HEALTH AND WELLBEING BOARD

Venue: **Oak House, Moorhead Way, Bramley, ROTHERHAM. S66 1YY**

Date: **Wednesday, 20th April, 2016**

Time: **9.00 a.m.**

A G E N D A

Rotherham Foundation Trust has produced an animation which describes what the future of community-based healthcare looks like for Rotherham. There will be an opportunity to view this prior to the formal agenda starting at the Board meeting – it will be shown on the screen at 8.45 a.m. For anyone who is unable to make the meeting the animation can be viewed via this link https://www.youtube.com/watch?v=e2HlhcNI1jU

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

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

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Minutes of the previous meeting (Pages 1 - 13)
   Minutes of meeting held on 24th February, 2016

7. South Yorkshire Fire and Rescue
   Presentation by Steve Helps

8. Health and Wellbeing Strategy
   Verbal update by Terri Roche (Director of Public Health) and Julie Kitlowski (Clinical Chair, Rotherham Clinical Commissioning Group)

9. The Health Protection Committee's Annual Report (Pages 14 - 49)
   Richard Hart (Public Health) to present

10. Pharmaceutical Needs Assessment (PNA) Update 2016-17 (Pages 50 - 152)
Sally Jenks (Public Health) to present

11. Rotherham Sexual Health Strategy 2015-17 Update (Pages 153 - 178)
Gill Harrison (Public Health) to present

12. Date, time and venue of the next meeting
Wednesday, 1st June, 2016, at 9.00 a.m. at Voluntary Action Rotherham

Sharon Kemp.

SHARON KEMP,
Chief Executive.

HEALTH AND WELLBEING BOARD
24th February, 2016

Board members:

Councillor David Roche	Cabinet Member for Health and Advisory Cabinet Member for Adult Social Care (**in the Chair)**
Dr. Julie Kitlowski	Vice-Chair, Rotherham CCG
Tony Clabby	Healthwatch Rotherham
Dr. Richard Cullen	Governance Lead, Rotherham CCG
Chris Edwards	Chief Officer, Rotherham CCG
Teresa Roche	Director of Public Health, RMBC
Kathryn Singh	Chief Executive, RDaSH
Janet Wheatley	Chief Executive, Voluntary Action Rotherham
Sharon Kemp	Chief Executive, Rotherham MBC
Louise Barnett	Chief Executive, Rotherham Foundation Trust
Councillor Taiba Yasseen	Cabinet Member for Neighbourhood Working and Cultural Services

Observers: -

Kate Green	Policy Officer, RMBC
Alison Ilif	Public Health Specialist, RMBC
J. Hartley	South Yorkshire Police (representing Jason Harwin)
Nicole Chavaudra	Representing the Strategic Director, Children and Young Peoples Services
Graeme Betts	Interim Strategic Director, Adult Care and Housing
Sandie Keene	Chair of the Rotherham Safeguarding Adults Board
Jon Tomlinson	Adult Care and Housing, RMBC
Jackie Scantlebury	RMBC, Adult Safeguarding
Gemma Parkinson	RMBC, Communications
Jackie Tuffnell	Commissioner
Kate Tuffnell	Head of Contracts and Service Improvement, CCG
Ian Atkinson	Deputy Chief Officer, CCG

Apologies for absence were received from Ian Thomas and Jason Harwin (both represented).

54. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

55. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or the press in attendance.

56. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board were considered.

Matters arising updates were provided in relation to the following: -

Minute No. 45 (For Information) – Councillor Roche reported that there would be a review/refresh of the content relating to Physical Activity, which would be agreed by the end of March. A meeting for headteachers to discuss the Rotherham Suicide and Self harm Community Response Plan had now been arranged; Councillor Roche had requested that the attendance and format of the meeting be reviewed to ensure that it had good attendance and engagement and alternative meetings be pursued if not.

Rotherham's representatives at the 11th March event in York for Health and Wellbeing Board Members and Support Officers would be Councillors Roche and Sansome, J. Kitlowski, K. Haines, T. Clabby and K. Green.

Under Minute No. 46 (Update on the Health and Wellbeing Strategy Implementation) it was noted that the Children and Young People's Services Directorate had identified a Lead and this would be nominated by the full Council.

Resolved:- That the minutes of the meeting held on 13th January, 2016, be approved as a correct record.

57. HEALTH AND WELLBEING STRATEGY IMPLEMENTATION

Further to Minute No. 46 of the meeting held on 13th January, 2016, Terri Roche, Director of Public Health, provided an update on the progress made to date. Terri confirmed that the first of the planned workshops had taken place for aim 3 (mental health) and Kathryn would provide an update on this (see below).

The second workshop would focus on aim 4 (health inequalities) and was taking place on 16 March. An update on this would be provided at the next meeting in April.

Aims 1 and 2 were being delivered by the Children and Young people's Partnership.

It was noted that each of the strategy aims would be presented to a future health and wellbeing board meeting in detail by the board sponsor and lead officer. The schedule of reporting would be as follows:

- 21st September, 2016 – (aim 1) All children get the best start in life, and (aim 2) Children and Young people achieve their potential and have a healthy adolescence and early adulthood;
- 16th November, 2016 – (aim 3) All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life;
- 11th January, 2017 – (aim 4) Healthy life expectancy is

improved for all Rotherham people and the gap in life expectancy is reducing;
- 8th March, 2017 – (aim 5) Rotherham has healthy, safe and sustainable communities and places.

Kathryn Singh, RDaSH, provided an update on the workshop which took place for aim 3.

- It had been a fantastic event that was a great credit to the participants and agencies represented;
- Outcomes based accountability principles were used
- All agencies who contributed worked with people with mental health issues;
- 4/5 key bell weather actions were agreed;
- Workplace health and wellbeing was highlighted as something that needed to have a bigger priority, including at the agencies represented;
- community issues, including the identification of loneliness and the role of the erosion of community spirit in towns and communities;
- The importance of Making Every Contact Count;
- Language used around mental health descriptions tended to be negative and stigmatising;
- Wellness Impact Assessments;
- Communication and training.

Terri wished to place on record her thanks to South Yorkshire Fire Service for the use of their training room within their Fire and Rescue Training Centre.

Governance for the Implementation of the Health and Wellbeing Strategy was considered and regular reports would be provided, in addition to the annual report.

Resolved: - (1) That the update provided be noted.

(2) That further updates on the Health and Wellbeing Strategy Implementation be provided to future meetings.

58. WORKING TOWARDS INTEGRATION IN ROTHERHAM

Graeme Betts, Interim Director of Adult Care and Housing, presented a report that covered the process of integration between health and social care services in Rotherham, including an integrated hub and team approach.

The report outlined the current areas of focus: -

- Development of integrated health and social care teams;
- Development of a reablement hub incorporating intermediate care

beds;
- Community-based multi-professional teams based around practice populations;
- A focus on intermediate care, case management and support to home-based care;
- Joint care planning and co-ordinated assessment of care needs;
- Named care co-ordinators who retain responsibility throughout the patient journey;
- Clinical records shared across the multi-professional team.

Within one locality it was proposed that a fully integrated health and social care team would be developed. The team would be co-located and would have a single line-management structure and joint service specification. It was proposed that a combined outcome framework be developed that supported the strategic objectives of both the local authority and the CCG.

The integrated approach aimed to: -

- Reduce hospital admissions;
- Help people remain in their own homes for longer;
- Create opportunities for efficiency savings.

Graeme explained that efforts were being made to identify venues to locate to.

Discussion followed, and the following issues were raised: -

- Louise Barnett believed that integration could support and contribute to the Sustainability and Transformation Plan and could attract additional funding;
- Mental health teams were being approached to consider how they could also become involved;
- Councillor Roche commended the good news story about integration;
- Julie Kitlowski asked for an update on progress to identifying a location: -
    - Chris Edwards explained that the central area of Rotherham was the focus for the first hub. It was envisaged that there would be seven localities in Rotherham, each serving approximately 30-40,000 people. The central area would be one of the largest localities. Whilst evaluation would be undertaken after the hub's first year of operation, this would be too long to wait to begin the other hubs. Therefore, periodical evaluation would be important.
- Councillor Yasseen asked that this be linked into the Area Assembly Review: -
    - Sharon Kemp wanted to capitalise on the commitment to conduct a piece of work on early help.
- Dr. Richard Cullen asked whether there could be any duplication

between the emergency hub;

- Louise Barnett referred to the rapid pace of change and the impact that this would have on workforce planning, for example, recruiting a sufficient number of consultants;
- Tony Clabby asked whether the demographic in the central area of the Borough was ideally suited to an initiative that sought to reduce care home admissions. The central locality had higher numbers of younger people than other areas of the Borough: -
    - Terri Roche agreed that there were younger age profile to the Borough average in the central area. However hopefully the hub would also address and improve confidence and aid community cohesion.
- There was likely to be great pressure on the front door;
- Terri Roche asked that consideration be given to the creation of a Steering Group of the provider agencies, staff representatives and the client group. Customer feedback was important to seeing where the added value could be provided;
- There would be a valued role for social prescribing from the voluntary sector;
- Co-production.

Louise Barnett advised they were continuing development of an animation demonstrating transformation and integrated working. It was agreed for this to be presented to the next meeting of the Health and Wellbeing Board.

Resolved: - (1) That the plan to develop integrated health and social care teams be supported in principle.

(2) That the plan to develop a rehabilitation and reablement hub be supported in principle.

(3) That a detailed action plan on these two initiatives be received at a future meeting of the Health and Wellbeing Board.

59. BETTER CARE FUND QUARTER 3 SUBMISSION

Consideration was given to the report that outlined the Quarter Three performance of Rotherham's Better Care Fund. The Q3 submission needed to be submitted to NHS England by 26th February, 2016.

A Section 75 Agreement had been signed between the Local Authority and the Clinical Commissioning Group to pool the Better Together Funds.

