rotherham to conduct consultation with the local community on the envisaged transformation of services. The survey had been completed by 42 people between 31<sup>st</sup> December, 2014 and 14<sup>th</sup> January, 2014
  - 12 Council Customer Inspectors were asked a series of questions focussed around the proposed vision including the 4 Health and Wellbeing priorities
  - Emails sent to 305 social care providers in Rotherham inviting them to take part in a survey
  - The results from the Health and Wellbeing Strategy consultation that took place between July-August, 2012 to help shape the priorities
  - Patient Participation Network
  - Mystery shopper volunteers looking at the provision vision, priorities and seeking their advice on Health and Wellbeing activities
  - Discussions at the Adult Partnership Board
- The findings from the consultation activity were used to develop a set of “I” statements , which demonstrate outcomes that local people want from integrated working:
  - I am in control of my care
  - I only have to tell my story once
  - I feel part of my community which helps me to stay healthy and independent
  - I am listened to and supported at an early stage to avoid a crisis
  - I am able to access information, advice and support early that helps me to make choices about my health and wellbeing
  - I feel safe and am able to live independently where I choose
- The vision for the plan had been based on the local Health and Wellbeing Strategy, A lot of work had gone into developing the local strategy which was being used to influence the plans of a range of partner organisations. The Better Care Fund, if used effectively, should contribute significantly to delivering against the Strategy's outcomes:
  - Prevention and Early Intervention
  - Expectations and Aspirations
  - Dependence to Independence
  - Long term Conditions

- The 12 schemes in the action plan (appendix 2) had been divided under the above 4 themes and the plan demonstrated which BCF outcome measures the schemes would help achieve
- Much more work was now required to add detail to the plan before final submission on 4<sup>th</sup> April, but the first draft provided the foundation to work from

#### Finance and Measures (Template 2)

- The funding information mapped directly to the action plan
- For each Metric other than patient experience, it detailed the expected outcomes and benefits of the scheme and how they would be measured
- There were 5 nationally prescribed metrics and one locally agreed measure:-
  - Permanent admissions of older people (aged 65 and over) to residential and nursing care homes per 100,000 population
  - Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
  - Delayed transfer of care from hospital per 100,000 population (average per month)
  - Avoidable emergency admissions
  - Patient/service user experience
  - Emergency re-admissions (local measure)
- Targets had been set based on the national guidance provided. Further work would be required on them before the final submission in April

#### Next Steps

- The documents would be submitted to NHS England in accordance with the 14<sup>th</sup> February deadline with feedback expected by the end of February
- The officer group would continue to meet on a regular basis to further develop the plan and look specifically at the schemes, developing an action and delivery plan for each, identification of leads and timescales.
- The Task Group would also meet to give a strategic overview of the work and the financial plan which had to be submitted by 4<sup>th</sup> April

Brian Hughes, NHS England, stated that the process followed by Rotherham was what would have been expected. The assessment process was currently in the process of being finalised and once complete, he would ensure that Rotherham received it.

Every bid would have an initial assessment and then subject to a thorough assessment. Brian stated that he would give feedback by 28<sup>th</sup> February on Rotherham's submission. The bid may not have gone through the national or regional peer process by that date but it would have been subject to the joint assessment by ADAS and NHS England.

Discussion ensued on the presentation with the following issues highlighted:-

- Careful consideration should be given to the emergency readmission measure. It was noted that nationally a lot of Services were taken out of the metric. This has been highlighted on the Risk Register
- Monitoring of the action plan

The Chairman emphasised that it was not new money but money that was already in the system.

He thanked Healthwatch Rotherham, the mystery shoppers and the Patient Participation Group for their assistance in the consultation.

Resolved:- (1) That the Better Care Fund application and supporting documentation be approved for submission to NHS England in accordance with their 14<sup>th</sup> February deadline.

(2) That Councillor Wyatt, Martin Kimber and Chris Edwards sign off the submission.

(3) That an All Members Seminar be convened to ensure Members were fully informed with regard to the Better Care Fund.

(4) That consideration be given to monitoring of the action plan be given at the next Health and Wellbeing Board.

(5) That a press release be issued on Rotherham's submission.

