HEALTH SELECT COMMISSION

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

Date: **Thursday, 12th June, 2014**

Time: **9.30 a.m.**

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972

2. To determine any item 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. Questions from members of the public and the press

6. Communications

7. Minutes of the Previous Meeting (Pages 1 - 15)

8. Health and Wellbeing Board (Pages 16 - 24)
   - Minutes of meetings held on 23rd April, 2014

9. Issues from Healthwatch

10. Rotherham Foundation Trust Quality Account (Pages 25 - 35)
    - Tracey McErlain-Burns, Chief Nurse and Hilary Fawcett, Quality Governance Lead

11. Better Care Fund Action Plan (Pages 36 - 86)
    - Tom Cray, Strategic Director NAS and Kate Green, Policy Officer

12. Health and Wellbeing Strategy - Update on Poverty Workstream (Pages 87 - 153)
    - Dave Richmond, Director of Housing and Neighbourhoods

13. Scrutiny Review: Urinary Incontinence (Pages 154 - 158)

14. Representatives to Working Groups/Panels

(1) Health, Welfare and Safety Panel
One Member plus a substitute
Meets quarterly on a Friday
(next meeting on 11th July)
(Councillor Wootton and Councillor Dalton (substitute)

(2) Recycling Group
One Member
Meets quarterly on a Tuesday at 10.00 a.m.
(Councillor Beaumont)

(3) Environment Climate Change Group
(Councillor Watson)

15. Date and Time of Next Meeting

- Thursday, 25th June, 2014 at 9.30 a.m.

HEALTH SELECT COMMISSION
17th April, 2014

Present:- Councillor Steele (in the Chair); Councillors Barron, Dalton, Goulty, Hoddinott, Kaye, Middleton, Roche and Wootton.

Apologies for absence:- Apologies were received from Councillors Beaumont, Havenhand, Sims and Watson, Robert Parkin (Speak Up) and Peter Scholey.

80. DECLARATIONS OF INTEREST

There were no declarations of interest made at this meeting.

81. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public and press present at the meeting.

82. COMMUNICATIONS

(1) Response to Youth Cabinet

The response to the question from the Youth Cabinet (Minute No. 70 of 13th March, 2014) was attached to the agenda.

(2) Joint Health and Overview Scrutiny Committee

2 reports had been published following the Leeds Children's Heart Surgery Services review – the Mortality Case Review and the Family Experience. The third report, Governance Review, would be published later in the year:-

Mortality Case Review Overview Findings

- Clinical management of the cases examined showed medical and surgical care to be in line with standard practice
- Case mix of surgical conditions and patients operated on was in keeping with comparable Children's Cardiac Surgical Units in the United Kingdom
- The cases reviewed were predominantly of high or significant complexity often with additional contributory risk factors

Family Experience Finding

- A number of themes around care planning and support for families emerged based on the views and experience of 16 children and their families

Both reports made recommendations that had formed the basis for an action plan that the LTHT and the Unit were implementing – Service development, audit programme development.

(3) Suicide Prevention Conference
The conference, held in Rotherham, had been attended by Councillors Beaumont, Dalton and Steele representing the Select Commission. It had been a well attended thought provoking event with some very good speakers. CARE about Suicide, the Guide to help universal workers prevent suicide, had been launched. The Chairman highlighted the work of the Youth Cabinet on self-harm which had been featured at the conference.

(4) The Rotherham Foundation Trust Quality Accounts
The first draft would be circulated at the end of April/first week in May for Members to consider before the Trust attended the meeting in June.

(5) Healthwatch
It was proposed that there be a new standard agenda item "Issues from Healthwatch", either verbal update or written report, to enable Healthwatch to raise issues/concerns they wished to bring to the Select Commission's attention.

(6) Yorkshire Ambulance Service Quality Accounts
To be submitted shortly.

Resolved:- That "Issues from Healthwatch" be included as a standing item on future agendas.

83. MINUTES OF THE PREVIOUS MEETING

Consideration was given to the minutes of the meeting of the Health Select Commission held on 13th March, 2014.

Resolved:- That the minutes of the meeting held on 13th March, 2014, be agreed as a correct record for signature by the Chairman.

84. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the meetings of the Health and Wellbeing Board held on (i) 19th February and (ii) 23rd March, 2014.

Councillor Wyatt, Chairman of the Health and Wellbeing Board, drew the Select Commission's attention to the following issues:-

- Rotherham Active Partnership (Minute No. S79) – 6 monthly reports to the Board with the sports agenda meshing more closely with the health agenda, including funding streams
- Joint Strategic Needs Assessment Consultation (Minute No. S81) – additional issues had been referred for inclusion within the document which was available on the website
- Peer Review (Minute No. S85) – the offer of a Peer Review had been taken up and may involve members of the Select Commission

- National Energy Action Fuel Poverty (Minute No. S86) – a lot of learning had come from the project
- Better Care Fund (Minute No. S87) – work in progress
- Novation to Healthwatch (Minute No. S88) – would allow Healthwatch to operate as a social enterprise
- Mental Health and Learning Disability Services (Minute No. S90) – a pilot was being run in Rotherham with RDaSH and South Yorkshire Police for those with mental health issues involved in the criminal justice system to ensure they were in the correct placement

Resolved:- That the minutes of the meetings be received and the contents noted.

85. RDASH - QUALITY ACCOUNTS

Karen Cvijetic, Head of Quality Improvement, gave the following powerpoint presentation:-

What is a Quality Report?

- Coalition Government White Papers set out the vision of putting Quality at the heart of everything the NHS did
- Key component of the Quality Framework was the continuing requirement for all providers of NHS Services to publish Quality Accounts
- This was the opportunity to enable the OSC to review and supply a statement as to whether “the report was a fair reflection” of RDaSH services
- 2013/14 was the 6th Quality Report produced by RDaSH

2013/14 Quality Performance

- Care Quality Commission (CQC)
  Registered with no conditions
- CQC Inspections
  11 inspections of Trust services
  3 of Learning Disability Services in Rotherham
  1 Trust-wide inspection
- Compliant with essential standards of quality and safety reviewed
- CQC Mental Health Act Monitoring Visits
  18 monitoring visits of Trust Mental Health Inpatient Services
  7 monitoring visits of Rotherham Mental Health Inpatient Services
- Compliant with some minor improvement actions
- Commissioner-led Quality Visits
  Adult Mental Health Community Services
  Positive feedback
- Quality improvement Initiatives
  Child and Adolescent Mental Health Services
  Trust Quality Improvement Team

- Commissioning for Quality Indicators (CQUIN)
  Patient Safety i.e. Safeguarding, Patient Safety Thermometer
  Clinical Effectiveness i.e. Outcome Measures, Transitions
  Patient Experience i.e. Patient/Carer Survey

Review of Quality Markers 2013/14
Three domains of quality:-
- Patient Safety
- Clinical Effectiveness
- Patient Experience

Plus
- Our people/staff

Examples of Quality Improvement Work
- Patient Experience
  - Respecting, involving and empowering patients
  - Improving care through patient feedback
  - Improving access
  - Making service/treatment information available
- Patient Safety
  - Changes in practice through lessons learned
  - Environmental safety/accessibility
  - Personalised care planning
  - Records management
  - Safeguarding
- Clinical Effectiveness
  - Access to supervision
  - Implementing evidence based practice
  - Staff engagement in clinical effectiveness activity
  - Development of care pathways
  - Development of outcome measures

Process for 2014
- Consultation with Select Commission
- Engagement with Trust Council of Governors – regular agenda item/draft Quality Report for comment
- Draft Quality Report to Trust Clinical Governance Group and Board of Directors

Quality Priority for 2014/15
- Clinical Leadership – developed by Board of Directors, Council of Governors and Business Divisions

Francis Declaration
- Trust Francis Declaration jointly signed off by Board of Directors and Council of Governors in December, 2013
- 4 Francis priorities for 2014:-
  Culture
  Engagement
  Non-professionally quality staff
  Whistleblowing

National and Public Health Priorities 2014/15
- Tier 4 CAMHS
- 7 day working
- Better Care Fund
- Closing the Gap
- Public Health – provision of Substance Misuse Services and possible retendering of services

Local Commissioning Priorities 2014/15
- Consideration of investment in priority areas following the outcomes of the reviews
- A review of Mental Health and Learning Disability Services
- A review of the Learning Disabilities Assessment and Treatment Unit and Community Services
- Development of a comprehensive CAMHS Strategy
- Development of care pathways and packages (Mental Health Payment and Pricing Systems)

Next Steps
- Receive Select Commission's comments for inclusion in the Quality Report – May, 2014
- Report to Board of Directors – 24th April, 2014
- Report to Council of Governors – 16th May, 2014
- Report to Monitor – 30th May, 2014
- Review by Audit Commission – April/May, 2014

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

- Review of the Learning Disabilities Assessment and Treatment Unit and Community Services was being conducted in conjunction with the commissioners looking at if there were the right number of beds, in the right environment, staffing levels as well as financial implications

- Development of a comprehensive CAMHS Strategy – currently RDaSH was not commissioned to provide the Inpatient Service. Work was taking place to ascertain how that could be developed. Work was taking place to review the full Service and Pathways. Seamless transfers were raised for transition. The Strategy could come to a future meeting of the Select Commission

- Another piece of work was around Child and Adolescent Mental Health Services and taking part in a pilot on Child and Mental Health

- The inspection regime and its ratings were in the process of changing to that similar to the rating used by Ofsted. The indications were that RDaSH would not be found to be "Inadequate"; it was hoped to be found "Good". It would be more in depth looking at leadership, quality, governance and services. RDaSH hoped to receive a "Good" rating and have had positive indications. Minimum standards were what was assessed

- Work was taking place on how to report whistleblowing figures as they were currently not published. Internally there were various methods that could be used to whistleblow as well as through the Care Quality Commission. There had been approximately 30 incidents of whistleblowing. The organisation was confident that the public were aware of the processes and were using them. Each incident raised by the CQC had been responded to and reported to the Board and Clinical Governance Group

- Work was taking place with commissioners and partners with regard to 7 day working to ascertain the possibility of sharing resources and locations/buildings in order to make the best use of what was available

- An identified area for improvement was around communications with GPs and thereby access into RDaSH services, information sharing between the 2 and data quality. A lot of work had taken place on communications with GPs including visits to practices, newsletters and health events and also on improving the Key Performance Indicators. A survey had recently been conducted with the GPs from which there had been very positive feedback. Due to the concerns there had been a contract query from the commissioners, but due to the aforementioned work, it had now been signed off as complete

Karen was thanked for her presentation. It was noted that she would supply the final report to Select Commission Members as soon as possible for comment

Resolved:- (1) That the presentation be noted.

(2) That upon receipt of the final report, Members of the Select Commission forward any comments to the Chairman.

(3) That, upon receipt of comments on the final report, the Chairman and Vice-Chair submit to RDaSH on behalf of the Select Commission.

86. RTFT - PROGRESS UPDATE ON ACTION PLAN

The Chairman welcomed Martin Havenhand (Trust Chair), Tracey McErlain-Burns (Chief Nurse), Jan Bergman (Director of Transformation/Deputy CEO) and Kerry Tate Maskill (Communications Officer) to the meeting who were present to give an update on the Operational Plan 2014-16.

The following presentation was given on the 2 Year Operational Plan:-

Vision
- To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe and first class experience

Mission
- To improve the Health and Wellbeing of the population we serve, building a healthier future together

Values
- Safe, Compassion, Together, Right First Time, Responsible and Respect will underpin the way we work and define the culture we wish to build within the organisation

Strategic Objectives
- Develop high quality and safe services that effectively met the changing healthcare needs of the population it served
- Achieve clinical and financial sustainability
- Work with partners across the local health economy to ensure sustainability of wider healthcare provision
- Ensure that it had the leadership capability and capacity to deliver the strategy and services
- Ensure that its governance arrangements were fit for purpose and help shape the behaviours that would achieve the strategy
- Meet its regulatory requirements
- Develop and maintain an appropriately skilled and engaged workforce to meet service needs now and in the future
- Develop a culture based on their values and behaviours

Trust Key Priorities
Strategy
- Develop 5 Year Strategic Plan
- Transformation Programme Action Plan
- Board Development Programme

Structure
- Appointment of CEO and Executive Team
- Clinical Management Re-structuring
- Board Committee Structure
- Assurance Framework
- Risk Management

People
- Staff Communication and Engagement
- People Performance Management
- Performance Management Framework
- Stakeholder Engagement Plan
- Governor Engagement

Operational Objectives
- To provide quality and safe health services
- To address the underlying financial deficit
- To successfully implement a £22M Cost Improvement Programme
- To produce and implement Clinical Strategies which:
  Identify those services that sustain a stand-alone Trust
  Identify those services for increased collaboration
  Identify those services to be provided by other providers
- Deliver a Board Development programme
- Establish the Executive Team
- Implement Clinical Re-structuring
- Embed and sustain new Board and Committee structures
- Introduce and embed the Board Assurance Framework and Risk Management Strategy
- Develop a staff communication and engagement process
- Introduce the Trust Performance Management Corporate Report and monitor performance throughout the plan period
- Undertake performance appraisal for all staff by Q1
- Develop stakeholder engagement plans
- Agree a forward work plan with Governors

Quality Objectives
Safe
- Mortality
- Harm Free Care

Reliable
- Waiting Times

Caring
- Friends and Family Test

All Domains
- Nationally and locally mandated quality requirements

CQUIN
- 9 focus areas

Organisational Risk
- Quality of Care
- Commissioning and Competition
- Operational Delivery
- Cost Improvement Programme
- Workforce

Operational Challenges

- Unscheduled Care – in particular ageing population and increase in frail elderly demand for care
- Managing Long Term Conditions in non-acute settings
- Clinical Referrals Managements – delivering outpatient efficiencies
- Service Transformation
- Delivering 7 Day Working
- Commissioning Intentions
- Better Care Fund
- Any Qualified Provider
- Co-operation and Competition
- Collaboration and Integration
- Service Specification Development
- Clinical Service Sustainability
- Recruitment of Registered Nurses
- Development of motivated, engaged workforce

Conclusion

- Delivery of financial and operational plans was critical to ensure sustainability
- Engaging the workforce at all levels would be critical to delivery
- Effective leadership and ownership was required to challenge progress and performance
- Clinical Strategies would drive changes to deliver improved pathways for patients and subsequently improve efficiency
- Ongoing engagement with other local providers to explore opportunities for collaboration and partnership working was vital

Discussion ensued with the following further information provided to Members:-

- The breaches put in place by Monitor were not likely to be lifted until April, 2015

- 5 year Strategic Plan to be submitted by 30th June, 2014

- Consultation would take place on the 8 strategic objectives over the coming months as required by Monitor

- The Board had recently identified the key priorities that were “must dos” in order to provide the quality of care and services the public of Rotherham would want to be provided and to ensure the Trust functioned efficiently and effectively as a good quality organisation

- Throughout the recent difficult times, standards had been maintained in the quality of care in hospital and community which the staff and clinicians should be congratulated for

- The 14 operational objectives were distilled from the 8 strategic objectives

- Aim to communicate clearly and effectively with everyone who worked for the Trust so all were accountable for the delivery of the strategic objectives, therefore, all staff would have had a face-to-face appraisal by 30th June, 2014. Appraisals had been conducted in the past but had not been diligently implemented and were not about performance or connected with a follow through down from the organisation's strategic objectives. It was important that all staff understood their role in delivering the objectives

- The restructuring was almost complete with 4 Directors delivering the standard of care across the Trust

- The Trust's 2014/15 Quality Accounts would feature the 4 Quality Objectives – Safe, Reliable, Caring and All Domains. It also wished to focus on standards for patients with Learning Disabilities so LD CQUIN would also be included

- 2 new posts had been created in the Executive Team – Chief Operating Officer and Director of Workforce and Transformation. There was now a Workforce Committee within the Committee Structure. The Group leading on Employee Relations within the Trust had been reviewed with a view to a member of staff taking on the role of Chair rather than a Senior Manager. It was also suggested that consideration be given to a Trade Union representative sitting on the Workforce Committee

- The 5 year plan would be based on reviewing the specialities within the Trust, looking at best practice, working with partners and ensuring it was fit for purpose

- The Trust had to remove £22M from its budget over the next 2 years - £10.9M in year 1 and £10.8M in year 2. It was the intention and plan to make a surplus of £0.7M in 2014/15 with a further £2.2M in 2015/16

- It was key for the Trust to get out of the Monitor Special Measures and focus on issues that a Trust should focus on i.e. quality of patient care

- The plan predicted a 5% Cost Improvement Programme – ambitious as most Trusts predicted 3.5% - which meant it had to save £10.9M this financial year. The Trust planned to achieve £12.4M. The Transformation Programme established 3 months ago was well under way and to date had achieved £8.44M savings

- For the first time the Board had built in reserves – 1% contingency – plus £1.5M for Invest to Save

- The last 4 months had seen an improving financial position – at the beginning of the financial year there had been a £4.6M forecast overspend but that had recovered and was now likely to be £3.2M

- The 2 year plan addressed the key strategic and operational challenges and would also sit within the 5 year plan. They had been derived from the issues the Trust needed to monitor and ensure were being satisfied throughout the process

- A score card was produced for submission to the Board on a monthly basis and would be included on the website this would reference the operational challenges

- The hospital faced real challenges and the citizens and Members of Rotherham wanted to see it work and have good quality health care in the town

- Disappointment was expressed that reports from the Deloitte and PwC reviews had not been shared with the Select Commission previously. It was noted that the EMR report had raised the issue of the organisational culture with staff being afraid of voicing concerns. Those issues were being put right as the Transformation Programme moved forward. There would always be some that said they were not fully informed but there would be a supportive approach. The Trust would only succeed if it engaged with colleagues and supported them and there was a Board development programme including how they would engage and do things differently.

- Examples of the new culture of working included the Chief Executive having worked over the weekend to understand and experience the new initiative being implemented following the review of Emergency Care and see what it was like to work in that Department. Other members of the Executive Team regularly worked on the Wards at night to gain night staff experience. Staff had fedback that they did not appreciate the use of agency staff and had recommended that they be encouraged to join the Nursing Bank and work within the Trust. Within 3 days of receipt of that recommendation the Executive Team had listened and it had been announced that it would be implemented

- Patient pathways were the key to transformation and there would be reports by late summer. Many of the £8.44m savings had come from staff ideas rather than from the leadership team

- Would be helpful for the Select Commission to receive performance outcomes against the plan

– The cuts would mainly be against efficiencies and contract expenditure. The length of stay for patients within the Trust was average - within Surgery it was good but within Medicine not so good with patients staying 1 day longer than average. Working with Social Services would improve the situation. Each of the 15 workstreams were led by an Executive Lead or a Senior Manager and have a support team

Martin, Jan, Tracey and Kerry were thanked for their attendance.

Resolved:- That a special meeting be held on 25th June, 2014, commencing at 9.30 a.m. to consider the Trust's five year plan.

87. ACCESS TO GPS SCRUTINY REVIEW

Consideration was given to a report presented by Councillor Hoddinott, Chair of the Review Group, which set out the findings and recommendations of the above Scrutiny Review.

The 7 main aims of the Review had been:-

- Establish the respective roles and responsibilities of NHS England and GP practices with regard to access to GPs
- Ascertain how NHS England oversees and monitors access to GPs
- Identify national and local pressures that impact on access to GPs – current and future
- Determine how GP practices manage appointments and promote access for all patients
- Identify how NHS England Area Team will be responding to changes nationally
- Consider satisfaction data from the GP Patient Survey on a practice by practice basis and to compare Rotherham with the national picture
- Identify areas for improvement in current access to GPs (locally and nationally)

A full scrutiny review was carried out and evidence gathering began in October, 2013, concluding in March, 2014. It had comprised of round table discussions and written evidence from health partners, reviewing the National GP Patient Survey data, desktop research and fact finding visits to 4 GP practices.

The national and local pressures that impacted upon access to GPs were recognised. There was reduced funding, shortages of GPs and nurses and premises that were not always suitable for the increasing range of services now delivered at practices. Patient demographics with a growing and ageing population, coupled with the prevalence of ill health and long term conditions and local deprivation in some areas meant increasing demand. This required adequate resourcing to ensure good access to services for all patients.

Patients' experiences of accessing GPs varied from practice to practice with some long waiting times reported. Expectations and preferences were changing and it was a question of striking a balance between clinical need, patient expectations and convenient access with practices needing to work with their patients to develop systems that worked well for both.

The review had made 12 recommendations:-

1. Patients' experiences of accessing GPs vary from practice to practice, therefore NHS England needs to ensure that patients' views on access are reflected in the forthcoming Personal Medical Services contract re-negotiations and five year commissioning plan.

2. The continuation of the Patient Participation Directed Enhanced Service in 2014/15 should be used to ensure patients are well informed and empowered through the Patient Participation Groups to challenge pool access and suggest improvements.

3. Although recognising the importance of clinical need, the expectations and preferences of patients are changing and practices should explore more hybrid and flexible approaches to appointments, such as having part of each day for sit and wait slots.

4. NHS England should maintain access to interpretation services for GPs with an emphasis on professional services, supported by training for GPs and practice staff to increase confidence in using telephone services where appropriate.

5. NHS England should review their current interpretation provision to see if economies could be achieved through signing up to Rotherham MBC's framework agreement which is open to partner agencies.

6. GP practices should regularly showcase best practice and share successes on providing good access to patients through existing means such as the practice manager forum and Protected Learning Time events.

7. Patient information and education is important, both generic information about local services and specific information about how their surgery works:-

    a. GP practices should ensure their practice leaflets and websites are kept up to date about opening times, closure dates for training and how the out of hours service works
    b. NHS England should explore developing an App with practice information that people with smartphones and tablets can download

c. Health and Wellbeing Board should consider developing a Borough-wide publicity campaign to raise awareness about the impact of not cancelling unneeded appointments
d. GP practices should work with their reception staff, patients and Patient Participation Groups to encourage patients to provide more information to staff when contacting the practice, enabling them to see the right person in the practice team
e. Health and Wellbeing Board should consider revisiting the "Choose Well" campaign to raise awareness of how to access local services and which is the most appropriate service in a range of situations

8. In light of the future challenges for Rotherham outlined in the report, the review recommends that a proactive approach is taken by the Health and Wellbeing Board to mitigate risk to the delivery of primary care.

9. NHS England should consider incentives to attract GPs to start their career in Rotherham following training in the area to help address the demographic issues of our current GPs.

10. Rotherham CCG should collect and analyse monitoring information to ensure that services are resourced to meet peaks in demand during protected learning time at the new Emergency Care Centre from 2015.

11. NHS England needs to be more proactive in managing increases in GP demand due to new housing developments rather than waiting for existing services to reach capacity.

12. Rotherham MBC, when considering its response to the scrutiny review of supporting the local economy, should ensure health partners are invited to be part of the multi-disciplinary approach to proposed new developments.

The Review Group and Scrutiny Officer were thanked for their work on this issue.

Resolved:- (1) That the findings and recommendations of the report be endorsed.

(2) That the report be forwarded to the Overview and Scrutiny Management Board and Cabinet.

88. HEALTH SELECT COMMISSION WORK PROGRAMME UPDATE

Janet Spurling, Scrutiny Officer, presented a progress report on the Select Commission's work programme and delivery to date together with future agenda items and potential themes for 2014/15.

Items suggested to date for the proposed programme for the Health Select Commission were as follows:-

Mental Health
Special Schools – Nurses and School Nursing Service
Commissioning Support Unit – Continuing Health Care

Items still to be considered but scheduled for June/July were:-

Continence
Better Care Fund – final action plan
Public Health Annual Report
Health and Wellbeing Strategy Workstreams – Poverty and Prevention and Early Intervention
Emergency Care Centre
Healthwatch
Rotherham Foundation Trust Quality Accounts

Discussion ensued on the inclusion of Mental Health within the proposed programme and the broad spectrum it encompassed. It was suggested that a scoping paper be produced to establish which areas should be concentrated on.

Resolved:- (1) That the achievements made so far be noted.

(2) That Mental Health and Wellbeing underpin the Health Select Commission's 2014/15 work programme.

89. DATE AND TIME OF NEXT MEETING

Resolved:- (1) That the next meeting of the Health Select Commission be held on Thursday, 12th June, 2014, commencing at 9.30 a.m.

(2) That a special meeting of the Health Select Commission be held on Thursday, 25th June, 2014, commencing at 9.30 a.m.

HEALTH AND WELLBEING BOARD
23rd April, 2014

Present:-

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing **(in the Chair)**
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Officer, Rotherham CCG
Melanie Hall	Healthwatch Rotherham (representing Naveen Judah)
Julie Kitlowski	Clinical Chair, Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Jenny Lax	South Yorkshire Police (representing Jason Harwin)
Clair Pyper	Interim Director, Safeguarding (representing Joyce Thacker)
Dr. John Radford	Director of Public Health

Also in Attendance:-

Louise Barnett	Chief Executive, Rotherham Foundation Trust
Kate Green	Policy Officer, RMBC
Ian Jerrams	RDaSH (representing Chris Bain)
Paul Stinson	Commissioning, RMBC (representing Chrissy Wright
Janet Wheatley	Voluntary Action Rotherham

Apologies for absence were received from Chris Bain, Karl Battersby, Jason Harwin, Tracy Holmes, Brian Hughes, Naveen Judah, Martin Kimber, Gordon Laidlaw, Joyce Thacker and Chrissy Wright.

S93. QUESTIONS FROM THE PRESS AND PUBLIC

No members of the press and public were present at the meeting.

S94. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 26th March, 2014, be approved as a correct record.

Arising from Minute No. S95(d) (Motor Neurone Disease Charter), it was noted that the CCG had not agreed with the signing of the Charter due to it being prescriptive with regard to the drug stated within the document.

The CCG followed NICE Guidance and as such prescribed medication best suited to the patient which may not be the same as the Charter.

It was agreed that the CCG would discuss with its members signing of the Charter with the caveat “subject to NICE Guidance on prescribing”.

S95. COMMUNICATIONS

(a) Public Health Commissioning Plan
John Radford, Director of Public Health, submitted for information the local framework for the use of the Public Health Grant to support the Council's statutory functions of Health Improvement, Health Protection and Healthcare Public Health advice to the Rotherham Clinical Commissioning Group.

(b) National Child Measurement Data
John Radford, Director of Public Health, submitted for information the above update. Obesity was 1 of the largest Public Health issues for the future. The appendices illustrated the difference across Rotherham in terms of the prevalence of obesity and needed to be addressed as an urgent priority. It had been agreed as a priority in terms of the Outcomes Framework in ascertaining what services were commissioned, policies and procedures, what was happening in schools, GP practices, hospital etc. across the Local Authority.

Discussion ensued with the following issues raised:-

- Clarification of what was work was taking place with schools and local supermarkets
- Work of the Healthy Schools Initiative
- Work with children to gain their views
- Statutory Local Authority function to weigh and measure children in School at Reception and Y6 – the introduction of school meals next year would show if a difference had been made

Resolved:- That the Obesity Strategy Group be requested to convene a task groups to consider the issues.

(c) Healthwatch Rotherham
Melanie Hall, Healthwatch Rotherham Manager, reported that the Healthwatch premises had suffered a flood and would be out of action for a number of weeks. Alternative premises were being sought urgently.

The annual report would be available in June, 2014.

S96. ADMIRAL NURSES

The Chairman welcomed Len Wilson (Rotherham Rotary Club), Jenny and Tony Drew (Stag Medical Centre Patient Participation Group), Hilda Mayo and Wendy Wagner (Dementia UK) who gave the following powerpoint presentation:-

Why we need Admiral Nurses in Rotherham
- Admiral Nurses were Registered Mental Health Nurses who worked with family carers and people with dementia, in the community and other settings

- Working collaboratively with other professionals, they sought to improve the quality of life for people with dementia and their carers
- They used a range of interventions that helped people live positively with the condition and develop skills to improve communication and maintain relationships
- They could reduce admissions to hospital and residential care, reduce the costs of delays in transfers of care, reduce carers' need to access GP care as a result of their caring role as well as reducing the overall spending on care
- CCGs had a duty to engage the local population (including carers) and professionals in shaping local health services and to commission services for people in local areas
- Improving the diagnosis, treatment and care of people with dementia in England and support for their carers was a key part of the NHS Mandate and one of the Secretary of State's key priorities
- One of the key improvement areas under Domain 2 of the Clinical Commissioning Group Outcomes Indicator Set (CCGOIS) 2013/2014 was Enhancing quality of life for people with dementia (NHS England 2013)

The Problem
- Funding had to be sustainable after a Project
- Making a case that had credibility
- Ensure academic support to carry out a service evaluation
- The service needed to be in Primary Care

The Size of the Problem
- There were currently over 820,000 people living in the UK with dementia
- Two thirds of people with dementia lived at home and most were supported by unpaid carers.
- Carers for people with dementia saved the UK over £8B
- The economic cost of Dementia care was more than cancer, heart disease or stroke

It is a Lottery
- Only 117 Admiral Nurses in the UK for 820,000 people diagnosed with dementia
- Families in need had a 1:7000 chance of accessing this critical service

How many Admiral Nurses do we need?
- As a guide, Dementia UK would recommend one Admiral Nurse to each 10,000 of the population aged over 65
- The Rotherham population aged over 65 was approximately 45,600
- The projected population aged 65 and over to 2015 was 47,800

But we must not forget

- People in Rotherham aged 30-64 predicted to have early onset dementia, projected to 2015 was 69

Carers' Needs

- Critical points when carers' need for information, advice and help were particularly acute….these were also points at which they were likely to encounter professionals and service providers
- Failure to recognise carers' needs at these points risked the breakdown of care-giving and the carer's health and other costs for carers and wider society

Need to Shift

- We also need to shift the perceptions of dementia from being 'just mental health' to that of a 'life limiting neurological condition'

Need to Adopt

- A palliative care approach from diagnosis to end of life care and afterwards - Nice Dementia Guidance 2006

There is a Saving

- Admiral Nurse Services were associated with lower distress scores over an 8 month period - Woods et al (2003)
- The person with dementia remained at home for longer, admissions to acute hospital and long term care were reduced, reduced demand on CMHTs, improved care co-ordination and that there was also added 'brand value'

Less Stress for Carers and Professionals

- "Identified a 31% reduction in stress for carers since we introduced the service in 2010" - Knowsley Admiral Nurse Service (2013)
- "…eased the load on other Professionals" - East Flintshire Admiral Nurse Evaluation (2009)

Academic Credibility

- Enlisted Professor Kate Gerrish from the Collaboration for Leadership in Applied Health Research and Care [CLAHRC] to agree to do a small scale service evaluation when we get an Admiral Nurse (s) in post
- Would progress with a costing for the research when a Service was up and running
- In any event our enquiry had spurred Sheffield Mental Health Services to look at the provision of Admiral Nurses
- Commitment to research the cost effectiveness of Admiral Nurses in Rotherham when the time came

Request the CCG to Commission Admiral Nurse Provision in Rotherham

- Ensure the new nurse provision was trialled in the Community/Primary Care
- Make funding available on a trial basis to identify if the dependency on secondary care provision for people and families living with dementia was reduced
- Seconding an Admiral Nurse (s) for a trial period to assess the outcomes of employing Admiral Nurses in Rotherham and carry out a service evaluation

And Finally

- This was the sort of work that raised awareness, educated positively and reduced stigma and fundamentally supported the intentions of the Dementia Challenge
- £100,000 would fund 2 Admiral Nurses to run a pilot for 1 year which would include the Service evaluation

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

- Highlighted the level of need/increasing need
- A Dementia Advisor could network, signpost and give advice and support but an Admiral Nurse, who was a medically specialised nurse, worked with a family suffering from the complexities of Dementia i.e. relationship difficulties, family breakdown, support someone in employment, preventing a person going into longer term care sooner than necessary
- An Admiral Nurse received professional development and competency assessment throughout their career on an annual basis and monthly top ups. They were also clinically supervised
- Work was taking place on smoothing the pathway for those suffering with Dementia and seeking help from the most appropriate agency when required
- Evidence collected by Healthwatch Rotherham showed that the public felt the number of people crossing their doorstep to be a challenge – would an Admiral Nurse be another person added to that number
- Admiral Nurses worked with the high need complex cases and the family unit rather than just the person themselves
- Once allocated an Admiral Nurse you were never discharged from the Service but dipped in and out as required

The Chairman thanked Len, Jenny, Tony, Hilda and Wendy for their presentation.