In Q2, Rotherham had met four of the six National Conditions. In Q3 Rotherham had met the remaining two: -

- 7 day services to support patients being discharged and prevent unnecessary admissions at weekends in place and delivering – Enabling and domiciliary services has been operating as the first

phase of our 7 day services plan: -

- Rotherham had now implemented a 7 day working hospital discharge pilot from 1st December, 2015, which will complete the intentions for 7 day working set out in the Rotherham BCF plan.

- NHS number being used as the primary identifier for health and care services: -

  - Work was well underway to ensure better sharing between health and social care. There are 5,495 adults who are in the scope of the NHS number matching project. By the end of February 2016 all in-scope BCF records will have an NHS number assigned. Training materials have been issued which demonstrate to practitioners in adult social care on how to use the NHS number field.

Rotherham's performance on most metrics was on target and commentary was provided about these. Recently introduced integration metrics relating to personal health budgets, use of prevalence of multi-disciplinary and integrated care teams and use of integrated digital care records across health and social care had been included and Rotherham could report favourably on the first two.

Discussion followed the report's presentation and it was requested that future reports include an overview summary. The governance of the Better Care Fund submission was considered and it was suggested that sign-off be delegated to the Health and Wellbeing Board's Executive Group. NHS England had confirmed that this was permissible.

Graeme Betts felt that it was important that the Health and Wellbeing Board to continue to consider the reports as all providers were represented and engaged at the meeting. It was agreed that the Health and Wellbeing Board would continue to own the Better Care Fund submission return and consider the quarterly strategic return. The Health and Wellbeing Executive Group would monitor the report on a monthly basis.

Julie Kitlowski thanked all of the staff who had contributed to bringing the report together, and who would continue to do so. This represented a significant level of work and partnership working.

Resolved: - That the Better Care Fund Quarter 3 Submission be approved and be submitted to NHS England.

60. CCG COMMISSIONING PLAN

Ian Atkinson, Deputy Chief Officer of the Rotherham CCG, gave a presentation on the annual review of the CCG's four-year Commissioning

Plan. The starting point of the review was to consider the Joint Strategic Needs Assessment.

Key themes identified for further/specific discussion relating to the 2016/2017 Commissioning Plan were: -

- Approach to Joint Commissioning with RMBC, including the Better Care Fund;
- Commissioning of Children's Services;
- Response to Child Sexual Exploitation;
- Hospital and Community Services;
- Mental Health Services (including Learning Disability);
- Primary Care.

Ian's presentation included: -

- The key changes;
- The flow of the commissioning plan;
- Delivering the fifteen strategic priorities: -
    - Why is this a strategic priority?;
    - Five-year strategic direction;
    - Progress made in 2015/2016;
    - How will we achieve our intentions;
    - Quality improvements;
    - Innovation;
    - Alignment with the strategic aims of the Health and Wellbeing Strategy;
    - Addressing health inequalities;
    - Previous patient engagement leading to the plan / what patient engagement is planned in the area?.
- The end product: -
    - Succinct executive summary;
    - 50 page strategic plan (part 1);
    - 50-60 page detailed plan (part 2);
    - Easy to read public facing version.
- Drafting and approval would take place between February and March;
- Final version will be submitted to NHS England by 11th April.

Discussion followed Ian's presentation and the following questions and feedback were provided: -

- The 2016/2017 document should reflect the return of certain powers to Rotherham Council;
- The Health and Wellbeing Board did not current receive the SRG reports, although there were publically available;
- The role of social enterprise, development, engaging providers and public services users should be reflected;
- Making every contact count;

- Safeguarding Adults;
- Learning disabilities and their thresholds;
- More explicit reference to looked after children would be beneficial.

Resolved: - (1) That the draft plan and feedback provided be noted.

(2) That, following appropriate governance, the plan be submitted to NHS England in April, 2016.

61. RDASH INSPECTION REPORT

Kathryn Singh, Chief Executive, RDaSH, gave a presentation to the Health and Wellbeing Board on the recent CQC inspection of her organisation.

The presentation covered: -

- The history of the organisation;
- The services provided to the different localities;
- Facts about RDaSH: -
    - 4, 3000 staff (3,700 whole time equivalent);
    - Around 200 volunteers;
    - £155m annual budget;
    - Commissioned by CCGs, Local Authorities, others such as the Drug Treatment Agency and NHS Egland.
    - 240 locations across 5 regional areas;
    - 347 beds on 21 wards;
    - 89 community teams across 5 localities;
    - Adult Social Care;
    - In 2014/2015 82,356 people accessed RDaSH services and there had been 912,409 face-to-face interactions. There had been a further 143, 363 non face-to-face patient contacts.

Submitted within the agenda pack, Kathryn explained the individual judgement against each of the RDaSH functions that had been inspected against the six criteria – ‘safe’, ‘effective’, ‘caring’, ‘responsive’, ‘well-led’ and ‘overall’ for each function.

The overall rating was that RDaSH ‘Requires Improvement’ (dated 19th January, 2016). Thirteen out of seventeen services were rated as good or outstanding. The overall judgement for each criteria was: -

- Safe – requires improvement;
- Effective – requires improvement;
- Caring – good;
- Responsive – good;
- Well-led – good.

The CQC provided information about what RDaSH was doing well.

Kathryn shared the action plan that was implemented following the inspection judgement. There were specific needs around the information technology systems used by RDaSH.

Discussion followed and the following points were raised: -

- Councillor Roche felt that the outstanding judgement in relation to community health services for children, young people and families was excellent;
- He was concerned that the overall requires improvement related to Rotherham and Rotherham's CAMHS;
- Graeme Betts was pleased to note RDaSH's keenness to address the issues identified;
- Dr. Cullen asked that RDaSH's IT issues be addressed to suit what is best for patient care in Rotherham;
- Sharon Kemp asked that a Rotherham multi-agency group address and consider the IT issues. Chris Edwards explained how the Contract Quality Group was tasked with this;
- Tony Clabby pointed out that he had encountered inconsistencies in the records of complaints and how these had made investigations more difficult.

Resolved: - (1) That the information about RDaSH's inspection outcome of 'Requires Improvement' (19th January, 2016), and the Organisation's action plan in response to this, be noted.

(2) That a progress report relating to Rotherham-specific services be presented to a meeting of the Health and Wellbeing Board in six months' time.

62. ADULT SAFEGUARDING STRATEGY

Sandie Keene, the new Chair of the Rotherham Safeguarding Adults Board, was welcomed to the meeting and her new role in the Borough. Sandie had submitted the Rotherham Safeguarding Adults Board's Strategy 2016-2019. She welcomed Rotherham's keen commitment to safeguarding.

Sandie described her priorities for the coming months: -

- Review and re-energise the Rotherham Safeguarding Adults Board;
- The review had demonstrated some good practice and that services were safe;
- Work to around culture and the governance frameworks that people were operating under;
- Key changes within the Care Act; the Board was now statutory

although it had very little sub-structure;

- Getting nominees and finding dates was a challenge;
- Developing the Constitution meant that a budget was required.
- Bringing the public in and hearing their voice: - co-production, how was it for them?, what could be done better next time?. Public awareness: – do people know what the Board was here for? Differences between Adults and Childrens' Safeguarding Boards;
- Care Act Policy 'Making Safeguarding Personal' and Deprivation of Liberty Living Standards (DOLLS). Monitoring standards in care homes in a multi-agency way;
- Adult Exploitation relating to learning difficulties and mental health;
- Self-neglect;
- Co-ordination of responses;
- Learn lessons and be transparent;
- Performance framework and management information. South Yorkshire Police had offered to lead;
- Care homes located in Rotherham but did not have Rotherham residents in them.

Discussion followed Sandie's presentation and the following issues were raised: -

- Councillor Roche was witnessing cultural change and could see an impact following recent conversations with whistle blowers;
- Councillor Roche was concerned about the 1,669 reports of abuse within care homes;
- Councillor Roche referred to the early warning system relating to care homes that were becoming a concern. Some related to homes that were not controlled by the Council.
    - Sandie confirmed the monitoring the homes and actions being taken to support improvements in those homes would continue. Commissioning and contracting would be ongoing improvement actions;
    - Graeme Betts knew the Contract Compliance Team to be thorough and robust. They received information from safeguarding;
    - Julie Kitlowski saw a role for Health in providing early warnings of issues;
    - Chris Edwards explained how there had been changes in the way that the CCG allocated care homes to GPs. One GP Practice was allocated to one care home, meaning there would be consistency in monitoring;
    - Tony Clabby referred to a strong use for soft intelligence and the power of Health Watch to enter and view homes and escalate if necessary.
- Governance of the report should be undertaken on a multi-agency basis and the report considered and supported by Rotherham's Cabinet to demonstrate the organisation's commitment to safeguarding.

Resolved: - That the information shared be noted.

63. TRANSFORMING SERVICES FOR PEOPLE WITH A LEARNING DISABILITY AND/OR AUTISM

Kate Tuffnell, Head of Contracts and Service Improvement, MH, LD and EOLC, presented a report that provided an update on the NHS England Learning Disability Transforming Care Partnership Programme and the implications for the Rotherham CCG, Council and partner organisations.

Key things to note about the programme included: -

- It is a population based approach which expects CCGs, LAs and NHS England specialised hubs to work together to look at what services are needed for the local population with a learning disability and/or autism across a TCP footprint area;
- It is a three year programme that focuses on the provision of services to children, young people and adults;
- It is essential that as part of the TCP plans that the CCGs identify how they intend to extend their offer of Personal Health Budgets (PHB) for people with a Learning Disability beyond the current offer within CHC;
- It needs to be about service transformation and pathway re-design (investing in preventative services/early intervention in the community) – not just 'resettlement' of current inpatients into the community;
- Rotherham is included in the Doncaster, Rotherham, North Lincolnshire and Sheffield TCP footprint in which Chris Stainforth; Doncaster CCG has been identified as the Senior Responsible Officer (SRO) and Phil Homes, Director of Adult Services Communities Portfolio, Sheffield City Council.