### **S73. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 19<sup>th</sup> February, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.

<b>Minutes</b>	<b>Title of Meeting:</b>	<b>Suicide Prevention and Self Harm Meeting</b>
	<b>Time:</b>	<b>10.30 – 12.30</b>
	<b>Date:</b>	<b>5<sup>th</sup> December 2013</b>
	<b>Venue:</b>	<b>Mtg Room 21, Floor 2, Wing C, Riverside</b>
	<b>Reference:</b>	
	<b>Chairman:</b>	<b>John Radford</b>

**In Attendance:**

John Radford- Public Health RMBC  
 Cllr Wyatt- RMBC  
 Ruth Fletcher-Brown – Public Health RMBC  
 Lesley McNeill – RCCG  
 Kate Tufnell – RCCG  
 Sara Graham – RB MIND  
 Simon Priest – EPS / RMBC  
 Jan Sparrow – Samaritans  
 Sam Newton – RMBC  
 Steve Kirk – RB MIND  
 Pete Horner – SYP  
 Kay Denton-Tarn – Healthy Schools (SES)  
 Janet Wilson – RCAT

Jayne Freeman - notes

**Apologies:**

Sally Kilgariff  
 Graeme Fagan  
 Michael Ibemesi  
 Tom Cray

<b>1</b>	<b>Welcome Introduction &amp; Apologies</b> Introductions were made around the table and apologies noted.	
<b>2</b>	<b>Minutes of Last Meeting</b> True Record	
<b>3</b>	<b>Matters Arising</b> <ul style="list-style-type: none"> <li>• <b>Notification of death by suicide when the person has died at TRFT</b> – SK was not present at the meeting but RFB advised that SK had contacted the Bereavement Centre and work was progressing.</li> <li>• <b>Top Tips</b> – these will appear in the RCCG newsletter to GPs along with the domestic abuse pathway. RFB has worked with partners from RDaSH and RCCG to produce a Top Tips on suicide prevention for all frontline workers. PH suggested we use the abbreviation CARE (Change, Ask, Respond and Explain). JR happy to endorse an asked if it could be singed off by the Medical Director for RDaSH.</li> <li>• <b>IYSS Membership</b> – RFB advised that she had identified the relevant person in the Integrated Youth Support Service and would make contact.</li> <li>• <b>Feedback from Conference</b> – <b>‘Suicide Bereavement is Everybody’s</b></li> </ul>	<b>RFB</b>

	<p><b>Business'</b></p> <ul style="list-style-type: none"> <li>○ Support for children to be included in the School Nursing contract.</li> <li>○ KW advised that he had been unable to include this discussion at the Bereavement Services Forum but would progress in the New Year.</li> </ul> <p>Any other matters arising covered by agenda.</p>	
4	<p><b>Update from Suicide Audit Group</b></p> <p>RFB advised that the last meeting of the group had not been held as there had been nothing further to report. She went on to say however that she had been notified of 3 suicides in the past week. Issues raised again re mechanisms to get information out.</p> <p>JR advised that one of the suicides in the past week was that of a 16 year old - he went on to say that support pathways had been put into operation immediately; rapid response – Police / Paediatrician / multidisciplinary meeting had been held with a meeting with the school to follow.</p> <p>JR informed colleagues that preventative actions re teen suicides had been discussed at a recent meeting he'd attended and that colleagues had agreed that targeted work should be more geared toward self harm and the need to focus on self harm / mental health in general. JR is to give a presentation at the Children's Safeguarding Board.</p> <p>RFB advised that a process was now in place re looking at support including fast tracking into services for children and young people who were; in the home where there is a suspected suicide / may have found the deceased / live at another address but related to the deceased. Flow chart to be emailed to the group. RFB thanked PH for all his help with this process</p> <p><b>Raising Awareness:</b> RFB asked partners for help in compiling an up to date contact list re support facilities over the Christmas and New Year period. This will go out with the Top Tips to GPs and can be publicised on partner organisations' websites.</p>	ALL
5	<p><b>Adult Suicide Cluster Plan</b></p> <p>RFB has met with SN and this will be deferred to a future meeting.</p>	
6	<p><b>Suicide Prevention and Self Harm Action Plan</b></p> <p>Still awaiting updates from partners – final version to come to February meeting.</p>	RFB
7	<p><b>Suicide Prevention Training</b></p> <p>RFB advised of training recently held;</p> <ul style="list-style-type: none"> <li>○ Applied Suicide Intervention Skills Training (ASIST) 2 day course held mid – November. Very well attended and feedback positive – RFB advised that she had been informed that the model had been put into practice in a local school with positive results.</li> <li>○ SAFE TALK Training half day course held late November – more basic course but again well attended and feedback very positive.</li> </ul> <p>More training to be held in the New Year – to include Mental Health First Aid Training. SW advised of possible problems for partners around cost for training in the current climate.</p>	
8	<p><b>Task and Finish Group Updates</b></p> <ul style="list-style-type: none"> <li>• <b>Self Harm Pathway (Children &amp; Young People 9-25yrs)</b> – group have met – RFB advised following on from this meeting she met with RB from CAMHS and they adapted pathways from other areas. To be emailed to the group.</li> </ul> <p>SG informed colleagues that the Youth Cabinet have included Self Harm as part of their manifesto for the coming year and during half term she gave a presentation</p>	RFB