S97. BETTER CARE FUND

In accordance with Minute No. 87 of the previous meeting, a copy of the bid submission made to NHS England was submitted for information.

The issues raised in the initial feedback had been addressed and submitted in accordance with the deadline; no feedback had been received as yet although the deadline had passed for NHS England and the Peer Review.

It was noted that the BCF Task Group would monitor the delivery of the BCF through quarterly meetings, ensuring targets were being met, schemes delivered and additional action put in place where the plan resulted in any unintended consequences. The Task Group would report directly to the Board.

As part of the application, the Council and CCG had to ensure that all partners were fully informed of the impact of the Fund. Accordingly a meeting was planned the following week with the Hospital and RDaSH.

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

- Each workstream now had an identified lead. A BCF Operational Group had been established consisting of the leads plus support team which would report to the Task Group
- The workstream leads had been tasked with providing a detailed action plan for their particular workstream
- Work was still to take place with Healthwatch Rotherham regarding consultation
- The need to tie in BCF01 Mental Health Service with the Director of Public Health's annual report

Resolved:- (1) That the report be noted.

(2) That the feedback from NHS England be reported to the Board.

(3) That a quarterly Better Care Fund Plan update be submitted to the Board.

(4) That BCF01 Mental Health Service be the first review to be carried out.

(5) That Healthwatch Rotherham report back on the situation nationally regarding the Better Care Fund through Healthwatch England.

(6) That, if possible, work on the Better Care Fund be included in the conference to be held in July.

S98. PUBLIC HEALTH OUTCOMES FRAMEWORK

Dr. John Radford, Director of Public Health, submitted a report on the above Framework which would require reviewing quarterly to drive improvements in performance.

The Framework focussed on the 2 high level outcomes which were intended to be achieved across the Public Health system and beyond:-

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The Performance Framework had a clear link to the Health and Wellbeing Strategy and the Integrated Health and Social Care Fund (IHSCF). The effectiveness of the local management of the IHSCF would be judged against impact on avoidable mortality as measured in the PHOF.

The wide range of Indicators required feedback to a range of Directorate Leadership Teams within the Council who would receive exception reports. There would be a comprehensive monitoring process initiated for those Outcomes offtrack including performance clinics to review change. There would be a strong focus on addressing the prevention and early intervention opportunities within the remedial action plan to make long term impact.

The current performance against the England average had highlighted several areas where there was under performance and a downward trend (Appendix 2 of the report submitted).

The report set out current performance by domain all of which would be subject to an action plan to explore the reasons for underperformance and identify measurable outputs. Some may also require a performance clinic.

It had been agreed at Minute No. 95(b) that Obesity was to be the first Indicator to be reviewed.

Discussion ensued with the following issues raised/clarified:-

- Feedback from GPs expressing concern with regard to the new Smoking and Tobacco Control Programme – felt it was a reduction in service
- The Service was now contracted directly with GP practices for them to decide who received it or not – due to the complexity would practices decide they no longer wished to provide the Service
- The new contract focussed on prevention rather than quitting – the Outcome Indicator was for smoking prevalence. If smoking prevalence increased it indicated that what was hoped to be achieved was not

Resolved:- (1) That the Framework to address performance on the Public Health Outcomes Framework and the reporting structures be approved.

(2) That the mechanism to deliver the Health and Wellbeing Strategy aim of moving services to prevention and early intervention be supported.

(3) That a report be submitted on smoking prevalence.

S99. HEALTH AND WELLBEING BOARD PERFORMANCE MANAGEMENT FRAMEWORK

Dr. John Radford, Director of Public Health, presented the Health and Wellbeing Strategy Reporting Framework.

It was noted that for a number of the Indicators, no 2013/14 target had been set but targets had been proposed for 2013 onwards.

A number of local measures were also in the National Outcomes Frameworks achievement of which would be key to receiving the Health Premium Incentive and meeting NHS and Department of Health targets.

There were limitations on the availability of data for several Indicators including some key local measures that were also in the Public Health Outcomes Framework.

Resolved:- That the report be noted.

S100. DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT

Dr. John Radford, Director of Public Health, submitted for information the Rotherham Public Health Annual Report 2014.

The report included sections on:-

- Public Health Outcomes Framework
- Children and Young People's Health
- Life Expectancy and Cause of Death
- Heart Disease and Stroke
- Cancer
- Liver Disease and other Digestive Disease
- Mental Wellbeing
- Respiratory Disease
- Mortality from Infectious Disease

Resolved:- That the report be noted.

S101. HEALTH AND WELLBEING STRATEGY REFRESH TIMETABLE/PEER REVIEW CHALLENGE

Kate Green Policy Officer, reported that the Health and Wellbeing Strategy ran until the end of 2015 but consideration was needed with regard to a refresh, how that would be carried out and whether it should be aligned to the potential LGA Peer Review Challenge.

Contact with the Local Government Association had established that the peer challenge would involve a team of 5 spending 4 days in Rotherham. There would be approximately a 6 month lead in period due to capacity of the LGA and in order to carry out background research work, prior to coming on-site. Realistically, this meant the review may not be carried out until early 2015.

Discussion ensued on the estimated timetable. The CCG in particular commenced their planning cycle in September and would need as up-to-date Health and Wellbeing Strategy as possible upon which to inform their commissioning plans. It was noted that a progress report on the refresh of the Joint Strategic Needs Assessment before September would pick up any issues that had arisen to enable appropriate planning. It was also noted that an annual review of the Strategy would take place during September as part of the agreed Strategy implementation process with a full re-write of the document taking place during 2015.

Concerns were also expressed regarding the potential lead in time and the preparations needed before the review could take place. It was felt that there more detail needed to be sought from the LGA and that there may be alternative options available to conduct a peer review.

Resolved:- (1) That alternative methods of conducting a Peer Review Challenge be sought and consideration given to their suitability for Rotherham.

(2) That a progress update on the strategy and JSNA be brought to board during August/September.

(3) That work to fully refresh/re-write the Health and Wellbeing Strategy commence in early 2015.

S102. DATE OF NEXT MEETING

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 4th June, 2014, commencing at 9.00 a.m. in the Rotherham Town Hall.

Quality Accounts 2013/14
Rotherham Health Select Commission
June 2014

Tracey McErlain-Burns, Chief Nurse
Hilary Fawcett, Quality Governance Lead

The Rotherham NHS
NHS Foundation Trust

Vision, Mission, Values

Vision To ensure patients are at the heart of what we do, providing excellent clinical outcomes and a safe, first class service.

Mission To improve the health and wellbeing of the population we serve, building a healthier future together.

Values Safe, Compassion, Together, Right First Time, Responsible, Respect.

The focus of the Quality Account is on how we take assurance that the services we provide are safe, effective and enabling our patients, their families and carers to have a positive experience of care.

LOOKING BACK – Our quality improvement priorities for 2013/14:

Priority	Description	Did we achieve our aims?
1	Patient Safety – Intraoperative Fluid Management (CQUIN)	✓
2	Improving data quality	X improved
3	Review of death certificates	✓
4	Patient Experience - dementia	X

LOOKING FORWARD - TRFT Quality Objectives 2014/15:

1. **SAFE** - Mortality. Deliver a 4 point reduction in HSMR.

2. **SAFE** - Harm Free Care (HFC)
   - 2.1 Minimum 96% HFC
   - 2.2 Zero avoidable pressure ulcers grade 2-4
   - 2.3 Zero avoidable falls with harm

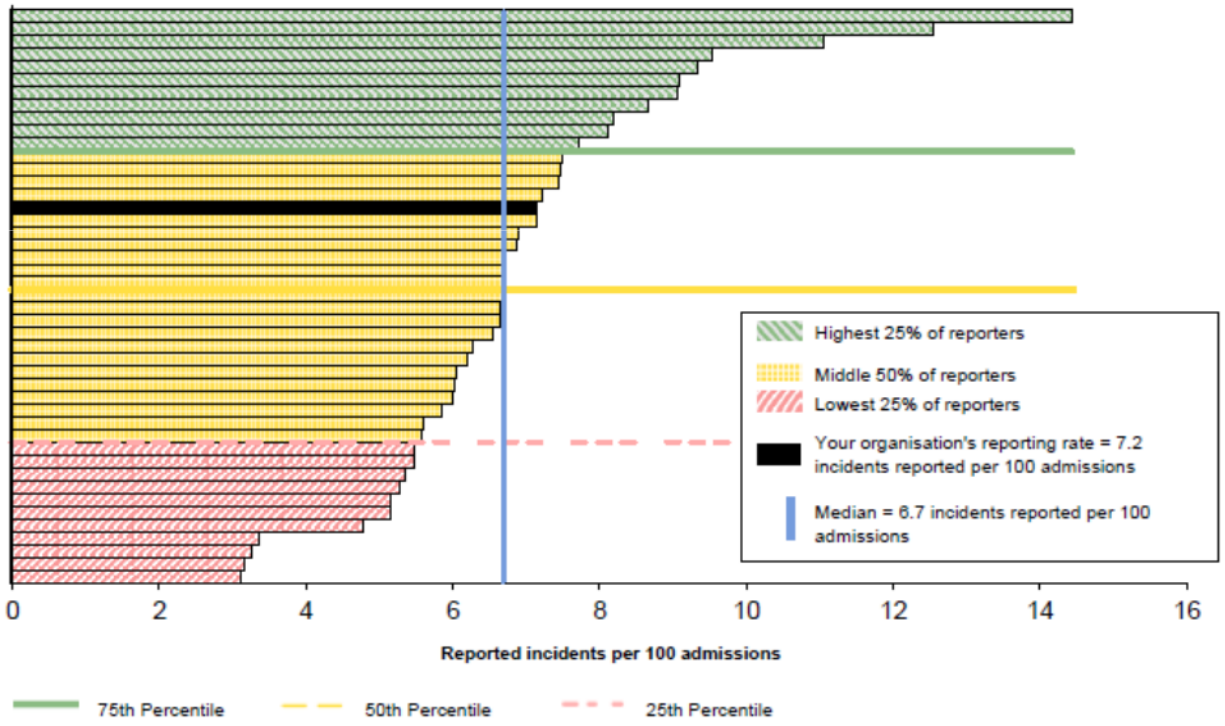
3. **RELIABLE** - Achieve all national waiting time targets
   - 3.1 Cancer
     - 3.1.1 2 week waits
     - 3.1.2 31 days
     - 3.1.3 62 days.
   - 3.2 A&E
   - 3.3 18 weeks

4. **CARING & RELIABLE** - Friends & Family (FFT)
   - 4.1 Achieve an A&E net promoter score (NPS) of 75
   - 4.2 Achieve an IP NPS of 83
   - 4.3 Achieve a maternity NPS of 83
   - 4.4 Achieve a 40% response rate for A&E, maternity and in-patients combined

CQC Inspection

Consent to treatment	✓	Met this standard
Care and welfare of people who use the service	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

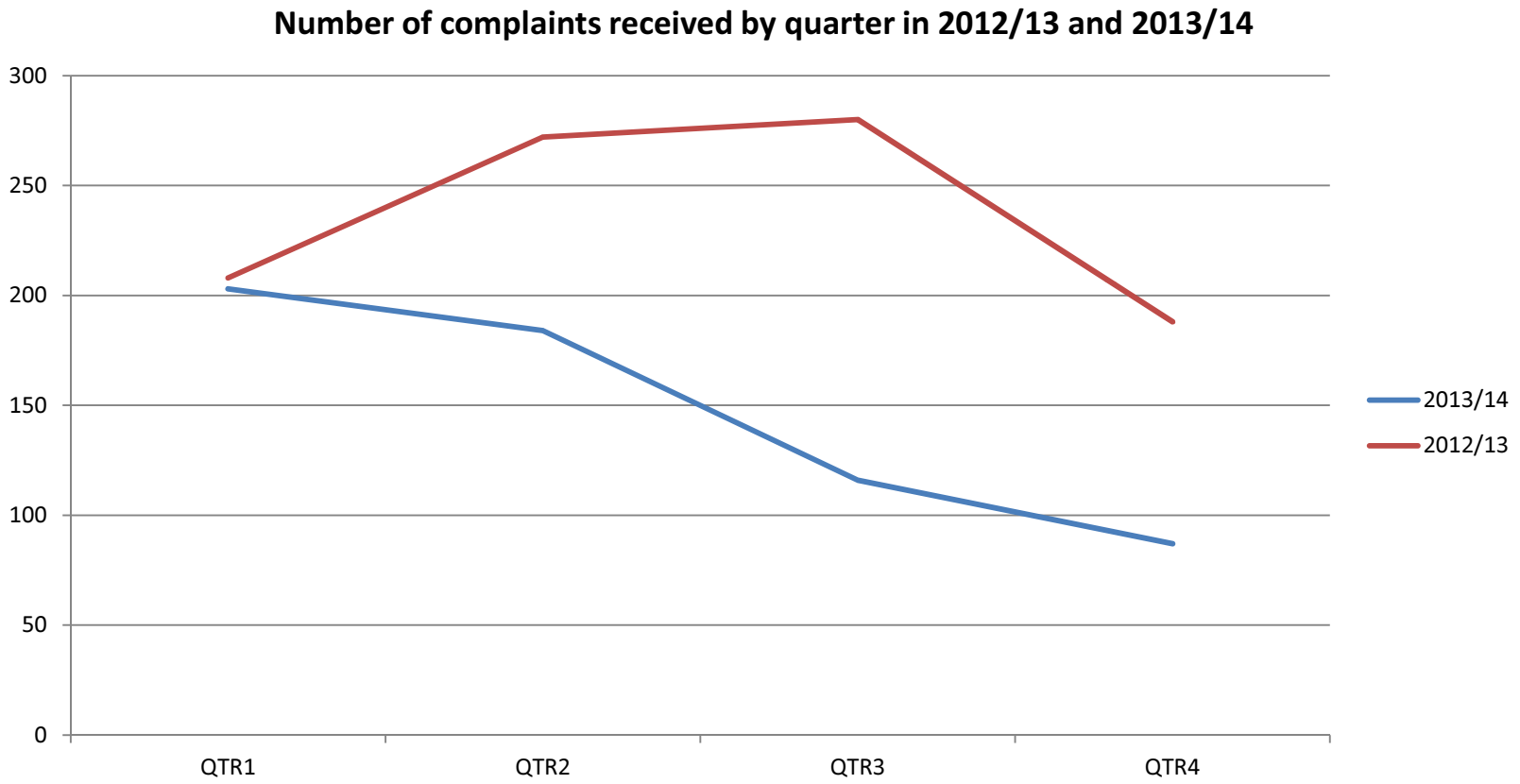
Safety Culture



Information Governance

	Overall Score	Grade
Information Governance Management	66%	Satisfactory
Confidentiality and Data Protection Assurance	66%	Satisfactory
Information Security Assurance	66%	Satisfactory
Clinical Information Assurance	66%	Satisfactory
Secondary Use Assurance	66%	Satisfactory
Corporate Information Assurance	66%	Satisfactory
Overall	**66%**	**Satisfactory**

Patient Experience



Infection Control

RFT		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2013/14 Target = 22	Monthly Actual	1	3	0	0	3	7	3	3	1+ 1	2	1	4
	Monthly Plan	2	2	2	2	1	1	2	2	2	2	2	2
	YTD Actual	1	4	4	4	7	14	17	20	21 +1	23 +1	24 +1	28 +1
	YTD Plan	2	4	6	8	9	10	12	14	16	18	20	22

Any Questions and Discussion time

ROTHERHAM BOROUGH COUNCIL

1	**Meeting:**	**Health Select Commission**
2	**Date:**	**12 June 2014**
3	**Title:**	**Better Care Fund: Feedback and Next steps**
4	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

The Health and Wellbeing Board submitted the final BCF plan on 4 April 2014. This report provides the Health Select Commission with a brief overview of the process undertaken, the feedback which was received on 23 April from NHS England, and how the plan will now be implemented.

6. Recommendations

That the Health Select Commission:

- **Notes the final plan submitted to deliver the Better Care Fund, and how the feedback received has been incorporated**
- **Receives annual progress reports on implementation of the plan**

7. Proposals and details

7.1 Background

The £3.8bn Better Care Fund (BCF) was announced by government in the June 2013 spending round, to ensure a transformation in integrated health and social care. BCF is a single pooled budget to support health and social care services to work more closely together in local areas, but it does not offer any new money to local authorities or Clinical Commissioning Groups.

Following an initial draft completed in February 2014, the final Rotherham Better Care Fund plan was submitted to NHS England on 4 April 2014. Plans were expected to achieve, and were assessed against, a specific set of conditions and outcome measures:

National conditions

- The local authority to agree with local health partners how the funding would be best used within social care, and the outcomes expected
- In line with responsibilities under the Health and Social Care Act, councils and clinical commissioning groups to have regard to the Joint Strategic Needs Assessment for the local population
- Plans should demonstrate how 7-day services would be provided to support patients being discharged and prevent unnecessary admissions
- Plans to demonstrate how local areas would improve data sharing between health and social care, based on use of the NHS number
- Plans to demonstrate a joint approach to assessments and care planning, identifying which proportion of the population would receive case-management and a lead accountable professional, and which would receive self-management support
- Local plans to identify what the impact would be on the acute sector

Outcome measures

Local plans to deliver against 5 nationally determined measures:

- **Admissions into residential care**
- **Effectiveness of reablement**
- **Delayed transfers of care**
- **Avoidable emergency admissions**
- **Patient and service user experience**

Plus one locally agreed measure:

- **Emergency readmissions**

7.2 Developing the local plan

The Rotherham plan was developed by a strategic 'Task Group' delegated by the Health and Wellbeing Board (HWB) to provide direction and leadership, supported by a multi-agency officer group.

Both groups met regularly throughout the process to develop the high-level vision, based on the existing health and Wellbeing Strategy and public/provider consultation, and the specific actions required to deliver this vision.

Initial feedback on the first draft submitted in February (from NHS England, local authority peer review and elected members), suggested the basis of the plan was on the right track, but much more detail was needed in relation to how it would be delivered, what the impact would be on the acute sector and agreed mitigating actions for any identified risks. There was also a view that the plan did not 'tell the story' of what we wanted to achieve effectively, and this meant the plan was not demonstrating any real transformational change. A number of the metrics for the outcome measures also required further work.

Based on this feedback, the Task Group, with support and advice from the officer group, were able to consider the issues and agree appropriate mechanisms to ensure the plan was both transformational and resulted in no unintended consequences. The final plan was submitted on time in April, and feedback through the same process has been positive, with the plan scoring mostly green (believe that the plan addresses this condition or metric and that the Health and Wellbeing Board has the structures in place to ensure it can be delivered), with a small number of ambers (believe that that final plan addresses this condition or metric, but have some concerns that will require ongoing Local Government and Area Team monitoring and engagement to deal with). All metrics for the outcome measures are now agreed. A breakdown of the 'ambers' and the Rotherham response, is included in Table 1 below.

7.3 Governance and Next Steps

The HWB will have overall accountability for delivering the BCF plan, but the regular monitoring of the actions and outcome measures is delegated to the BCF Task Group, which will meet on a quarterly basis and report to the board. The implementation of the action plan will continue to be delivered by the BCF Operational Group, made up of the BCF action leads, plus supporting officers from policy, performance and finance. The Operational Group will report directly to the Task Group.

Each of the BCF schemes has been assigned a lead officer, from the council and CCG. The leads are responsible for developing more detailed plans for each scheme, setting out key actions that will be delivered and timescales. A full suite of plans is now in place, and the Operational Group will continue to develop and implement these.

Table 1 Amber rated elements and Rotherham response

Criteria	RAG Rating	NHSE Comment	Rotherham Response
Better data sharing between health and social care, based on the NHS number	Amber	Further detail requiring practical implementation / timescales required	RMBC/CCG leads identified to develop detailed plan for data sharing, including timescales (scheme ref. BCF14).
Agreement on consequential impact of BCF plan on the provider sector, including consultation with providers	Amber	Strong provider input, understanding reflected in plan, impact not fully quantified	On-going discussions between CCG and the Foundation Trust will take place, plus continuing engagement with social care providers through

			existing RMBC arrangements – monitored by the Task Group and agreed impact/actions built into the local plan.
Confidence that the plan is deliverable	Amber	Plan includes some detail relating to re-investment but further details required	Task Group to develop this element of the plan, working with local government and Local Area Team colleagues as required.
The plan includes a clear risk mitigation plan, covering the impact on existing NHS and social care delivery and the steps that will be taken if activity volumes do not change as planned	Amber	Some risks and mitigating actions included, further detail required	Task Group to continue to develop the risk register, including agreeing actions that will be taken if outcomes are not achieved as planned.

8 Finance

The financial implications of the BCF plan are set out in 'Template 2' submitted in April.

9 Risks and Uncertainties

There are a number of key risks identified as part of the BCF plan; these are included, along with mitigating actions, in the risk register attached.

10 Policy and Performance Agenda Implications

The NHS, together with local authorities, face an unprecedented level of future pressures, driven most importantly by an ageing population and increase in those with long-term conditions. Although people will tend to remain healthy for longer than they do now, over 65s with a limiting life-long illness or disability is higher in Rotherham than the England average, and this is projected to rise.

These factors present major challenges and implications for health and social care services within a changing financial environment. Locally the Health and Wellbeing Strategy sets out the Health and Wellbeing Board's joint priorities, which includes 'prevention and early intervention', 'dependence to independence', 'expectations and aspirations' and 'long-term conditions', all of which have a crucial role in ensuring actions are delivered to deal with some of these challenges.

The HWB will play a leading role in developing the strategic plan for integration and will therefore need to ensure its priorities, as set out in the health and wellbeing strategy, continue to drive the work needed to deliver the expected outcomes of the BCF.

11 Background Papers and Consultation

Rotherham BCF Plan, including documents submitted on 4 April:

- Template part 1 (attached)
- Template part 2 (attached)
- BCF Action Plan (attached)
- Risk Register (attached)

12 Contacts

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Rotherham Better Care Fund Plan

April 2014

Local Authority
Rotherham Metropolitan Borough Council

Clinical Commissioning Group
Rotherham Clinical Commissioning Group

Date agreed at Health and Wellbeing Board
3 April 2014

Date submitted
3 April 2014

Finance

Minimum required value of BCF pooled budget	2014/15	**£20,101,000.00**
	2015/16	**£20,318,000.00**
Total agreed value of pooled budget:	2014/15	**£23,099,000.00**
	2015/16	**£23,316,000.00**

Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	**Rotherham Clinical Commissioning group**
By	Chris Edwards
Position	Chief Officer
Date	3 April 2014

Signed on behalf of the Council	**Rotherham MBC**
By	Martin Kimber
Position	Chief Executive
Date	3 April 2014

Signed on behalf of the Health and Wellbeing Board	**Rotherham Health and Wellbeing Board**
By Chair of Health and Wellbeing Board	Cllr Ken Wyatt
Date	3 April 2014

1. Plan Details

1.1 How we have engaged health and social care providers in the development of this plan, and the extent to which they are party to it

The Rotherham health and social care community has a strong track record of working together in partnership to achieve meaningful change for local people. We can evidence that we continuously work with people using services, to understand and learn from them, and to improve their experience. Their views and experiences are reflected in this plan.

Against this backdrop and using principles already established it is easy to see how our partnership around integration can be developed, strengthened and sustained.

Health providers

The Rotherham Health and Wellbeing Board has representation from the main local health providers (Rotherham Foundation Trust and Mental Health Trust) and the voluntary sector (Voluntary Action Rotherham) from the launch of the Board in 2012. They are each represented at board meetings, and their contribution has been embedded through the key theme groups, and the ongoing discussions regarding BCF. This involvement has ensured they have been engaged right through the process and are fully signed up to the principles and vision of the BCF, whilst being aware of the potential impact on services and the local community.

Healthwatch Rotherham are key partners at the board, bringing added value and independence through their direct relationship with the voluntary and community sector (VCS), and with people using services.

In addition to this, the BCF has been embraced by The Adults Partnership Board (APB), which acts as a commissioner/provider interface on jointly commissioned services. The board is coordinated jointly by the council and Rotherham CCG and includes representation from Rotherham Foundation Trust, RDaSH (Rotherham, Doncaster and South Humber Mental Health Trust) and the voluntary/community sector. The Adult Partnership Board agrees commissioning plans which address outcomes identified in the local Health and Wellbeing Strategy, examines national policy and directive and conducts impact assessments for Rotherham, making recommendations about commissioning priorities to the Health and Wellbeing Board. The APB has a key role in overseeing performance on jointly commissioned services including: registered nursing care homes; community therapy: equipment; and enabling services; intermediate care; and services for older people with mental health problems. The Rotherham urgent care working group, including its task and finish groups have cross system membership, and the BCF outline plans have been considered carefully at this forum. These discussions will continue as the action plans are shaped and revised, and developed into detailed implementation.

Local health providers understand that Rotherham CCG has identified a range of services which will be transferred into the BCF, and that the commissioning arrangements, including future specifications and targets for these services are likely to to change significantly. Locally the BCF will affect services delivered by Rotherham

Foundation Trust (RFT) and key voluntary sector partners. All provider organisations have expressed a willingness to work under the new commissioning framework, recognising the potential opportunities to improve outcomes for Rotherham people. RFT is committed to delivering integrated health and social care pathways and regard the BCF as a vehicle through which these can be achieved.

Key local healthcare providers have been engaged through monthly clinically led QIPP (Quality, Innovation, Productivity and Prevention) groups where pathway redesign, innovation and efficiency are key deliverables. Therefore the clinical areas where savings are planned from acute care have been generated over the last twelve months from a multi-disciplinary group of clinicians and officers of the CCG, local authority and appropriate provider. Appendix 11 shows the workstreams through which the QIPP savings are being delivered.

Voluntary sector providers

Rotherham commissioners have a long established relationship with the local voluntary and community sector (VCS), both as partners in working to improve social capital locally, and directly as provider organisations. Commissioners engage formally through the Council Contracting for Care and Provider Forums, partnership and consultation meetings; and through the Adult Social Care Consortium and Health Networks. The VCS has a strong local voice with elected members and trust boards, and are seen as true partners where opportunities for not-for-profit organisations and charities to unlock funding streams not accessible to public services present themselves. We understand the remit and the influence of the VCS extends far beyond that of our public services and interfaces with people in our communities who do not use statutory services and who arrange their own care.

Voluntary sector partners have engaged with us variously in delivering a wide range of services, some of which are included in our BCF plan and form part of integrated care pathways in stroke, dementia care, carer support, and crisis services for people with mental health problems, We see the BCF as a catalyst and enabler to embed voluntary sector services into other condition specific care pathways, and maybe more importantly, as a key partner in prevention and early detection - signposting and offering advice and support to people who may be at risk of needing acute interventions, and offering more sustainable and meaningful activity to offset or delay entry into health and social care pathways. The BCF plan supports this specifically through the social prescribing project (Action Plan reference: BCF05).

Social care providers

Rotherham Council formally commissions social care services from over 100 independent providers delivering registered care (care homes and domiciliary care services) and smaller scale specialised services, and operates a robust framework of contract management and quality assurance (including gathering intelligence from and working closely with CQC and other commissioners) to make sure that services are safe, good quality, relevant, and value for money. In addition, growing numbers of customers purchase their own support services directly using Direct Payments, and these service providers are regulated through formal review arrangements with appropriate and proportionate scrutiny. The council operates a risk register and applies appropriate incentive to contracts with providers to encourage innovation, added value, and high standards, and has a good record of positive engagement with the sector.

Local social care providers – the full range of independent sector organisations - have been engaged specifically on the implications of the BCF and to better understand some of the issues and good practices already taking place. This was undertaken using an online survey circulated to a wide database of local providers, consisting of those who are already engaged in work with commissioners, and those who are registered on the Rotherham E-Marketplace (Connect to Support), and holding a round-table discussion for a smaller group. The round-table provided an opportunity to use their experiences to explore potential solutions and enabled providers with a local focus to engage with the priorities for the BCF plan. A number of common themes have been identified which have informed the plan (see Appendix 1).

1.2 How we have engaged patients, service users and the public in the development of this plan, and the extent to which they are party to it

Our Better Care Fund vision is based on our Health and Wellbeing Strategy and on what Rotherham people have told us is most important to them. Rotherham partners have a commitment to make sure that the views and reported experience of people who use local services are heard and acted upon, and a "right first time" principle applies to the delivery of services whether they are provided directly by us or commissioned. We engage with inspirational local people in a number of forums, both formally brokered (eg the Council's Customer Inspection Team; the Rotherham Learning Disability Partnership Board; Rotherham Speak Up) and informal (eg Rotherham Older People's Forum, the Carers4Carers Mental Health Support Group; and Tassibee Womens' Group) to understand the barriers for local people in accessing the most appropriate support, staying safe; and keeping well. We have used a variety of methods to capture the views and experiences of local patients, service users and their carers to inform our local plans.

Specifically service users and the public have been engaged in the development of the BCF submission, including:

- Healthwatch Rotherham - commissioned by the Health and Wellbeing Board to consult with the local community and engage them in the envisaged transformation of services between December 2013 - January 2014
- During January 2014 Rotherham Council consulted with a group of mystery shopper volunteers regarding the proposed vision, priorities and their views of health and social care services

Responses from a range of consultation exercises and surveys previously completed have also been collated, and used to help shape our vision and priorities, including; Joint Health and Wellbeing Strategy consultation July – August 2012, ASCOF Adult Social Care User Survey 2011/2, Personal Social Services Annual Survey of Adult Carers in England 2012/13, 'Making It Real' Programme consultation in 2013, which assisted with developing Rotherham's "I" statements; Health Inequalities consultation 2011, and staff consultation regarding the hospital admission to discharge process. In addition, the Council continually works to improve services through customer insight activities and learning from customer complaints, ensuring that service users are at the heart of service delivery. The Council consults with and recruits customers for all major social care commissioning exercises, and undertakes rigorous customer evaluation to establish quality in the registered care sector. The annual Local Account is also used to inform members of the public how the Council is meeting the needs of service users and improving outcomes.

Rotherham CCG co-ordinates a Patient Participation Network, bringing together patient representatives from GP Practices across Rotherham. Patient Participation Groups have been meeting throughout the year, providing feedback on local health services. The Patient Participation Network meets on a quarterly basis, bringing together patients' views from across the local health economy. As part of an exercise to develop the patients' view of the CCG's five year strategy, the network identified a number of priorities that could be addressed as part of the Better Care Fund Plan.