The timescale to implementation as currently planned: -

25th January 2016	Finance & Activity template submission to Doncaster CCG (local milestone)
26th January 2016	External Consultant Health Needs Assessment Workshops – funded by NHS England
8th February 2016	First Transforming Care Partnership (TCP) Plan submission
9th February 2016	NHS England Expert panel reviews against the assessment framework
11th February 2016	NHS England feedback collated to be shared with local TCPs
15th & 16th February 2016	NHS England will facilitate a discussion with the local panel for clarification,

	request further information etc.
22nd February 2016	Revised TCPs to be resubmitted to the NHS England Regional office
24th February 2016	Local TCP Plans to be reviewed for by NHS England Regional panel for sign-off. Potential outcomes – approved, approved with required revisions, not approved (it will then be escalated to the national team)
24th March 2016	NHS Contract signature date
11th April 2016	Implementation to commence (3 year programme from this date)

Discussion followed on the update: -

- Councillor Roche asked for a language check to be undertaken on the document;
- Would a member/Representative of Childrens' Services be asked to join the Board?;
- There was concern that the Operational Board could be committing the Council to actions;
- Tony Clabby was uncomfortable with the concept of the Partnership working where there were different thresholds in use;
- Tony asked whether the governance structures would include patient or carer voice?
    - Kate explained that this had not been embedded yet; SpeakUp were informing this nationally and the Learning Disability Commissioning Executive would also be involved.

Resolved: - (1) That the work undertaken to date within the timescale be noted.

(2) That the Health and Wellbeing Board delegate the sign-off of the final plan to the Chair and Vice-Chair of the Health and Wellbeing Board.

64. ROTHERHAM DEMENTIA ACTION ALLIANCE CO-ORDINATOR

Councillor Roche referred to the Rotherham Dementia Action Alliance and referred to their excellent work. The organisation had submitted a proposal for continued funding.

Councillor Roche noted that this could not be achieved by the Health and Wellbeing Board but asked attendees to take the proposal and consider how the organisations they represented could can help and support it.

65. ROTHERHAM GET ACTIVE EVENT

Councillor Roche referred to the draft agenda for the 'Rotherham Get

Active' event planned for 11th May, 2016. The event would explore the role that sport and physical activity played in improving the health outcomes and wellbeing of people in Rotherham. Councillor Roche noted that the keynote speaker, Karen Creavin, had been involved in developing physical activity initiatives in Birmingham and would hopefully be able to share her experiences and inspire the delegates.

66. DATE, TIME AND VENUE OF THE NEXT MEETING AND FUTURE DATES FOR AGREEMENT

Resolved: - (1) That a further meeting be held on Wednesday 20th April, 2016, commencing at 9.00 a.m. to be held at Oak House Bramley.

(2) That future meeting dates take place on: -

- 2nd June, 2016;
- 13th July, 2016;
- 21st September, 2016;
- 16th November, 2016;
- 11th January, 2017;
- 8th March, 2017.

Rotherham Metropolitan Borough Council

Public Report
Health and Wellbeing Board

Summary Sheet

Council Report
Health and Wellbeing Board – 20th April 2016

Title
The Health Protection Committee's Annual Report

Is this a Key Decision and has it been included on the Forward Plan?
No

Strategic Director Approving Submission of the Report
Teresa Roche, Director of Public Health (DPH)

Report Author(s)
Richard Hart, Health Protection Principal
Public Health Department
01709 255849
Richard.hart@rotherham.gov.uk

Ward(s) Affected
All

Summary
Since implementation of the Health and Social Care Act 2012, roles and responsibilities for health protection have become both complex and fragmented. In order to fulfil one of the council's statutory responsibilities on health protection (discharged through the DPH), a Health Protection Committee was established to ensure that adequate arrangements are in place to protect the public's health.

Over 2015, the Health Protection Committee has made considerable progress in seeking assurance from organisations across the borough on a range of controls associated with health protection. This annual report outlines the responsibilities of Rotherham Metropolitan Borough Council (RMBC), NHS England (NHSE), Rotherham Clinical Commissioning Group (RCCG), Public Health England (PHE), The Rotherham NHS Foundation Trust (TRFT) and Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) and highlights the work that has been done over the year and areas where further development is needed.

The Health Protection Committee would like to highlight the following areas of progress:

- Clarifying health protection roles and responsibilities and the line of accountability between the Health Protection Committee and the Health and Wellbeing Board

- Maintaining effective working relationships and communications with RMBC staff, external agencies/professionals and the public
- Controlling the spread of TB and HIV through multi-agency incident meetings
- Providing local advice on national and local alerts on environmental hazards, such as high level air pollution episodes
- Managing Health Care Associated Infections (HCAIs), MRSA bacteraemia and Clostridium Difficile Infections (CDIs) and engagement of the hospital and community trusts
- Implementing the national childhood immunisation and seasonal flu programme across Rotherham
- Facilitation of training and simulation exercises run by the Emergency Planning Shared Service
- Local planning and response to Ebola and other emerging infections

Recommendations

The Health and Wellbeing Board:

1.1 receives and notes the content and recommendations of the Health Protection Annual Report

1.2 receives a Health Protection report each subsequent year and exception reports as appropriate

List of Appendices Included

N/A

Background Papers

Protecting the health of the local population: the new health protection duty of local authorities under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations, 2013.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

Consideration by any other Council Committee, Scrutiny or Advisory Panel

Senior Leadership Team (RMBC) and the Health Protection Committee

Council Approval Required

No

Exempt from the Press and Public

No

Health Protection Committee – Annual Report 2015

1. Recommendations

The Health and Wellbeing Board:

1.1 receives and notes the content and recommendations of the Health Protection Annual Report

1.2 receives a Health Protection report each year and exception reports as appropriate

2. Background

2.1 Health protection has been described as public health activities intended to protect individuals, groups, and populations from infectious diseases and environmental hazards. Hazards can be biological, chemical, physical or from radiation, and result in exposures through food, water, air, animals, the environment and person to person. Health Protection also includes planning for and responding to threats to the health of the population which would require an emergency response.

2.2 There have been considerable changes to the management of Health Protection following the implementation of the Health and Social Care Act 2012. This places a duty on local authorities in England to protect the health of the local population, discharged through the Director of Public Health.

2.3. The Health Protection Committee provides an important assurance and control function on behalf of the Health and Wellbeing Board to protect the health of the population. It covers the population of Rotherham (whether resident, working or visiting) and includes:

- 2.3.1. Vaccination (preventable diseases) and immunisation programmes
- 2.3.2. National screening programmes
- 2.3.3. Infection, prevention and control including health care associated infections (HCAIs)
- 2.3.4. Communicable disease control including TB, blood borne viruses, gastro-intestinal infections (GI), seasonal and pandemic influenza
- 2.3.5. Public Health aspects of emergency planning and preparedness (including severe weather and environmental hazards).
- 2.3.6. Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety
- 2.3.7. Sexually transmitted infections and HIV
- 2.3.8. Substance misuse

3. Key Issues

3.1 As a result of changes to the NHS and Local Authority structures and functions, there has been a lack of clarity on roles and accountabilities across the health protection system. This fragmentation has been highlighted when dealing with local incidents/outbreaks. The key challenges have been: receiving timely alerts and information from

external partners on environmental hazards; holding multi-agency incident meetings where an appropriate assessment and control measures can be agreed; obtaining expert advice from PHE and other specialist services; ensuring a proportionate response balancing patient confidentiality with duty of care; maintaining effective working relationships and communications between all partners.

3.2 The Health Protection Committee was established to ensure that adequate arrangements are in place to protect the public's health and to overcome the challenges listed above. The Committee meets quarterly to review all areas of health protection including updating the Health Protection Assurance Framework, which provides us with a comprehensive tool to manage risks across all the areas of health protection. The Health Protection Committee will report annually to the Health and Wellbeing Board on progress throughout the year and make the Board aware of any significant gaps and mitigating actions.

3.3. A number of health protection activities will be sustained over the following year (2016):

- 3.3.1. Delivery and surveillance of vaccination and screening programmes delivered by a number of providers commissioned by NHS England
- 3.3.2. Monitoring of health care associated infections (HCAIs) and infection, prevention and control activities in hospitals and the community
- 3.3.3. Monitoring disease surveillance, notifications and alerts by Public Health England, and informing and advising the local population/services on any emerging concerns
- 3.3.4. Managing incidents associated with communicable diseases including TB, sexually transmitted infections, water-borne and food-borne infections
- 3.3.5. Monitoring drugs and substance misuse services commissioned by RMBC

3.4. A number of areas will be strengthened:

- 3.4.1. Links with the Local Health Resilience Partnership (LHRP) which has signed agreements for Emergency Planning Response and Resilience (EPRR) with each NHS organisation across South Yorkshire
- 3.4.2. The integration of sexual health services commissioned by RMBC which will be tendered for during 2016/17
- 3.4.3. The sustainability and resilience of TB specialist services in Rotherham and across South Yorkshire
- 3.4.4. Local commissioning arrangements for infection, prevention and control (IPC) services and improved surveillance of HCAIs in the community
- 3.4.5. On-going work associated with air quality, including the submission of the RMBC air quality action plan and annual status report to the Department for Environment Food & Rural Affairs (DEFRA)