	<p>to a group of young people around Self Harm. The Youth Cabinet will be meeting with Providers and Commissioners as part of their commitment to this issue.</p> <ul style="list-style-type: none"> <li>• <b>Bereavement Support</b> – Adult pathway to be progressed but the pathway for children and young people has been produced.</li> </ul>	
9	<p><b>Suicide Prevention Lessons Learnt Conference 3<sup>rd</sup> April 2014</b>  Picking up on recent suicides, RFB informed colleagues that a Conference is to be held on 3<sup>rd</sup> April 2014. She advised the group that she is currently looking at a programme for the day but some of the topics to be covered would be;</p> <ul style="list-style-type: none"> <li>○ Lessons learnt</li> <li>○ Good practice</li> <li>○ Cyber bullying</li> </ul> <p>More information will go out to the group when available.</p>	
10	<p><b>Any Other Business</b>  JW advised that RCAT are currently in the early stages of working on a new Mental Health policy for young people and will keep the group informed of progress.</p>	
11	<p><b>Date and Time of Next Meeting</b>  6<sup>th</sup> February 2014  10 – 12  Mtg Room 21, Floor 2, Wing C, Riverside House</p>	
	<p><b>Glossary of Abbreviations</b>  PH Public Health  RCCG Rotherham Clinical Commissioning Group  RDaSH Rotherham Doncaster and South Humber NHS Foundation Trust  RMBC Rotherham Metropolitan Borough Council  TRFT Rotherham NHS Foundation Trust  SYP South Yorkshire Police  C&amp;YPS Children &amp; Young People's Services  CAMHS Children &amp; Young People's Mental Health Services  IYSS Integrated Youth Support Services</p>	

<b>Minutes</b>	<b>Title of Meeting:</b>	<b>Obesity Strategy Group</b>
	<b>Time:</b>	<b>9.30 a.m.</b>
	<b>Date:</b>	<b>Wednesday, 5<sup>th</sup> February 2014</b>
	<b>Venue:</b>	<b>Rotherham Institute for Obesity, Clifton Lane Medical Centre</b>
	<b>Reference:</b>	<b>JS/JP</b>
	<b>Chairman:</b>	<b>Joanna Saunders</b>

Present: Hayley Mills, Joanna Saunders, Jill Ward, Catherine Homer, Kay Denton-Tarn, Poppy Woolley, Matt Capehorn, Juliette Penney, Chris Siddall, Ron Parry and Janet Payne (minutes)

Apologies: Councillor Ken Wyatt, Councillor Judy Dalton, Linda Jarrold, Adrian Hobson, Rich Cowley, Rebecca Atchinson, Lynn Senior, Sarah Groom, Paul Gately and Gill Alton.