Our local NHS Provider Trusts have robust, monitored, and publicised arrangements that consult with and seek participation from people using their services, families and friends.

Through the service user, patient and public engagement described above, we have been able to identify a number of common areas for improvement including:

- Patients and service users do not always feel central to decision making, they want to be in the driving seat when it comes to their own care
- Services, local groups and organisations are not accessible due to a lack of information and advice, availability 7 days a week and long waiting times
- There needs to be better education and information available for people, particularly those with long term conditions
- People often feel unclear of expectations regarding the service they should receive and customer pathways due to a lack of advice and support and conflicting information. They are also not always signposted to appropriate services. Better staff training and education is required
- There is a lack of communication and information sharing resulting in poor joined up working between patient/service user, family and carers, health and social care services, GP, hospital, providers and partners
- Service users feel that they have to chase health and social care professionals, causing delay in the delivery of care and support
- Service users and patients would like an allocated key worker/professional; inconsistency of workers makes individuals feel unsafe
- There needs to be more of a focus on preventative, community/home-based services to reduce the number of people going into hospital and residential and nursing care. Nursing services are also critical for home-based support.
- Better after care is required. Examples provided included people felt alone, socially isolated, found it difficult to access services, no support for carers who are left behind
- Service users have a level of distrust using independent sector health and social care providers

Further information regarding the specific outcomes from all of the consultation activity can be found in Appendix 1.

1.3 Future engagement and consultation planned from April 2014

We have developed a consultation and engagement plan (appendix 8), which has been used from the start of this process and will ensure continued engagement as we move into transition and implementation of the BCF plan.

The council has a well-developed process for engagement with adult social care providers and has an ongoing programme for the year which includes engagement to explore the implications of BCF and Care Bill. A planned presentation to adult social care providers on the 7 May 2014 will bring together both pieces of work and will result in

a co-produced action plan for the year. The Market Position Statement for Older People's services (Appendix 6) has been published and provides clear direction for existing and new providers, this will be updated and evaluated periodically, and an additional position statement will be available later in the year that will scope activity and intentions across all adult care sectors and with close collaboration with health commissioners.

We have produced two public-facing documents which we will use to share with local people our plans, how they align with our local priorities and what our proposed changes will mean for local people ('Plan on a page' Appendix 10 and 'What will the BCF deliver for the people of Rotherham' Appendix 9).

1.4 Related documentation

Ref.	Document or information title	Synopsis and links
A1	**Findings from consultations**	A summary of all the consultations which have taken place as part of the BCF planning and wider health and wellbeing agenda.
A2	**Rotherham Better Care Fund action plan**	Includes the detail and intended outcomes (including related 'I Statements') of the schemes to be delivered through the BCF, and shows how these align with the local health and wellbeing strategy priorities and objectives,
A3	**Health and Wellbeing Strategy**	The joint strategy which sets out the priorities of the health and wellbeing board for 2013 – 2015.
A4	**Joint Strategic Needs Assessment**	Assessment of the health and social needs of the Rotherham population. http://www.rotherham.gov.uk/jsna/
A5	**Overarching information sharing protocol**	This protocol complements and supports wider national guidance, professional body guidance and local policies and procedures to improve information sharing across services in Rotherham. Signed up to by HWB September 2012.
A6	**Market Position Statement for Older People**	The Market Position Statement has been developed by Rotherham Council to inform current and potential providers of social services in the borough of the direction of social care services for older people over the next few years.
A7	**Risk Register**	Detailed log of risks and mitigating actions which will be used to monitor and review the

		impact of the BCF plan and identify any unintended consequences,
A8	**Consultation Plan**	Plan for continued consultation and engagement with service users, patients and providers.
A9	**What will the BCF plan deliver for the people of Rotherham**	A public document which provides an overview of the BCF planned schemes, 'I Statements', and case studies demonstrated the what the changes will mean for local people.
A10	**BCF 'Plan on a page'**	2 page document which demonstrates how the BCF actions align with the health and wellbeing strategy and outcome measures.
A11	**Workstreams delivering savings**	Table showing the workstreams through which QIPP savings are being delivered.
A12	**Governance Frameworks**	Diagrams demonstrating the decision making structure, as well as the framework for delivery and performance.

2. Vision and Schemes

2.1 Our vision for integrated health and care services for 2019

The Rotherham Health and Wellbeing Strategy sets out our overarching vision to improve health and reduce health inequalities in the borough. Through the strategy, the Health and Wellbeing Board has made a commitment to more integrated, person-centred working, to improve health outcomes for local people.

The Better Care Fund plan will contribute to 4 of the strategic outcomes of the local Health and Wellbeing Strategy:

- **Prevention and early intervention**: Rotherham people will get help early to stay healthy 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

Local 'I Statements'

Our vision for integration is based on the experiences, values and needs of our service users, patients and carers. Through mapping these and understanding the journeys people take in and out of health and social care, we have identified a number of 'I statements' which demonstrate the outcomes local people want from better integrated, person-centred services. From 2015/16 our Better Care Fund plan will work towards the following:

'I am in control of my care'

People want to feel central to decision making and development of their care plans, they want all professionals and services to communicate with each other to understand their care needs and ensure they receive the most appropriate care for their circumstances, and they want to be provided with the right information to help them to manage their conditions and make informed choices about their own health and wellbeing.

'I only have to tell my story once'

Service users, patients and carers want all organisations and services to talk to each other and share access to their information, so that they only ever have to tell their story once.

'I feel part of my community, which helps me to stay healthy and independent'

People want to feel independent and part of their community and want organisations to provide better information and support to help them to do this, understanding that this reduces social isolation and avoids the need for more formal care services later on.

'I am listened to and supported at an early stage to avoid a crisis'

People want support, advice and information at an early stage to help them look after their mental health and wellbeing, avoiding the need for more intense, high-level services when they reach crisis point.

'I am able to access information, advice and support early that helps me to make choices about my health and wellbeing'

People want a greater focus on preventative services and an increased capacity in community activity to prevent high intensity use of services and more formal care, and to help them better manage their conditions. They also want services to be available 7 days a week and information and advice to be more accessible. Understanding the journeys that people take into health and care services will help us to provide more appropriate information and support at times when people need it most.

'I feel safe and am able to live independently where I choose'

People want to stay independent and in their own home or community for as long as possible. They want to feel safe to do this and know that the right support is available when and where they need it.

Customer experiences will be closely monitored throughout the delivery of the BCF action plan via the 6 'I statements'. This will involve the council's Performance and Quality Team contacting relevant service users and patients, upon delivery of each of the BCF actions and obtaining their views regarding service/s they are receiving. This will help us to see the real customer journey and to learn and improve service delivery based on customer feedback.

Through surveys, telephone and face to face interviews, the team will develop a number of case studies, to identify the positive and negative impacts that the BCF plan has had on customer experiences. Rotherham Council has in place a Customer Inspection Service, with individuals who are customers and experts by experience. This group will support the assessment of the impact of the BCF plan and help us to see the implementation through the eyes of the customer. These experts by experience will also help us to identify where further improvements are needed. All feedback will be used to further enhance and improve the customer experience.

Our vision – a customer perspective

As a result of the changes we will make, we expect that all service users, patients and their carers will have confidence in the care they receive and feel supported to live independently, manage their conditions and participate in their community. They will feel well and less likely to rely on acute services, resulting in a reduction in overall pressure on the hospital and health budgets. Although, when acute care is the best option for people, they are helped to move quickly back into their community when they are ready to do so. We will see a greater shift from high cost reactive care, to lower cost, high impact preventative activity.

Integrated commissioning

To achieve this, we have agreed a number of actions that will begin this journey and result in changes short and medium term. We have a tradition of shared commitment to delivering joined up services, as demonstrated by our well-established Joint Adult Community Mental Health Services; Joint Learning Disability Service; Joint Residential and Nursing Care Service, and a joined up approach to Safeguarding of Vulnerable People; Intermediate Care Service; Stroke Recovery Services; dedicated Step- Up/Down placements; and Integrated Community Equipment Services, all supported either by pooled budgets and/or partnership agreements overseen by dedicated joint commissioning staff. Currently the majority of commissioning activity is undertaken separately by experienced officers in the council (including Public Health) or in the CCG (and colleagues in the Regional Commissioning Support Unit), though key partner decisions, broad commissioning intentions; and efficiency programmes are shared through our joint consultation forums: the Adult Partnership Board; Chief Executives Group; Rotherham Partnership Board; and HWBB.

Our longer term, 5 year plan, will see health and social care teams working in an increasingly integrated way and our commissioning plans aligning more comprehensively to meet the priorities set by the HWBB, to achieve maximum efficiencies, preserve service quality, and reach beyond critical, acute or “eligible” social care to impact on the prevention agenda. We will move to a whole-system commissioning model, which has services commissioned in line with our health and wellbeing strategy principles that are coordinated across all agencies to ensure they are person-centred and we maximise local spend. We will scope and routinely share information on commissioning activity, share respective commissioning plans and timetables, align wherever possible, and develop joint market facilitation arrangements so that market providers receive a consistent and transparent message from the Rotherham health and social care community. Our integrated approach extends to public health services; complimentary public health activity focuses on primary prevention and supporting and developing the healthy ageing agenda. The synergy between BCF and public health will help to maximise the improvements across the pathway from prevention to early diagnosis/help.

2.2 Our aims and objectives for integrated care and how the fund will secure improved outcomes in health and care in Rotherham.

Our aim is for an integrated system, that provides care and support to people in their home or community, which focuses on prevention, early intervention and maximising independence. To do this, we have identified a number of key objectives set out in our health and wellbeing strategy which have been used to inform our plan. We have demonstrated below where these will impact on the specific outcome measures of the BCF:

To deliver our vision on Prevention and Early Intervention	
What we will do	**Related measures**
We will coordinate a planned shift of resources from high dependency services to early intervention and prevention	N1, N2, N4, N5, L1
Service will be delivered in the right place at the right time by the right people	N1, N2, N3, N4, N5, L1

To deliver our vision on Expectations and Aspirations	
What we will do	**Related measures**
We will ensure all our workforce routinely prompt, help and signpost people to key services and programmes	N1, N2, N3, N4, N5, L1
We will co-produce with Rotherham people the way services are delivered to communities facing challenging conditions	N1, N2, N3, N4, N5, L1

To deliver our vision on Dependence to Independence	
What we will do	**Related measures**
We will change the culture of staff from simply 'doing' things for people to encouraging and prolonging independence and self-care	N1, N2, N3, N4, N5, L1
We will support and enable people to step up and step down through a range of statutory, voluntary and community services, appropriate to their needs	N1, N2, N3, N4, N5, L1

To deliver our vision on Long-term Conditions	
What we will do	**Related measures**
We will adopt a coordinated approach to help people manage their conditions	N1, N2, N3, N4, N5, L1
We will develop a common approach to data sharing so we can provide better support across agencies and put in place a long-term plan for the life of the individual	N3, N4, N5, L1

Outcome measures (key):

- **N1 Admissions into residential care**
- **N2 Effectiveness of reablement**
- **N3 Delayed transfers of care**
- **N4 Avoidable emergency admissions**
- **N5 Patient and service user experience**
- **L1 Emergency readmissions**

The 4 vision themes and objectives of the health and wellbeing strategy described above are being delivered through a set of workstreams, jointly led by the council and CCG. The proposed schemes to deliver the BCF described in the following section will form part of this broader work and contribute to achieving these objectives. Although the BCF plan is only part of the picture, we feel it will significantly contribute to the strategic outcomes that the Health and Wellbeing Board have already signed-up to through the local strategy, which is why we have closely aligned the two pieces of work. By ensuring the BCF plan is closely aligned to the objectives of the Health and Wellbeing Strategy, we are able to identify specific funded activity that will improve outcomes for local people through a better integrated system, which will ultimately help us to achieve our vision.

2.3 A description of our planned changes

Achieving our vision will mean significant change across the whole of our current health and care landscape. Commissioners and providers welcome the opportunity to adapt and change the way they do things. The following actions demonstrate the commitment both the council and CCG have made to transforming services and working in a more integrated way for the benefit of Rotherham people.

The local BCF action plan is transformational and signifies a major shift in the way we commission health and social care services. For example:

- The development of an integrated Rapid Response Service is one example of how the BCF will ensure a consistent and integrated response to people who have an urgent need.
- By responding quickly with the full range of support we will be better able to reduce hospital admissions and delay admission to residential care.
- An integrated falls and bone health care pathway will reduce the impact of falls related injuries and save costs further down the care pathway.
- Finally the introduction of person held care record will ensure that health professionals can make informed decisions about treatment options and most the appropriate place of care.

An action plan is attached as Appendix 2.

What we want to achieve: Rotherham people will get help early to stay healthy and increase their independence

We will use the BCF to put in place the following schemes:

BCF01 Mental Health Service

The mental health liaison service will be provided through a multidisciplinary team working to support the care of older people with mental health needs and younger people with dementia. The team will work in partnership with care homes and general wards in the hospital. Its minimum function will be to reduce admissions into mental health wards by supporting people effectively in the community, and also to support timely discharges from hospital.

We have identified the following key objectives for developing the service.

- Improve the provision of mental health liaison across CAMHS, Adults and Older People services
- Reduce avoidable emergency admissions and re-admission to The Rotherham NHS Foundation Trust (TRFT).
- Reduce the number of admissions and length of stay for older people with dementia or adults with mental health problems.
- Improve outcomes and patient experience for people with mental health illness accessing TRFT.
- Raise the profile and increase awareness of mental health and dementia within TRFT as an aspect of holistic health.
- Improved compliance of TRFT with the legal requirements of the Mental Health Act (2007) and Mental Capacity Act (2005).
- Improve access to mental health services through 7 day working.
- Improve parity of esteem.
- Ensure people with mental health problem receive the right treatment in the right location at the right time

How will we do this?

- Commission a 7-day a week with extended hours (9.00am – 8.00pm) for mental health liaison service for adults with mental health problems and older people with dementia.
- Raise the profile and awareness of mental health within TRFT as an aspect of holistic health. This will be achieved through the increase prominence of mental health services at TRFT and the delivery of training programme to TRFT staff.
- Ensure there is effective liaison and improved pathway of care with other parts of the health / social care system, including Rotherham GPs, Crisis and inpatient teams (TRFT, Woodlands, Swallownest etc.), specialist mental health teams (adult and older people), social services, emergency service and non-statutory agencies, Alcohol Liaison service, Substance misuse services.
- Pilot the introduction of an additional CAMHS consultant into the service to support 7/7 working.
- Provide expert advice on capacity to consent for treatment in complex cases, including advice regarding the use of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DOLS).

Who will benefit?

Customers will benefit from being provided with more skilled and appropriate support when they do need to experience a hospital admission, and will also benefit from having care provided to them where they live. The coordinated assessment and care plan should result in more person centred care and better outcomes for people using services. Those who will benefit include:

- People with dementia and their carers
- Adults with mental health problems and their carers
- Children and young people with mental health problems and their carers
- Staff in TRFT, RDaSH, social care and working in the Emergency Care Centre
- NHS England interface with Rotherham services, such as RDaSH, social care and TRFT

BCF02 Falls Prevention

Rotherham will set out a systematic approach to falls and fracture prevention. We have identified four key objectives for developing the service

1. Improve patient outcomes after hip fractures through compliance with core standards
2. Respond to a first fracture, through falls and fracture services in acute and primary care settings
3. Early intervention to restore independence, through falls and fracture care pathways
4. Prevent frailty, promote bone health and reduce accidents through encouraging physical activity and healthy lifestyle, and reducing unnecessary environmental hazards

How will we do this?

Engaging all key partners to comprehensively scope and apportion lead responsibility for the actions needed, and establish an intelligence network to collect evidence to be presented at a bi-yearly clinic around falls prevention, pro-actively engaging care sector providers through the Shaping the Future Forum. To link this work to the Dependence to Independence Workstream and the partnership approach around risk management.

- Identifying patients presenting with fragility fracture and assess them to determine their need for bone active therapy to prevent future osteoporotic fracture
- Ensuring that people at high risk of falls and fracture are given comprehensive assessment and evidence based intervention
- Introducing a care management pathway with clear lines of referral for an integrated approach to bone health, fracture liaison and falls prevention
- Reducing year on year increase in falls that result in hospital admission and serious injury and to reduce the numbers of people who sustain fractured neck of femur following a fall.

Who will benefit?

There will be separate care pathways for each of these cohorts;

- People at risk of an injurious fall — Primary and community care
- People who have had a recent fragility fracture — A&E and Fracture Clinic
- People with an injurious fall who have complex needs — Case management

BCF03 Joint call centre Incorporating telecare and telehealth

This workstream provides a joint vision for the development of telehealth and telecare services in Rotherham. It sets out the principles for care pathway development, maps current telecare provision and puts forward proposals for joint commissioning activity.

The overall objective of developing a joint telecare/telehealth strategy is to optimise the care of patients with long term conditions. Rotherham MBC and Rotherham CCG recognise that technology is an enabler for optimisation but not the whole solution. Pathways should be developed in conjunction with national guidelines and strategies for the management of long term conditions. All pathways should be systematically reviewed with clinicians in order to draw on their local expertise.

How will we do this?

Rotherham CCG and Rotherham MBC will work to together to develop telecare prescriptions for GP Practices participating in the case management programme. We will introduce integrated telecare and telehealth packages which can be offered as part of a self-management programme for patients with a long term condition. We will scope the potential for development of a joint telecare/telehealth hub. Specifically we examine the potential for combining the Rothercare Service with the Care Coordination Centre.

Who will benefit?

The main benefit of this initiative is its potential to deliver improvement in outcomes for people who have a high dependency on health and social care services. A combined approach to care coordination, telehealth and telecare allows local practitioners to maintain contact with vulnerable patients. It can help improve the reach of health and social care, supporting those who are often 'invisible' from main acute services.

This initiative is more likely to ensure that intervention is early and appropriate. It makes more efficient and effective use of available clinical teams by reducing unnecessary home visits. It involves people far more in the management of their own healthcare and could lead to significant reductions in A&E usage and unplanned admissions

BCF04 Integrated Rapid Response Service

Rotherham will extend the current Fast Response Service so that it is capable of meeting the holistic needs of adults with long term conditions who experience an exacerbation. The new service will incorporate community nursing, social work support, enablement and commissioned domiciliary care. The main aims of the service will be to;

- Prevent avoidable admission to hospital for people with long term conditions
- Support discharge from hospital for those who are medically stable
- Ensure that patients receive the most appropriate level of care that can meet their needs
- Ensure that patients receive seamless care that is patient focused and clinically safe
- Provide a service from 7am until 2am, 7 days a week including bank holidays
- Ensure safe and effective handover of care to mainstream primary and community services.

How will we do this?

We will enhance the current Fast Response Service so that it incorporates social workers, reablement workers and it will work in a streamlined way with commissioned domiciliary care providers. The new Integrated Rapid Response Service will assess patients who are medically stable but need additional support to remain at home. The service will meet all the health and social care needs of eligible patients for up to 72 hours at which point there will be a hand-off to mainstream services.

Under this enhanced service model the GP will retain overall medical responsibility for patients. The team will have access to the Fast Response beds located at Lord Hardy Court. If it is not possible to meet the needs of the patient at home, the Integrated Rapid Response Service will be able to arrange transfer to one of the Fast Response beds for recovery and recuperation.

Who will benefit?

In order to qualify for support from the Integrated Rapid Response Service the patients has to be 18 years or over. They have to have a Rotherham GP and they must be medically stable at the time of referral.

The patient may require rehabilitation. They may be a falls risk or have poor mobility. Patients who require IV Therapy would be eligible for the service as would those experiencing an exacerbation of a medical or long term condition.

BCF05 Seven day community, social care and mental health provision to support discharge and reduce delays

Rotherham will extend current provision so that appropriate services are available 7 days/week. This will enable timely discharge from hospital and avoid unnecessary admissions to hospital or residential care.

Emergency care should not be used when patients would benefit from care in other settings. We will ensure that community health and social care services deliver a high quality, responsive service both in and out of hours. We will focus on improving diagnostics and urgent care. Through good partnership working, we will ensure that community services deliver a high quality, responsive service both out of hours. We will ensure that when someone has an urgent care need out of hours the quality of health provision is maintained and that patient outcomes are good.

How will we do this?

Rotherham will review and evaluate existing arrangements against potential increase in demand arising from 7-day working across community, social care and mental health. We will increase social work capacity and, through jointly agreed specifications, we will commission future domiciliary care capacity, to support discharge at weekends. We will enhance and integrate out of hours services, and review commissioning arrangements, so that they are more responsive.

Who will benefit?

7 day services have the potential to drive up clinical outcomes and improve patient experience through, reducing the risk of morbidity and excess mortality following weekend admission in a range of specialties. Case studies reveal the potential for:

- improved quality, efficiency and innovation through

- Admission prevention;
- Speed of assessment, diagnosis and treatment;
- Safety and timing of supported discharge;
- Reduced risk of emergency readmission;
- Better use of expensive plant and equipment;
- Avoidance of waste and repetition
- Service rationalisation to enable safe consultant staffing levels.

What we want to achieve: All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community

We will use the BCF to put in place the following schemes:

BCF06 Social prescribing

The social prescribing project has had a successful start and has been recognised nationally as good practice. The plans included in the Better Care Plan will extend availability. The project acts as a portal for health professionals to access voluntary and community support services, to enable existing third sector providers and groups to complement the formal support that people with long term conditions receive. They are able to provide flexible, appropriate services that help people to self-manage.

How will we do this?

Through funding community navigators, employed by VAR, the local community and voluntary service, people with long terms conditions are able to access through their GP the following services:

- Condition management programmes: education, managing pain and fatigue, healthy eating, exercise, emotional support, support to self-care, understanding care pathways, self-help groups.

- Health and wellbeing: craft groups, music sessions for people with dementia, community garden projects, peer support groups, healthy cooking clubs, walking groups, specialist yoga and assistive technology support.

- Employment, education or wider community participation: one to one support, group work, social activities, training, apprenticeship s, support to access community facilities, travel support, community transport.

The service employs dedicated workers whose role includes liaison with providers and support to enable referred patients to access the prescribed service. This may include a

short period of one to one support to access available services, taking someone to a self-help group or organised activity.

Who will benefit?

GPS will benefit from being able to support patients to follow through on self-help activities. Customers will benefit from being able to access a wider range of support that enables them to regain or gain independence, and the community benefits from having a wider range of people actively engaged. The third sector is fully engaged into patient care pathways. It contributes to a reduction in formal social care packages and reduces admission to hospital.

BCF07 Joint residential and nursing care commissioning and assurance team

What are we trying to achieve?

Approximately 1500 Rotherham people live in care homes in Rotherham, under a diverse set of funding arrangements. Rotherham currently has more available placements than demand requires, and this suggests a degree of fragility for the sector. The intention of this workstream is to develop a joint approach towards quality assurance of residential and nursing care homes. Rotherham CCG and Rotherham MBC will work closely to develop an integrated care home support service that fulfils the following functions;

- Reduce A&E referrals, ambulance journeys and hospital admissions from residential care
- Address health training needs of care home staff
- Ensure appropriate access to falls prevention services
- Promote healthy living initiatives
- Review health aspects within care homes and ensure they are contract compliant
- Improve communication and align local routes for delivering improvements in care home standards and quality.

How will we do this?

Rotherham will carry out a review of existing services to examine where joint working arrangements can best apply. We will explore the potential for developing an integrated Care Home Support Service, incorporating the current functions of the team with responsibilities for contract compliance. Health and social care staff will work closely together to improve quality and monitor performance. Where the team identifies issues with care quality or where a training need is identified for staff, the service will directly intervene. Interventions can include; the development of remedial improvement plans, co-ordinating tailored training programmes and case management support for complex residents.

Who will benefit?

The development of an integrated Care Home Support Service will ensure that care home contracts are monitored effectively and that health related concerns are properly picked up within the local authority contracts. Residents will benefit because quality and performance issues will be identified early, enabling Homes to take remedial action before concerns regarding safeguarding start to arise. Care Home Providers will benefit from a unified approach to contract monitoring and a consistent message from commissioners. They will understand better the local intentions, which will assist them to make positive and informed business continuity decisions in a local market that is under the development of this type of integrated support provision will support good practice and protect residents.

BCF08 Learn from experiences to improve pathways

We want a clearer understanding of the journey through health and social care services for people with long term conditions. We want to answer the following questions about our local services:

- Is our care proactive, holistic, preventive and patient-centred
- Are people playing an active role in their care? Are they engaged, informed and empowered?
- Do health and social care professionals adopt a partnership approach with their customers
- Are clinicians competent in supporting shared decision-making and goal setting
- Can we reduce duplication of input between health and social care
- Is the risk stratifications tool identifying high intensity users of health and social care services
- Is there a link between care planning for individuals and commissioning for local populations
- Do we have a diverse range of quality providers to call on that allow sufficient choice and flexibility to meet the specialist needs and preferences of people in our communities

How will we do this?

We will gain this understanding by:

1. Undertaking a deep dive exercise which maps the care pathway of a specified number of high intensity uses of health and social care services, using customer journey tools to enable a better understanding of the customer experience of services.
2. Carrying out a full evaluation of the risk stratification tool and developing a mechanism for identifying high intensity users of health and social care services
3. Involving customers and carers in refreshing the JSNA so that demand is better understood and partners have as much intelligence as possible on which to base their commissioning activity.
4. Health and Social Care Market Facilitation Programme

Who will benefit?

This piece of work will ensure that we are targeting resources at the correct cohort of people. It will inform plans to reduce duplication within care pathways and it will support a partnership approach to care delivery. It will promote partnership working between the patient and health & social care professional. It will also support partnership working on a case and individual level between health and social care services.

What we want to achieve: Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances

We will use the BCF to put in place the following schemes:

BCF09 Personal health and care budgets

The council has a positive record in delivering personalised services, including personal budgets and direct payments. Collaborative work between the Council, CCG, and CSU has resulted in the early delivery of personal health budgets for people in receipt of fully funded health care, so the health and social care economy is on track to deliver personal health budgets by 1st April 2015. Through the Better Care Fund, it is our aspiration to continue to deliver on these agendas and to extend our current plans to a wider group of individuals, ensuring that they have choice and control.

How will we do this?

As the personalisation agenda is rolled out, the CCG will review its the payment mechanisms for community services to ensure that where patients choose alternative services over commissioned services, the CCG does not pay twice. Where commissioned services are no longer required we will seek to decommission services without destabilising existing providers. There is potential for a much wider range of providers which require the appropriate oversight to ensure quality requirements are being achieved, and RMBC and the CCG will work together to present a consistent approach to the care market, and develop streamlined and flexible contract management arrangements.

Over the next year we will roll out training to offer personal health budgets (PHB) to all patients in receipt of a domiciliary Continuing Healthcare package, including notional budgets. We will monitor the impact of PHB roll out on expenditure. We will hold stakeholder development sessions to build strong partnerships between RMBC, Rotherham CCG and Commissioning Support Unit colleagues. Finally we will develop a service level agreement with RMBC, subject to agreement of final costs.

Who will benefit?

Customers and their families will benefit from being able to choose the way in which their services are delivered, offering increased choice and control. Service providers will benefit from positive engagement with customers and the ability to work in a more person centred way.

BCF10 Self-care and self-management

The purpose of this workstream is to ensure that self-management is embedded in all aspects of health and social care. A good system of self-management will support the development of knowledge, skills and confidence in self-care support. Health and social care services should support people with long term conditions to actively participate in care planning. Care plans should include actions for the person receiving support aimed at improving or maintaining their condition. High-risk patients with long term conditions should have a person held record, which includes their care plan. Case managers should ensure planned follow up on goals. Scheduled appointments should be in place to plan care, treatment or support.

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

How will we do this?

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

Rotherham will set up a local self-management network, responsible for promoting self-management and acting as an interface between the statutory, voluntary and independent sectors. We will develop a multi-agency practitioner development programme, equipping works with the skills to assist in self-management. Finally Rotherham will introduce a person held record for people with a long term condition, enabling them to monitor their condition and track the progress of their care plan.

Who will benefit?

Every person in Rotherham with a long-term condition should have an opportunity to participate in a collaborative care planning process with effective self-management

support. People who recognise that they have a role in self-managing their condition, and have the skills and confidence to do so, experience better health outcomes. With effective support and education, evidence shows that these skills can be developed and strengthen, even among those who are initially less confident, less motivated or have low levels of health literacy. Professionals gain new knowledge and skills, leading to greater job satisfaction.

BCF11 Person-centred one-page plan

Each individual in contact with services will have a person-held one page plan that informs them, their family and professionals involved with their care of their story, their plan and what they can do to keep themselves healthy, safe and living in the community. It will outline about what is important to that individual, Building on the success of the case management pilot, which has seen every person in the pilot being provided with a care plan that is held in the home, the document will be agreed with the customer and will be developed in line with current best practice
How we will do this

How will we do this?

We work with customers and patients to develop an agreed format. This will then be tested with a small group of customers and once the result is effective and meets customers' needs, will be rolled out through the case management process, through social work assessments and other routes.

Who will benefit?

Customers will only have to tell their story once, and will be able to work with their GP or other professional on developing a plan that reflects their needs, and also includes their self-care or self-management plan, plus a plan that informs, when needed, other professionals to ensure that they receive the care they need where they need it. This plan will ensure that people's needs are met. The case management pilot has resulted in a number of people having person held plans in their homes, and this has been welcomed by the ambulance service who have found them useful and have been able to use them to support decision making – the person centred one page plan will build on this.

BCF12 Care Bill preparation

The Care Bill present significant challenges to the Local Authority and partners , in relation to a duty to provide effective advice, information and guidance services, extended rights for carers, statutory responsibilities for safeguarding adults, deferred payments and care accounts including new responsibilities in relation to people who fund their own care and an increased focus on personalisation. The council will identify the cost and activity pressures resulting from this new legislation.

How will we do this?

There is a Care Act Steering Board in place which has five workstreams each focussing on key elements of the Act, The Steering Board will work with customers, providers, and partners to determine the actions needed, and will then guide the action plans to deliver effective change by 1 April 2015.

Who will benefit?

The Care Act will ensure that there is a consistent approach nationally in relation to the eligibility for adult social care, portability of assessment, and the delivery of more personalised services., It will ensure that carers are supported. The action plan will ensure that staff needs for training, development and information are met at a time of significant legislative change.

What we want to achieve: Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life

We will use the BCF to put in place the following schemes:

BCF13 Review existing jointly commissioned services

All jointly commissioned services will be reviewed to establish if they provide value for money and are aligned with the BCF vision and principles. Where services are not efficient and effective, services will be reconfigured or decommissioned. There is a recognition that the shift from care in hospital to the community will impact on social care services. Where this impact is apparent the Better Care Fund will provide additional support to social care services through the service review process.

How will we do this?

Rotherham will develop a 3 year review programme for all services funded through the Better Care Fund. We will also develop a robust review process which enables commissioners to form a clear picture of the strategic relevance and performance of existing services. We will set out joint governance arrangements for making decisions on review recommendations. Finally we will put in place a proper performance framework for BCF services which demonstrates the effectiveness of services against BCF criteria

Who will benefit?