Contact
Richard Hart, Health Protection Principal, Public Health
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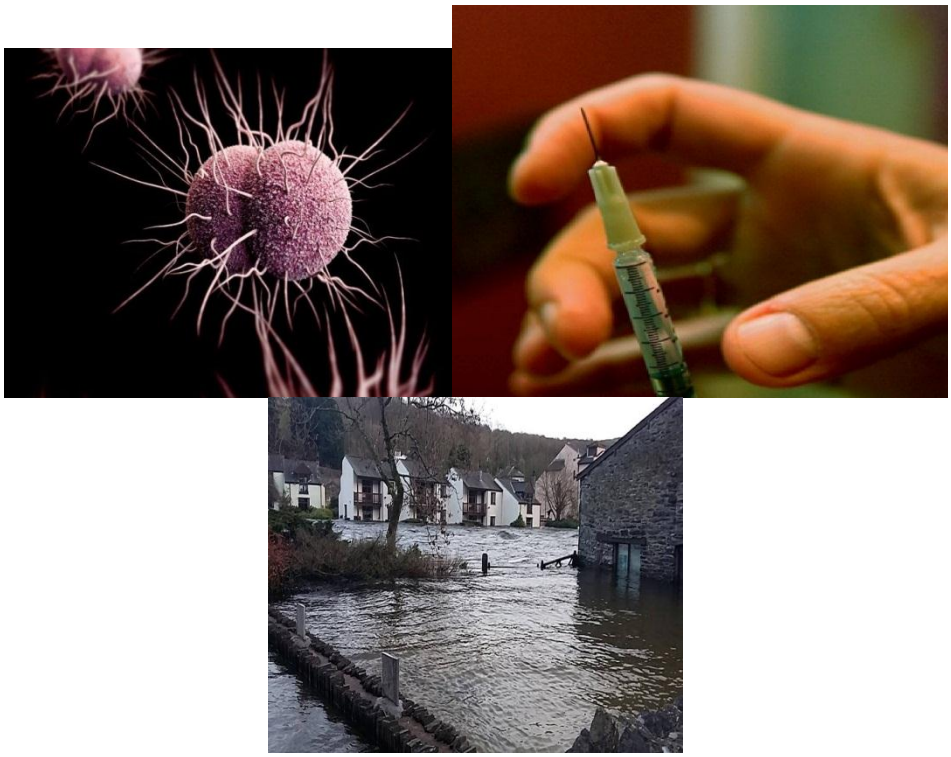
ROTHERHAM HEALTH PROTECTION ANNUAL REPORT 2015



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0.1	R.Hart (author)	Public Health	Jan 2016	Initial draft
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1.0	R.Hart	Members of Public Health Directorate Leadership Team	9th Feb 2016	Comments on supporting information and background explanation
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2.0	R.Hart	Formal Briefing meeting Lead Cllr H&WB	15th Feb	Comments from Cllr Roche, Teresa Roche, Jo Abbott

Contents

GLOSSARY

AMR	Antimicrobial Resistance
BCG	Bacillus Calmette-Guerin
CBRN	Chemical Biological Radiological Nuclear
CDI	Clostridium Difficile Infection
COMAH	Control of Major Accident Hazards
CPE	Carbapenemase-producing Enterobacteriaceae
CQC	Care Quality Commission
CRCE	Centre for Radiation, Chemical and Environmental Hazards
DIPC	Director of Infection, Prevention and Control
DOT	Directly Observed Therapy
EHC	Emergency Hormonal Contraception
EPSS	Emergency Planning Shared Services
ESBL	Extended-Spectrum Beta-Lactamase Producing Organisms
EVD	Ebola Virus Disease
GI	Gastro Intestinal
H&WB	Health and Wellbeing Board
HCAI	Health Care Associated Infections
HIV	Human Immunodeficiency Virus
HPC	Health Protection Committee
HPV	Human Papilloma Virus
IPC	Infection, Prevention and Control
LARC	Long Acting Reversible Contraception
LHRP	Local Health Resilience Partnership
LTBI	Latent Tuberculosis Infection
MMR	Measles Mumps and Rubella
MOU	Memorandum of Understanding
MRSA	Methicillin Resistant Staphylococcus Aureus
MSSA	Methicillin Sensitive Staphylococcus Aureus
NHSE	NHS England
NOIDs	Notifiable Infectious Diseases
PCT	Primary Care Trust
PHE	Public Health England
PHOF	Public Health Outcome Framework
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RMBC	Rotherham Metropolitan Borough Council
SIOG	Screening and Immunisation Overview Group
SIT	Screening and Immunisation Team
STI	Sexually Transmitted Infections
SYLRF	South Yorkshire Local Resilience Forum
TB	Tuberculosis
TRFT	The Rotherham NHS Foundation Trust
WHO	World Health Organisation

BACKGROUND

With the transfer of Public Health into the council there are opportunities to influence the factors which impact on the population's health and well-being over the course of a lifetime. The Public Health Outcomes Framework (PHOF) describes these under three domains; Health Improvement, Healthcare Public Health and Health Protection. Within the Health protection domain there are 27 indicators (appendix 1) which the Director of Public Health (on behalf of the council) requires assurance on.

With the introduction of several new NHS commissioning organisations and agencies responsible for health protection, roles and responsibilities for health protection have become fragmented, and at times unclear. Performance against the PHOF indicators depends on maintaining clear lines of communication with NHS commissioners and providers, Public Health England (PHE) and other departments within Rotherham Metropolitan Borough Council (RMBC), whilst at the same time, being assured that the threats to local health are minimised and dealt with promptly. The Health Protection Committee discharges this function on behalf of the Director of Public Health, the council and the Health and Wellbeing Board (H&WB).

ASSURANCE STATEMENT

The Health Protection Committee's (HPC) role is to ensure, on behalf of the H&WB, that adequate arrangements are in place for the surveillance, prevention, planning and response required to protect the public's health. The Committee provides an important control function, for assurance of the health protection system across Rotherham, as part of the Director of Public Health's statutory responsibility. The Health Protection Annual Report aims to provide assurance to the H&WB of the on-going work of the HPC and its partner agencies to protect the health of the Rotherham population.

There has been sustained progress in moving towards a comprehensive, multi-agency health protection assurance system in Rotherham which is robust, safe, effective, and meets the new statutory duty placed on local government to protect the health of local people. This has been achieved through the quarterly meeting of the HPC.

SUMMARY

This Health Protection Annual Report summarises the main areas of work considered by the HPC over the period 1st January 2015 to the 31st December 2015. It includes a range of priorities identified by the Committee, our performance measured against the Public Health Outcomes Framework (see Health Protection Indicators Appendix 1) and areas where further assurance is required. Rotherham is performing well against these indicators in comparison to Yorkshire and Humber and England averages.

The themes in the report are a combination of maintaining these good outcomes and addressing any poor performance. The Committee have also raised and discussed over the

year any emerging priorities identified by partner organisations where additional assurance is required. The following are examples of some of these issues;

- Reviewing lessons learned on a range of health protection incidents and planning exercises, both internally and externally, e.g. Ebola, Human Immunodeficiency Virus (HIV), Legionella, Cryptosporidium, Clostridium Difficile, Air Quality, and Pandemic Influenza.
- Responding to complex issues raised by managing and treating TB in Rotherham whilst planning for service resilience and sustainability.
- Ensuring that the roles of all agencies involved in health protection planning are clear and effective.
- Developing a multi-agency Assurance Framework identifying the controls, gaps and mitigating actions required.

There have been considerable changes to how health protection is managed and delivered following the implementation of the Health and Social Care Act 2012. This placed a duty on local authorities in England to protect the health of the local population, discharged through the Director of Public Health. As a result of changes to the NHS structures and Local Authority, in their functions, roles and accountabilities, there has been a lack of clarity across the health protection system. In particular, this fragmentation has been highlighted by incidents/outbreaks and although always dealt with successfully, these have required considerable discussion and negotiation.

Priority areas reported through the HPC, and via other key meetings, have collectively informed the Rotherham Health Protection Assurance Framework (sample section in Appendix 3). This provides on-going assurance on the controls of hazards and threats to the health of the local population.

The agreed outline for this framework (see Appendix 3) is based on the five overarching building blocks of public health protection. These are;

- Communicable Diseases
- Environmental Hazards and Control
- Screening and Immunisations
- Infection, Prevention and Control
- Emergency Preparedness, Response and Resilience

RECOMMENDATIONS

1) The Health Protection Committee continues to oversee and review the health protection assurance system (annually), on behalf of the Local Authority, to ensure that robust arrangements are in place to protect the health of the people of Rotherham.

2) The Health and Wellbeing Board receives a Health Protection Report each year.

3) The Health Protection Committee is accountable to the Health and Wellbeing Board, and members of the Board understand the potential and existing risks to health in the borough and the key roles of partner agencies.

INTRODUCTION

This is the first annual report to be presented to the H&WB, it outlines the Health Protection responsibilities and structures currently in place. It will also report on the work that is being done to discharge the Local Authority's new roles and responsibilities in relation to health protection and provide some examples of good practice and areas for further development that have been identified over the calendar year.

What is Health Protection?
Health protection has been defined as "public health activities intended to protect individuals, groups, and populations from infectious diseases and environmental hazards. Hazards can be biological, chemical, physical or from radiation, and result in exposures through food, water, air, animals, the environment and person to person (Public Health (Control of Disease) Act 1984)[1] Health Protection includes planning for and responding to threats to the health of the population which would require an emergency response (Civil Contingencies Act 2004 [2]).

'A Hazard (defined by the Health and Safety Executive) is a potential source of harm or adverse health effect on a person or persons' and are often capable of affecting large groups of the population in a short period of time. Often the route of an exposure may be unclear and health protection therefore requires a capacity to handle risk and uncertainty as well as a capacity to respond urgently when required to manage outbreaks and the other incidents which threaten the public health, including new and emerging infections identified by the World Health Organisation (WHO)[3].

Why is it important?
Deaths from infectious diseases have decreased significantly since the first half of the 20th century with the introduction of antibiotics. Other factors have included; improved living conditions, ensuring the safety and quality of food and water and childhood immunisation programmes.