<b>Item</b>	<b>Description</b>	<b>Action</b>
<b>2014/01</b>	<b>Welcome/Introductions/Apologies</b> JS welcomed everyone to the meeting. Apologies were noted.	
<b>2014/02</b>	<p><b>Minutes of the meeting held on 23<sup>rd</sup> October 2013 and matters arising</b> The minutes were agreed as a correct record. The following matters were discussed:</p> <p>It was reported that <b>National Obesity Awareness Week</b> (minute 2013/58 refers) went really well and on a national level was the best ever. Locally the smoothie bike got really good media coverage with lots of participation and photo-shoots which included the Titans rugby team.</p> <p>MC spoke about coverage on the NOF website, an article and picture had been in the Rotherham Advertiser. HM gave JS a CD with photographs from Maltby Leisure Centre, Oak House, Riverside and RDGH.</p> <p><b>ACTION: JS to send a picture from NAOW events to MC for the NOF website.</b></p> <p>JS spoke about the <b>Health &amp; Wellbeing Strategy</b> (minute 2013/60 refers) progress and the cessation of the steering group. She continues to update the Healthy Lifestyles theme action plan (attached version updated Dec 2013) and provide updates on the priorities (including obesity) as required. The Strategy is under review and there is discussion about the monitoring of performance against the Public Health Outcomes Framework (PHOF) at the H&amp;W Board. New adult prevalence data (% adults overweight and obese combined) from the Active People Survey had been published and Catherine updated the group on Rotherham's position as follows:</p> <p>Rotherham = 65.3 England = 63.8 Yorkshire &amp; Humber = 65.4</p>	<b>JS</b>



	<p>This data will form the baseline for monitoring of the PHOF. CS asked about where the targets came from on the performance management framework for the Healthy Lifestyles theme, and commented that he does not have data to support the measure specified.</p> <p><b>ACTION: CS is to email JS on what can be measured.</b></p> <p>JS agreed to circulate the <b>Health Trainer Service</b> Annual Report to the group. Phill Spencer, the HT team manager will be added to the mail group for the OSG.</p> <p><b>ACTION: JS to circulate report/add PS to mail group.</b></p>	<p>CS/JS</p> <p>JS</p>
2014/03	<p><b>National Child Measurement Programme data</b></p> <p>JS referred to the NCMP programme data and pointed out the continued high level of participation by Rotherham and the performance trend tables. Whilst this data is the first to have a cohort of children measured in Reception (in the first year of the programme) and Year 6 (the current year), the data for these children is not considered to be of high quality for the purposes of comparison with other local authorities because coverage was not good in all areas at the start of the programme.</p> <p>JS referred to the sharp increase in obesity in children in Reception and a lesser increase in Year 6 from the previous year, making the Reception figure similar to the England average and the Y6 above it. She also highlighted the tables which demonstrate that there are higher levels of childhood obesity in deprived areas of the Borough. JS also stated that the percentage of underweight children has reduced and is now similar to the England average. There is a lot of narrative with the data and members of the group were encouraged to read it to understand the complete picture.</p> <p>JS mentioned her meeting with MC, CH and Anna Clack in January relating to enhancing referrals to services following NCMP letters to parents/carers. There had been confusion for primary care practitioners relating to the charts and categorisation of overweight and obesity. It was agreed that information would be provided for primary care and that training would be provided for school nursing and other interested staff as soon as possible.</p> <p><b>ACTION: JS/Public Health to send a letter to primary care from Dr. John Radford clarifying the use and interpretation of BMI growth charts and organise events for School Nursing in collaboration with MC and JP. Also to suggest for a future PLT event.</b></p> <p>KDT added that she has been actively raising awareness of weight management services in schools and encouraging referrals and self-referrals. It was acknowledged that more information could be provided for parents with feedback letters and CH/MC/JP agreed to produce this.</p> <p>KDT is piloting a "roadshow" approach to health and wellbeing in schools in partnership with a range of statutory and voluntary/community agencies. Weight Management services would be represented at the first event in Dinnington.</p>	<p>JS/CH/MC/JP</p> <p>CH/MC/JP</p>