Reviewing the current portfolio of BCF services will ensure that there is proper alignment between health and social care locally. Commissioners from the local authority will have a direct influence over the configuration of services that were historically commissioned by health. Local Authority commissioners already have a good dialogue and contract

management arrangements with the care market and involve health partner commissioners in its engagement/ market facilitation programme, to present a united approach to commissioning and procurement of services wherever possible. The BCF presents an opportunity to understand more thoroughly the models and drivers for commissioners from each organisation and to improve future collaborative commissioning for the health and social care community.

All commissioned services can be realigned to deliver a combination of health and social care outcomes rather than being totally focused on the targets of a single organisation. This inevitably benefits the patient as it moves both CCG and Council commissioners towards a position where they are commissioning fully integrated health and social care services.

BCF14 Data sharing between health and social care

All Rotherham NHS correspondence uses the NHS number as primary identifier, and the council has a plan already in development to enable this to be used on social care systems. It is proposed that use of the NHS number as a unique identifier across all health and social care will create the starting point for the development of shared IT capacity locally. We aim to provide information sharing capacity between and across health and social care that is effectively governed and safe.

How will we do this?

Through the BCF there is a commitment to ensure that all providers have access to integrated person-held records, which include all health and social care plans, records and information for every individual. To enable this to happen we will develop portal technology to share data in a secure way that is in the best interest of people who use care and support. Accompanied with effective use of new technology it will liberate practitioners and transform the way they work.

Who will benefit?

The BCF Plan has highlighted actions related to the use of technology and information that, if fully implemented, could deliver significant benefits to the health and social care economy. These benefits include improvements to quality and efficiency as well as patient experience and satisfaction.

As well as delivering efficiencies, there are also tangible benefits such as the improvements in the quality of care delivered, the accuracy of data collected, improved data flow between health and social care and the increased flexibility the practitioners have in managing their time and location of work.

The BCF Plan will ensure greater efficiency in accessibility of patient information. Increased accessibility will enable faster transfer of medical history in a medical emergency or when visiting a new practitioner. Researchers and public health authorities, with the permission and consent of the patient, will be able to collect and analyse up-to-date patient data. Such access is imperative in emergency situations, and also allows public health officials to easily conduct outbreak and incident investigations. Improved accessibility will also enable health care providers to reduce costs associated with duplicate testing, appointment reminders and laboratory results.

2.4 Our plan's impact on mental health services

The mental health liaison service is a key component of the BCF plan, which will be in addition to existing services and will transform how patients with mental health issues are treated in the Rotherham urgent care system. This will also improve patient experience and health outcomes

A key change in 2014 will be increased clinician to clinician discussions between CCG GPs and mental health service clinicians to ensure that quality improvements can still be made in the increasingly challenging financial situation.

There will be an increased focus on the mental health of people with other long term conditions. The Older people, Adults and Alcohol liaison services will be part of an increased emphasis on the mental health needs of people accessing acute hospital services. The GP case management, over 75s and social prescribing schemes describe the increased multiagency and voluntary sector inputs we will deliver to 20,000 people with long term conditions and who are at risk of hospital admission.

An action log was produced in December 2013 setting out details of as follows:

- An increased focus on quality for Rotherham residents in both adult services and CAMHS;
- Older and Adult Mental Health Liaison Services and Alcohol Services. These services which started in 2013 will be evaluated and enhanced if they provide value for money and deliver the required outcomes;
- Dementia
    - Achieving timely diagnosis and treatment and improving the care pathway, and reviewing scanner capacity;
    - Develop a one-stop clinic for dementia diagnosis;
    - Improving support to carers
    - Work with partners to review dementia day care service provision across health and social care
    - Social prescribing support is improving support to carers, it is helping more hidden carers to be identified and get support earlier
- Establish an adult autism diagnosis process
- Work to implement Mental Health Payment by results. This will require primary and secondary care clinicians to work together on benchmarking and care pathways;

2.5 What our changes will mean for local people

We have developed a set of personas and 'case studies' which demonstrate what the changes we are making through the BCF will mean for local people. These have been aligned to our 'I Statements' providing us a basis for monitoring our changes once the plan is full into implementation.

Case studies can be seen in Appendix 9, which we will also use to share with the public what our proposed changes are and what this will mean for them as patients, services users and/or carers.

2.6 How the BCF aligns to other local plans

We have based our BCF plan on the joint commitments that have already been made through the local Health and Wellbeing Strategy. Doing this also ensures that our BCF plan aligns with the CCG commissioning plan and that of health and care providers in the borough, who have been integral to the development of the Health and Wellbeing Strategy and are all fully signed up to its priorities. The alignment between the BCF and the Care Bill has been recognised; there is cross-membership between the Better Care Fund Operational Group and the Care Act Board and the two plans will cross reference to ensure consistent delivery of the changes needed.

2.7 Our timescales for delivery

We have identified lead officers for each of the BCF schemes in our plan, who will be responsible for developing more detailed action plans for each scheme, demonstrating the expected timescales and delivery mechanisms.

This will be supported by the BCF operation officer group, which will begin this work during its first meeting in April 2014.

We have identified the budget and where this will be spent during the transition year 2014/15, which will include reviewing a number of services to ensure the BCF plan is ready to be fully implemented from 2015/16.

2.8 Implications of our plan on the acute sector

NHS Rotherham CCG's share of the national efficiency challenge is around £80 million over five years and is referred to as QIPP (Quality, Innovation, Productivity and Prevention). QIPP has two components:

1. Provider QIPP: Efficiencies passed onto health service providers. For the last three years and for the foreseeable future, providers have been expected to provide the same services with less funding. For example in 2014/15 providers will be given 2.1% uplift for inflation but are then expected to make 4% efficiencies. The efficiency requirement is **£8.8m** in 2014/15 and the 5 year plans are as follows

QIPP Plans 2013/14	2014/15 £000	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000
4% Efficiency	(8,750)	(8,993)	(8,993)	(8,993)	(8,993)

2. System Wide QIPP: NHS financial allocations are expected to rise by around 1-2% each year over the next 5 years. The underlying rate of growth in health service activity and costs prior to 2010 was around 6%. Without QIPP we anticipate growth will continue at around 6% a year because of the ageing population, rising expectations and new medical technologies.

In addition to the £8.8m above, there are two key areas for acute savings:

Unscheduled Care – reducing avoidable admissions - £1.3m
Historically, Rotherham health community has been an outlier for emergency admissions to hospital. This is not fully explained by the higher than average levels of morbidity and

there is evidence that individual clinicians involved in hospital admissions such as GPs, ambulance staff, and accident and emergency doctors have different thresholds for admission. Whilst hospital admission may seem like the safest and easiest way of dealing with an emergency, for many people high quality care at home or in a community setting could be a better, safer option. The CCGs strategy provides more alternatives to hospital admission, treat people with the same needs more consistently and deal with more problems by offering care at home or close to home. There are important links between this area and plans to improve community services such as further developing the care coordination centre and providing alternative levels of care.

Clinical Referrals - £3.4m
The CCG will continue its approach based on clinical leadership and peer influence. Work with GPs and referring clinicians and providers will ensure referrals and elective and non-elective procedures are kept within affordable limits. If the current consensual, educationally based approach continues to be successful it will mean that Rotherham can maintain short waiting times and avoid unnecessary restrictions on the numbers of types of procedures that are available to patients.
Key to the work is effective communication with all clinicians in Rotherham, by face to face meetings, working with GP localities and hospital specialists through the Hospital Management Team and Medical Staff Committee, educational events, monthly newsletters, top tips for important pathways and by providing benchmarking information.
Patient experience will be enhanced by improving the quality of referral information to consultants, high quality discharge letters back to GPs with advice and management plans.

Alternative ways of getting secondary care opinions such as expanding the current virtual haematology will be more convenient for patients. The changes will ensure that patients receive care as close to home as possible.

Details of how savings are to be invested is covered under section 3.1

Quality Impact Assessments (QIAs)

QIAs are an integral part of the annual planning cycle and are completed by the healthcare provider, proposed by the Chief Nurse and Medical Director and adopted by the Trust's Board. The Commissioner reviews the QIAs in advance and views are taken on board prior to the final submission. The CCG must also report through to NHS England the assurance level it has of provider efficiency savings and the extent to which quality and safety is optimised. This process will be completed in April 2014.

2.9 Governance arrangements for progress and outcomes

The CCG and RMBC have co-terminus boundaries and already have a layer of governance and delivery mechanisms in place. There is clear agreement to the need to maintain a simple clear governance framework which does not add to the burden of any of the agencies or partnership mechanisms.

The delivery of the BCF will be fully integrated with the delivery of the Health and Wellbeing Strategy and as a result, the existing mechanisms with some adaptation will be fit for purpose to ensure effective scrutiny, accountability and delivery.

The framework shown in Appendix 12 demonstrates the decision making structure and how the BCF plan will be delivered through the various groups.

The Health and Wellbeing Board will:

- Monitor performance against the BCF Metrics (National/ Local) and receive exception reports on the BCF action plan
- Agree the Better Care Fund Commissioning Strategy
- Agree decisions on commissioning or decommissioning of services, in relation to the BCF

The BCF Task group will monitor delivery of the Better Care Plan through quarterly meetings, ensuring performance targets are being met, schemes are being delivered and additional action is put in place where the plan results in any unintended consequences. The Task Group will report directly to the HWBB.

2.10 Audit and assurance process

To provide an independent review of the BCF, including the source and use of the funds, a local audit and assurance process has been agreed. The final report of which will be shared with the respective members of both organisations and the Task Group.

Scope of the Audit: that the BCF has:

- Been developed with the national planning guidance in mind
- Is fit for the purpose, in that it clearly sets out indicative budgets for the CCG and RMBC and identifies those areas for which each party will have commissioning responsibility
- Provided a clear audit trail of where funds are invested in contracted services
- Provided a clear audit trail to substantiate claims made against the risk pool;
- Provided a clear audit trail supporting the financial reporting to the CCG, RMBC and BCF Task Group
- Reflected a diligent approach by both parties to quantify and manage current and future budgets and identify future risks
- Reflected good internal control.

3. National Conditions

3.1 Our local definition of protecting adult social care services

NHS savings of £7.6m will be used to fund transformation – this is illustrated in the table below:

BETTER CARE FUND 2014-15	EXISTING SOCIAL CARE	PROTECTING & TRANSFORMING SOCIAL CARE	EXISTING HEALTHCARE	PROTECTING & TRANSFORMING HEALTH-CARE	TOTAL
	£000s	£000s	£000s	£000s	£000s
Funded from Health	6,214	1,151	5,840		13,205
Additional funding from Health Savings		2,336		4,105	6,441
TOTAL from Health	6,214	3,487	5,840	4,105	19,646
Funded from Local Authority	3,305	148			3,453
TOTAL Funding	9,519	3,635	5,840	4,105	23,099

The savings are to be invested as follows:

- Growth monies of £1.3m have been allocated from NHS England for social care in 2014-15 which will be utilised to protect social care (£1.1m) and provide support to advice, Mental Capacity and IT (£0.2m);
- In relation to concerns around the impact of CCG transformation in mental health and integrated fast response, we have proposed a risk pool for 2014/15 to protect both parties against unintended consequences. This is estimated at approximately £x00k and will require auditable information in year to support the claims from either party;
- There is a potential unintended impact on the Occupational Therapy service of the successful social prescribing initiative which is estimated at £100k by RMBC colleagues;
- The transformation of the intermediate care residential beds including therapy services estimated at £320k;
- Support the development of 7-day working in social care by £240k to provide additional social work capacity to supplement the existing emergency duty support at weekends;
- For data sharing – both parties agreed to increase the allocation in this area in 2014/15; CCG contribution £250k and RMBC £148k;
- £511k for transformation of S256 care Individual case management of high risk patients and over 75s - £2.2m;
- Hospice at home - £771k;
- Social prescribing - £500k
- Mental Health liaison - £375k rising to £1m in 2015/16

There are a number of ways in which the Rotherham BCF will protect social care services. Firstly, services such as Community Occupational Therapy, Intermediate Care and The Rotherham Equipment Service are all fully integrated health social care services, which are measured against the adult social care outcome framework. Placing them under the umbrella of BCF will secure these services for the future, save costs further down the care pathway, and allow for growth in social care services where transformation in other parts of the system require it.

Key to the delivery of integrated person centred services, in the context of reduced revenue and increased demand for health and social care services, is a core offer of social care services including:

- Advice, guidance and information sharing
- Preventive services such as telecare/assistive technology, reablement, intermediate care – all designed to support independence
- Ongoing care provision including personalised services which offer choice and control to the individual to enable them to lead as independent a life as possible
- Good quality domiciliary and residential care

This approach will transform the way patients with high needs access services and will ensure more joined up working between health and social care.

It is known that cuts to social care services increase pressure on the NHS, and protecting the NHS is a key priority for central government. Without the support that is achieved through the Better Care Fund, social care reductions will negatively impact on the local NHS community. RMBC has taken the following actions to date:

- A rational approach to setting reasonable fees for provider services, including tackling high cost fees for learning disability residential placements and supporting the quality of care in older people's residential care services
- Increases in charges for care
- A greater use of reablement services that offer support to people to enable them to remain independent
- Implementation of personalised support, alongside effective commissioning of services

To date it is clear that these efforts have enabled the council to manage increasing demand due to demographic pressures – these approaches cannot be effective indefinitely, and in 2013/14 there are indications that demand, despite the actions taken to reduce demand through reablement etc., is beginning to increase significantly.

In order to prevent further cuts to services, it is essential that the BCF is used to support those care services which in turn protect the NHS.

3.2 How social care services will be protected within our plan

The Better Care Fund brings together the NHS and local authority resources that are already committed to existing core activity. The Better Care Fund will be used in the first instance to protect the funding to existing services, allowing the local council to maintain its current eligibility criteria, under Fairer Access to Care Services (FACS). Current services will be reviewed and evaluated to ensure that they address the key aims of the Better Care Fund. Where they are not seen to be delivering against this, they will be re-commissioned or de-commissioned and the funding reinvested in services that support improvements in health and wellbeing, independence, and prevents admission to care services or hospital, as well as information and signposting services for people who are not eligible for services, to prevent or delay their need for such services.

The BCF will ensure we do not have to raise the eligibility criteria for assessment, care management, and commissioned support, with the potential that this investment will need

to increase to maintain the offer in the light of developing 7 day services and additional responsibilities that the Care Bill will bring when enacted in 2015.

3.3 Seven day services to support discharge

There is a commitment in our plan to the achievement of 7 day working in all parts of the health service, parity of esteem for people living with mental health issues and better care for people requiring integrated health and social care services. This is a key element in our contract negotiations with providers.

There is also a commitment from the CCG to support GP practices in transforming the care of patients aged over 75 in line with national planning guidance. This is being developed in year to complement our strategy for vulnerable people which is also included in our plan.

Existing services, including out of hours support by social workers, access to enabling care and intermediate care, will be reviewed and strengthened where necessary in response to emerging patterns of demand.

3.4 Information and data sharing

All Rotherham NHS correspondence uses the NHS number as primary identifier, and the council has a plan already in development to enable this to be used on social care systems. It is proposed that use of the NHS number as a unique identifier across all health and social care will create the starting point for the development of shared IT capacity locally.

Through the BCF there is a commitment to ensure that all providers have access to integrated person-held records, which include all health and social care plans, records and information for every individual. To enable this to happen we will develop portal technology to share data in a secure way that is in the best interest of people who use care and support.

The BCF Plan has highlighted actions related to the use of technology and information that, if fully implemented, could deliver significant benefits to the health and social care economy. These benefits include improvements to quality and efficiency as well as patient experience and satisfaction.

The BCF Plan will deliver improvements in data sharing across health and social care. Accompanied with effective use of new technology it will liberate practitioners and transform the way they work. As well as delivering efficiencies, there are also tangible benefits such as the improvements in the quality of care delivered, the accuracy of data collected, improved data flow between health and social care and the increased flexibility the practitioners have in managing their time and location of work.

The BCF Plan will ensure greater efficiency in accessibility of patient information. Increased accessibility will enable faster transfer of medical history in a medical emergency or when visiting a new practitioner. Researchers and public health authorities, with the permission and consent of the patient, will be able to collect and analyse up-to-date patient data. Such access is imperative in emergency situations, and also allows public health officials to easily conduct outbreak and incident investigations. Improved

accessibility will also enable health care providers to reduce costs associated with duplicate testing, appointment reminders and laboratory results.

We are committed to adopting systems that are based upon open APIs (Application Programming Interface).

All Rotherham NHS platforms are Information Governance Toolkit compliant and Rotherham CCG has achieved assurance on Caldicott 2 compliance in March 2014.

Underpinning the developments outlined above, the Health and Wellbeing Board has collectively signed up to an overarching information sharing protocol (appendix 5), which provides a framework for information sharing for all partner organisations.

3.5 Joint assessment and accountable lead professional

There is an initiative in place to improve the case management of the 5% (12,000) of patients at risk of hospitalisation which is key to our unscheduled care efficiency plan. In 2013/14 the pilot was solely for patients identified by a computer tool as being at the highest risk of admission to hospital. In 2014/15 the tool will still be used to identify the first 3% of patients eligible to be on the scheme. An additional 2% of each practices population will be eligible for the scheme, this will also include all patients in nursing and residential homes and other patients selected on the basis of clinical judgment.

Within the case management programme the accountable professional is the GP. In Rotherham the Case Management Programme places GPs at the centre of care coordination. Over the next 12 months we will transform community services to ensure that patients can access high quality, safe sustainable community services including multi-disciplinary community teams and specialist community services that target specific conditions.

We are embarking on a programme of integration across acute/community services and also across health/social care. This will ensure that packages are fully integrated and contain clear lines of accountability

In light of the planning guidance requirement to provide addition GP services for patients over the age of 75 the CCG will add an additional component to the Locally Enhanced Scheme (LES) to provide services for all 20,000 people in Rotherham over 75. The CCG will make the case management and over 75 services funding recurrent so that practices can make permanent appointments as the current shortage of locums is affecting the stability of current services.

The BCF Plan will deliver significant benefits through delivery of integrated services and joint assessment. The development of a joint assessment framework will help prevent harm and crises to individuals at risk. It will do this by promoting a shared understanding of risk amongst health and social care professionals. Case management processes, led by one person, will improve co-ordination, reduce duplication and support communication across organisational boundaries. The clear lines of accountability resulting from identifying a case manager will encourage creative approaches to assessment which are more person-centred. The benefits of shared assessment in hospital will include improved patient information on admission and better communication between wards. It will encourage holistic working and overcome professional boundaries. There will be an

improved understanding of other professional roles, increased expertise and improved decision-making through information sharing.

4. RISKS

We have set out below the most important risks that we believe are associated with the delivery of the BCF plan. This includes our 'mitigating actions plan' which demonstrates the agreed commitment to share the risks between both partners, and ensure robust arrangements are in place to identify and manage risks and unintended consequences.

These risks and mitigating actions will be managed by the BCF Task Group, which will meet on a quarterly basis to review the BCF plan, reporting to the Health and Wellbeing Board where necessary.

A more detailed risk register is included as appendix 7.

Risk	Risk rating	Mitigating Actions
Introduction of the Care Bill resulting in an increase in cost of care provision from April 2015, impacting on social care services and funding	**High**	Working group established and initial impact assessment undertaken of the potential effects of the Care Bill.
Unintended consequences of achieving savings in one area of the system could result in higher costs elsewhere.	**Medium**	All partners have made a commitment to ensure that if evidence of these consequences is seen, cash will flow to the right place across the system that all partners will benefit from. Both partners have agreed a 'risk pool' to form part of the BCF plan, which can be used if the plan results in any unfunded consequences on any part of the system. The BCF plan will be monitored on a quarterly basis by the Task group, and any consequences will be reviewed. We will consider turning this risk green in-year based on this process if both partners are comfortable with progress.
Governance is deemed by NHS England not to meet requirements to deliver the BCF change	**Medium**	Task group to agree the most appropriate governance structure for BCF, which includes the HWBB as the accountable body.
Performance targets are unachievable	**Medium**	Metrics agreed following robust process testing for "statistically significant" impact and

		investments made through BCF where appropriate.
Failure to receive 50% of the pay-for-performance element at the beginning of 2015/16.	**Medium**	HWBB to ensure plan meets the national requirements and is fully adopted by April. Performance management framework in place to monitor progress throughout 2014/15 to ensure meet agreed targets.
Failure to receive the remaining 50% of the pay-for-performance element mid 2015/16 due to not meeting the in-year performance targets.	**Medium**	Performance management process in place, accountable to the HWBB
Shifting of resources could destabilise current service providers.	**Low**	Joint working with stakeholders to develop implementation plans and timelines that include contingency planning. Assessment of the potential impacts on the provider to be collated as integral to the implementation plan CCG to receive Quality Impact Assessments in March from providers regarding their respective efficiency plans. Local authority will continue to engage with providers through the Shaping the Future events programme to ensure potential impact is understood and planned for.

This template is to be used for part 2 of HWB BCF plans and replaces the original template available on the NHS England BCF webpage. The new version contains more information in the metrics section and is locked in order to assist in the NHS England assurance process .

This new template should be used for submitting final BCF plans for the 4th April

Appendix 2 Rotherham Better Care Fund Action Plan

Ref.	Scheme	Outcome	Action	Measure/s	Finance	Lead
Prevention and Early Intervention (PE) – Rotherham people will get help early to stay healthy and increase their independence						
PE1 We will co-ordinate a planned shift of resources to high dependency services to early intervention and prevention						
BCF01	**Mental Health Service**	A jointly agreed plan which results in a reduction in formal, high intensity use of services (including acute services and police intervention) and a greater investment in community-based and primary care preventative activity which addresses mental health issues much earlier on. This new service will be addition to existing services and will transform how patients with Mental Health issues are treated in the Rotherham urgent care system. This will also improve patient experience and health outcomes.	Commission mental health liaison provision, ensuring it is aligned to health and social care priorities for prevention and early intervention. Increase funding available for social care packages including short term support time and recovery packages provided through Direct Payment, to enable where appropriate a link with personal health budgets to support longer term recovery .	Admissions to residential and care homes Avoidable emergency admissions Patient/service user experience Emergency readmissions	£1.1m .	**Deputy Chief Officer CCG** **Strategic Commissioning Manager, RMBC**
BCF02	**Falls prevention**	Older people are aware of the risks of falls and have opportunities to remain active and healthy in their community. Where a person is more at risk of a fall, they are provided with the right advice and guidance to help prevent them.	Review the falls service to ensure its primary focus is delivering a preventive community-based service, as well as targeting those most vulnerable, who are most at risk of fracture neck of femur.	Admissions to residential and care homes Effectiveness of reablement Avoidable emergency admissions Patient/service	£0.9m	**Head of Urgent Care and Long-term Conditions, CCG**

				user experience Emergency readmissions		
BCF03	**Joint call centre incorporating telecare and tele-health**	A coordinated response is provided to individuals' needs and an increased use of assistive technologies to support independence and reduce hospital admissions.	Undertake a scoping exercise to identify efficiencies and improvements in practice that can be delivered though integrated / joint working between the Rothercare Community Alarm Centre and the Care Coordination Centre. Review the service to incorporate increased use of assistive technology and extended use of telehealth and tele-coaching to support people to stay at home, and explore increased use of assistive technology to reduce costs within mainstream social care services including domiciliary care and residential care	Admissions to residential and care homes Effectiveness of reablement Avoidable emergency admissions Patient/service user experience Emergency readmissions	This will require scoping of the existing service and a transfer of funds	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**
PE2 Services will be delivered in the right place, at the right time, by the right people						
BCF04	**Integrated rapid response team**	A coordinated response is provided to individuals' needs, which supports them to remain independent while reducing admissions to residential care and hospital.	Implement a joint approach to an integrated rapid response service, including out of hours, capable of meeting holistic needs of identified individuals to reduce hospital admission. Incorporate community nursing, enabling and commissioned domiciliary care, to be funded the through the BCF to protect social care services from the impact of additional community based support packages.	Admissions to residential and care homes Effectiveness of reablement Delayed transfer of care Avoidable emergency admissions	£1.2m	**Head of Urgent Care and Long-term Conditions, CCG** **Strategic Commissioning Manager, RMBC**

			Additional assessment time (social care support) to be provided through the BCF as part of the response, in order to enable throughput through the Fast Response service, either into funded packages or through the social care prescribing offer into community based prevention activity.	Patient/service user experience Emergency readmissions		
BCF05	**7-day community, social care and mental health provision to support discharge and reduce delays**	Appropriate services are available 7 days a week to enable timely discharge from hospital, and avoid unnecessary admissions to hospital or residential/nursing care.	Review and evaluate existing arrangements against potential increase in demand arising from 7 day working across the community, social care and mental health. This will require an increase in social work support to support discharge, and increases in domiciliary care funding for packages to protect social care services. Fund a pilot project, social care staff working with Community Nurses to intervene early to avoid admission to hospital and residential care, supported by the outcomes of the project identified at BCF06	Admissions to residential and care homes Effectiveness of reablement Delayed transfer of care Avoidable emergency admissions Patient/service user experience Emergency readmissions	£4.8m	**Head of Urgent Care and Long-term Conditions, CCG** **Adult SS Service Manager, RMBC**
Expectations and Aspirations (EA) – All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community						
EA1 We will ensure our workforce routinely prompt, help and sign-post people to key services and programmes						

BCF06	**Social Prescribing**	The need for more formal care services is reduced, creating an opportunity to shift investment into community activity that fosters independence and encourages local people to participate in their community. This service won a National Award from NHS England for best practice and will transform services from being reactive to a pro-active multi agency approach for Rotherham patients with high needs.	Review social prescribing service to ensure it is delivering on prevention, avoidance and delaying access to formal care services, and commit to mainstream this service subject to findings.	Admissions to residential and care homes Effectiveness of reablement Delayed transfers of care Avoidable emergency admissions Patient/service user experience Emergency readmissions	£0.6m	**Assistant Chief Officer, CCG**
BCF07	**Joint residential and nursing care commissioning and assurance team**	Reduction in the cost of contract compliance increased monitoring of nursing standards, reduced admissions to hospital and improved hospital discharges. Reduced cost of significant service failure and safeguarding though a more proactive/ preventive/ coordinated approach.	Implement a joint approach to a single LA and CCG team whose purpose is to commission and assure quality of service in residential and nursing care homes, with clear links to GP case management and an integrated response from health services.	Avoidable emergency admissions Patient/service user experience Emergency readmissions	This will require a review of existing services and creation of a jointly commissioned/ managed team supported by but not necessarily funded by the BCF	**Head of Urgent Care and Long-term Conditions, CCG** **Strategic Commissioning Manager, RMBC**
EA2 We will co-produce with Rotherham people the way services are delivered to communities facing challenging conditions						

BCF08	**Learn from experiences to improve pathways and enable a greater focus on prevention**	A shift in investment from high-cost, high-intensity users of health and social care, to low cost high impact community initiatives which focus on prevention. A co-produced (between health, public health and social care) risk stratification tool to identify high intensity users.	Undertaken a deep dive exercise conducted on cases of high social care and health users. Map the journey through health and social care services to identify opportunities to improve pathways and explore where better preventative action earlier on may help avoid or delay access to health and care services in the future. Carry out a full evaluation of Rotherham's risk stratification tool, and develop a mechanism for identifying high intensity users of health and social care services.	Admissions to residential and care homes Effectiveness of reablement Delayed transfers of care Avoidable emergency admissions Patient/service user experience Emergency readmissions	£0.03m	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**
Dependence to Independence (DI) – Rotherham people and families will increasingly identify their own needs and choose solutions that are best suited to their personal circumstances						
DI1 We will change the culture of staff from simply 'doing' things for people to encouraging and prolonging independence and sel-care						
BCF09	**Personal health and care budgets**	Individuals are provided with the right information and feel empowered to make informed decisions about their care.	Commitment to giving personal budgets to as many people as possible, and will develop our plans to do this. Extend our current plans for personal health budgets, working with patients, service users and professionals.	Admissions to residential and care homes Effectiveness of reablement Patient/service user experience	£1.6m	**Head of Contracting and Service Improvement, CCG** **Adult SS Service Manager, RMBC**
BCF10	**Self-care and self-management**	Individuals are provided with the right information and support to help them self-manage their condition/s.	Develop self-care and self-management, working with voluntary and community groups to co-design, co-develop and co-	Admissions to residential and care homes	£0.05m	**Head of Urgent Care and Long-term**

		Professionals are equipped with the right skills to enable self-care / self-management and promote independence.	produce improved health and care outcomes, including the areas of transitions from young people's services into adult care. Develop patients and practitioner skills programmes that can be implemented across health and social care. Development of integrated workforce development programmes and risk management courses aimed at promoting an ethos of self-management. Develop specialised psychological support services for people with long term conditions so that they are better able to self-manage their condition.	Effectiveness of reablement Avoidable emergency admissions Patient/service user experience Emergency readmissions		**Conditions, CCG** **Director of Health and Wellbeing, RMBC**
DI2 We will support and enable people to step up and step down through a range of statutory, voluntary and community services appropriate to their needs						
BCF11	**Person-centred services**	Each individual has a single, holistic, co-produced assessment, meaning they only need to tell their story once and key details are available (in home and on shared portal initially, building to shared IT capacity) which enables integrated, person-centred service delivery. This approach will transform the way patients with high needs access services and will ensure more joined up working between health and social care.	Develop and implement a person centred, person held plan, in partnership with key stakeholders.	Patient/service user experience	£3.2m	**Head of Urgent Care and Long-term Conditions, CCG** **Director of Health and Wellbeing, RMBC**

BCF12	**Care Bill preparation**	Rotherham adult social care is able to meet the increased demand and maintain / protect the existing level of service.	Identify the cost and activity pressures resulting from the implementation of the care bill, including increased assessments, carers assessment and support, information advice and guidance capacity, and resulting administrative and operational costs. Develop a plan to meet these pressures.	The Care Bill will impact on all BCF outcome measures	£0.3m	**Director of Health and Wellbeing, RMBC**
Long-term Conditions (LTC) – Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life						
LTC1 We will adopt a co-ordinated approach to help people manage long-term conditions						
BCF13	**Review existing jointly commissioned integrated services**	All jointly commissioned services provide value for money and are aligned with the BCF vision and principles. Where services are not efficient and effective, a plan is developed to de-commission/re-commission as appropriate.	Undertake a project to review all existing S75 and S256 agreements and pooled budget arrangements. KPMG (both organisations' External Auditors) to provide independent view. Where this will impact on current services being provided, ensure that social care is funded to ensure that the current levels of outcomes being met are maintained. This will be achieved through an increase in the appropriate budgets ie residential care, home care	All integrated services impact on BCF outcome measure/s	£7.9m	**Chief Finance Officer, CCG** **Strategic Commissioning Manager, RMBC**
LTC2 We will develop a common approach to data sharing so we can provide better support across agencies and put in place a long-term plan for the life of the individual						
BCF14	**Data sharing between health and**	All providers have access to integrated person-held records, which include all health and social	Develop portal technology to share data in a secure way that is in the best interest of people who use	Delayed transfer of care	£0.3m	**Customer Relationship Manager,**

	social care	care plans, records and information for every individual.	care and support. Use of the NHS number as a unique identifier across health and social care will create the starting point for the development of shared IT capacity.	Avoidable emergency admissions Patient/service user experience Emergency readmissions		**CCG** **Systems Developmen t Manager, RMBC**

Appendix 7 Rotherham Better Care Fund Risk Register

Risk	Risk Impact		Score	RAG	Risk Owner	Mitigating Actions
	Likelihood	Impact				
Not meeting the required deadlines for completion of BCF Plan	1	2	2	Green	HWBB	Timeline and responsibilities for completion of template agreed
Loss of key leaders in Task Group or Officers Group	3	3	9	Green	Martin Kimber/ Chris Edwards	Leadership groups formal membership and substitutes agreed
Plan for BCF not agreed by Task Group	2	2	4	Green	Tom Cray/ Chris Edwards	Work Plan developed through multi agency officer group and agreed with leadership team and Health and Wellbeing Board
Unable to agree local performance indicator	1	2	2	Green	Task Group	Local Indicator agreed from the list of 9 to reflect a critical strand of work in Rotherham
Financial information on joint and single budget contributions not agreed	2	2	4	Green	Keely Firth/ Mark Scarrott	Work to progress through financial budgets and align with each organisation
Insufficient or ineffective consultation undertaken	3	3	9	Green	Tom Cray/ Chris Edwards	A communication and consultation strategy developed to ensure significant sharing of information re BCF and future impact. To include customers, patient reps, providers and stakeholders. A forward plan for consulting and engaging with the public and providers is also included in the local plan.
NHS England deem the BCF plan is not innovative enough to deliver change	3	3	9	Green	HWBB	Challenge process built into formal discussions and agreement of the plan
Governance is deemed by NHS England not to meet requirements to deliver the BCF change	3	2	6	Green	HWBB	Task group to agree the most appropriate governance structure for BCF, which includes the HWB as the accountable body.