Health Protection is a term which covers many of the areas people will traditionally think of as public health. It includes protecting the public from disease particularly those which can be prevented through vaccination, caught early through screening or prevented through good hygiene and improved living conditions.

It is crucial to the health of the population to reduce the spread of infectious diseases and it is important to promote and implement interventions that we know work. Vaccination, improved living conditions and regulation on food standards have all greatly reduced the incidence and spread of infectious diseases. Work in this area is governed by statutory regulation which applies to a number of organisations, including the Local Authority.

[1] http://www.legislation.gov.uk/ukpga/1984/22/contents
[2] http://www.legislation.gov.uk/ukpga/2004/36/contents
[3] http://www.who.int/en/

THE HEALTH PROTECTION COMMITTEE

The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area. The HPC provides an important control function for the H&WB with regards to the statutory assurance arrangements to protect the health of the population. It covers the population of Rotherham (whether resident, working or visiting), reviews partners performance against the health protection Public Health Outcomes Framework (PHOF) Indicators (Appendix 1), monitors emerging threats for the following areas;

- Vaccine preventable diseases and Immunisation programmes.
- National screening programmes.
- Infection, Prevention and Control including Health Care Associated Infections (HCAIs)
- Communicable disease control including TB, blood borne viruses, gastro-intestinal infections (GI) and seasonal influenza.
- Public Health aspects of emergency planning and preparedness (including severe weather and environmental hazards, pandemic influenza).
- Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety
- Sexually Transmitted Infections including HIV
- Substance Misuse and blood borne viruses

At each meeting of the Health Protection Committee, a key area identified from the framework and/or emerging priorities are discussed to;

- identify the key health protection hazards and threats
- assess the associated risks
- capture the mitigating actions

This requires working with the organisations (listed below) and other members of the Health Protection Committee including The Rotherham NHS Foundation Trust (TRFT) and the Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH), to develop a high level Health Protection Assurance Framework (see example section in Appendix 3). In practice, this often requires additional attendance from co-opted services, with the relevant expertise, to unpick and delve more deeply into the relevant area of the Framework.

Which organisations now have Health Protection responsibilities?

RMBC - already had a number of public health responsibilities primarily discharged through the Environmental Regulation and Noise/Nuisance teams. The council now has increased responsibilities for health protection including an assurance role that the Director of Public Health, discharges on the council's behalf.

Public Health England - provides a local health protection team (formally the Health Protection Agency) which has responsibility for providing specialist advice and expertise for managing health protection issues to the Director of Public Health, Environmental Health, the public and other organisations. Specialist advice and support on more unusual hazards such as chemical and radiation issues is provided by teams in partner organisations such as the Centre of Radiation Chemical and Environmental Hazards (CRCE), a division of Public Health England.

NHS England's Public Health Screening and Immunisation Team - co-ordinate routine screening and immunisation programmes which are commissioned by NHS England. They are therefore embedded within NHS England in order to inform the commissioning of these programmes. These are outlined in Section 7a of the NHS public health functions agreement 2015-16.[4]

NHS England - oversee Quality and Patient Safety of the Rotherham Clinical Commissioning Group and NHSE's Emergency Planning and Preparedness team are responsible for ensuring that Clinical Commissioning Groups and providers of NHS funded services are prepared for emergencies and for co-ordinating the NHS response to emergencies.

Rotherham CCG – are responsible for the investigation and treatment of infectious diseases, e.g. Health Care Associated Infections, Tuberculosis, etc. The CCG also commissions Infection Prevention and Control, Microbiology and TB Specialist treatment services from The Rotherham NHS Foundation Trust relating to health protection.

PERFORMANCE – PHOF INDICATORS

The Health Protection Committee reviews and challenges any areas of under-performance (PHOF indicators), subsequent risks to the local population and the mitigating actions for partner agencies. See the PHOF Health Protection Indicators included in Appendix 1.

All PHOF indicators associated with the national routine vaccination programmes for Rotherham are performing well against the England average. Although Rotherham shows a high uptake of HIV tests, late diagnosis of HIV is worse than the England average. Other areas for concern are increasing Gonorrhea rates and reduced uptake of Chlamydia testing in the under 25s. Actions to address these can be found under the Sexually Transmitted Infections section. Although not necessarily reflected in the PHOF indicator, treatment completion rates for cases of TB in Rotherham are higher than the England average due to deaths from other causes. On the whole we perform well under the PHOF indicators for health protection compared to our statistical neighbours.

This report is a combination of the performance outcomes, issues that the HPC representatives have identified as priorities and a reflection of the on-going work to protect the health of the local population. These have been highlighted under the headings:

- Communicable Diseases
- Environmental Hazards and Control
- Screening and Immunisation
- Infection, Prevention and Control
- Emergency Preparedness, Response and Resilience

[4] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389168/S7A_1516_FINAL.pdf

COMMUNICABLE DISEASES

Weekly reports and updates on the levels of infectious diseases and suspected outbreaks in the community are monitored by PHE. These are shared with the Local Authority as reports on the Notifications of Infectious Diseases (suspected) and suspected outbreaks (Situation Reports) to enable early detection and any emerging trends.

PHE provide expert advice and work closely together with support from Environmental Health and Public Health (RMBC), NHS England, Rotherham Clinical Commissioning Group, The Rotherham Foundation NHS Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) and others, to monitor and manage outbreaks or incidents associated with communicable diseases.

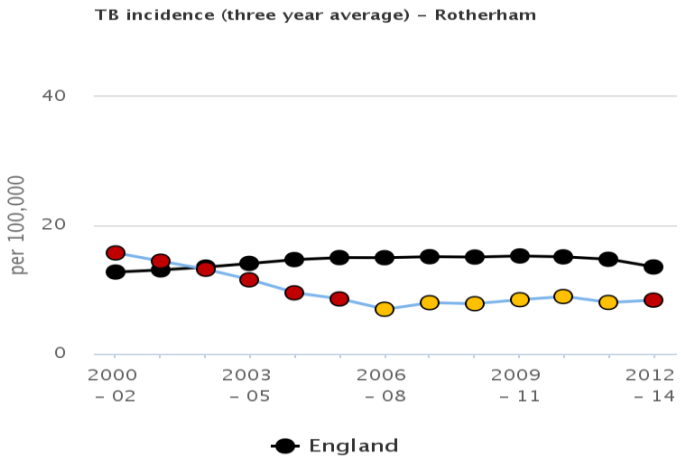
There are over 30 legally defined Notifiable Infectious Diseases (NOIDs) where doctors are obliged to inform the Consultant in Communicable Disease Control at PHE when they suspect a case of infection (Health Protection Notification Regulations 2010). A list of these can be found in footnote [5].

Over the year there have been various incidents in Rotherham which have required effective inter-agency management to protect the Public's Health, the primary objective being to manage any outbreak/incident by identifying the source of infection and implementing control measures to prevent further spread or recurrence of infection.

TUBERCULOSIS

Rotherham has a relatively low known prevalence of TB compared to regional and national figures. However, the homeless, being of temporary residence and born in a country with endemic TB or having a weakened immune system may make people more vulnerable. The incidents which have been investigated and treated over the last year have proved to be complex and challenging, sometimes involving chaotic lifestyles, life pressures and safeguarding issues amongst others. Future planning for increased latent screening and contact tracing, effective cross boundary working arrangements and the capacity of the Specialist TB services, have been highlighted at the HPC.

[5] https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report#list-of-notifiable-organisms-causative-agents



The above graph shows three year rolling averages for the incidence of TB in Rotherham compared to the England averages. Red indicates that the incidence of TB is greater than the 50th percentile of Unitary LAs and amber between the 50th and 10th percentile[6].

Although the annual number of cases in Rotherham is fairly low, each case is often complex, requiring longer-term case management and treatment and may involve significant levels of screening to ensure no other cases of TB go undetected.

Successes

In March 2015, PHE and NHSE published the Collaborative Tuberculosis Strategy for England, 2015-2020 [7]. A TB Control Board for North East & Yorkshire & Humber has been established and TB Cohort Reviews commenced for patients across South Yorkshire. A local multi-agency meeting has reviewed the ten evidenced based areas of the National Strategy to develop a local action plan.

There have been a number of incidents over the year requiring a co-ordinated response from partners /stakeholders. This has been extremely rapid with effective partnership working with the TB Specialist Nurse in treating and preventing further infection.

Challenges and future work

Several significant challenges remain locally and across South Yorkshire to strengthen and build the resilience of the specialist TB treatment services. These include local commissioning arrangements for consideration by the CCG and the future impact on local services from cases that develop as a result of latent TB infection (LTBI).

Commissioning services to detect and treat latent infection will be fundamental to the control of TB in Rotherham (in line with the national strategy). Robust arrangements will be required to

[6] Definition: a percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall.

[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/403231/Collaborative_TB_Strategy_for_England_2015_2020_.pdf

more effectively mobilise support for raising awareness among affected communities and encouraging screening and support for Directly Observed Treatment (DOT), including their non-healthcare needs (e.g. financial help, housing).

EBOLA

On 23 March 2014, WHO confirmed an outbreak of Ebola Virus Disease (EVD) in South-Eastern Guinea, the first time an outbreak has been identified in this part of Africa and the largest known outbreak of this disease. Although the overall risk to the UK remained low, national briefs in the form of weekly updates, a range of guidance and national, regional and local meetings/tele conferences were established. Enhanced screening was initiated at the main airports and other points of entry into the UK. Two hospitals in England were designated for receiving patients suspected of Ebola infection.