2014/04	<p><b>Children &amp; Young People's Lifestyle Survey</b> KDT circulated the CYPS Lifestyle Survey results - all 16 secondary schools in Rotherham had participated compared to 9 last year. JS made members of the group aware of a national survey which was being developed and piloted with 15 year olds – this survey will provide the baseline data for the Public Health Outcomes Framework.</p> <p><b>ACTION: The full Lifestyle Survey report to be circulated.</b></p>	JS
2014/05	<p><b>Future commissioning of the Healthy Weight Framework services</b> Discussion took place around the forthcoming guidance for commissioning responsibility for T3 adult weight management services which may shift the responsibility away from the Local Authority. This would impact on the pathway management and re-commissioning plans. In the short term, RMBC was seeking to re-commission the framework of services as is. Work was ongoing to get the notification (or advert) and pre-tender questionnaires onto the Yortender procurement site as soon as possible.</p> <p>MC referred to a random survey of the public in the town centre, which showed that only 29% of people were aware of RIO. KDT asked if posters advertising RIO were in schools and libraries. Discussion took place about getting more posters into public buildings and KDT offered to support getting information to all schools.</p> <p><b>ACTION: All providers to support this action.</b></p>	All providers
2014/06	<p><b>Physical Activity update/Tour de France (Rebecca Atchinson and Chris Siddall)</b></p> <p>CS said he and RA were working with the Rotherham Active Partnership and a new structure, which has Cllr Amy Rushworth as the Chair of the group. CS commented that the partnership with public health had been very valuable in refocusing the work of the partnership and the opportunities for drawing down external funding. He updated the group re the Tour de France programme and local activity to promote cycling.</p> <p>CS highlighted a further £18m funding programme for children to be more active.</p> <p><b>ACTION: CS to provide details to group</b></p>	CS
2014/07	<p><b>School Meals update</b> JS thanked RP for attending the meeting to provide an update on free school meals for children in KS1 (infants) which will be provided from September 2014. This will mean an additional 3,000 meals per day for Rotherham which would come from a capital grant of £600,000 to the Local Authority. RP also talked about the school meals brochure which is currently being reviewed and could include information about weight management services for children as well as promoting the free school meal offer. CH is working on this with RP.</p> <p>Rotherham produces over 19,000 schools meals each day and currently about 74% of eligible families take up their entitlement to free school meals. RP hopes this will go up to 80%. JW asked</p>	

	<p>about input on the nutritional content of meals and how they were developed and RP said they had been devised using specialised computer software. JW offered dietetic support from her team to review the brochure. KDT asked RP about 'taster' sessions for school meals and he said it is really up to the individual cooks as to whether they provided these or not. A publication from the Children's Food Trust (the "Little Book of Goodness") is also available locally and there was discussion about the opportunities for refreshing marketing materials for the service.</p>	
2014/08	<p><b><i>Any Other Business</i></b>  <u>Conference Presentation</u> - JS had been invited to speak at the LGP Public Health Conference in Birmingham. JS to provide a link to the presentations when available.  <b><i>ACTION: JS to send out link</i></b></p> <p><u>Children's Food Trust Let's Get Cooking programme</u> - KDT said some schools and sites had taken it up locally. A discussion ensued about <u>Cook &amp; Eat</u> facilities and the opportunities for training to deliver Cook &amp; Eat for weight management services clients. Information about the Open College Network accredited training is available from The Department of Dietetics &amp; Nutrition at TRFT who deliver the programme locally.</p>	
2014/09	<p><b><i>Dates of future meetings</i></b>  Further meeting dates were confirmed as follows:</p> <p>Wednesday, 7<sup>th</sup> May 2014  Wednesday, 30<sup>th</sup> July 2014  Wednesday, 22<sup>nd</sup> October 2014</p> <p>All to be held at RIO from 9.30-11.00 am</p>	

Joanna Saunders  
Head of Health Improvement  
18<sup>th</sup> February 2014

<b>Minutes</b>	<b>Title of Meeting:</b>	<b>Rotherham Tobacco Control Alliance</b>
	<b>Time:</b>	<b>2:00pm</b>
	<b>Date:</b>	<b>16 January 2014</b>
	<b>Venue:</b>	<b>Riverside House, Rotherham</b>
	<b>Reference:</b>	<b>AI</b>
	<b>Chairman:</b>	<b>Cllr Ken Wyatt</b>