Shifting of resources could destabilise current service providers.	**3**	**3**	**9**	**Green**	HWBB	Joint working with stakeholders to develop implementation plans and timelines that include contingency planning. Assessment of the potential impacts on the provider to be collated as integral to the implementation plan. CCG to receive Quality Impact Assessments in March from providers regarding their respective efficiency plans hence the amber score. Local authority will continue to engage with providers through the Shaping the Future events programme to ensure potential impact is understood and planned for.
Performance targets are unachievable	**3**	**4**	**12**	**Amber**	Scott Clayton/Ian Love	Metrics agreed following robust process testing for "statistically significant" impact and investments made through BCF where appropriate. Note: The baseline year for targets had neither adverse weather or any major outbreaks, this could have an impact on achieving targets in subsequent years, appropriate monitoring of performance throughout the year to ensure they continue to be achievable.
Unintended consequences of achieving savings in one area of the system could result in higher costs elsewhere.	**4**	**3**	**12**	**Amber**	Martin Kimber/. Chris Edwards	All partners have made a commitment to ensure that if evidence of these consequences is seen, cash will flow to the right place across the system that all partners will benefit from. Both partners have agreed a 'risk pool' to form part of the BCF plan, which can be used if the plan results in any unfunded consequences on any part of the system. The BCF plan will be monitored on a quarterly basis by the Task group, and any consequences will be reviewed. We will consider turning this risk

						green in-year based on this process if both partners are comfortable with progress.
Failure to receive 50% of the pay-for-performance element at the beginning of 2015/16.	**3**	**4**	**12**	**Amber**	HWBB	HWB to ensure plan meets the national requirements and is fully adopted by April. Performance management framework in place to monitor progress throughout 2014/15 to ensure meet agreed targets.
Failure to receive the remaining 50% of the pay-for-performance element mid 2015/16 due to not meeting the in-year performance targets.	**3**	**4**	**12**	**Amber**	HWBB	Performance management process in place, accountable to the HWB
Introduction of the Care Bill resulting in an increase in cost of care provision from April 2015, impacting on social care services and funding.	**5**	**4**	**20**	**Red**	Shona McFarlane	Working group established and initial impact assessment undertaken of the potential effects of the Care Bill.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meeting:**	**Health Select Commission**
2.	**Date:**	**12th June 2014**
3.	**Title:**	**Health & Wellbeing Strategy - Poverty Theme Progress Update**
4.	**Directorate:**	**Neighbourhoods and Adult Services**

5. Summary

Poverty and its determinant factors such as low skill levels, lack of employment opportunities, ill health and low aspirations is a significant problem in Rotherham. The problem is especially acute in some neighbourhoods. Consequently the Health and Wellbeing Strategy (HWB) has a specific theme focussing on this issue. Successfully tackling poverty will require a widespread corporate and multi-agency response, and much is being done from several departments and agencies. The council's response sits across all directorates, with the most focussed activity taking place as part of the Deprived Neighbourhoods agenda. This report is one of a series of reports to be presented to the select commission highlighting the HWB strategy work streams. The report sets out the extent of the problem and highlights some of the approach taken to tackle this issue.

6. Recommendations

- **That the Health Select Commission notes the progress made against the objectives within the workstream.**

7. Background and Details

7.1 Poverty in Rotherham

The 2010 Indices of Multiple Deprivation (IMD) highlighted significant concerns in relation to a worsening position for Rotherham';

IMD Quintiles Rotherham	Average Score 2004	Average Score 2007	Average Score 2010	Change 2004-10	Change 2007-10
Most Deprived 20%	49.9	49.1	52.2	+ 2.3	+ 3.1
Most Deprived 20-40%	35.6	34.4	36.4	+ 0.8	+ 2.0
Average Areas	25.8	23.9	25.1	- 0.7	+ 1.2
Least Deprived 20-40%	17.7	15.5	16.2	- 1.5	+ 0.7
Least Deprived 20%	11.5	10.2	10.4	- 1.1	+ 0.2
Rotherham Average	28.2	26.7	28.1	- 0.1	+ 1.4

Since the publication of the IMD in 2010, there have been some improvements (these are discussed below in 7.3) however what we know historically is that several neighbourhoods lag behind the rest of Rotherham. The deprived neighbourhoods' strategy identified eleven areas of the borough where there is a significant concentration of people whose quality of life is significantly below the norm for other parts of the borough. These areas have, in the main, suffered from long term deprivation and have featured amongst the worst in the country based on their rankings in the Index of Multiple Deprivation for many years. In these eleven areas, people who are suffering from the effects of multiple deprivation are not finding opportunities to improve their quality of life.

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

Indicator	Rotherham	11 Most Deprived N'hoods (Average)	Highest or "Worst" Value in the Deprived N'hoods	"Worst" Neighbourhood
IMD Score	28.1	54.3	65.6	Canklow
Income Deprived	17.6%	35.1%	42.7%	Canklow
Child Poverty	23.5%	44.8%	58.1%	Canklow
Workless 2008/9	13.4%	21.9%	27.2%	E Herringthorpe
Workless 2012	15.2%	28.2%	36.3%	Canklow
JSA 2012	5.2%	11%	16.8%	Eastwood
IB/ESA 2012	7.9%	12.9%	18.7%	Canklow
DWP Ben 2012	18.9%	33.4%	41%	Canklow
CT or Housing Benefit	29%	52.3%	61.5%	Eastwood

Free School Meals	18.7%	34.9%	52.6%	Rawmarsh E
Annual Benefit Loss per WA adult	£556	£872	£1,089	Canklow
Male Life Expectancy	76.9	73.9	70.7	Dinnington C
Female Life Expectancy	80.9	78.8	71.9	Canklow
5+ GCSE A*-C	56.2%	37.3%	25%	Canklow

7.2 Policy & Approach

Rotherham Borough Health & Wellbeing Strategy 2012-2015 sets the strategic priorities for collective action to improve health and wellbeing of local people. There are six strategic priorities with accountable lead officers developing 'workstream plans' for each priority. The priorities are;

1. Prevention and Early Intervention
2. Aspirations and Expectations
3. Dependence to Independence
4. Healthy Lifestyles
5. Long-term Conditions
6. Poverty
7.

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

Priorities

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

We will ask the Rotherham Partnership:

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

Much of this work is undertaken at a neighbourhood level as part of the Deprived Neighbourhoods initiative. The attached work plan (appendix 1) outlines the activity which is underway to address these outcomes.

Work is also progressing corporately to develop a Building Resilience Strategy for the borough. This approach will ensure that we are taking a strategic multi-agency approach towards tackling the key underlying issues affecting poverty in the borough. The emerging strategy centres on a small number of headline objectives around which partners can focus their efforts and resources, augmented by more specific and measurable actions. To some extent the strategy is about improving the

coordination of existing activity and gaining a clearer understanding of impact, ensuring that resources are allocated effectively.

The approach is based on the following principles:

- Working with people to build their resilience, capability and confidence, enabling them to respond to challenges and find solutions to their problems
- Focusing particularly on areas of severe deprivation and disadvantage to reduce inequalities in the borough, whilst not excluding other communities or groups in need
- Actively seeking opportunities for efficiencies or long term savings through effective partner collaboration, increased integration and preventative approaches
- Taking action based on evidence of what's needed and what works allied with clearly defined measures of progress and success

The four overarching objectives are:

- Maximising access to sustainable, decently paid employment and relevant training
- Inclusive economic growth that benefits all of Rotherham's communities
- Helping people to thrive and fulfil their potential
- Building social capital and helping neighbourhoods to flourish

For each of these objectives work streams are being established.

7.3 Rotherham Deprived Neighbourhoods

It was agreed by Cabinet and Rotherham Partnership that a new approach based on local leadership and a long term commitment from partners should be put in place to tackle inequalities in disadvantaged areas (as identified through IMD 2011) as well as supporting the Health and Wellbeing strategy. Cabinet Member and Strategic Director leads were identified for each of the eleven deprived neighbourhoods.

Area Coordinators were also identified for each of the eleven areas and were given the remit of;

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

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

- Establishing an action plan

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

Rich pictures and action plans have been developed in each area and between 4 and 7 priority areas have been identified.

	CYP Education	Adult Skills	Employment	Health	Crime & ASB	Environmental	Community Engagement
East Herringthorpe	X	X	X	X	X	X	X
East Dene	X	X	X				X
Dalton & Thrybergh	X	X	X	X	X	X	X
Rawmarsh East	X	X	X	X	X	X	X
Eastwood	X	X			X	X	X
Town Centre	X		X	X	X		
Ferham / Masborough	X			X	X	X	
Dinnington	X	X	X	X	X	X	
Maltby South East	X	X	X	X	X	X	
Aston North	X		X	X			X
Canklow	X	X	X	X	X	X	X

Focussed activity has been taking place since 2013 and Coordinators are working corporately to ensure interagency commitment and progress on these priorities. The Poverty & Deprived Neighbourhoods work plan is attached (see Appendix 1) and provides detail on the progress of the priorities.

The table below provides an overall direction of travel for the deprived communities.

Performance Across All 11 Most Deprived Areas by SOA (28)

Indicator	2011/12	Rate	% of Roth	2012/13	Rate	% of Roth	2013/14	Rate	% of Roth	Change in Number	Change in Rate	Direction of Travel	Relative Performance
Employment													
DWP Benefit Claimants	9585	33.6	30.1	9315	32.7	29.9	8,920	31.3	29.9	-665	-2.3	G	A
Job Seekers	3150	11	35.8	3085	10.8	34.9	2685	9.4	35.2	-465	-1.6	G	A
Long Term Sick	3770	13.2	27.7	3545	12.4	27.9	3480	12.2	28	-290	-1	G	A
Lone Parents on Income Support	995	3.5	36.2	905	3.2	35.8	900	3.2	35.9	-95	-0.3	G	A
Workless Benefits	8200	28.8	31.5	7820	27.4	31.4	7320	25.7	31.3	-880	-3.1	G	A
Crime and ASB													
Domestic Burglary	257	13.5	27.9	310	16.4	29.4	NA			53	2.9	R	R
Criminal Damage - Dwelling	378	19	38.9	365	18.3	37.1	NA			-13	-0.7	G	G
Violence against the person	966	21.4	44.6	757	16.8	39	NA			-209	-4.6	G	G
Vehicle crime	511	11.3	26	485	10.7	23.7	NA			-26	-0.6	G	G
Total Crime	5432	120	35.4	5345	118	33.9	NA			-87	-2	G	G
ASB	6795	151	32.7	5126	114	31.4	NA			-1669	-37	G	G
Income													
Council Tax & Housing Benefit	9401	49.4	29.8	9010	47.6	29.5	NA			-391	-1.8	G	A
Free School Meals	884	34.9	40.1	927	37.3	40	1008	38.1	40.4	124	3.2	R	A
CYP Education													
GCSE A*-C inc English & Maths	249	38.9	14.3	222	37.3	12.4	271	44.3	13.6	22	5.4	G	R
EYFSP CLL & PSE 6+ / Good*	266	39.6	15.7	338	50.6	18.5	320	44.3	18.1	54	4.7	G	G
KS2 Level 4 English & Maths	336	56.8	16.6	348	62	17	420	65.8	19.6	84	9	G	G
KS1 Level 2 Average (M,R,W,S)	378	59.9	18.3	393	59.5	18.2	408	60.6	18.6	30	0.7	A	A
Adult Skills													
Aged 25-64 Level 1 or below	12047	53.4	22.7										
Aged 25-64 Level 3 or above	4769	21.1	10.4										
Environmental													
Empty Homes	820	4.1	22	992	5	26.1	NA			172	0.9	R	R
Health													
Male Life Expectancy	74.6		97	NA			74.4		96.2	-0.2		A	R
Female Life Expectancy	79.7		98.5	NA			79.8		98.3	0.1		A	A

* EYFSP Achievement - changed headline indicator 2013
NA - awaiting 2013/14 year end update

Individual themes –

Each priority area has been evaluated to assess progress made (see appendix 2) emerging issues are summarised below:

7.3.1 Children, Young People & Education

Functional Skills are the essential skills needed for ENGLISH, MATHS and ICT, vital for young people and adults to participate in life, learning and work. We know that people with good maths and English skills are better able to secure solid employment, gain the skills employers need and help sustain economic growth. English and maths are increasingly a foundation on which all further achievement in education depends and they are critical for work and everyday life.

Nationally, half of all young people start adult life without achieving level 2 English and maths. Adults who lack literacy and numeracy skills tend to be less productive at work, earn lower wages, are more likely to suffer from ill health and experience social exclusion. An estimated 550,000 benefit claimants have poor literacy, language and numeracy skills and, despite their contact with different public services, very few start courses.

20.6% of people aged 16-64 in Rotherham have no qualifications, well above the English average of 14.8%. This indicates that Rotherham is likely to have a significantly higher proportion of working age adults who are lacking functional skills. The local challenges are higher in the more deprived parts of Rotherham as indicated by the percentages of working age people with no qualifications. In the Town Centre, 28.2% have no qualifications, almost double the national average and in Canklow 43.7% have no qualifications, almost three times the national average.

Young people in deprived neighbourhoods are not achieving English and Maths to the Local Authority average and of the 16 learning communities, predominantly those in the deprived communities are below the Local Authority average.

It is recommended that stronger links need to be created between the Area Coordinators and the Learning Communities. In the deprived neighbourhoods, performance needs to be drilled down to SOA level and, where necessary, take to the schools to challenge.

7.3.2 Adult Skills

Tracking progress for Adult Skills using statistics is difficult as they do not monitor progress except over 10 years. From the 2011 census; 40% people in deprived neighbourhoods have no qualifications and only 19% have a Level 3 qualification or above. Canklow, Dinnington Central, East Herringthorpe, Eastwood and Rawmarsh East have the poorest position when you look at both indicators. Employability requires minimum level 2 English and Maths, ICT minimum level.

In all areas there are a wide range of providers of basic skills courses in a variety of community settings and the target audience is easily identified. All areas are benefiting from better coordination through action plans which is resulting in less

duplication of courses and better publicity of courses and referrals between agencies, particularly Job Centre Plus. Joint working has also developed some innovative initiatives at a local level, for example, Members of the Model Village Association in Maltby have undertaken training so that they can now support other community members with ICT. They have applied for funding for laptops and broadband access and now run sessions in the local community centre.

Common Problems

- Take up of courses – this is a problem regardless of provider. Normally around 12 learners are needed to make a course viable and recruiting the required numbers needs a big push in terms of publicity etc. Courses do get cancelled because not enough people enrol.
- Retention – there can be a high dropout rate for some of the courses, so although a course may start with 12 leaners only 8 or so will make it to the end of the course.
- Progression – Once learners have completed a course – where to next?
- Mobility – learners seem to be unwilling to travel to access provision, even within the same community.

Some of the above problems could be attributed to lack of aspiration and confidence of people within disadvantaged communities. This issue has been identified in several areas and is particularly prevalent in areas where English is a second language.
Therefore the major issue identified in all areas is connecting people with the provision. Increased community engagement activity which builds up the connectivity within a community will have an impact on this. However, a possible solution to this would be to consider outreach support work in the geographical areas with targeted groups of greatest need. A pilot project in the Boston Castle Ward is due to begin in June funded through Community First and it is recommended that the outcomes from this be evaluated and if positive consideration given to where else this may be of value.

7.3.3 Employment

There is a clear focus of employment and skills in many policies / strategies at the European, national and local level.

In March 2014, the Local Economic Partnership (LEP) for Sheffield City Region submitted the final Strategic Economic Plan (also known as the Growth Plan) to government. This is described as a focused ten year (2015 – 2025) plan for private sector growth with the creation of 70,000 new private sector jobs and 6,000 new businesses over this period being at the heart of the plan.

The Sheffield City Region will receive €203.4 million (about £175m) of “European Structural and Investment Funds” (ERDF and ESF) for the seven years 2014-2020. Social Inclusion is a cross-cutting priority (i.e. unfunded) in recognition that the city region “contains neighbourhoods of entrenched worklessness where unemployment and economic inactivity levels far exceed both national levels and the city region average. We need to reduce unemployment and inactivity to narrow the distance between these areas and the city region average. Unemployment “hot spots” are

often areas with complex and long-standing challenges which fuel multi-generational deprivation; unemployment and economic inactivity often deriving from and driving lack of skills and health inequalities."

It aims to do this by putting resources into the skill development and integration of young people into the labour market with a third of ESF resources focused on 16 – 24 year olds. However over 45% of the population is 25+ and will be under 68 in 2020, so the ESIF includes a number of elements to tackle the main barriers for adult unemployment, workless and under-performance in the labour market to complement the mainstream interventions by DWP and create additional employment.

From claimant count statistics, over the last 2 years 10 of the 11 deprived neighbourhoods have seen rates fall (except Canklow). Employment is a priority area in 9 of the 11 deprived neighbourhoods therefore targeted action has been taken to tackle unemployment, best practice from this includes;

- Employability Skills for Council Tenants
- Jobs Information Sheet
- Taster courses
- Disability Employment Advisor
- Rotherham United JobClub
- Volunteering placements in RMBC

7.3.4 Health

Many factors combine to affect the health of individuals and communities. Where we live, the state of our environment, genetics, income and education level and relationships with family and friends have considerable impacts on health, whereas the more commonly considered factors such as access and use of health services often have less of an impact (WHO, http://www.who.int/hia/evidence/doh/en/). The Director of Public Health Annual Report provides a comprehensive appraisal of the key actions needed to reduce health inequalities, particularly the causes of premature death and the growing problem of disability brought on by long term diseases or conditions. Three of the priority measures within the Health and Wellbeing Strategy are tobacco, overweight and obesity and alcohol.

- Smoking rates in Rotherham are higher than the England average for the general adult population, in pregnancy and for young people.
- Rates of overweight and obesity in Rotherham are higher than the England average for adults. For children the rate is the same as England at reception but by year 6 rates are higher than the England average. Obesity rates double between Reception year and year 6
- The percentage of Rotherham's adult population with increasing and higher risk drinking is similar to the England average, but we have significantly higher numbers of hospital stays for alcohol-related admissions. The relationship between alcohol use and deprivation is complex, excess consumption was more common in less deprived neighbourhoods. In contrast, binge drinking was more common in deprived neighbourhoods.

To respond to these issues, the following measures should be implemented;

- Ensure those working in deprived neighbourhoods are trained in Making Every Contact Count. Ensure information about behaviour change services is prominently displayed and readily available in every community venue in each deprived neighbourhood
- Actively promote the availability of free school meals and the RMBC healthy school meals policies
- Distribute information about the dangers of cheap and illicit tobacco throughout networks and community groups in each deprived neighbourhood to encourage intelligence on activity, and by pass any intelligence back to Trading Standards (01709 823161/823164)
- Area Coordinators should make contact with local general practices to increase their awareness of local health provision in their community and to provide community feedback to the practice.

7.3.5 Crime & ASB

The data is based on South Yorkshire Police data only and compares the equivalent six month periods Oct ’12 – Mar ’13 and Oct ’13 – Mar ’14. The data excludes the Town Centre given transient nature of population i.e. people shopping, socializing etc.

Crime
- Borough rate 33.7 per 1,000 population, has decreased by 3.3 year on year
- When compared with borough average, the rate per 1,000 population is higher in 8/10 Deprived Neighbourhoods (except Aston North and East Dene)
- When compared with borough average, rate of change is not as good in 6/10 Deprived Neighbourhoods

ASB
- Borough rate 30 per 1,000 population, has decreased by 6.6 year on year
- When compared with borough average, the rate per 1,000 population is higher in 9/10 Deprived Neighbourhoods (except East Dene)
- When compared with borough average, rate of change is better in 6/10 Deprived Neighbouhoods.

The pressure on the police to address certain priorities, and the reduction in partner resources, has impacted on the local capacity, through Neighbourhood Action Groups, to determine priority issues/locations and take action to address them

Following on from consultation with the police District Commander, there is an intention to improve the process for determining what local actions and resources should be applied to emerging problems. The JAG will be combined with the community tasking process to ensure that senior level support and consequent resourcing can be given to tackling emerging problems. The relationship between the JAG and the NAGs will also become more prescriptive, with the JAG holding to account the NAGs for their success or failure on tackling identified priorities.

A small number of areas – in particular Dinnington, Eastwood and Ferham – are causing a disproportionate level of demand on partners. Further consideration needs to be given options and resources available to reduce this demand.

7.3.6 Environmental

The data available for complaints about environmental issues comes from the Flare database. The data extracted deals with complaints about fly tipping, accumulations of rubbish, litter and dog fouling made by members of the public or referred from other agencies. It has excluded the proactive work undertaken by various teams identifying additional issues.

Data shows that there has been a general increase in the number of complaints made about waste accumulations and fly tipping but a marked reduction in complaints about dog fouling and litter. In areas where there has been traditionally very low levels of reporting (Aston, Canklow and the Town Centre) there have been sharp increases albeit from a low base (4 to 8 complaints in a year), which could be viewed as a positive step since increased reporting is not necessarily an indication that an area is suffering. Whilst it is difficult to achieve in the current climate of austerity, a resumption of localized street scene quality assessments and surveys in localities may help ascertain whether there are real improvements.

The areas with the most focused attention on environmental issues (and the greatest success in terms of litter and dog fouling complaints) have all taken similar approaches, in targeting enforcement and patrolling resources to spot problems early and deal with issues proactively, have identified local community groups to work with including parish councils where possible and have looked at quick wins to clean up the community.

Community First funding and encouraging local people to get involved and look after their street seem to be having an impact on complaint levels, and the confidence to come forward to the council and partners with issues

The financial pressures on Streetscene are likely to affect their ability to react quickly to changing priorities. Their service standards have been adjusted to reflect the changing level of resource and they have fewer vehicles to remove waste and flytipping. These issues may contribute to higher rates of complaint as waste may be left longer and bins emptied less frequently

7.3.7 Community Engagement

Community Engagement is a priority area in 7 of the 11 deprived neighbourhoods. Levels of community engagement differ in each of the area ranging from long established community groups to a history of poor engagement. Through the work of the deprived neighbourhoods, 2 areas known for being hard to reach have now got constituted community groups who are working the council partners to apply for funding and run events and activities. One area still has no organised groups however there are 2 Parish councils which could be utilised.

Recommendations for Improvement;

- All Co-ordinators to recognise value of community involvement as a key method of raising aspiration.
- Use community engagement as the focus of cascading information on adult education, employment, health and environment.
- Increase resources toward engagement.
- Work closer with the Customer Engagement Team to target 'communities of interest' within the disadvantaged areas.
- Improve links to schools within the 11 communities of disadvantage in relation to involvement.
- Closer links to environmental work such as community clean-up days as an established method of engagement.
- Establish a 'plan of engagement' throughout the disadvantaged areas so ideas and concepts can be shared.

8. Next steps

To ensure that there is a firm multi agency commitment to the Building Resilience Strategy it is intended to take the strategy to the Strategic Leadership team, Health and Wellbeing board, Members and Leaders Welfare Steering Group. Once there is agreement on the strategy the next step will be to establish task groups which will each have responsibility for 1 objective within the strategy.

Action at local level will continue to be driven by local priorities and Coordinators will continue to sustain and maintain the 11 deprived neighbourhood action plans. Using the priority area evaluations, we need to learn the lessons coming out of the themes and disseminate them across all deprived neighbourhoods.

To assist this, RMBC's Community Engagement and Neighbourhood Partnership teams are being restructured to enable greater emphasis on the deprived neighbourhoods work.

9. Summary

Considerable effort is taking place to try to reduce the effect of Poverty in the borough. In the face of significant shifts in the wider economy and the welfare system, some progress is being witnessed in terms of unemployment rates, worklessness, educational standards and crime. Despite this there is some evidence that whilst most deprived neighbourhoods are seeing improvements, the rate of improvement is on the whole slower than in other areas. Consequently it is imperative that focus is maintained on prioritising those communities which have the greatest distance to travel.

Contact Name:
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Tel: 01709 (82)3402, email dave.richmond@rotherham.gov.uk

Health & Wellbeing – Poverty & Deprived Neighbourhoods Work Plan

Appendix 1

We will make an overarching commitment to reducing health inequalities, particularly in areas suffering from a concentration of disadvantage			
Priorities	**Lead Person**	**Progress**	**Deadline date**
1. Each Priority Neighbourhood will have a priority measure regarding health inequality where relevant.	Dave Richmond	9 of the 11 neighbourhoods have a specific priority relating directly to health inequalities, others have actions which impact on health.	In place
2. To look at new ways of assisting those disengaged from the labour market to improve their skills and readiness for work.	Dave Richmond	Corporate work group established. Following a mapping and analysis exercise, a series of sector discussions will be held to determine the potential for sector led training strategies as a means of improving access to employment.	Easter 2014
3. To ensure that strategies to tackle poverty don't just focus on the most disadvantaged, but there is action across the borough to avoid poverty worsening.	Carole Haywood/ Dave Richmond	Work is progressing to scope a 'building resilience' strategic approach. A draft was produced in December 2013. This is to be proposed as the central work area for the DN strategic group. Additional work is being led by the Leaders Welfare Reform group and others.	ongoing
4. To consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person	Karl Battersby	R. Partnership has produced a series of advisory leaflets for use across the partnership. This will also be considered as part of the corporate review of advice services.	31st January 2014

Deprived Neighbourhoods

East Herringthorpe	Strategic Lead: Joyce Thacker	Elected Member Lead: Cllr Paul Lakin	Area Coordinator: Christine Staniforth Christine.staniforth@rotherham.gov.uk 01709 334952 07766 698131

Analysis of critical issues	RAG Status – Green	Rich picture Complete and will be refreshed in 13/14
Governance & Communication Arrangements	RAG Status - Green	Governance arrangements agreed with Strategic lead and Cabinet member. Cllr Pickering is the Chair of the Partnership meeting which takes place bi-monthly. Updates provided to Community first and co-ordinating group for input.
Production of Action Plan	RAG Status - Green	Action plan produced and was agreed at the partnership meeting in February 2013

Priorities	Headline Successes	Headline Issues
Employment/Employability/Education & Skills	• ICT provider identified to co-ordinate activity in the area and improve access to IT in schools. • Job club options being progressed. • Literacy project ongoing through community first • Debt and financial play at High Greave School with RACT. • Meetings and joint working being arranged with Children's Centres. • Youth work groups progressing to cover voice and influence and 'bright futures'. • Initial meetings have taken place to process choices in learning project with RCAT in the area. • Welfare Reform training took place for front line staff working within the area at Thrybergh School.	• High Greave School to promote the usage of Mowbray Gardens Library. • Currently promoting 'Choices & Changes' via Angela Wright at Northern College. • Promoting volunteering to build skills.
Health	• Septembers Partnership meeting focused on health as a theme and there are a number of actions which are being agreed before they are placed in the plan. This will cover obesity, Alcohol, smoking, AAA's and breastfeeding/ healthy choices for mum and baby. • Food Bank at High Greave School. • Healthy lifestyle project commenced through community first. Sport England CSAF bid submitted and waiting	• Sport England CSAF bid has been successful; £150,000 has been awarded over 3 years to EH, Dalton & Thrybergh and Canklow. • Chris Johnson ,Sports Development now working with EH on the Hill to promote activities.

	outcome. This will provide a variety of long term sport opportunities for a range of ages through Rotherham Active Partnership.	
Crime / ASB and Housing & Environment	• November's Partnership meeting focused on crime/ASB/Housing & environment. • Crime statistics indicate a ASB and criminal damage to empty homes as a key issue. • Issues around non reporting also identified. • Agreement for AA staff to aid Police in promotional work around useful numbers such as Crimestoppers • Promotional work to be done via High Greave School. Walkabouts to take place bi-monthly through winter period. SYP Lockdown promotional material has been distributed via the WS AA to help reuce lvels of car theft and criminal damage.	• Useful numbers Newsletter distributed March 2014 to encourage reporting. • Current police stats do not highlight enough crime/ASB in EH to warrant it becoming a NAG priority area.
Community Engagement / Capacity Development	• The theme of the meeting on 6th Feb will be community engagement. • Jason Farrar asked to attend from Ground Work to discuss recruitment of Community Organisers – direct mailsot sent to 96 EH residents by CS.. • Recruitment ongoing for 4 Community Organisers – close for applictions 3/2/14. • AA to present forward plan of community engagement for 2014 at January's meeting. • SummerWonderland took place on 25th February, over 200 local people attended adding to the community engagement database.	• New group 'EH on the Hill' – registered to Rotherfed Jan 2014. • Hosted Easter Event 17/4/14 – over 300 attended. • Community Organisers to be in post by 2/6/14.

East Dene	Strategic Lead: Colin Earl	Elected Member Lead: Cllr John Doyle	Area Coordinator: Waheed Akhtar Waheed.akhtar@rotherham.gov.uk 01709 822795 07748 142669
Analysis of critical issues	RAG Status – Green	° Rich picture completed ° Updated June 2013.	
Governance & Communication Arrangements	RAG Status –	° June 2013 - Governance arrangements reviewed to enable closer overview with	

	Green	Eastwood deprived area. ° East Dene Coordination Group comprising SLT lead, Cabinet lead, 3 Ward Councillors meeting regularly. Group to meet on a quarterly cycle with Eastwood Co-ordinating Group and Community First panel meetings falling on the other two months of the quarter.
Production of Action Plan	RAG Status – Green	° Action plan produced – updated June 2013

Priorities	Headline Successes	Headline Issues
Pre-school provision Adult Skills Jobs / Pre-employment Community Engagement	Successful local networking event held on 7th Feb. A number of actions identified for priority implementation and also to improve collaboration. Further event focussing on early years planned for early April. Governance group have agreed to bring together oversight arrangements for East Dene/ Eastwood areas working to a single governance group and a single action plan. Action plan development in process. Review of progress as separate East Dene / Eastwood areas to be carried out.	