Successes

The range of public health prevention and control measures implemented internationally and nationally reduced the risk of human-to-human transmission by ensuring that:

- Those travelling to and working within affected countries knew what to do if they developed symptoms and were assessed on return
- Suspect cases received immediate medical attention and isolation
- The correct use of Personal Protective Equipment, hand hygiene, case management and a clean environment were maintained
- Prompt and safe burials of the dead were conducted in West African countries
- There was on-going surveillance and contact tracing through the World Health Organisation and Public Health England
- The health of contacts was monitored for 21 days

Locally, weekly multi-agency planning meetings were held, following strategic assessment by NHSE and PHE. These were led by the Chief Nurse and Microbiologist of The Rotherham Hospital Foundation Trust. These meetings entailed a brief update on the current situation and review of the latest guidance.

Further discussion also took place on risk assessments, identifying and managing patients, treatment options, isolation planning, transfer and movement of patients, training and exercising on the use of PPE, waste disposal and environmental cleaning and staff communications. Regular PHE briefings were circulated to all partner agencies including via council briefings

Challenges and future work

The UK lessons from Ebola reported on the UK Parliament website (25th January 2016, UK Parliament - Ebola Inquiry) identified the following areas for improvement at a national level:

- There were systemic delays escalating the information from surveillance data to the convening of the Scientific Advisory Group for Emergencies (SAGE) which advises the government

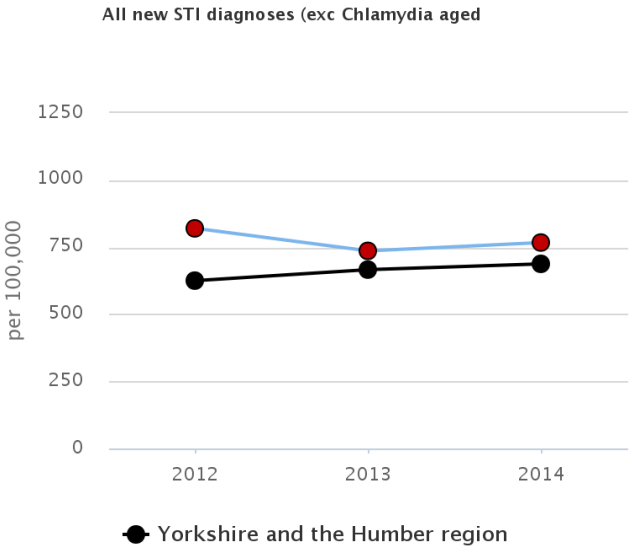
- Embedding research and vaccine manufacture at an early stage of any future emergency response to an epidemic
- The evidential basis for interventions are made explicit (i.e. Airport screening) where personnel from PHE provided advice to people travelling to West Africa and monitored them on their return to the UK

In the future, with any emerging global infection, it is important to ensure that the relevant health and travel advice is provided, communications with staff are based on PHE or other expert advice, the response is proportionate, occupational health advice/unions are involved where appropriate and there is due consideration to duty of care and disclosure for staff working in RMBC.

SEXUALLY TRANSMITTED INFECTIONS

The Health and Social Care Act of 2012 dramatically changed the commissioning landscape for sexual health services. Prior to April 2013, sexual health services as well as HIV services, contraception, termination of pregnancy, gynaecological services, obstetrics and health visiting services were commissioned through the Rotherham Primary Care Trust (PCT). Following the Act;

- The Local Authority is now responsible for commissioning sexual health services (including HIV testing), contraception, education and advice.
- HIV treatment is commissioned by the Specialised Commissioning Group, who hold a separate budget within NHS England.
- RCCG commissions termination and other gynaecological services
- NHSE/RCCG co-commission primary care services



The STI rate (excluding chlamydia) in Rotherham in 2014 was higher than the Yorkshire and Humber rate (see graph above) but lower than the national rate (see figures in table below). Overall, the trend in the rate of all STIs in Rotherham is reasonably flat, in keeping with Yorkshire and Humber and national rates. New STI rates for 2014 (excluding Chlamydia) for

Rotherham were 767 per 100,000, Yorkshire and Humber was 688 per 100,000 and England 829 per 100,000.

Period		Number	Rate	Yorkshire and the Humber	England
2012		1,357	820	625	819
2013		1,211	736	666	818
2014		1,262	767	688	829

Successes

HIV

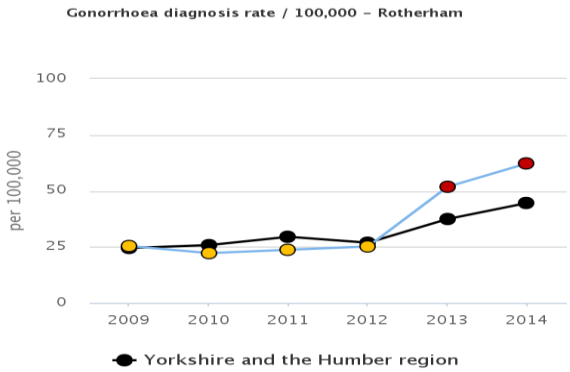
Although overall numbers of those living with HIV in Rotherham is reported as a low known prevalence, the treatment agencies have reported seeing an increase in numbers over the last couple of years. This became apparent following information shared as part of a contracting discussion with the local Genito-Urinary Medicine department (TRFT). On advice from PHE, an HIV incident meeting was called due to the higher than usual diagnoses of HIV over the first few months of 2015. Consequently, over a period of 6 months, Public Health (RMBC) chaired several multi- agency meetings, using the guidance below, to ensure that the necessary control measures were implemented to minimise the spread of HIV and the potential for an outbreak [8]. As with other incidents/outbreaks, this was reported to the Health Protection Committee to ensure any additional actions were implemented as a result of lessons learned. Subsequently, PlusMe (voluntary sector HIV organisation providing support, prevention and promotion work) were commissioned to increase targeted HIV testing in the community.

Challenges and future work

Gonorrhea

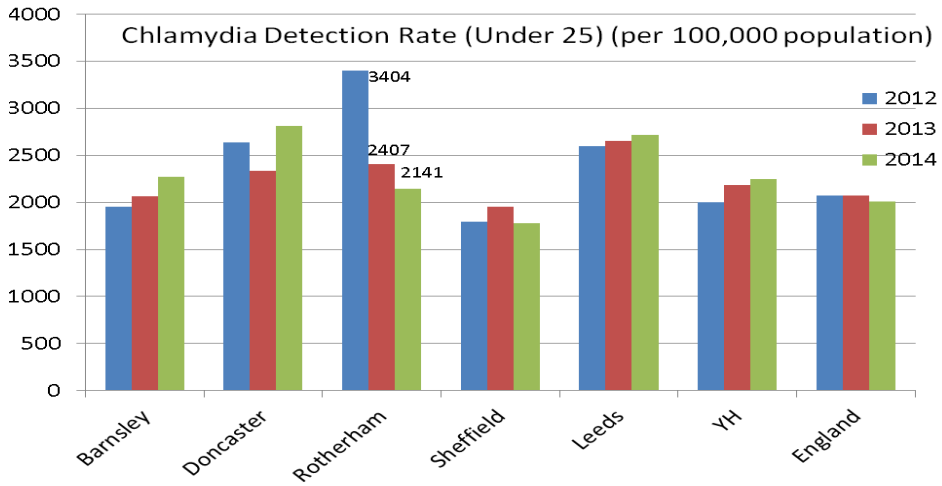
Rotherham had the second highest rate of gonorrhea diagnosis among Yorkshire and Humber local authorities in 2014. This shows a sharply increased trend since 2012 (in line with the national picture). This coincided with an increase in the availability of local testing , the use of the latest testing methods and additional screening of extra-genital sites in Men who have Sex with Men (MSM) (see graph below).

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2__2_.pdf.



Chlamydia

The number of Chlamydia detected in those screened has come down from 3404 per 100,000 population in 2012 to 2141 in 2014 (PHOF 3.02) A high detection rate reflects success in identifying Chlamydia infections which, if left untreated, may lead to serious reproductive health consequences.



Sexual Health Services are therefore implementing a contingency plan to target those young people who are most likely to be at risk of acquiring an STI, including chlamydia, thereby increasing the detection of chlamydia positive cases. This is important as we are already aware that there is a high background rate in the community for Chlamydia across the UK.

EMERGING INFECTIONS

Zika Virus

In October 2015, the Brazilian Ministry of Health reported an unusual increase in the number of babies born with microcephaly (a smaller head than expected which can be due to abnormal brain development) and suggested a possible link between the increase in microcephaly and the ongoing Zika virus outbreak. Previously the Zika virus, a mosquito-borne infection, hadn't been harmful in most cases. However, due to the cluster of neurological disorders and neonatal malformations and the rapid spread of infection reported in the Americas region, the

WHO announced a Public Health Emergency of International Concern on the 1st February 2016 [9].

One of the roles of the HPC is to monitor the latest PHE surveillance information to keep a watching brief on any emerging infections which may have an impact on the population of Rotherham and the council.

ENVIRONMENTAL HAZARDS AND CONTROL

Environmental Health has a wide remit which educates, regulates and enforces legislation to ensure quality air, safe food, safe working environments for employees and customers, safe and clean environments and minimising nuisances such as noise and smoke. Pest control contributes to reducing disease caused by pests whilst Animal Welfare helps to reduce dog fouling, dangerous animals and encourage responsible ownership.

Non-Infectious Environmental Hazards

Public Health and PHE work with a number of colleagues within the Local Authority on issues relating to environmental hazards, including the air quality team and the environmental regulation and safer neighbourhoods teams.

CONTROL OF MAJOR ACCIDENT HAZARDS (COMAH)

Fires involving waste materials have the potential to release products of combustion including particulate matter (PM10 and PM2.5), and organic and inorganic irritant gases depending on the type of waste involved and the temperature at which the fire burns. Smoke from any source is an irritant, affecting the eyes and throat of individuals exposed to the plume, and may worsen existing breathing and heart conditions.

Long running waste fires can generate media and public concern associated with their potential to impact on public health. The response to such fires can be very resource intensive for all agencies involved.