**Present:**

<b>Cllr Ken Wyatt (Chair)</b>	<b>RMBC</b>
<b>Alison Iliff</b>	<b>RMBC Public Health</b>
<b>Cllr Judy Dalton</b>	<b>RMBC</b>
<b>Sandie Holloway</b>	<b>Dearne Valley College</b>
<b>Alan Pogorzelec</b>	<b>RMBC</b>

**Apologies:**

<b>Jon Miles</b>	<b>Rotherham NHS Foundation Trust</b>
<b>Simon Lister</b>	<b>Rotherham Stop Smoking Service</b>
<b>Peter Jones</b>	<b>South Yorkshire Fire and Rescue</b>
<b>Kay Denton Tarn</b>	<b>RMBC Healthy Schools</b>

<b>1.</b>	<p><b>In attendance and apologies</b></p> <ul style="list-style-type: none"> <li>Cllr Wyatt welcomed everybody to the meeting.</li> <li>Apologies were received from Jon Miles, Simon Lister, Pete Jones and Kay Denton Tarn</li> </ul>	
<b>2.</b>	<p><b>Minutes from the last meeting and matters arising</b></p> <p>The minutes of the previous meeting were agreed as a true and accurate record.</p> <p><b>Matters arising</b></p> <ul style="list-style-type: none"> <li>There were no matters arising that are not covered elsewhere on the agenda</li> </ul>	
<b>3.</b>	<p><b>Update on tobacco control services for 2014/15</b></p> <p><b>Doncaster and Rotherham Smokefree Service</b></p> <p>The contract for this service was awarded to South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) in late December. The staff in the existing service will all transfer to SWYPFT and they will take over running the service from April 2014, with the full new specification in place by the end of June. The new service will provide different tiers of support based upon the need of the client, assessed via quitting history, level of addiction, medical history, demographics (target group).</p> <p><b>Stop smoking support in pregnancy</b></p>	

	<p>The intention is that the service will remain at RFT becoming formally part of the midwifery service. A new head of midwifery has started this month and Alison has a meeting with her on 17 January.</p> <p><b>Post meeting note:</b> the meeting was positive and productive and focused on finding solutions to issues associated with the transfer.</p> <p><b>Communications and Social Marketing for tobacco control</b> This tender is being led by RMBC on behalf of Doncaster and Sheffield authorities. We are due to issue the invitation to tender imminently (awaiting a document from legal) and the contract should start on 01 April 2014.</p> <p><b>Enforcement officer</b> A dedicated tobacco enforcement officer within trading standards will be funded by PH from 01 April 2014. A service level agreement has been agreed for this work. The officer would make links with area assemblies, parish councils etc to raise awareness of the issue of cheap and illicit tobacco and underage sales, and encourage reporting of any intelligence about contraventions.</p> <p><b>Youth prevention</b> Funding will be given to the integrated youth support service for youth prevention activity from 01 April 2014. A service level agreement is in development.</p>	
4.	<p><b>E-cigarettes</b></p> <p>E-cigarette use continues to increase, as do retailers of the products. They can only be regulated as consumer products, so the only action Trading Standards can take is if products that are tested contain substances other than those claimed. Chargers for e-cigarettes have been implicated in house fires in South Yorkshire.</p> <p>The group discussed the recent position statement from Public Health England and the current consideration of a ban on e-cigarettes at Rotherham Hospital. Given the information from PHE the Alliance would recommend their prohibition on trust premises, but noted that the decision whether to implement the recommendation would be for RFT to make.</p>	
5.	<p><b>Young People's Lifestyle Survey</b></p> <p>The 2013 Young People's Lifestyle Survey is now published and had been circulated to Alliance members. The key findings for smoking are:</p> <ul style="list-style-type: none"> <li>• Increase in percentage of pupils saying their home is smokefree (66%, up from 64% in 2012)</li> <li>• Increase in percentage of pupils who have never tried cigarettes (94% of year 7 and 64% of year 10. In 2012 the figures were 92% and 58% respectively)</li> <li>• Reduction in regular smoking (1% of year 7, down from 2% in 2012, and 9% of year 10, down from 14% in 2012)</li> <li>• More than 35% of year 10 pupils reported getting their cigarettes from local shops</li> </ul> <p>There was discussion about the questions asked in the survey – these differ from those in the national survey of drinking, smoking and drug</p>	