Dalton & Thrybergh	Strategic Lead: Karl Battersby	Elected Member Lead: Cllr Paul Lakin	Area Coordinator: Malc Chiddey malcolm.chiddey@rotherham.nhs.uk 01709 255857
Analysis of critical issues	RAG Status – Green	Rich picture complete and agreed with ward members	
Governance & Communication Arrangements	RAG Status - Green	Meeting held with Cabinet Member and other local partners early Jan to agree governance arrangements and identify leads to take forward actions	
Production of Action Plan	RAG Status - Green	Action plan produced and agreed with ward members	

Priorities	Headline Successes	Headline Issues
Employment/Employability/Education & Skills	A local based (within a s chool) IT club has been established and can be extended to other schools in the area. Staff are trained on the Job Centre web site and can offer support in this area	• Currently promoting volunteering opportunities. • Link to Rotherfed 'Digital Champion' programme.
Health	Two healthy eat events have been carried at the Dalton Youth Centre, with free raffle draw used to get more people involved. Sport England CSAF bid has been successful for area covering a range of age groups.	• Currently establishing link to Sports Development bid to promote on-going activities.
Crime / ASB and Housing & Environment	Alcohol related ASB has reduced in area and further analysis is being sought to establish if this	• Thrybergh NAG priority area as of May 2014. • Currently setting area priorities.

	has direct links to the CAP initiative. Three retailer training sessions have been given Walk-a-bouts planned in area directed by intelligence from group.	
Community Engagement / Capacity Development	From a base-line of Nil , community engagement in the area has now lead to a list of over 100 interested persons in improving the area and getting involved in community events. Work is ongoing with Thrybergh Schhol and Sports Accadamy to help Thrybergh Parish council start a News Letter and feed-back site. Due to poor attendance at 'One Off Events' planned around community engagement, focus is now being centred on working with already established existing events to get involvement. IYSS have been very supportive in helping put on local events, meeting their own agenda and also supporting community engagement.	• Community Engagement is now area's main priortity and essential to get more of the community involved in community events. • Link to be created to Community Organisers based in EH. • Planned programme of involvement for 2014 – Clean-Up Day 20/5/14.

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

Analysis of critical issues	RAG Status - Amber	Rich Picture Complete Dec 2014
Governance & Communication Arrangements	RAG Status – Green	The Management Steering Group for the East Rawmarsh Disadvantaged Community consists of a Cabinet Member, Strategic Lead Officer, Local Elected Members and the Area Partnership Manager. This group reports to the Health and Well Being Board. Agreement made in terms of priorities and to meet initially on a two monthly basis
Production of Action Plan	RAG Status - Green	To be completed after consultation with ward members and Joyce Thacker one week after the meeting on Tuesday 19th Feb. now in review and development.

Priorities	**Headline Successes**	**Headline Issues**
Employment/Employability/Education & Skills	Worklessness highlighted as a key issue in Rawmarsh East.	• Promotion of where community can access IT and Wi-Fi. • Information can be included in a community newsletter and promoted to young people in Rawmarsh via Youth Workers.

Health	To promote 'Every Contact Counts' initiative with local partners, so as to offer appropriate support or sign posting to increase partnership working and increased referrals to services. Link this in with partnership event.	• To promote 'Every Contact Counts' initiative with local partners, so as to offer appropriate support or sign posting to increase partnership working and increased referrals to services. Link this in with partnership event.
Crime / ASB and Housing & Environment	As of May 2014 Rwamarsh East is a NAG priority Area.	• Currently establishing area priorities.
Community Engagement / Capacity Development	One existing group – Greenash TARA. Lack of suitable community meeting venue with sale of Treat Fund hall in March 2014.	• Work with Rotherfed to strengthen existing group. • Information sharing event planned 2nd July 2014.

Eastwood	Strategic Lead: Paul Woodcock	Elected Member Lead: Cllr Mahroof Hussain Cllr Roger Stone - lead for Roma Slovak community	Area Coordinator: Shaun Mirfield Shaun.mirfield@rotherham.gov.uk 01709 255041 07852 186876

Analysis of critical issues	RAG Status – Green	Completed
Governance & Communication Arrangements	RAG Status – Green	• Agreed that there will be a joint Eastwood / East Dene Governance Group. Both are in same ward, with same Councillors, broadly covering same issues i.e. education, skills etc, except for Eastwood's extra focus on quality of life and building community cohesion. The first joint Group will be in June, post the elections, and look at overall progress. • Central SNA NAG developing & delivering Eastwood (Village) Action Plan • Rotherham East Community First Panel adopted priorities for funding
Production of Action Plan	RAG Status - Green	Action Plan complete

Priorities	**Headline Successes**	**Headline Issues**
CYP Education • Increase take up of present & capacity of future pre-school provision to contribute to long term improvements in educational attainment	-2nd Clifton Learning Community / DN event Wed 9th Apr focusing on early years engagement with/by families attended by 30+ delegates incl Cabinet/SLT leads, Ward Cllrs and frontline workers -£50k+ central government funding has increased places to meet demand, however, not all places being take up	-Event Wed 9th Apr, focusing on early years engagement with/by families, highlighted the following issues >Uncoordinated patchwork of provision - develop links between pre-school providers, Children's Centres, schools & families themselves >Concerted, co-ordinated action to ensure as many of the extra available pre-school places as possible are taken up >Early referral of attendance issues to EWOs

		>Target support to families identified by schools -Will inform allocation of Community First Year 4 funding totalling £45+K – Rotherham East Panel has early years as a priority, will consider repeat projects & a further one based on an co-rdinated Every Contact Counts campaign
- Highlighted issues with early years engagement with/by families, & excessive demand facing central service deliverers - Looking to outreach & promotion - Partnership with Learning Community/local schools & positive use of Community First funding		
Adult Skills • Provide accessible adult skills training in readiness for job opportunities, and financial advice and support	-A 3rd CLC/DN event being planned for Jun/Jul with a focus on poverty – financial/food -In meantime scoping what's there for Community First funding – previously funded CLC Community Café, Cornerstone Café & financial advice	-Exploring links between Community First funding & RMBC Adult Skills LSC grant -Boston Castle Community First Panel agreed to focus funding on developing an outreach model to increase adult attainment in literacy/numeracy -To be considered by Rotherham East too -Adult Skills session Tues 27th May -Aim is to fund vol-com organisations with aim of increasing referrals into courses
- Highlighted issues again re take up compared to availability - Looking to outreach - Positive use of Community First funding		
Crime & Environmental • Reduce ASB at least in line with SRP target & build community cohesion, with an Eastwood Village (EV) focus	-60% YTD decrease in Burglary -After a promising start to 2014, ASB reports starting to rise -Monthly litter picks – first one attended by 40+ volunteers – positive local press coverage	-Refreshed Plan post drugs operations, key >Joint Patrol Plan >Repeat/vulnerable people/properties >Multi-agency street based operations >Youth Forum
- Key combination ➢ Dedicated resources ➢ Community engagement		

Town Centre	Strategic Lead: Karl Battersby	Elected Member Lead: Cllr Mahroof Hussain	Area Coordinator: Zaidah Ahmed Zaidah.ahmed@rotherham.gov.uk 01709 255951 07785 591394
Analysis of critical issues	RAG Status – Green	Draft rich picture completed	
Governance & Communication Arrangements	RAG Status –	The Management Steering Group for the Town Centre Disadvantaged Community consists of a Cabinet Member, Strategic Lead Officer , Local Elected Members and the Area	

	Green	Partnership Manager. This group reports to the Health and Well Being Board.
Production of Action Plan	RAG Status - Amber	Draft version produced

Priorities	Headline Successes	Headline Issues
Improve access to employment opportunities	Job club set up at Rotherham United - 40 young people attending every week Job club options being progressed in the wellgate area - Circle learning were successful with their community first application for job skills training Meetings and joint working being arranged with Children's Centres. Second pathways to Employment event in planning process and will be held at RCAT on the 7th February - Event took place and 30young people attending Working with Willmott Dixon to give more adults and young people an opportunity to access work experience in the construction field. - Circle learning were successful with their community first application for job skills training Funding application submitted to re-train local people in becoming swimming instuctors etc. (inconjunction with Rotherham Leisure Centre)	
Provide opportunities for learning about healthy lifestyles	Family Induction day took place 10.02.14 at Lifewise Centre– 30 Roma adults attended and 50 kids attended this event. The families received information on Health, Education, Crime, Road Safety, etc. Good coverage on Look North Next family induction day in planning process for 10th October 2014. In the early planning stages of producing dvd's for young people in schools on Road safety, drugs, crime, health awareness etc.	

Increase educational attainment and skill development for young people	Willmott Dixon working with Winterhill and Wingfield schools to give students work experience. IYSS running a Imagine project with young people to improve integration and cohesion Working in partnership with IYSS to take 30 young people from central Rotherham on a residential to improve intergration and cohesion. Funding proposal gone into community first to fund Outreach workers to enable people to access literacy, numeracy and ict skills.	
Reduce ASB & Crime in the Town Centre		

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

Analysis of critical issues	RAG Status - Green	Completed
Governance & Communication Arrangements	RAG Status – Green	• Quartertly Governance Group – last met Feb '14 • Rotherham West Community First Panel and NAG are contributing to work too
Production of Action Plan	RAG Status – Green	Action Plan complete

Priorities	Headline Successes	Headline Issues
Health • Promte and increase access to behaviour change services by developing links with existing groups, and wellbeing within the Roma community		Governance Group held on Feb 20th highlighted following issues. Will be focus for next meeting in June: -Improve links between school nursing / health visiting teams -Increase registrations with GPs / dentists -Talk to CCG about possibility of having community dentists / GPs joining up with health visitors -Access to translation services for GPs, health visitors -Public Health delivery of Every Contact Counts training for stakeholders -Raise awareness amongst Roma community of what services are available and when to access

		-Talk to Trading Standards about access to black market alcohol and tobacco Cab Mem Lead has asked for a report in response to these issues
Crime & Environment		-Develop Ferham NAG Action Plan similar to Eastwood -Regular litter picks with local community
Community capacity		-Continue to support Ferham Community Group & build local capacity

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

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

Priorities	**Headline Successes**	**Headline Issues**
Keeping Safe (Community Safety)	Priorities agreed • Operation Collaboration very successful – monthly programme of activities and walkabouts established • Monthly multi-agency surgery established • Families for change being managed through SNT • Programme of diversionary activities developed for hotspot areas and dates (high demand) • A reduction in ASB over the fawkes period of 25%.	• We have had serious staffing issues for our SNT with over 50% of duty time being spent elsewhere and in practical terms then being reduced to one Police officer. • It is felt this has contributed to our first substantial increases in ASB and Crime year on year at 16%. • This was raised through NAG to JAG as a concern. • Staffing of the SNT has now been restored so we look forward to addressing the crime & disorder issues. • Changes to CIU staffing and concerns around the ability to provide the quarterly NAG updates which are vital to our work. • Lastest Crime Figures provided by CIU continue to show month on month increases in Crime and ASB.

		• NAG identified issues around timely problem solving through SNT. Agreed 3 month monitoring period to identify reasons for timely action not being taken.
Where we Live (Housing & Environment)	• Priorities agreed • Community Group developed on Leicester Road • Landlords Forum relaunched • Targeted enforcement activity by CPU resulted in significant environmental improvements particularly on LR. • Social housing being built on LR • Social housing being built on East Street • Boundary treatments on Doe Quarry Lane • Action plan developed to address environmental issues on Victoria Street • Dinnington Gallery Town Project • The Community Energy Saving Programme (CESP) completed in Scarsdale/Doe Quarry/Victoria St area. • Town Council improvements to allotment site at Scarsdale St • Successful opening events held in May for East Street Development and Lecister Road Bungalows.	• Victoria Street (old allotments site) remains an issue re flytipping. • CPU staffing shortages are likely to impact on activity. • Management of the Alleygates was passed to the residents who in the main are unable to fund maintainance and this will create issues. The empty homes rate has increased to 7.7% against a Borough average of 3.3%. The need for a combination of selective licensing and Empty dwelling Management Orders is absolute. We await action on both. There are currently 77 empty properties within the Disadvantaged Community.
Our Future (Children, Young People & Families)	• Priorities Agreed • Programme of Family learning activities developed and funded • Consortium Funding Bid – Ditital Technology and raising pupils attainment Youth Forum Developed • Working with local schools re attainment levels • JADE secured lease from RMBC for premises on New Street – Partnership Development of intergrated services for young people being developed.	• Level of attainment of 5 A-C GCSE remains low.Has increased from 7.7% to 11.8% but against a Borough Av of 58.8%. • Threat of closure of Childrens Centre poses significant risk to work in Disadvantaged Community – Report from Our Futures Group to Joyce Thacker outlining Children's Centre contribution to increase in attainment in DC area. – update – understand recommendation to now keep Childrens in Dinnington open.
Economic Development (Jobs & Training)	• Priorities agreed	• Number of people on benefits has increased from 290 to 300 which eqwuates to a 34.6%

	• Training programme to raise aspiration developed and delivered on LR. • Looking to put in place a job club at the Salvation Army. • Foodbank through Salvation Army • Sport England bid (see below) • Adult Skills consultation being carried out.	rate against a Borough Av of 19.1% • Sport England Bid unsuccessful
Health & Well Being (Health & Deprivation)	• CAP established. • Jade uprising dance event held – funded by CAP and SRP. 500 young people attended. Information around alcohol, drugs , sexual health, keeping safe and crime& disorder provided to the young people and parents. • Together with our Sport and Leisure colleagues a bid has been made to Sport England for 'Active Communities' funding which is a £ 250,000 project spread over three years to target over 25's in becoming more active. We are advised we will get to know if the bid has been successful in two to three months. In addition to increasing fitness and improving health the impact of this will help to make individuals better prepared for work.	• Life expectancy rates remain low at 70.7 against a borough av of 76.9 for men and 77.4 against 80.9 for women. • Sport England Bid unsuccessful.

Maltby South East	Strategic Lead: Tom Cray	Elected Member Lead: Cllr Amy Rushforth	Area Coordinator: Andrea Peers Andrea.peers@rotherham.gov.uk 01709 254145 (RVW, WV) 01909 568515 (RVS) 07717 450973
Analysis of critical issues	RAG Status – Green	Completed	
Governance & Communication Arrangements	RAG Status – Green	Ward Members met to agree priorities. Strategic group comprising of Elected Members, Cabinet Member, Strategic Director , Chief Superintendent, Housing & Communities Manager, Highways Network Manager to oversee role of DN agenda. NAG to manage action plan	
Production of Action Plan	RAG Status - Green	Action plan developed for specific estates in Maltby. Themed action plans also developed	
Priorities	**Headline Successes**		**Headline Issues**
Children, Young People & Families	Partnership event held on 14 November. Over 60		

	partners attended – Theme "information sharing". Partners worked through case studies and identified how they would work differently based on learning from the event. To be rolled out to all other DC Areas. New build at Maltby Academy opened – meeting with elected members and DC co-ordinator and Headteacher agreed to form a Community Liaison Steering Group to ensure that Accademy is seen as hub of community learning and aspiration. Raising Aspriation bid submitted to Lottery and successful – young people's multi-media community heritage project looking at the miners strike "through the eyes of women" – to build aspiration particularly of young women by learning from and recording the stories the women who's lives changed through the strike. Steering Group Formed.	Priority for next 3-6 months agreed at Governance Group meeting - Information Sharing between organisations – "One Family One Story"
Skills & Employability	Co-ordinated partnership working between the Job Centre, Childrens Centre and the Library has seen a significant increase in the number of people accessing Job Club – an increase of 73 people. Maltby Model Village Community Group have secured funding for Broadband to be installed for 12 months and offer free training for local residents in basis IT skills. MMVCA can run basic IT courses from the Ascension Centre. Referrals have been made from Stepping Stones Project being developed with faith community to identify suitable volunteers to set up Credit Union facilities within Maltby – VAR, Laser and Faith Community.	Number of NEETS in Maltby South East is over double the number of those in the rest of Wentworth Valley – project currently being formulated to identify what additional intiatives need to be put into place to support young people in DC
Health	Possibility of CAP being rolled out into Maltby being explored. Mental Health Workshop planned for Jan/Feb	
Crime & ASB	Maltby SE hotspot for aquistive crime/bulgary from	NAG Hotspot – Little London which is not within the

	outbuildings and Sheds. Engagement project being developed to raise awareness with some target hardening activity ASB and criminal Damage at Maltby Craggs significantly reduced. Figures for Crime and ASB continue to reduce in DC	DC SOAs
Housing & Environment	Significant improvements been made at Birks Holt estate which have been well received by the community. Love your Street initiative being rolled out in China Town with the TARA.	.

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

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

Priorities	**Headline Successes**	**Headline Issues**
Young People	CPP funding secured to work with young people at risk of being involved or becoming victims of ASB Young peoples skatepark group has grown in strength and meet regular Young people involved in holiday activites over spring bank. Working together with Odd Arts Company to deliver a 6 weeks media project to be show cased later in the year	There is still a higher than acceptable level of perceived ASB in the area. There is no provision for young people to get involved in within Aston North. Still signs of young people involved in ASB on the fringes of aston north area, increased police activity
Employment	To develop a job club for 16+ in the coming months.	Number of NEETS in Aston North currently higher than the borough average

	IYSS staff contact young people on the NEET's register monthly to reduce the number.	2nd and 3rd generation unemployed families. Issues of poor transport links to ease mobility to employment outside their community.
Health		Still having difficulty in setting up consultation with health professionals. We are aware of increased usage of alcohol / substance misuse..
Community Engagement	Community engagement event planned for February half term (2014). Invited organisation to offer practical advice to the community. Consultation and planning for real type activity to take place at the same event. Started with sub group metings and already ran a skip day which was very successful.	Welfare reform will significantly impact on families within Aston North

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

Analysis of critical issues	RAG Status – Green	Completed
Governance & Communication Arrangements	RAG Status – Green	Monthly meetings held with Ward Members. Governance arrangements from Community First Panel.
Production of Action Plan	RAG Status - Green	First draft complete and agreed with Cabinet Member

Priorities	**Headline Successes**	**Headline Issues**
Support & build the community	Canklow Community Connections, (who have developed with direct support of RMBC), have obtained a new bespoke storage facility for equipment from a private to support their community garden and adopt a street campaign in Canklow.	
Plan and deliver services differently		
Target prolific offenders and work with the willing		Pressures on local policing priorities. To be reviewed with Police in Jan/Feb 2014 pror to community first meeting

Appendix 2

Thematic Evaluation of the Deprived Neighbourhoods

1. Children, Young People & Education

Functional Skills are the essential skills needed for ENGLISH, MATHS and ICT, vital for young people and adults to participate in life, learning and work. We know that people with good maths and English skills are better able to secure solid employment, gain the skills employers need and help sustain economic growth. English and maths are increasingly a foundation on which all further achievement in education depends and they are critical for work and everyday life.
In 2007, the government set a new target, to help 95% of the adult population achieve enough literacy and numeracy to get by in life by 2020. As we can see from a national survey carried out in 2012 only 56% of the population have literacy levels equivalent to a grade ‘c’ GCSE and only 22% have numeracy levels equivalent to a grade ‘c’.

Less than one per cent of adults in England would be described as completely illiterate, more common is the use of the term "functionally literate"’. Around 16 per cent, or 5.2 million adults in England, can be described as "functionally illiterate". They would not pass an English GCSE and have literacy levels at or below those expected of an 11-year-old. They can understand short straightforward texts on familiar topics accurately and independently, and obtain information from everyday sources, but reading information from unfamiliar sources, or on unfamiliar topics, could cause problems. Many areas of employment would not be open to them with this level of literacy and they may also struggle to support their children with reading and homework, or perform other everyday tasks.

Of these approximately 5.2 million, around 3.5 million are at the upper end of the scale and have strengths and weaknesses in particular areas, rather than being at the same level for all areas of literacy. Most feel more comfortable with reading than with writing. Around 5 per cent, or 1.7 million adults in England, have literacy levels below those expected of an 11-year-old.

The Department for Business, Innovation and Skills has released its 2011 Skills for Life Survey research findings. The survey examined adult literacy, numeracy and information and communication technology (ICT) skills for 16 to 65-year-olds in England. It was designed to allow direct comparison with earlier findings in 2003.
This report includes breakdowns of literacy across the five lowest levels of the National Qualifications Framework (from Entry Level 1 and below to Level 2 and above). The report finds that the number of people with relatively poor literacy skills has declined, while the number with the poorest skills has not changed significantly. Overall 56.6 per cent of respondents achieved a Level 2 or above in literacy, which is a large increase from 44.2 per cent in 2003. Level 2 is the equivalent of a good GCSE grade A*-C). There has been a significant drop in Level 1s (equivalent to GCSE grades D-G), down from 39.5% to 25.8%. The number of 16 to 65-year-olds at or below entry Level 3 (the equivalent expected by the National Curriculum of 11-year-olds) is 15% - it has not changed significantly since 2003. The number of adults

with entry Level 1 (the equivalent of National Curriculum expectations of 5 to 7-year-olds) has grown slightly between 2003 and 2011 from 3.4% to 5%. Using these figures, the research estimates that 1.1million adults in the UK have this level of literacy. It is estimated that 29 million adults aged 16-65 in England have Level 1 or above literacy levels, and 5.1 million adults have Entry Level 3 or below literacy levels.

A socially and economically successful nation needs citizens who can function effectively in English and maths, and Functional Skills are the cornerstone of the current national strategy to enable adults to improve their skills. The lack of basic skills remains a major problem as, despite the investment in a Skills for Life strategy since 2003, over eight million adults still lack functional numeracy skills and over five million lack functional literacy skills. Even worse, the problem is most persistent at the lower levels; there has been no improvement in lower-level literacy skills, and numeracy skills have actually shown a decline.

Half of young people start adult life without achieving level 2 English and maths. Adults who lack literacy and numeracy skills tend to be less productive at work, earn lower wages, are more likely to suffer from ill health and experience social exclusion. An estimated 550,000 benefit claimants have poor literacy, language and numeracy skills and, despite their contact with different public services, very few start courses, it says.

Millions of adults still lack the basic skills needed for work and life. The view from employers is clear. Many feel that young people and adults joining the workforce in the UK do not have the basic skills they want or expect them to have. A recent piece of work carried out by talking to employers about the English and maths skills of prospective school leaver employees, highlighted the lack of basic literacy and numeracy skills, along with an inability to transfer what skills they had, poor communication skills, as well as an over-reliance on technology and a willingness to believe it no matter what. It is essential to address employers' concerns that young people and adults are not achieving a firm enough grounding in the basics.

Of course, some providers, including adult learning services, attempt to be creative and responsive by:

- delivering community-based provision in partnership with other agencies with similar aims
- using more flexible funding streams, such as Community Learning, to engage in learning adults with low-level skills and enable them to progress on to Functional Skills provision.
- Providing ‘stepping stone’ qualifications to provide flexible pathways and address specific needs.

But what is needed most of all is a clear, strategy that will ensure that all providers are able to reach out to those in greatest need, to those with English and maths skills at the lowest levels. Without this, it is difficult to see how we will begin to address what remains a deep national problem.

It is clear that despite attempts by successive governments there is still significant work to be done. Skills and Enterprise Minister Matthew Hancock announced on 8th April 2014 the creation of a world leading research centre focused on improving adult literacy and numeracy. The Centre will conduct comprehensive research, trials and analysis into adult literacy and numeracy. It will look at how best to motivate people to improve their English and maths and how to develop models of learning that have the flexibility to fit in with people's lives and meet the needs of employers.

The Way Ahead for Rotherham

20.6% of people aged 16-64 in Rotherham have no qualifications, well above the English average of 14.8%. This indicates that Rotherham is likely to have a significantly higher proportion of working age adults who are lacking functional skills. The local challenges are higher in the more deprived parts of Rotherham as indicated by the percentages of working age people with no qualifications. In the Town Centre, 28.2% have no qualifications, almost double the national average and in Canklow 43.7% have no qualifications, almost three times the national average.

To address low levels of functional skills, we will establish objectives that prioritise activity in five key areas:

- Develop an evidence base to enhance the understanding of functional skills needs in Rotherham and specific communities
- Raise awareness of the issues
- Tailor delivery of functional skills courses to meet specific needs
- Work in partnership to improve quality
- Utilise resources and innovative ways of working

Proposal

To develop an awareness raising and outreach activity that will support the increase of functional skill levels in priority communities in line with national targets. The establishment of such activity would help in the identification of adults with below level 2 qualifications in English, maths and ICT. It would support the promotion of the personal, family and community benefits of improving skills levels in English, maths and ICT use. By focusing attention on the development of these functional skills it would stimulate activity of existing providers and would provide the opportunity to establish the delivery of functional skills courses in priority neighbourhoods. The outreach activity is the key to the success of this activity to ensure that the connections are made between the potential learners and providers. Effective outreach would support consultation activities with communities regarding their perceptions, potential barriers, personal priorities and motivational factors. It would further support the development of more appropriate learning packages that would be more attractive to reluctant learners. The project could be supported by organisations such as colleges, RMBC, local schools, Job Centre Plus, learning and training providers and community groups to add both financial and social value to the investment.

It is recommended that the work be directed by a steering group made up from relevant stakeholders. The steering group would develop a strategic response supported by a Delivery Plan and would direct the outreach element of the project. It is further recommended that the outreach element be targeted over 3 specific areas–

- BME
- Geographical
- Disabilities and long term illness

Key Stage 1 2013										
	Cohort	**L2+ All Reading**	**L2+ All Writing**	**L2+ All Maths**	**L2b+ All Reading**	**L2b+ All Writing**	**L2b+ All Maths**	**All L3+ Reading**	**All L3+ Writing**	**All L3+ Maths**
Canklow Woods Primary School	29	93.1	93.1	93.1	86.2	79.3	86.2	24.1	17.2	27.6
Broom Valley Community School	57	77.2	73.7	84.2	64.9	61.4	70.2	17.5	14.0	22.8
St Ann's Junior and Infant School	52	48.1	50.0	53.8	36.5	36.5	36.5	1.9	1.9	0.0
Canklow	30				77%	60%	73%			
Town Centre	49				73%	61%	67%			
LA Average		83.3	80.1	87.2	73.7	61.8	72.7	24.8	13.3	19.4
National Average		89.0	85.0	91.0	79.0	67.0	78.0	29.0	15.0	23.0

Rotherham LA Trend of Key Stage 2 Attainment / Progress in Comparison with National Averages

Rotherham LA	**Reading**		**Writing**		**Maths**		**R, W &M**	
	L4+	**L5**	**L4+**	**L5**	**L4+**	**L5**	**L4+**	**L5**
Canklow	93.1		93.1		89.7		89.7	
Town Centre	88.4		88.4		93.0		88.4	
2013	81.2	36.1	80.0	24.0	82.8	36.2	71.4	16.0
National 2013	85.0	44.0	83.0	30.0	84.0	41.0	74.4	20.2

Key Stage 2 - Trend of the New Floor Standards calculations

School	2013				
	Cohort	**L4+ R,W,M**	**2L Reading**	**2L Writing**	**2L Maths**
St Ann's J&I	**47**	**40**	**89**	**92**	**91**
Broom Valley Primary	61	85	96	98	98
Canklow Woods Primary	27	93	92	**88**	100
Canklow	29	**90**	**93**	**93**	**90**
Town Centre	43	**88**	**88**	**88**	**93**
LA Average	-	**72**	**83**	**89**	**88**
National Average	-	**76**	**88**	**92**	**88**

	% of 15 year old pupils achieving 5+A*-C
Clifton: A Community Arts School	68.8%
Oakwood Technology College	86.0%
Canklow	**64.3%**
Town Centre	**78.0%**
LA Average	**84.8%**
National Average	**81.8%**

	% of 15 year old pupils achieving 5+A*-C (and equivalent) including English and maths
Clifton: A Community Arts School	35.9%
Oakwood Technology College	62.8%
Canklow	**25.0%**
Town Centre	**56.1%**
LA Average	**63.6%**
National Average	**59.2%**

2. Adult Skills

Tracking progress for Adult Skills using statistics is difficult as they do not monitor progress except over 10 years – Town Centre does not seem too bad whilst Canklow, Dinnington Central, East Herringthorpe, Eastwood and Rawmarsh East have the poorest position when you look at both indicators (No Quals = bad and Level 3+ = good). Overall, Rawmarsh East has the least well qualified adults.
Employability requires minimum level 2 English and Maths, ICT minimum level.

Positives

- All areas have found that the target groups are easily identified.
- In all areas there are a wide range of providers of basic skills courses in a variety of community settings. The target audience is easily identified.
- All areas are benefiting from better co-ordination through DC Action plans which is resulting less duplication of courses and better publicity of courses and referrals between agencies, particularly Job Centre Plus.
- Joint working has also developed some innovative initiatives at a local level, for example, Members of the Model Village Association in Maltby have undertaken training so that they can now support other community members with ICT. They have applied for funding for laptops and broadband access and now run sessions in the local community centre. Community First in Eastwood is funding The Learning Community - £2,421 – to increase take up of life skills training / employment support by community outreach, creation of advocates & delivery of confidence building / job search skills.

Common Problems

- Take up of courses – this is a problem regardless of provider. Normally around 12 learners are needed to make a course viable and recruiting the required numbers need a big push in terms of publicity etc. Course do get cancelled because not enough people enrol.
- Retention – there can be a high drop out rate for some of the courses, so although a course may start with 12 leaners only 8 or so will make it to the end of the course.
- Progression – Once learners have completed a course – where to next?
- Mobility – learners seem to be unwilling to travel to access provision, even within the same community.

Some of the above problems could be attributed to lack of aspiration and confidence of people within disadvantaged communities. This issue has been identified in several areas and is particularly prevalent in areas where English is a second language.

Therefore the major issue identified in all areas is connecting people with the provision. Increased community engagement activity which builds up the connectivity within a community will have an impact on this (See Community Engagement Theme). However, a possible solution to this would be to consider outreach support work in the geographical areas with targeted groups of greatest

need. A pilot project in the Boston Castle Ward is due to begin in June funded through community first and it is recommended that the outcomes from this be evaluated and if positive consideration given to where else this may be of value.

2011 Census	16+ Pop	No Quals	Level 3	Level 4+	No Quals	Level 3+
Aston North	1231	520	207	108	42.2%	25.6%
Canklow	1122	519	79	147	46.3%	20.1%
Dalton & Thrybergh	4729	1997	427	503	42.2%	19.7%
Dinnington Central	1187	518	104	114	43.6%	18.4%
East Dene	7410	2912	671	708	39.3%	18.6%
East Herringthorpe	3196	1371	256	190	42.9%	14.0%
Eastwood	3888	1752	271	331	45.1%	15.5%
Ferham & Masbrough	3833	1424	296	411	37.2%	18.4%
Maltby South East	3868	1519	391	337	39.3%	18.8%
Rawmarsh East	988	445	81	55	45.0%	13.8%
Town Centre	*3096*	1053	292	545	34.0%	27.0%
All 11 Areas	34548	14030	3075	3449	40.6%	18.9%
Rotherham	208018	62076	24001	36165	29.8%	28.9%

Area	Background –Critical Issues	Key Achievements	Outcomes
East Herringthorpe Co-ordinator Christine Staniforth	• 43% of Adults have no qualifications • Priority for action - Improve Education and Skill Development for Adults • Consultation by the Area Assembly in 2011 highlighted that people gave priority to opportunities for and access to learning new skills.	• Skills Audit undertaken • Task Group set up to implement findngs • Working with Northern College to develop adult learning/volunteering opportunities • Co-ordinated approach developed with service providers to improve local offer and improve access.	1 person has passed Level 2 Communities in Action & has found employment as a result
Dalton /Thrybergh Co-ordinator Malc Chiddy	• 42% of Adults with no qualifications.	• Developing Community Access to IT facilities within schools and Community Settings • Linking to Rotherfed's 'Digital Champion' programme. • Volunteer Opportunities through RMBC • Developing Training Opportunities through "Choices and Changes programme with Northern College • Developing local skills provision to meet work-force needs of area (Health and Safety, Building Site qualifications • IT Classes being held in local venues	
Rawmarsh East Co-ordinator Sharon	• 45% of Adults with no qualifications • Priority for Action	• Developing Access to borough wide volunteering skills.	