Successes

The Environment Agency and South Yorkshire Fire and Rescue Authority are contingency planning to mitigate against, and effectively deal with, potential fires at waste recycling management sites. There is on-going work with partners, such as PHE and Local Authorities to:

- Save people and the environment from injury or damage
- Treat injuries and environmental damage as quickly as possible
- Promote rapid recovery

[9] https://www.gov.uk/government/news/zika-virus-travel-advice-for-pregnant-women

At a recent fire at a waste recycling management site in Rotherham, the situation was dealt with quickly and effectively.

There is on-going work with partners around effective support, appropriate enforcement and options for sharing low level intelligence on potential fire risks at waste recycling management sites.

AIR QUALITY

There is now significant evidence that establishes the fact that air pollution impacts significantly on our health. It is important to communicate this to colleagues and the community as there are short-term and medium-term measures to reduce this, recognising that people will want to understand the local significance, hotspots and action to take about this 'unseen threat'.

A key pollutant which affects people's health is fine particulate pollution (PHOF indicator 3.01), which can penetrate deep into the lungs. During 2015, RMBC installed real time monitoring for PM2.5 (particles less than 2.5 microns in size) at St Ann's School (postcode, S65 1PD), which educates 450 children and which is in one of Rotherham's Air Quality Management Areas. Real time air quality monitoring has also continued at Blackburn Primary School (postcode S61 2BU), close to the M1 motorway and in Bradgate in the A629 Air Quality Management Area.

Successes

We have developed a 'Care4Air' film to communicate key messages about air pollution and health through a range of interactive mediums [10].

Following a high air pollution episode, the council (Public Health and Community Protection) ensured that the appropriate public health advice was made available for both staff and the public on the internet/intranet. A local Air Quality action sheet which includes key public health messages for use through social media, RMBC comms and customer contact teams, has been developed for any future episodes.

Challenges and future work

The council is currently seeking partners to create a ''living wall'' at St Ann's School to help protect the children from high levels of air pollution. Research on urban vegetation suggests that it can help to reduce the impact of pollution on people and buildings. The use of vegetation to act as screens are sometimes referred to as ''Living Walls''[11].

During 2016/17, two new PM2.5 monitors will be installed close to Waverley New Community and the M1 Smart Motorway J35A-J28 scheme which will pass through Rotherham. It is predicted that there will be an impact in terms of increased exposure to air pollution for residents who live very close to the M1. The council supports the use of speed restrictions at

[10] http://www.care4air.org/

[11] Definition: A green wall is a wall partially or completely covered with greenery that includes a growing medium, such as soil. Most green walls also feature an integrated water delivery system. Green walls are also known as living walls or vertical gardens and help protect against air pollution.

peak times to reduce the levels of pollution close to the M1 in Rotherham. Levels of pollution close to the motorway will continue to be monitored.

SCREENING AND IMMUNISATION

All of the screening and immunisation programmes are nationally specified by Public Health England (PHE) and commissioned by NHS England, several of which are included in the PHOF indicators. Assurance for these programmes is received through the South Yorkshire & Bassetlaw Screening and Immunisation Oversight Group (SIOG) to ensure there is a targeted, equitable and successful uptake and delivery of safe, high quality services.

Local multi-agency groups are also set up, such as for Measles Mumps and Rubella (MMR) catch up, BCG, seasonal flu and other vaccination delivery, which in turn report to quarterly Programme Board meetings chaired by the Screening and Immunisation Team (SIT). For each vaccination programme area, specific performance, barriers, achievements, future planning and quality assurance are discussed.

Screening Programmes
There are a total of 14 screening programmes in England[12] across the life course, 9 for mothers during pregnancy and newborn babies, and 5 for later in life to detect Breast, Bowel and Cervical cancers, as well as Abdominal Aortic Aneurysm and Diabetic Eye Retinopathy.

Screening and Immunisation Co-ordinators work closely with primary care colleagues, carrying out general practice visits to build positive working relationships, share best practice and specific practice uptake data and also to encourage the promotion of screening and immunization within their population.

Routine Vaccination and Immunisation
The population is offered routine vaccinations for protection against 14 infectious diseases in childhood, adolescence and as adults, e.g. Meningitis B and C, MMR, etc. In addition, four vaccines are available for specifically eligible at risk groups. Girls are offered Human Papilloma Virus (HPV) vaccinations to protect women later in life against the most common cancer-causing types of HPV.[13].

Successes

Overall for Rotherham, population vaccination coverage for all routine vaccines are above the national average and achieving the PHOF targets. In addition, the following were achieved:

- Implementation of a South Yorkshire and Bassetlaw Hepatitis B Pathway for all babies born to Hepatitis B positive mothers, ensuring 100% follow up

[12] http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx

[13] http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx

- High uptake for the Whooping Cough vaccine in pregnancy in Rotherham (74.5% 2014/2015) and Rotavirus vaccine (over 95%) has seen incidence of the disease reduced
- Introduction of the national Meningitis B immunisation programme for babies and the new Meningitis ACWY (meningococcal A, C W and Y diseases) programme for adolescents
- The Screening and Immunisation Team (SIT) have worked intensively with GP practice nurses to ensure that there is a greater awareness around 'cold chain failure' (failure in procedures to maintain vaccine temperature from manufacture to administration to the patient)

Challenges and future work

- The SIT will enhance the delivery of dedicated health promotion for screening through the South Yorkshire and Bassetlaw Fear or Smear website [14] and general practice visits, to increase cervical screening uptake in the 25-49 age groups (recent downturn in uptake consistent with the national picture).
- The HPC will seek assurance from NHSE that at risk babies are able to be immunised with the BCG vaccine before discharge.
- Health and Social Care worker seasonal flu uptake is 20% lower this year. Future work will focus on clear myth busting messages and dedicated communication as well as engagement with care home providers and community care providers to reinforce their responsibilities.

INFECTION PREVENTION AND CONTROL

Since 2008, there has been a legal requirement for all NHS organisations to implement the Health and Social Care Act (2008), for the prevention and control of Health Care Associated Infections. There are a number of similar arrangements for Infection, Prevention and Control (IPC) advice and support operating across South Yorkshire and Bassetlaw. This includes established systems for the notification and review of HCAIs between the providers and commissioner (RCCG) to ensure compliance with the Health and Social Care Standards/Care Quality Commission (CQC) standards, relevant legislation and NICE guidance.

HEALTH CARE ASSOCIATED INFECTIONS

Mandatory and Voluntary Surveillance Programmes

Both community and hospital acquired bacteraemia infections are being monitored on a monthly basis as part of the national surveillance and reporting required of NHSE and CCGs. This is undertaken by the microbiology laboratory and the Infection Prevention and Control Team (TRFT). The mandatory surveillance and reporting includes MRSA (Methicillin-Resistant Staphylococcus Aureus), MSSA (Methicillin Sensitive Staphylococcus Aureus), E.Coli,

[14] http://fearorsmear.dbh.nhs.uk/

Clostridium Difficile (C.Diff) and Carbapenemase-producing Enterobacteriaceae (CPE). Voluntary surveillance and reporting includes Extended-Spectrum Beta-Lactamase Producing Organisms (ESBLs) and Beta haemolytic group A Streptococcus.

Trajectories
There are annual trajectories set for the Acute Trust and the CCG (the latter includes the acute). These trajectories are set from April to March each year. There is a zero tolerance trajectory set for MRSA bacteraemia for both the Acute Trust and the CCG. For C.Diff, the trajectory for TRFT acute is 26 cases and for RCCG, 63 cases. Every case of C.Diff and MRSA undergoes a Route Cause Analysis or Post Infection Review with joint collaboration between TRFT, the Commissioners and primary care, with the aim of identifying learning outcomes and actions to prevent further cases.

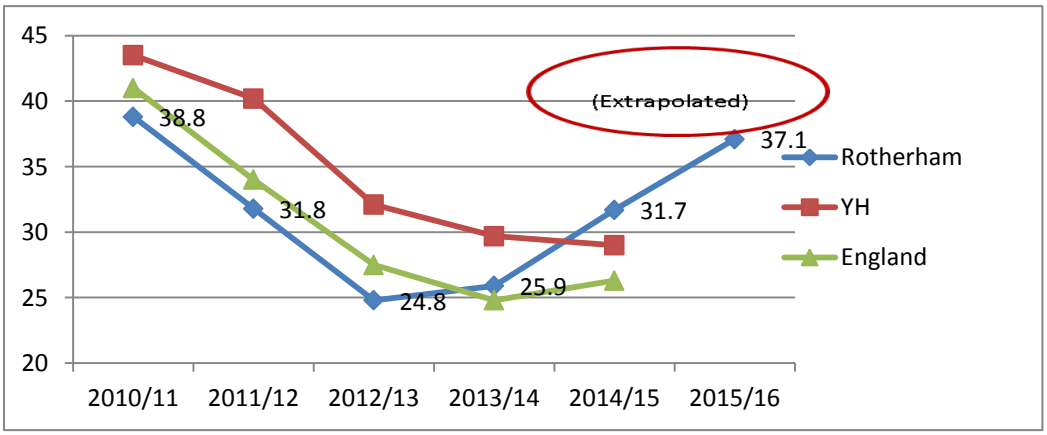
HCAIs continue to cause a challenge as a result of the extensive use of broad-spectrum antimicrobials and the development of resistance to treatment (Antimicrobial Resistance (AMR)/Antimicrobial Stewardship).