	<p>use in young people as they only ask about weekly or less frequent smoking. Until this year the Rotherham pupils were left to make a subjective decision as to whether they were regular or occasional smokers; in 2013 some guidance was given (at least one cigarette per week for regular, less than one cigarette per week for occasional) and this could, in part, account for the large drop in regular smokers at year 10.</p> <p>Specific definitions and perception of what 'regular smoker' means can be quite different; members of the group felt regular would indicate more frequent smoking than one per week so when data is published the general public may think the smoking rate is more extreme than it is. The national survey contains the following question (bullet in bold does not appear in the local survey):</p> <p><i>Now read the following statements carefully and tick the box next to the one which best describes you.</i></p> <ul style="list-style-type: none"> <li>• <i>I have never smoked</i></li> <li>• <i>I have only ever tried smoking once</i></li> <li>• <i>I used to smoke sometimes but I never smoke a cigarette now</i></li> <li>• <i>I sometimes smoke cigarettes now but I don't smoke as many as one a week</i></li> <li>• <i>I usually smoke between one and six cigarettes a week</i></li> <li>• <b><i>I usually smoke more than six cigarettes a week</i></b></li> </ul> <p>If we adopted the same question as the national survey we could apply the descriptor in the same way to still enable comparison with national data and previous local surveys, but we could also have a clearer picture of the proportion of pupils smoking more heavily.</p> <p><b>Action: AI to feed back to the team managing the YP Lifestyle survey to request the addition of the question relating to 6 or more per week</b></p>	AI
6.	<p><b>No Smoking Day</b></p> <p>This year's No Smoking Day is on 12 March and the theme is V for Victory – celebrating the victory people feel when they successfully quit smoking. The Stop Smoking Service will be promoting at a health event at RFT and promoting via social media in the lead up to the day. The No Smoking Day charity became part of BHF last year and so there is greater opportunity for promotion via Heart Town partners than in previous years and BHF shops will be promoting NSD.</p> <p>Display packs have to be ordered individually – it is no longer possible to bulk order for distribution. The link for the organiser's free display pack is: <a href="http://www.nosmokingday.org.uk/sign-up">http://www.nosmokingday.org.uk/sign-up</a></p>	
7.	<p><b>Round table update</b></p> <p><b>RSSS:</b> Simon had sent the RSSS update via email. AI circulated this to Alliance members after the meeting.</p> <p><b>SYFR:</b> a rationalisation of the number of partnership meetings SYFR staff could attend has been made and tobacco alliances have been made a lower priority. It was suggested that we could try to focus all SYFR-related issues into one meeting each year.</p> <p><b>South Yorkshire Tobacco Alliance meeting:</b> it was suggested that</p>	SL

	<p>discussions take place with Doncaster, Sheffield and Barnsley about having one joint tobacco meeting each year to facilitate sharing of activity and best practice and networking for those involved in tobacco control. This is more relevant now as a result of the joint commissioning arrangements.</p> <p><b>Trading Standards:</b> Alan shared information on a number of raids that took place in November 2013 and used a sniffer dog to assist in finding the concealed products.</p> <ul style="list-style-type: none"> <li>• Five raids took place</li> <li>• 6,000 cigarettes were seized</li> <li>• 20kg hand rolling tobacco was seized</li> <li>• Currently the penalties issued for selling cheap and illicit tobacco do not reflect the crime committed. However, if a retailer is convicted their licence to sell alcohol would automatically be reviewed and criminal activity can influence the decision to renew the licence.</li> </ul>	
	<p><b>Date and time of next meetings</b></p> <ul style="list-style-type: none"> <li>• Thursday 17 April 2014</li> <li>• Thursday 17 July 2014 (<i>this date is likely to change</i>)</li> <li>• Thursday 16 October 2014</li> </ul> <p>All meetings will be held at Riverside House, floor 2, wing B, room 21 and run from 2.00pm – 3.30pm</p>	



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 50<sup>th</sup> 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 45<sup>th</sup> 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:

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