Hewittson	- Improve Education and Skill Development for Adults	• Developing a skills based / CV building / careers inspiration work club at a venue appropriate and accessible for young people.	
Canklow Co-ordinator Matt Finn	• 46% of adults with no qualifications • Currently working on other priorities		
Dinnington Central Co-ordinator Andrea Peers	• 43% of adults without qualifications. • Priority for Action – Improve access to training and basic skills. • Variety of training providers working in Dinnington to deliver basic skills including WEA, Community Learning Company (Private provider), DART, via Middleton Hall. Dinnington Comp etc. • However take up low. Requires intensive outreach. • Retention is also very low • Little mobility within community to take up places. Reluctance to access provision across the community. • People have very low confidence in accessing provision.	• Steering Group set up to support co-ordinated provision within the community. • Strong links established with Job Centre Plus who activity encourage take up of local courses and refer to job clubs. • Multi-agency training needs audit and consultation being carried out. Allow future provision to be more co-ordinated between providers in terms of what where and when. • Residents Group on Leister Road engaged in first rung learning to enable them to develop and promote the activites of the group. • Termly newsletter being developed promoting local provision.	• Greater understanding of the barriers to learning in the community. • More co-ordinated approach to provision of skills and training within the community. • Residents influencing local training provision. **Challenges** • Take up, retention and progression. • Outreach • Improving people's confidence to take up provision.
East Dene Co-ordinator Waheed Akhtar	• 39% of adults have no qualifications		
Eastwood Co-ordinator Shaun Mirfield '	**What are the drivers and why do they exist?** • Adult skills is the Number 2 deprivation driver • Low adult skills base • Eastwood sits in bottom 2.5% nationally in terms of the proportion of adults aged 25-54 with no or low qualifications	Community First is funding the following projects: • The Learning Community - £2,421 – to increase take up of life skills training / employment support by community outreach, creation of advocates & delivery of confidence building / job search skills • JMLB Genesis - £1,770 – to increase IT knowledge	• Boston Castle Community First Panel has agreed to focus on developing an outreach model to increase adult attainment in literacy/numeracy

	• Again, partners link this to significant changes in population and longer term loss of aspiration brought on by reduction in job opportunities • What action is already being taken to address them • In terms of the changes in population, ESOL classes run every Mon-Thurs are well attended by new EU migrant communities • Long term unemployed i.e. 9 months plus, directed by Job Centre Plus to Work Programme providers e.g. A4e • RMBC's Families For Change programme can refer individuals to ESF funded initiative, Wiseability • RMBC's Adult Skills run a variety of courses often supported by Skills Funding Agency's (SFA) • Community Learning grants eg UMCC and Unity Centre both recently secured grants to run English conversational classes • What further action is required • Partners recently submitted an unsuccessful application for £25k Job Centre Plus funding to develop host IT hotspots and employ an Outreach Worker to increase opportunities for job search • Important to match adult skills training to needs of potential employers • Further action is required in respect of providing accessible adult skills training in readiness for job opportunities and financial advice/support (given welfare reform) • In terms of adult skills, a recent audit showed the following gaps: o Demand for IT skills in this location o Employability skills such as language, literacy and numeracy eg basic English / Maths o taster sessions leading to RCAT	• Active Regen to provide accredited / non-accredited qualifications & work experience – match funding DWP • Clifton Ready Hub - £1,500 – to promote enterprise & entrepreneurship in both learning, & wider, community • Premier Learning - £2,458 – to run a weekly Reading Circle targeting those with little or no English – complements ESOL	• To be considered in June by Rotherham East too • Community First / Adult Skills session Tues 27th May. Aim is to fund vol-com organisations with aim of increasing referrals into courses

	courses o First step vocational training o Engaging parents in pupil education o Financial management • The Rotherham East Community First Panel agreed that RMBC Adult Skills commission vol-com sector providers to submit proposals focusing on IT / employability skills and first step vocational training		
Town Centre Co-ordinator Zaidah Ahmed ‘	• 34 % of adults with no Qualifications	• Feasibility carried out of community accessing ICT facilities in school. • Voluntary groups identified in Town Centre who can assist in delivering advice or skills/ taster sessions • Promotion of advice, information, learning and taster session opportunities locally. • Working with the Town centre Leisure complex to create opportunities for local people to train as swimming instructors • Audit of current provision undertaken in Town centre and developing the expandtion of provision	
Ferham & Masbrough Co-ordinator Shaun Mirfield	• 37% of adults with no qualifications • Currently working on other priorities.		
Malty South East Co-ordinator Andrea Peers ‘	• Maltby South East - 40% of people 16 + without any qualifications. • Following needs have been identified through Employment and Skills Group. • Employability requires minimum level 2 English and Maths • ICT is also another key skill – minimum level one. • Communications skills • Job ready skills – time keeping skills, organisation, communication, interview skills etc etc. • Easy identify the target groups. • Variety of providers willing to work in Maltby. Including WEA, RMBC Adult	• Employment and Skills Steering Group set up to coordinate activity. Committed partners • Employability workshops at Stepping Stones • Nail Art etc Level 1 entry stuff that gets people into courses. • Job club at the Library • Bespoke programmes developed through identifying needs in steering group. • Dearne Valley College Drop in at Maltby Library • Pre-employment training developed with DVC working with local employers – Parsc KP Nuts and Edexel • Job centre plus referring to local courses and job clubs.	• Group of committed partners from all sectors working together to identify need and co-ordinate better provision • Progression – people that are accessing provision are being successful and are moving on (Stats) • Sustainability of the groups improved through joint working.

	learning, Dearne Valley College.RUFC Community Trust etc. • However take up low. Requires intensive outreach. • Retention is also very low. • Learning Hub Development in Maltby • Digital exclusion? • People will not access provision beyond Maltby but further, people won't access provision in other parts of Maltby • Each area has Learning Forum. • Funding Opportunities • Adult Community Learning • Innovation Grant • Learning Clubs Grant	• Capacity of Local Community Group, Model Village to develop and deliver courses. • Working with Academy to develop community learning provision. • Relationship with Craggs School. – instrumental in developing and improving provision in Maltby. • Training the trainer sessions – teaching staff to support residents with Universal Credit etc.	For example Job Club. 176 people in 10 months • Smaller groups and learning clubs providing informal and first rung learning. • New groups developed to deliver trainer – parents groups at Stepping Stones. **Challenges** • Improving take up of the programmes. • Progression – mobility • Developing a learning and training hub. • Outreach worker!! • Getting younger people involved.
Aston North Co-ordinator Andy Wright	• 42% of Adults with no qualifications. • Currently working on other priorities.		

3. Employment

Background

The introduction of activity focussed on the eleven deprived neighbourhoods of Rotherham is aimed at addressing disparities and reducing the gap in a number of key areas such as health, education, adult skills, crime and employment. The idea being that having a coordinator in place to bring together the community and key delivery partners will enable a refresh of approaches as well as added impetus to existing schemes that will enable everybody in these areas to improve their quality of life.

Key amongst these issues is that of access to employment which enables increased income to be brought into households, reducing poverty and raising aspirations, whilst also benefiting the wider neighbourhood e.g. by increasing local spend and changing public perceptions.

The impact of the recession has been felt in communities across the country, with the government's subsequent austerity programme leading to budget cuts and pressures on local services.

Private sector led employment and economic growth is a priority of the government nationally, with local enterprise partnerships (LEPs) operating at a city region level seen as the main vehicle to deliver this.

Sheffield city region's LEP has developed a strategic economic plan that will provide the basis for drawing down growth funds from central government. A new Rotherham growth plan is in development, setting out our economic strengths and weaknesses, highlighting areas of opportunity and identifying priority initiatives that will drive the economy.

This report looks at the employment theme of the deprived neighbourhoods work by making reference to:

- the policy context
- statistical information regarding employment in the deprived neighbourhoods
- the structures and delivery plans to support employment
- existing provision and good practice
- suggested actions

Policy Context

There is a clear focus on employment and skills in many policies / strategies at the European, national and local level.

The government has recently consulted on its new child poverty strategy, which has a strong focus on tackling child poverty now by "supporting families into work and increasing their earnings".
Welfare reform is seen as central to incentivising work, particularly via the introduction of universal credit which is intended to simplify the system, ease the

transition from benefits to work and – in most circumstances – reduce the rate at which benefits are withdrawn as people start work or take on additional hours.

In Rotherham, around 13,000 children (22%) live in relative income poverty (i.e. in a household below 60% of national median income) with an average of 50% in the most deprived areas compared to just 3% in the least deprived.

The **Early Help Strategy** is our de facto child poverty strategy. This sets out how the council and partners will intervene early to support families in need, tackling their problems in a holistic way (a "whole family" approach) and helping them to fulfil their potential.

In addition, Rotherham's **Health and Wellbeing Strategy** - developed in 2012 - has a specific poverty priority, focusing particularly on reducing health inequalities and improving the skills and work readiness of those disengaged from the labour market.

Currently in development, a strategy for **building resilience** in Rotherham will seek to provide improved coordination of the various poverty related initiatives and actions. The strategy is based around four overarching objectives:

- maximising access to sustainable, decently paid employment and relevant training
- inclusive economic growth that benefits all of Rotherham's communities
- helping people to thrive and fulfil their potential
- building social capital and helping neighbourhoods to flourish

One of the four priorities in the council's new **corporate plan** for 2013-16 is *stimulating the local economy and helping local people into work*, with commitments to: use the council's buying power and influence to increase the use of the local supply chain and local labour; market Rotherham as an attractive business location by investing in initiatives to promote business growth; and focus on lifelong learning to improve the qualifications, skills and economic wellbeing of children, young people and their families.

Employment and Health

Research shows that unemployment results in poorer health and increased mortality. The relationship also runs the other way – long term illness or disability reduces an individual's employment prospects. In addition, health-related worklessness also varies by gender, socio-economic status, and geographical location.

A range of studies show that:

- people who developed chronic health problems whilst in employment were twice as likely to become workless within a four year period as those who remained healthy
- those in poor health are less likely to enter paid employment (60% less likely for women and 40% less likely for men)
- employment rates of women with a health condition or disability (49.9%) were lower than for men with similar levels of ill health (58.9%)
- the employment rates of men with a low education and a health condition or disability were substantially less than: a) healthy men with a low education; b)

highly-educated men with a health condition or disability; and c) healthy, highly-educated men. These patterns were even starker for women.

- not being in paid employment meant people were more likely to rate themselves as having poor health.

Living Wage

Almost 1,500 of the council's lowest paid employees are set to benefit from the introduction of a local living wage from October 2014.

This will mean a rise for those on the lowest pay - boosting the hourly rate up to £7.65 per hour, which is £1.34 more than the national minimum wage rate for workers aged 21 years and over.

Almost all of the employees who will benefit from a local living wage are also residents of Rotherham and so the move should also boost spending power in the local economy.

Unemployment in Rotherham's Deprived Neighbourhoods

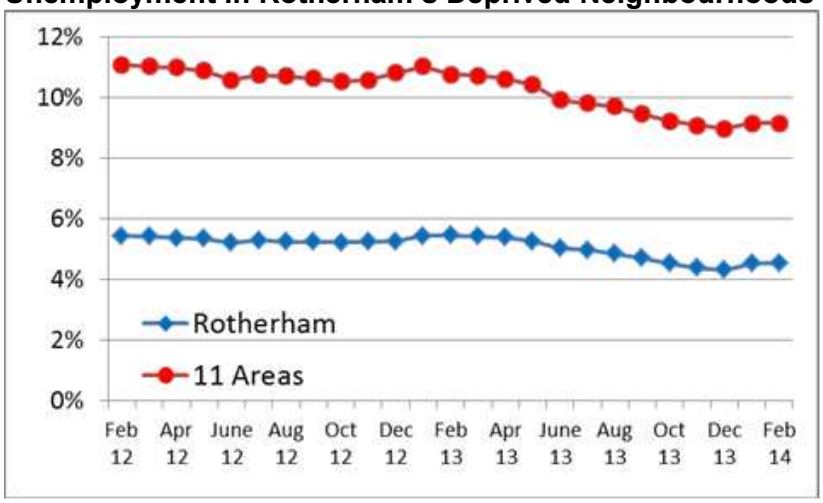

Figure 1: Claimant count unemployment (Feb 2012 to Feb 2014)

Figure 1 shows the overview of claimants on unemployment related benefits. The Rotherham average has reduced slightly between February 2012 and February 2014 from just under 5.5% to 4.5%. Within Rotherham's eleven deprived neighbourhoods, there has been a slightly higher reduction from 11% to 9%.

There was a slight rise in benefit claimants in early 2013 (both in the deprived neighbourhoods and across Rotherham) in line with the national trend, where temporary work that was available over the Christmas period had come to an end.

Table 1: Claimant Count Unemployment

Area	2012-14	2013-14
Aston	-19%	-20%
Canklow	11%	11%
Dalton & Thrybergh	-26%	-21%
Dinnington Central	-9%	-9%

East Dene	**-32%**	**-18%**
East Herringthorpe	**-15%**	**-11%**
Eastwood	**-14%**	**-16%**
Ferham & Masbrough	**-18%**	**-21%**
Maltby South East	**-15%**	**-10%**
Rawmarsh East	**3%**	**-13%**
Town Centre	**-14%**	**-15%**
All 11 Areas	**-18%**	**-15%**

Table 1 shows the change in unemployment related benefit claimants between 2012 and 2014.

It shows that 9 areas saw reduced unemployment over this period by more than 10%. However Canklow has an increase of 11% and Rawmarsh East has seen a net increase of 3% (although there is a reduction for the year 2013-14 and this will need to be monitored).

Further analysis at super output area (SOA) level shows that the following SOAs had a reduction of less than 10% in the 2013-14 period: Canklow; Eastwood East; East Herringthorpe East; Herringthorpe North; Dinnington Central; Maltby Central and Thrybergh South.

Further work may need to be undertaken in these areas to identify the factors which are holding back unemployment reduction and a targeted approach taken to address them.

Area	**% of working age population on JSA Nov 2013**
Town Centre	10.1%
Rawmarsh East	11.0%
Maltby SE	11.1%
Ferham & Masbrough	10.0%
Eastwood	14.2%
East Herringthorpe	10.7%
East Dene	6.0%
Dinnington Central	9.8%
Dalton & Thrybergh	6.2%
Canklow	11.1%
Aston North	8.0%
Rotherham	**4.3%**

Table 2: Claimant Count Unemployment

This shows the latest available figures for unemployment in the deprived neighbourhoods, compared to the Rotherham average of 4.3%. It is also important to note that in each deprived neighbourhood there may be either single or multiple SOAs. The figures above are an average for each deprived area which may mask further disparities within each neighbourhood.

Overview of structures and delivery plans to support employment

Sheffield City Region
In March 2014, the Local Economic Partnership (LEP) for Sheffield City Region submitted the final Strategic Economic Plan (also known as the Growth Plan) to government. This is described as a focused ten year (2015 – 2025) plan for private sector growth with the creation of 70,000 new private sector jobs and 6,000 new businesses over this period being at the heart of the plan.

European Structural &Investment Funds Strategy (ESIF)
The Sheffield City Region will receive around £168m of ESIF for the seven years 2014-2020.

In February 2014, the LEP submitted the ESIF strategy (which outlines what the funds will be spent on) to government and is currently awaiting approval. It has six priority action areas:

1. Supporting and creating new businesses;
2. Growing our existing businesses;
3. Attracting incoming businesses;
4. Increasing our exporting;
5. Developing our skills base and labour mobility;
6. Improving and enhancing our infrastructure.

Social inclusion is a cross-cutting priority in recognition that the city region "contains neighbourhoods of entrenched worklessness where unemployment and economic inactivity levels far exceed both national levels and the city region average. We need to reduce unemployment and inactivity to narrow the distance between these areas and the city region average. Unemployment 'hot spots' are often areas with complex and long-standing challenges which fuel multi-generational deprivation; unemployment and economic inactivity often deriving from and driving lack of skills and health inequalities."

The strategy aims to reduce the gap by putting resources into the skills development and integration of young people into the labour market with a third of European Social Fund resources focused on 16 – 24 year olds.

However over 45% of the population is 25+ and will be under 68 in 2020, and so the ESIF strategy includes a number of elements to tackle the main barriers for adult unemployment, worklessness and under-performance in the labour market to complement the mainstream interventions by DWP and create additional employment.

Rotherham Growth Plan
The progress of Rotherham's Economic Growth Plan was presented to the LSP Governance Board on 13th May 2014 by Simeon Leach, RMBC Economic Development Manager.

It will provide a framework to deliver long term sustainable growth in the Rotherham economy; setting the economic priorities for the next 5-10 years by linking and adding value to the City Region's economic plan. The issues identified for Rotherham are:

- Restructure the economy, making it more resilient and building a strong private sector.
- Provide more jobs accessible by all Rotherham residents
- Higher skill jobs to raise productivity and wages
- Attract and develop new businesses, with a focus on those with greatest growth potential
- Identify those areas where Rotherham has a potential USP (i.e. AMP, Dearne Valley Eco Vision)
- Ensure that all parts of the borough benefit from economic growth

It will deliver: **more businesses** – with growth potential *(750 net by 2020);* ***M*ore jobs** – accessible to residents *(10,000 net by 2025) and* **Increased GVA** (gross value added).

This will be done through the themes of: business development; housing; skills for employment; employability; spatial planning; transport; town centre; and social inclusion and combating poverty.

The skills element will concentrate on: a balance between qualifications and softer employment skills (such as communication, collaboration, empathy and emotional maturity); provide basic life skills, in particular the essentials of literacy and numeracy; provide the skills for future employment and produce enterprising learners able to be economically self-sufficient and contribute to the nations' wealth.

Access to Employment Group
The group has been established to influence and improve pathways between education, skills and employment within Rotherham. The underlying purpose of this work is to improve opportunities for local people to increase their financial wellbeing and avoid poverty. It will sit under the auspices of the Health and Wellbeing Board, but report where appropriate to a range of other relevant bodies, including the economy board.

The group has carried out a mapping exercise on existing training which shows extensive provision for up to 19 year olds. There is also a wide range of provision post-19 but some of it is not free or is targeted on those unemployed for 1 year or more.

In terms of demographics, under 30s represent more than 50% of all unemployed with some real spikes at 20-22 and 23-25. Ethnic minorities are over-represented. There is also over representation of certain geographic areas (linked to the deprived neighbourhoods) and significant issues regarding no skills or low skills and the correlation with unemployment. There may be the added issue of those with qualifications taking jobs below their qualification level and possible squeezing out of those with lower skills levels.

Research has also been done on significant employment sectors and this can be used as a means of targeting support.

Existing Provision and Good Practice

Employability for Council Tenants
Key Choices service provides support to council tenants seeking entry into employment with support to look at career options; job search; CV preparation and information on courses. As well as getting people into employment this proactive approach will help reduce people getting into rent arrears and other debts due to welfare reform or other changes in circumstances.

The work is targeted on tenants who are long term unemployed; disabled; or young people not in education, employment or training. The tenants can be provided with 30 day work placements, apprenticeships and traineeships and workshops to develop their jobseeker skills.

Jobcentre Plus provision
The Job Centre provides a wide range of support to help people find work (full-time, part-time, temporary or permanent).

As well as information about local employers, advisers at a Jobcentre Plus office have databases containing information on national and overseas vacancies.

New claimants for unemployment related benefits are expected to sign up to universal job match and apply regularly for employment. This can be monitored by the advisers with sanctions if the client is not carrying out enough job search.

Long term unemployed people can be mandated to attend courses. This includes the Work Programme which provides support, work experience and training for up to two years to help people find and stay in work.
Young people can get extra help under the Youth Contract, including voluntary work placements, apprenticeships and careers guidance.
Sector-based work academies offer training and work experience for up to 6 weeks in a particular industry or area of work. Most academies also offer a guaranteed interview for a job or an apprenticeship.
Anyone who's unemployed can also join a work club. They're run by local organisations like employers and community groups, and offer the opportunity to share knowledge, experience and job hunting tips.

Disability Employment Advisor (DEA)
Due to the higher number of people claiming disability related benefits in the East Dene area, a DEA is based in Mowbray Gardens Library on Thursday afternoons. The adviser will help the individual job-seeker address any health or disability related barriers to employment. 43 people have used the advice service over a two month period between January and March 2014. Advice/referral has been given on transport due to mobility difficulties and disability passes; therapeutic activities in a local community setting; support groups for particular conditions; adult social services support; use of Universal Jobmatch and job club services.

Although there are as yet no direct employment outcomes this has helped in providing stepping stones for individuals back towards employment.

Jobs Information Sheet
A weekly jobs information update is sent out to over 80 school, health, youth and library practitioners as well as contacts in local communities for use with their clients. Feedback has been very positive about this service in that the information about the type and range of opportunities is being used with jobseekers.

Families for Change
Targeted families, based on a number of indicators, are given tailored support to address the issues challenging their progress. This includes training and employment support through Wiseability who can signpost individuals into a number of courses and progression routes.

Job Clubs
Job clubs support individuals to develop their own CVs and prepare them for interview as part of their path towards employment.

This extra support, particularly where it is in an environment which the jobseeker feels is safe, comfortable and accessible, can make a significant difference in enabling and motivating people into employment. Many of them arrive with multiple personal and life circumstances which make it more difficult for them to concentrate on the job search.

Rotherham United Community Sports Trust have enabled a number of people into employment as a result of their job club. The box below gives a real life case study of an individual they have supported into employment. This individual has shown determination against a backdrop of being a single parent, debt issues and relationship issues.

Caught in the benefit trap this individual came to see us at Jobshop around 6 months ago. Her life was spiralling downwards into an abyss of debt and reliance on state benefits. She came to us with lots of baggage but a determination to turn herself around and do something for herself.

After a few weeks of attending Jobshop her confidence started to shine through as she produced her CV that highlighted her skills and abilities and hence gave her a 'can do' attitude.

It wasn't long before she was called into interview and secured a part-time position. Although still on benefits she did become slightly better off by working and is now working full-time and is a shift supervisor at a local supermarket.

With all the problems she had she has come through the other end and in her own words "I want to do something for me." Not all her issues have gone away but her life now has direction and she is in charge. Her son, who she encouraged to attend Jobshop with her, is now on an educational course at a local college.

Suggested Actions

The journey towards employment may be compounded in some households by multi-generational unemployment and a need for change in culture / personal attitudes to moving into employment. This is not to say barriers do not exist for people to enter the employment market – ensuring that people are better off in employment than on benefits (national welfare reform will give this added impetus); the use of zero hours contracts with no guarantee of minimum hours; or employment only on part-time hours have an impact too; as well as issues of a 'living wage', access to quality affordable childcare and opportunities for career progression.

Employment is linked very closely to issues of health, educational attainment, adult skills, quality of housing and the local environment and these are factors which can either improve or reduce an individual's potential for gainful employment.

There are a wide variety of adult skills courses available. Additionally there is a range of support to assist with job seeking skills (such as writing CVs and interview skills). There also several other employability initiatives.

The focus of the deprived neighbourhoods work should not therefore be to look at new initiatives but rather to see how the existing offer can be used to change the neighbourhoods. Part of the challenge is to connect those in need of employment (or change in employment) to the opportunities available. This can be done by utilising contact with individuals and advocates in communities; front-line professionals and services.

Key amongst this would be for services to understand that multiple factors such as employment, education, skills and health are all linked and making progress in one area will also realise benefits in others.

Employment Theme activity in the deprived neighbourhoods

Area	Background –Critical Issues	Key Achievements	Outcomes
East Herringthorpe **Co-ordinator Christine Staniforth**	Local stakeholders want to implement recommendations from skills audit to: • Establish a task group • Develop an Action Plan which responds specifically to the development of local learning • Look at when and where people want to access ICT courses • One person to co-ordinate provision in the area. • Provide Financial Advice		Agree shared priorities and actions with Children's Centre Leader around education and skill development for Adults Co-ordinate approach with Youth Services.
Dalton /Thrybergh **Co-ordinator Malc Chiddy**		Plans in place to develop Community Access to IT facilities within schools and Community Settings	Would like to offer Volunteer Opportunities
Rawmarsh East **Co-ordinator Sharon Hewittson**	Employment Deprivation Domain ranks East Rawmarsh as 13, with 8% unemployed in 2008/9. Income Deprivation Domain is ranked 10 in Rotherham, 8%. Recent figures show that some 41.2% of the children at qualify for free school meals. As for education and skills; the Adult Skills Deprivation Domain is 633. Children and Young Peoples Education Deprivation score ranks 1,114.		Develop a work club for the area and use it to promote jobs available and provide advice on job searching and interviews.
Canklow **Co-ordinator Matt Finn** .	Priorities are: • Support & build the community • Plan and deliver services differently • Target prolific offenders and work with the willing		Priority areas are based on community participation and service change.
Dinnington Central **Co-ordinator Andrea Peers**	The overall objective is to improve the economic situation for our residents through employment and to reduce the total number of people dependant on DWP benefits through the following:	Area Assembly to complete an Audit of services who help people back into work. A number of local businesses are interested in re-establishing the	

	• Skills and Training • Welfare Reform • Access to Jobs • Economic Development The position in January 2014 is that the total number on all benefits has increased over the past 12months from 290 to 300 which equates to 34.6% of the community against a Borough average of 19.1%.	business forum.	
East Dene **Co-ordinator** **Waheed Akhtar**	East Dene is amongst the most deprived areas in Rotherham on the Employment Deprivation domain. It ranks higher in many of the sub-domains on worklessness, jobseekers and incapacity benefits.	Event with current and potential adult learners to be held in December 2013 to look at preferences and barriers Disability Employment Advisor provided by DWP to be based in Mowbray Gardens Library on Thursday afternoons – positive feedback on use of this service	Governance group have agreed to bring together oversight arrangements for East Dene/ Eastwood areas working to a single governance group and a single action plan. Action plan development in process. Review of progress as separate East Dene / Eastwood areas to be carried out.
Eastwood **Co-ordinator** **Shaun Mirfield**	• Low educational attainment, particularly at primary school • Low adult skills base, particularly in Eastwood Middle • Eastwood sits in bottom 2.5% nationally in terms of the proportion of adults aged 25-54 with no or low qualifications • Rates of crime and anti-social behaviour (ASB) several times higher than borough average, particularly in Eastwood Village	Community First is funding the following projects: • The Learning Community – to increase take up of life skills training / employment support by community outreach, creation of advocates & delivery of confidence building / job search skills • JMLB Genesis – to increase IT knowledge • Active Regen – to provide accredited/non-accredited qualifications & work experience – match funding DWP • Clifton Ready Hub - to promote enterprise & entrepreneurship in both learning, & wider, community • Premier Learning– to run a weekly	Increase take up of present and capacity of future pre-school provision to contribute to improvements in long-term educational attainment at primary school and engage families in other activities e.g. adult skills, Living In My Community courses etc. Provide accessible adult skills training in readiness for job opportunities and financial advice/support

Town Centre Co-ordinator Zaidah Ahmed		Job club set up at Rotherham United Job club options being progressed in the Wellgate area Working with Willmott Dixon to give more adults and young people an opportunity to access work experience in the construction field.	
Ferham & Masbrough Co-ordinator Shaun Mirfield	The IMD show that the principal deprivation drivers appear to be o Health o Educational attainment o Rates of crime and anti-social behaviour (ASB) several times higher than borough average, particularly in Ferham which is the most vulnerable locality within this area o Community capacity		Current focus is on health, education and crime due to local indicators.
Malty South East Co-ordinator Andrea Peers	Worklessness has increased from 24% in 2008 to 26% in 2011. The closure of the pit in 2013 led to job losses within the community and also increased the perception of Maltby as a deprived ex-mining town with little work available.	There are currently 2 Work Clubs operating, one in the library and one in the Children's Centre however, there is little evidence of a seamless referral system operating in the community either from jobcentre plus or other organisations.	Job Centre reported that figures for unemployment between 18-24 have decreased since January 2012 due to dedicated staff trained to work specially for this age group.
Aston North Co-ordinator Lee Viney	29.3% of people on working age benefit, the majority of these are on IB / ESA and have been long term unemployed, there is also a lack of skills in the work age population.	IYSS undertake monthly tracking of 16 - 19 year olds to ensure NEET's are identified early and supported back into Employment, Education, Training. To explore the feasibility of establishing similar provision for 19+ age groups	A job club has been established to assist in this process if required. (not based in Deprived community).

4. Health

Many factors combine to affect the health of individuals and communities. Where we live, the state of our environment, genetics, income and education level and relationships with family and friends have considerable impacts on health, whereas the more commonly considered factors such as access and use of health services often have less of an impact (WHO, http://www.who.int/hia/evidence/doh/en/). The Director of Public Health Annual Report provides a comprehensive appraisal of the key actions needed to reduce health inequalities, particularly the causes of premature death and the growing problem of disability brought on by long term diseases or conditions. This report considers three of the priority measures within the Health and Wellbeing Strategy (tobacco, overweight and obesity and alcohol) and actions the deprived neighbourhood coordinators can take to contribute to work to address these issues.

Smoking (High level aspiration – Rotherham : a smoke free town)

Smoking rates in Rotherham are higher than the England average for the general adult population, in pregnancy and for young people.

	England	**Rotherham**
Adult prevalence[1]	19.5%	22.7%
Routine and Manual prevalence[1]	29.7%	30.5%
Smoking in pregnancy[2]	12.7%	19.2%
Smoking rate (age 11-15 years)[3]	4%	5%

1. Source: ONS Integrated Household Survey 2012
2. Source: Health and Social Care Information Centre Smoking at Time of Delivery 2012/13
3. Source: Health and Social Care Information Centre Smoking, Drinking and Drug Use among Young People 2012 (England data); Young People's Lifestyle Survey 2013 (Rotherham data)

Smoking rates vary considerably between different social groups and it is most common among people who earn the least, and least common among people who earn the most. In recent times, smoking has become one of the most significant causes of health inequalities (DH, 2011. *Healthy Lives Healthy People: A Tobacco Control Plan for England*). Local stop smoking service data show that the service is reaching our most deprived communities (18% of Rotherham's adult population live within the 11 most deprived areas but 24% of those setting a quit date were from these areas). This may simply reflect the higher smoking rates in these areas. However, the quit rate for people from the most deprived areas was 45.9% compared to the borough average of 51.7%.

General practices play a key role in delivering brief interventions for smoking and referring people who want support to quit on to stop smoking services or to in-

practice advisors. Numbers of brief interventions for smoking carried out are not currently recorded.

Existing stop smoking services supported high numbers of people to achieve a 4-week quit but were not effective at reducing smoking prevalence. To effectively tackle smoking prevalence a comprehensive programme of tobacco control is recommended. A new range of tobacco control interventions has therefore been commissioned for 2014/15 including

- stop smoking support with the highest levels of support targeted towards priority groups, including those with high levels of addiction and those from our most disadvantaged communities
- stop smoking support in pregnancy embedded within the midwifery service
- work to prevent young people from starting smoking
- work to reduce the availability of cheap and illicit tobacco in the community
- communications and social marketing for tobacco control

Overweight and obesity (High level aspiration – Rotherham: a place where being a healthy weight is the norm)

Increasing socioeconomic inequalities in the UK since the 1960s has led to wider inequalities in both adult and child obesity, with rates increasing most among those from poorer backgrounds. This inequality is more marked for women and, in children, socioeconomic inequalities in obesity are stronger in girls than boys (National Obesity Observatory (NOO). http://www.noo.org.uk/NOO_about_obesity/inequalities)

Rates of overweight and obesity in Rotherham are higher than the England average for adults. For children the rate is the same as England at reception but by year 6 rates are higher than the England average. Obesity rates double between Reception year and year 6

	England	**Rotherham**
Adult prevalence – overweight or obese[1]	63.8%	65.3%
Child prevalence at reception year – overweight or obese[2]	22.2%	22.2%
Child prevalence at year 6 – overweight or obese[2]	33.3%	35.2%
Child prevalence at reception year – obese[2]	8.9%	9.6%
Child prevalence at year 6 – obese[2]	18.9%	21.2%

1. Source: Active People Survey 2012
2. Source: National Child Measurement Programme 2012/13

The modern environment has been labelled ‘obesogenic or obesity-causing’, making it difficult for people to maintain a healthy weight. For example, energy dense food and drink are increasingly available and accessible; sedentary leisure activities and travel by car are now the societal norm.

Consumption of excess calories is often due to over consumption of high energy foods and drinks such as processed or fast food, sweetened and alcoholic drinks, or large portion sizes. There is also evidence that eating habits are perpetuated through families and cultures, and are often maintained from child through to adulthood. (NOO. http://www.noo.org.uk/NOO_about_obesity/lifestyle)

General practices play a key role in delivering brief interventions for overweight and obesity and referring people who want support to lose weight on to weight management services. Numbers of brief interventions for overweight and obesity carried out are not currently recorded.

Rotherham has commissioned a Healthy Weight Framework, with different evidence-based programmes of support for weight loss provided according to age and clinical need. In 2011/12 313 children and 2,884 adults were referred to Healthy Weight Framework services. Around 50% of those referred complete the intervention. Of those starting Healthy Weight Framework interventions in 2013 66% of adults and 76% of children were from the two most deprived quintiles, indicating that the services are reaching our most deprived communities.

Referrals to Healthy Weight Framework Interventions 2013

Numbers and Percentages by Deprivation Quintile

	Adults	
Quintile	**Number**	**%**
1 (most deprived)	841	41%
2	515	25%
3	304	15%
4	321	15%
5 (least deprived)	91	4%

	Children	
Quintile	**Number**	**%**
1 (most deprived)	128	42%
2	104	34%
3	37	12%
4	30	10%
5 (least deprived)	4	1%

Rotherham's Healthy Weight Framework services are currently being recommissioned via a competitive procurement process. The new services will begin operating in October 2014.

Alcohol (High level aspiration – Rotherham: a place where people drink responsibly)

The percentage of Rotherham's adult population with increasing and higher risk drinking is similar to the England average, but we have significantly higher numbers of hospital stays for alcohol-related admissions.

	England	**Rotherham**
Increasing and higher risk drinking[1]	22.3%	21.6%
hospital stays for alcohol related harm[2]	1895	2209

1. Source: AHPHO Rotherham Health Profile
2. Directly age sex standardised rate per 100,000 population, 2010/11. Source: AHPHO Rotherham Health Profile.

The relationship between alcohol use and deprivation is complex. Excess consumption was more common in less deprived neighbourhoods. In contrast, binge drinking was more common in deprived neighbourhoods. (Fone et al, 2013, *BMJ Open* 'Socioeconomic patterning of excess alcohol consumption and binge drinking: a cross-sectional study of multilevel associations with neighbourhood deprivation' http://bmjopen.bmj.com/content/3/4/e002337.full) A key barrier to addressing hazardous drinking in deprived communities it is accepted as the norm in most families, which emphasises the need to educate young people at an early age.

General practices play a key role in delivering brief interventions for alcohol and referring people who want support to address problematic drinking to treatment services. Practices receive payment for undertaking alcohol identification and brief advice (IBA) and therefore the numbers of brief interventions carried out are recorded.

In 2013/14 30,137 adults received this service (compared with 8,000 in 2012/13). In addition 3,928 IBAs were carried out by Lifeline (Rotherham's commissioned alcohol advice service) and 1,397 by Health Trainers. From a total of 476 adults in alcohol treatment services (53% new presentations) an average of 47.6% successfully complete treatment.

Rotherham has also run two Community Alcohol Partnerships in Dinnington and Thrybergh/Dalton/East Herringthorpe addressing young people and alcohol. These projects have identified good practice, provide training for and working with retailers and provide alcohol awareness and education within schools.

Support for behaviour change

Health trainers offer support for a number of health related issues including supporting people with low-level stress and anxiety and behaviour change relating to exercise, diet, alcohol and smoking. These trainers work one- to-one with clients (up-to 8 one hour sessions sessions) building on motivation and referring to specialist services where required.

From April 2013 to March 2014 the health trainers worked with 1,131 Rotherham adults. The service is successful at reaching people living in the most deprived neighbourhoods

Quintile	**Adults**	
	Number	**%**
1 (most deprived)	535	48%
2	276	25%
3	129	11%

4	139	12%
5 (least deprived)	43	4%

Promotion and referral to the service can have a positive measureable health impact on communities. For more information contact Phil Spencer on 01709 255864.
NHS Healthchecks is a mandatory programme which assesses the risk of developing cardiovascular disease among people aged 40-74. In Rotherham NHS Healthchecks are provided by general practitioners. People with identified risk factors will receive treatment (if necessary) to address these risks and should be referred to behaviour change services, including stop smoking, weight management and alcohol support.

Actions for deprived neighbourhood coordinators

- Coordinators should be trained in Making Every Contact Count and actively recruit those working within each deprived neighbourhood to attend training
- Coordinators should ensure that information about behaviour change services is prominently displayed and readily available in every community venue in each deprived neighbourhood
- Coordinators should actively promote the availability of free school meals and the RMBC healthy school meals policies
- Coordinators should distribute information about the dangers of cheap and illicit tobacco throughout networks and community groups in each deprived neighbourhood to encourage intelligence on activity, and by pass any intelligence back to Trading Standards (01709 823161/823164)
- Coordinators should make contact with local general practices to increase their awareness of local health provision in their community and to provide community feedback to the practice.

5. Crime & ASB (recorded by SYP)

- Based on SYP data only (excludes RMBC Flare/Siebel etc) – only partial picture in that respect
- Compares equivalent six month periods Oct ’12 – Mar ’13 and Oct ’13 – Mar ‘14
- Draws on rate as opposed to volume (as per SYP CIU)
- Excludes Town Centre given transient nature of population i.e. people shopping, socializing etc –
  focus on other 10 Deprived Neighbourhoods (DN)

Changes (table 1)

Crime

- Borough rate 33.7 per 1,000 population, has decreased by 3.3 year on year
- When compared with borough average, rate higher in 8/10 DN (except Aston North and East Dene)
- When compared with borough average, rate of change is not as good in 6/10 DN
- In contrast to borough average rate reduction, rate has increased in 5/10 DN (except

East Herringthorpe, Ferham/Masbrough, Rawmarsh East and East Dene, and Maltby)
- When compared with borough average, both the rate and the rate of change are not as good in 5/10 DN – Dinnington, Eastwood, Canklow and Dalton/Thrybergh, and Maltby
- Rate x3 higher in 3 DN LSOAs – Dinnington Central, Eastwood Village and East Herringthorpe North

ASB

- Borough rate 30 per 1,000 population, has decreased by 6.6 year on year
- When compared with borough average, rate higher in 9/10 DN (except East Dene)
- When compared with borough average, rate of change higher in 4/10 DN – Dinnington Central and Dalton/Thrybergh, and Aston North and East Dene (where rates are however close to borough average)
- Borough decrease has been improved upon in other 5/10 DN – East Herringthorpe (18), Canklow (13),
  East Dene (11), Maltby (9) and Ferham/Masbrough (7)
- When compared with borough average, both the rate and rate of change are not as good in
  Dinnington Central and Dalton/Thrybergh
- Rate x2-3 higher in 3 DN LSOAs - Eastwood Village, Ferham and Dinnington Central

Differences

DN / area based priorities

- SRP review 2013 asked NAGs to consider DN as priorities
  - Central SNA > Eastwood, and Ferham to a lesser degree
  - North SNA > Parkgate > recently adopted Dalton/Thrybergh and Rawmarsh
  - South SNA > Maltby and Dinnington > recently adopted Aston North too
- 4/10 DN – Eastwood (Village), Ferham, Dinnington and Maltby - received focused attention by NAGs
- Impact – mixed picture
  - Eastwood (Village)
    - figures – especially for crime - do not reflect emerging improvements when comparing Jan-Apr ’13 with ’14 e.g. Burglary 60% decrease YTD
    - partners continuing to develop and deliver Crime/ASB Plan
  - Ferham
    - figures show reductions in crime and ASB
    - BUT concerns currently in respect of displacement of drugs etc post Eastwood ops
  - Dinnington
    - figures show higher and increasing rates in respect of crime and ASB

    - Maltby
        - figures show crime has remained static but ASB has decreased
- In summary
    - Some positive news for Eastwood / Maltby
    - Issues to deal with in Dinnington
    - Ferham's figures potentially mask emerging problems displaced from Eastwood
    - On the other hand, the NAGs have completed little work in other DN but low rates are low and in some instances have decreased

Issue based priorities

- In the last year, the police have been required as a result of national / local inspections to focus on acquisitive crime

Critical issues / learning

- The pressure on the police to address certain priorities, and the reduction in partner resources, has impacted on the local capacity, through NAGs, to determine priority issues/locations and take action to address them

- Following on from consultation with the police District Commander, there is an intention to improve the process for determining what local actions and resources should be applied to emerging problems. The JAG will be combined with the community tasking process to ensure that senior level support and consequent resourcing can be given to tackling emerging problems. The relationship between the JAG and the NAGs will also become more prescriptive, with the JAG holding to account the NAGs for their success or failure on tackling identified priorities.

- A small number of areas – in particular Dinnington, Eastwood and Ferham – are causing a disproportionate level of demand on partners. Has full consideration been given in relation to the options and resources available to reduce this demand?

Table 1

	CRIME Rate per 1,000 population			
	Oct '12 – Mar '13	**Oct '13 – Mar '14**	**Difference**	**LSOAs**
Rotherham	**37.1**	**33.7**	**-3.3**	**Rates**
1. Dinnington Central	**77.4**	**97.4**	**20**	1. Eastwood Village 102.1 x3
2. Eastwood	**53.1**	**74.8**	**22**	2. Dinnington Central 97.4 x3
E Village	55.4	102.1	47	3. East Herringthorpe North 93.1 x3
E East	61	64.3	3	4. Masbrough 68.4 x2
E Central	42.9	56.7	14	
3. East Herringthorpe	**71.6**	**60.6**	**11**	**Year on Year increase**
North	100.3	93.1	7	1. Eastwood Village 47
South	42.3	27.6	15	2. Dalton South/E H'thorpe 29
4. Ferham/Masbrough	**62.7**	**58.5**	**4**	3. Dalton North 25
M	62.1	68.4	6	4=. Dinnington Central 20
F	85.3	65.1	20	4=. Canklow North
Meadowbank	37.9	39.2	1	
5. Canklow	**42.4**	**55.2**	**13**	**Year on Year decrease**
South	42.8	62.8	4	1. Ferham 20
North	41.9	46.2	20	2. East Dene South 18
6. Maltby South East	**45.6**	**45.8**	**0**	3. East Herringthorpe South 15
Town Centre	67.3	67.3	0	4. Rawmarsh East 14
Muglet Lane	42.4	35.8	7	
Maltby Main	28.1	35.6	7	
7. Dalton/Thrybergh	**24**	**40.5**	**16**	
D South/E H'thorpe	23.1	51.7	29	
D North	18.5	43.1	25	
T South	37.6	40	2	
T East	19.2	26.4	7	
8. Rawmarsh East	**48.4**	**34.9**	**14**	
9. Aston North	**27.2**	**31.2**	**4**	
10. East Dene	**35.5**	**28.9**	**7**	
ED North	23.9	42.5	5	
ED East	31.3	33.2	2	
ED South	41.8	23.7	18	
Herringthorpe North	23.9	17.9	6	
Town Centre	N/A			

	ASB Rate per 1,000 population			
	Apr '12 – Mar '13	Apr '13 – Mar '14	Difference	LSOAs
Rotherham	36.6	30	-6.6	**Rates**
1. Dinnington Central	**57.3**	**69.5**	**12**	1. Eastwood Village 80.3 x2-3
2. Ferham/Masbrough	**62.1**	**55.1**	**7**	2. Ferham 71.8 x2
Ferham	70.3	71.8	1	3. Dinnington Central 69.5 x2
Masbrough	67.3	52.6	11	4. Masbrough 52.6
Meadowbank	50.5	39.2	11	
3. Eastwood	**56.8**	**50.7**	**6**	**Year on Year increase**
Eastwood Village	86.9	80.3	7	1. Thrybergh South 21
Eastwood East	41.1	40	1	2. Dinnington Central 12
Eastwood Central	40.8	30.2	11	3. Dalton South/E H'thorpe 8
4. East Herringthorpe	**57.3**	**39.6**	**18**	4=. Canklow South 3
E H'thorpe North	74.6	44.9	30	4=. Aston North 3
E H'thorpe South	39.7	34.3	5	
5. Dalton/Thrybergh	**38.4**	**38.9**	**1**	**Year on Year decrease**
Thrybergh South	27.2	48	21	1. Canklow North 32
Dalton North	49.2	43.1	6	2. E H'thorpe North 30
Thrybergh East	52.7	35.6	17	3. Herringthorpe North 27
Dalton South/E H'thorpe	21.7	29.4	8	4. Thrybergh East 17
6. Canklow	**51**	**38.1**	**13**	5. Maltby Muglet Lane 13
Canklow North	75.8	44	32	
Canklow South	30.2	33.2	3	
7. Maltby South East	**43.7**	**34.6**	**9**	
Town Centre	60.2	49.2	11	
Muglet Lane	41.8	28.6	13	
Maltby Main	30	26.9	3	
8. Rawmarsh East	**34.2**	**33.5**	**1**	
9. Aston North	**30.5**	**33.2**	**3**	
10. East Dene	**36.9**	**26.2**	**11**	
East Dene East	36.5	31.9	5	
East Dene North	32.7	28.1	5	
East Dene South	30	27.2	3	
Herringthorpe North	46.1	19	27	
Town Centre				

6. Environment

Context

- Based on Flare data of service requests for environmental enforcement service requests
- Considers the approaches taken and documented in the action plans of 2013 and 2014
- Compares 2012/13 and 2013/14 data

Changes

The data available for complaints about environmental issues comes from the Flare database. The data extracted deals with complaints about fly tipping, accumulations of rubbish, litter and dog fouling made by members of the public or referred from other agencies. It has excluded the proactive work undertaken by various teams identifying additional issues.

This data shows that there has been a general increase in the number of complaints made about waste accumulations and fly tipping but a marked reduction in complaints about dog fouling and litter.

	Aston	Canklow	Dalton / Thrybergh	Dinnington	East Dene	Hellaby	Eastwood	Maltby	Masbrough	Rawmarsh	Town Centre	Grand Total
2012/13	13	14	40	80	47	23	132	143	36	80	36	64
2013/14	25	24	50	68	76	14	147	178	50	113	39	78
% change	92%	71%	25%	-15%	62%	-39%	11%	24%	39%	41%	8%	22%

Table 1 – Waste Accumulation / fly tipping complaints in the Deprived Neighbourhoods and general locality

	Aston	Canklow	Dalton / Thrybergh	Dinnington	East Dene	Hellaby	Eastwood	Maltby	Masbrough	Rawmarsh	Town Centre	Grand Total
2012/13	31	4	19	29	26	5	20	62	19	64	14	29
2013/14	20	8	25	19	10	15	15	53	9	47	19	24
% Change	-35%	100%	32%	-34%	-62%	200%	-25%	-15%	-53%	-27%	36%	18%

Table 2 – Litter, Dog Fouling and Drug related litter complaints from the public

Differences

Where there has been more focused activity to tackle environmental issues, and where they have been the highest concerns there seems to have been a general improvement in the picture. For example, In Dinnington, Eastwood, Ferham (and wider Masbrough Area) and Maltby there have been significant reductions in public complaints about street litter and dog fouling. The pattern is not replicated for waste accumulation complaints and this picture is more mixed. This is probably due to greater awareness of the issues, more focused partner attention on the problem and then a resulting increase in reporting.

In areas where there has been traditionally very low levels of reporting (Aston, Canklow and the Town Centre) there have been sharp increases (4 to 8 complaints in a year), which should be viewed as a positive step. Increased reporting in some areas may also be due to changing funding priorities and services sometimes taking longer to respond and remove waste etc.

Critical issues / learning

- There is a general improvement in environmental issues but it is difficult to ascertain whether this is a real trend. Increased reporting is not necessarily an indication that an area is suffering. A resumption of localized street scene quality assessments and surveys in localities may help ascertain whether there are real improvements.

- The areas with the most focused attention on environmental issues (and the greatest success in terms of litter and dog fouling complaints) have all taken similar approaches, in targeting enforcement and patrolling resources to spot problems early and deal with issues proactively, have identified local community groups to work with including parish councils where possible and have looked at quick wins to clean up the community.

- Although successful, there are limited resources and such activity is unlikely to be sustainable due to other emerging issues and areas of interest.

- Community First funding and encouraging local people to get involved and look after their street (Maltby and Canklow) seem to be having an impact on complaint levels, and the confidence to come forward to the council and partners with issues.

- The Team Eastwood approach is having a major impact on the area and housing standards and environmental issues are being tackled more proactively. However this again is due to focused attention of enforcement resources and other priorities are no doubt likely to put pressure on those services. There is not a visible reduction in the complex enforcement work across these areas yet which would result in the ability to shift resources to new emerging priorities as needed.

- Parish Councils have been able to fund CCTV cameras for tackling fly tipping problems in some areas, but these have been rural areas rather than the key deprived Neighbourhoods. Streetpride have funded cameras for the central

areas. 2 prosecutions are pending from the evidence gathered in 2 covert camera deployments in Wentworth North so the model can work if there are suitable locations and vehicle related fly tipping.

- The Rotherham CAN recycling company has been used in a number of areas in recent years and as a private organisation have been successful in both engaging with communities and working with partners while growing their business. Although there is no correlation between this and rates of complaint about littering.

- The financial pressures on Streetpride are likely to affect their ability to react quickly to changing priorities. Their service standards have been adjusted to reflect the changing level of resource and they have fewer vehicles to remove waste and fly tipping. These issues may contribute to higher rates of complaint as waste may be left for longer and bins emptied less frequently.

Previous good practice

- Educational campaign, school visit programmes can complement the engagement activity by helping taking messages into homes. Previously through by dedicated staff in NAS and EDS on waste, enforcement ASB and recycling.

- A detailed and centrally monitored strategy for dealing with environmental problems across the council, which achieved more joined up working.

- Centrally coordinated Junior wardens clean up events would help to bring consistency and opportunities to all the areas/ or sharing activity and best practice from ad hoc events.

7. Community Engagement

Recommendations for Improvement

- All Co-ordinators to recognise value of community involvement as a key method of raising aspiration.
- Use community engagement as the focus of cascading information on adult education, employment, health and environment.
- Increase resources toward engagement.
- Work closer with the Customer Engagement Team to target ‘communities of interest’ within the disadvantaged areas.
- Improve links to schools within the 11 communities of disadvantage in relation to involvement.
- Closer links to environmental work such as community clean-up days as an established method of engagement.
- Establish a ‘plan of engagement’ throughout the disadvantaged areas so ideas and concepts can be shared.

Area	Background –Critical Issues	Key Achievements	Outcomes
East Herringthorpe Coordinator Christine Staniforth Community Engagement – Key Focus	• History of poor community engagement. • General distrust of Authority & Police • LAP project identified lack of community group or 'hub' as a barrier. • Previous attempts to set up a group have proved un-sustainable. • Lack of suitable venues.	• Forward plan of engagement since Dec 2012. • Events -Santa Fly's By, Easter Eggstravaganza & Summerwonderland x2 • Database of names of those interested in community involvement. • RMBC supported Groundwork in a successful bid for community organisers for EH – 4 to be in post May 2014. • March 2014 – New community group 'EH on the Hill' agreed constitution and planning Easter Event with support of Area Assembly staff and High Greave school.	• Community spirit encouraged. • Building resilience • Community First funding
Dalton /Thrybergh Coordinator Malc Chiddy Community Engagement – Key- Focus	• History of poor community engagement • No Organised Tenants& Resident Groups • 2 Parrish Council's Dalton/Thrybergh • Range of suitable venues • High ASB rate.	• Winner of WS 2013 Garden Competition was Thrybergh Council tenant. • Thrybergh Parrish Council working with WS AA team to produce a Newsletter promoting the area • Plan of events for 2013/14 – Summerwonderland 25/2/14 attracted over 200 local people • WS AHP now has a new member from Thrybergh. • March 2014 2 x PACT areas adopted	• Better links to Parish Council. • NAG priority area.

Area	Background –Critical Issues	Key Achievements	Outcomes
Rawmarsh East Coordinator Sharon Hewittson Community Engagement 'Over-arching Priority	• Smallest area recognised as a Disadvantaged Community • Lack of suitable venue's with the sale of Treat Fund Hall • Two recognised Community Groups	• Lucy Reader supporting in community engagement. • Links made with Greenash TARA – Community Clean- Up day Dec 2013 • Links created to the High St Centre • PACT area	• NAG priority area.
Canklow Coordinator Matt Finn 'Support &Build the Community' – key Focus.	• Mixed tenure community • Higher ASB issues – NAG priority area • One existing community group – Canklow Community Connections based at the school.	• Canklow Community Connections have worked with Streetpride to 'Adopt My Street' • Organise all clean-up days on a monthly basis • Hold regular Coffee Mornings at Canklow School • 2 members passed CIH level 2 Communities in Action	• Improved environment.
Dinnington Central Coordinator Andrea Peers 'Housing & Environment – Children & Families' – Key Focus.	• High levels of Crime & ASB- NAG priority area • High level of vulnerable families • Overall aim to improve character of area and opportunities for young people.	• Communication plan in place • Multi-agency walkabouts monthly+ Operation Collaboration. • Programme of involvement with IYSS- Dino Olympic's attended by over 300.	
East Dene Coordinator Waheed Aktar Community Engagement - 'Over-arching Priority	• High levels of unemployment • Some local activity including a Tenants & Resident group. • Focus on learning activities including improving English.	• Good links forged to use of Mowbray Gardens Library • Events – The Walk (2/5/13) and Summerwonderland (26/8/14) Mowbray Gardens attracted high attendance • Information captured and encouraged mix with East Herringthorpe. • New group MVNA March 2014.	• New group established.
Eastwood Coordinator Shaun Mirfield 'Crime & Environmental' – Key Focus	• Focus here is on crime & grime • Reduce ASB at least in line with SRP target & build community cohesion, with an Eastwood Village focus	• Good links to Community First • 'Cook & Eat classes' • RUCST have secured SYP PCC funding to deliver activities over a 12 month period	
Town Centre Coordinator Zaidah Ahmed 'Provide opportunities for learning about healthy	• Main focus on health & wellbeing • Targeted priorities toward young people.	• A health event to address health needs with workshops to be held on 4th July at Broomvalley school. • A family Induction day planned for EU families on the17th September with all key partners to address health, education and crime.	

lifestyles' – Key Focus			
Ferham & Masbrough Coordinator Shaun Mirfield 'Crime & Environment'- 'Promote skills development for community groups' – Key Focus	• Health main focus • Priorities set to engage with Roma Community. • Targeted for Community First.	• Recent Rotherham East Community First Panel awarded funding to Ferham Community Group and RUCST to deliver diversionary and environmental work.	
Malty South East Coordinator Andrea Peers 'Housing & Environment' – Key Focus	• Main focus to change the character of the area, improve opportunities available and improve quality of life in area. • Key priority to work with young people.	• Community engagement in environmental Projects – Model village neighbourhood agreement and China Town Tara • Birks Holt Estate Management Plan	
Aston North Coordinator Andy Wright 'Community Engagement' – Over-arching Priority.	• Difficult to separate the Aston North Deprived Community from the wider community around it who are not disadvantaged. • Some groups in the community who are engaged but typically don't want to take on a lead role	• Aston Consultation Event – 25/2/14 • Young people engaged with skate park consultation • Work plan with Aston TARA now in place.	

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

1.	**Meetings:**	**Health Select Commission**
2.	**Dates:**	**12 June 2014**
3.	**Title:**	**Scrutiny review: Urinary Incontinence**
4.	**Directorate:**	**Resources** **All wards**

5. Summary

The Health Select Commission has agreed to undertake a scrutiny review of urinary incontinence with a focus on preventive measures. This report sets the context and provides a brief introduction to local services.

6. Recommendations

Members are asked to:

6.1 Receive and comment on the report.

6.2 Inform the Scrutiny team if they wish to be part of the review group.

6.3 Forward any comments arising from the report to the review group for consideration and inclusion in the scope of the review.

7. Proposals and details

7.1 Background

As part of its planned work programme Health Select Commission agreed to undertake a scrutiny review of urinary continence, focusing on preventive measures. All members of Health Select Commission are invited to express an interest in being part of the review group, to be chaired by Cllr Dalton.

7.2 Incidence of incontinence

An article in the Nursing Times last summer highlighted that around 14 million people in the UK have a bladder control problem. Causes of urinary incontinence can be physical, or result from an accident, injury or disability, but many forms of incontinence can be cured, improved or managed. Good continence care helps to reduce hospital and residential care home admissions and may reduce the need for continence products through interventions such as physiotherapy and medication.

The census in 2011 revealed that Rotherham's population is ageing faster than the national average with a 16% increase in the number of people aged over 65 (from 2001 – 2011). The Joint Strategic Needs Assessment (JSNA) shows that incontinence affects 19% of people over 65, rising to a third of those aged over 85 years. The number of older people (65+) is projected to rise by 7,500 (16%) between 2012 and 2021 and the number aged 85+ is projected to rise by 1,500 (27%) by 2021, suggesting a significant potential increase in future demand for services, although it is not an inevitable consequence of ageing.

Urinary incontinence affects about twice as many women as men and becomes more common with age. However, incontinence is not confined to older people, babies and very young children and at different times of their lives it can affect women and men of all ages and also older children and young people. Healthy lifestyle choices also have an impact as maintaining a healthy weight; reducing or stopping alcohol consumption; and keeping fit all reduce the chance of the condition developing. Pelvic floor muscle training and bladder training, so that people are able to wait longer between needing to urinate and passing urine, are effective means of treating urinary incontinence.

7.3 Impact of incontinence

Incontinence is likely to have significant health and emotional impacts and to affect people's ability to take part in paid employment, education or social and leisure activities, increasing social isolation, damaging self-esteem and self-confidence and reducing independence in many cases.

7.4 Community Continence Services

The award winning Continence Advisory Service provides clinical advice, support and treatment to people in Rotherham who experience problems with bladder and bowel dysfunction. The service is responsible for supplying disposable absorbent products

to eligible patients and prescribing all continence related equipment such as urinary catheters and drainage bags. Staff also provide advice regarding bladder problems or whether service users ought to have their product needs reviewed.

Rotherham transferred the prescribing of continence appliances from GPs to the Community Continence Service in 2009 and is the only CCG/PCT to demonstrate a decrease in continence expenditure over the last five years. In the period 2009-2013 continence prescribing costs in England increased by 21.56% whereas in Rotherham costs decreased by 8.99%. The CCG estimates that if NHS Rotherham's continence expenditure had increased in line with national cost growth trends, costs in 2012/13 would have been 30% higher, resulting in a potential saving of £239,591.

The cost efficiencies released resources to improve service provision through a service funded entirely through savings made from prescribing continence products.

As well as advice and product prescribing the service is also:

- preventing catheter related hospital admissions
- preventing patients from requiring long term catheterisation
- working with infection control to prevent catheter associated urinary tract infections

The continence service redesign project uncovered a number of patients whose mobility and independence had been compromised due to unsuitable equipment. The project enabled the CCG to meet this unmet need and improve patients' independence. Patient feedback on the Patient Opinion website is also very positive about the service and patient choice is probably greater as patients now have access to a wider range of products by utilising the knowledge base of the continence nurses.

7.5 Potential review scope

The positive work of the Community Continence Service has achieved significant cost savings through centralised product prescribing. Therefore the proposal is to carry out a focused spotlight review to examine current work and future plans to try and prevent or reduce urinary incontinence and to educate people that healthy lifestyles can also help to prevent incontinence. Raising levels of awareness with the public and more widely with health professionals and fitness providers will help with prevention and assessment, rather than management of incontinence.

Desired outcomes of the review would be:

- To ascertain the prevalence of urinary incontinence in the borough and the impact it has on people's independence and quality of life.
- To establish details of current continence services and costs, and plans for future service development.
- To identify any areas for improvement in promoting preventive measures and encouraging people to have healthy lifestyles.

8. Finance

Any recommendations from the Select Commissions would require further exploration by the Strategic Leadership Team and partner agencies on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

It is important that people have access to health services and the right advice and information to help them maintain a good quality of life at all life stages. Incontinence can have a significant negative impact on a person's life and embarrassment and stigma about incontinence may deter more people from seeking professional help.

10. Policy and Performance Agenda Implications

Corporate Plan priority - Helping people from all communities to have opportunities to improve their health and wellbeing.

Health and Wellbeing Strategy

11. Background Papers and Consultation

Ensuring Effective Continence Care - October 2013 Health Scrutiny Panel, North Lincolnshire Council

Pharmaceutical and Medicines Waste - Report to Health Select Commission 13 March 2014

"Is policy translated into action?" National survey by RCN and Continence Foundation

Nursing Times 10.07.13 Discussion: Continence

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Appendix 1 Information based on NHS Choices website

Types and symptoms of urinary incontinence

There are several types of urinary incontinence and the symptoms vary, but the most common are stress incontinence and urge incontinence. These two types of urinary incontinence are thought to be responsible for over 9 out of 10 cases. It is also possible to have a mixture of both stress and urge urinary incontinence.

Stress incontinence

Stress incontinence – when the pelvic floor muscles are too weak to prevent urination, causing urine to leak when your bladder is under pressure, for example when you cough or laugh

Stress incontinence is usually the result of the weakening or damaging of the muscles that are used to prevent urination, such as the pelvic floor muscles and the urethral sphincter.

Urge incontinence

Urge incontinence – when urine leaks as you feel an intense urge to pass urine, or soon afterwards

Urge incontinence is usually the result of over activity of the detrusor muscles, which control the bladder.