Other key areas for the HPC to keep a watching brief on are:

- The potential impact of Norovirus outbreaks
- The availability of improved testing and surveillance systems
- Reviewing IPC services across the wider community, such as care homes, schools and primary care

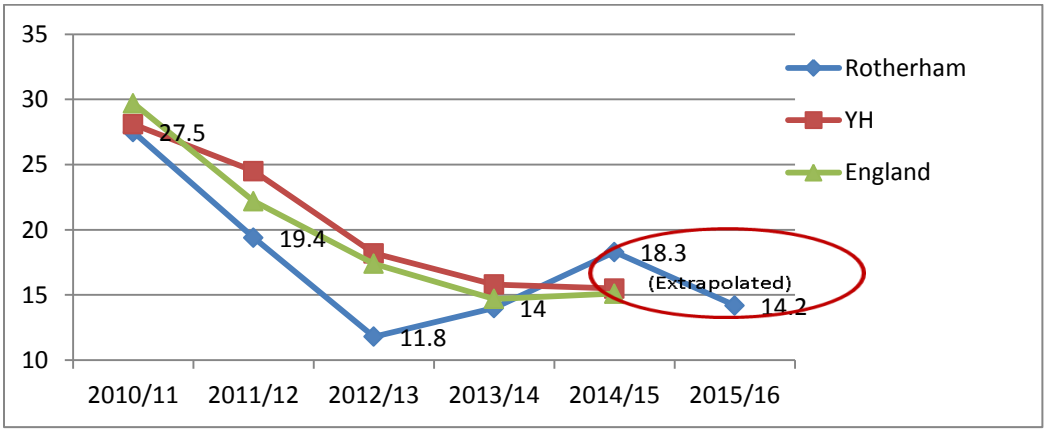
CLOSTRIDIUM DIFFICILE

The two graphs below show the trends in Clostridium Difficile Infections (CDI) incidence by Clinical Commissioning Group (CCG) and Acute Trust in Yorkshire and the Humber respectively.



All Clostridium difficile infection cases by CCG Quarterly rates of all Clostridium difficile infections per 100,000 population from July 2011 to June 2015. Extrapolated by PHE, assuming no changes in the trend.

The incidence of Clostridium difficile infections (CDI) apportioned to the community has reduced since 2010/11 in Yorkshire and Humber (Y&H) but has risen slightly in 2014/15 in England. In Rotherham, 37 cases of CDI were reported in 2010/11 reducing to 31 in 2012/13. This has risen to 46 in 2014/15, the highest since 2010/11. Work is therefore focusing on initiatives to reduce community cases of CDI.



All Clostridium difficile infection cases apportioned to Acute Trusts Quarterly rates of all Clostridium difficile infections per 100,000 population from July 2011 to June 2015. Extrapolated by PHE, assuming no changes in the trend.

Whilst the incidence of Clostridium difficile infections, apportioned to the Acute Trust in Rotherham, had dramatically reduced from 2010/11 to 2012/13 (also reflected in the regional and national figures), there were significant increases over the following two years to 2014/15. For 2015/16, this now appears to be falling back to 2013/14 levels, below our current trajectory for the acute trust.

Challenges and Future Work

Whilst there have been reductions in hospital acquired C.Diff and MRSA rates over the years, comparing favourably with Y&H and England averages, community – based infections for C.Diff (see CCG figures) and including MRSA, MSSA and E.coli are higher than the national averages. Consequently, work in 2016 which will be reported regularly to the HPC will include:

- Clarifying commissioning arrangements and delivery across the patient pathway to enable an integrated approach to Infection, Prevention and Control services across the borough
- Improving surveillance and data collection on the source of infection and undertaking multi-agency investigation to enhance targeted interventions, in particular, community-based transmission

ANTIBIOTIC RESISTANCE

Antibiotic resistance is an everyday problem in all healthcare settings across England, Europe and the rest of the world. The spread of resistant bacteria in hospitals or community healthcare settings is a major issue for patient safety:

- Infections with antibiotic-resistant bacteria increase levels of disease and death, as well as the length of time people stay in hospitals
- Inappropriate use of antibiotics may increasingly cause patients to become ‘colonised’ or infected with resistant bacteria
- Few new antibiotics are being developed. As resistance in bacteria grows, it will become more difficult to treat infection, and this affects patient care

The rapid spread of Carbapenem-resistant bacteria has great potential to pose an increasing threat to public health and modern medicine as we know it in the UK. A national programme of early detection and application of appropriate infection prevention and control measures were introduced locally in acute and community settings.

Locally, the Antimicrobial Stewardship Group, chaired by the Director of Infection Prevention and Control (DIPC) who is also a member of the HPC, meets to review hospital and community control measures to ensure good antimicrobial stewardship and to monitor local practice. The group meets monthly to audit different areas of clinical practice and engage with clinicians more effectively.

EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

The South Yorkshire Local Resilience Forum (SYLRF) has oversight of the emergency planning arrangements of organisations across South Yorkshire; including, Local Authorities, Police, Fire and Rescue, Ambulance Service, Environment Agency, British Transport Police and the NHS. Its health equivalent is the Local Health Resilience Partnership (LHRP) which provides a strategic forum for local organisations to facilitate health sector preparedness and planning for emergencies at an LRF level. NHS England is responsible for being assured that providers of NHS funded services are prepared for emergencies. The LHRP is co- chaired by NHS England and a Director of Public Health (for South Yorkshire and Bassetlaw.

RMBC is part of the Emergency Planning Shared Service with Sheffield City Council (SCC) which links into the SYLRF and Public Health (RMBC/SCC) with the LHRP.

The Sheffield and Rotherham Emergency Planning Shared Service (EPSS) has a range of plans drawn up to respond to a variety of emergency situations which are regularly reviewed and updated. There are some additional responsibilities of the Local Authority in relation to public health, e.g. Pandemic Influenza and Communicable Disease Outbreak Plans which has required some of the EPSS plans to be updated to include some of the new public health roles and responsibilities. For instance, Communicable Disease Outbreak Management, Operational Guidance (PHE, Aug 2014) has been incorporated into the operational plans for the Local Authority [15].

Pandemic Influenza

A new influenza [flu] pandemic continues to be recognised by the government as one of the most severe natural threats facing the UK, which is why it remains at the top of the UK Government National Risk Register. Experts state it is a case of when, not if, a new flu

[15] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/343723/12_8_2014_CD_Outbreak_Guidance_REandCT_2__2_.pdf

pandemic occurs. This is reflected in both the Public Health Directorate and Corporate risk registers where it remains a high priority.

Although the outbreak of H1N1 influenza in 2009 ('swine flu') did not match the severity of the scenario planned for, it is not necessarily indicative of future pandemic influenzas. The Public Health Pandemic Flu Response Plan has been revised to reflect changes in the commissioning arrangements and NHS structures since the Health and Social Care Act. It sets out precautionary, proportionate and flexible arrangements for the management of response and recovery to a pandemic.

Successes

A number of training sessions and simulation exercises have been facilitated via the Emergency Planning Shared Service:

- **Exercise Albireo** (16 April 2015) – recognising the high risk of pandemic influenza, Exercise Albireo was a multi-agency desk top exercise commissioned by the South Yorkshire Local Resilience Forum with the aim of validating their Pandemic Influenza Plan (Version 4.5 June 2014). The objectives included:

    1. Assess multi-agency preparedness and response to an influenza pandemic across South Yorkshire.
    2. Raise awareness of pandemic influenza arrangements.
    3. Exercise individual organisations Pandemic Influenza Plans – specifically to ensure alignment with the LRF plan.
    4. Explore roles and responsibilities of the NHS, Public Health England and Local Authorities following the NHS restructure in 2013.

- **Live COMAH exercise** (March 2015) – live play response to an incident at a COMAH site.

- **Exercise Lodge** (June 2015) – an internal council wide exercise to test a thematic approach to emergency situations. A debrief took place and recommendations were made.

- **Exercise Black Swan**.[16] (Sept 2015) – facilitated by South Yorkshire Fire and Rescue Service, this exercise was aimed at ensuring an effective response and recovery when dealing with a Chemical, Biological, Radiological or Nuclear (CRBN) event.

Challenges and future work

- Greater national clarification is required on the NHS command and control arrangements for a local incident or emergency.

- **Exercise Cygnus** (April 2016) - South Yorkshire LRF participation in the national influenza pandemic exercise which was deferred from 2014 due to the onset of Ebola.

[16] Definition: a 'Black Swan' is an event or occurrence that deviates beyond what is normally expected of a situation and that would be extremely difficult to predict.

This will be at a strategic level only, to assess the multi-agency gold command level response.[17]

- The South Yorkshire Community Risk Register is to be reviewed in 2016 to determine our risk and hazard priorities and inform the SYLRF activities.

PROGRESS ON ASSURANCES

There were several general learning points for the council and other partners which could be applied to a range of health protection scenarios. These included;

- Receiving timely alerts and information from external partners on environmental hazards
- Holding incident meetings where control measures can be agreed following a clinical/workplace assessment for communicable diseases
- Interventions (control measures) are based on expert advice from PHE and other specialist services to ensure an effective and proportionate response
- The response is proportionate with respect to the actual/perceived risk, and consideration given to patient confidentiality and our duty of care
- Seeking expert advice from Caldicott Guardians/legal departments when required
- Appropriate communications; taking into account the individual, other employees, managers, Human Resources, the unions and media interest

South Yorkshire local Health Protection Memorandum of Understanding
This Memorandum of Understanding (MOU) describes the health protection roles and responsibilities for agencies in South Yorkshire relating to emergencies, incidents and outbreaks. It specifically aims to outline the public health roles and responsibilities of Directors of Public Health, Local Authorities, Public Health England, NHS England and Clinical Commissioning Groups which was agreed in 2015.

Health Protection Committee
The Health Protection Committee was revised in 2014 with new Terms of Reference and a renewed focus on assurance (see Appendix 2). Although there remains a lack of clarity with regard to some health protection issues nationally, there are strong working relationships across Rotherham and South Yorkshire supported by locally developed agreements to promote an appropriate and timely response to health protection issues. Mitigating actions are agreed by partner agencies, where gaps are identified in procedure or provision, in order to better protect the health of the population.

Health Protection Assurance framework (See Appendix 3)
There has been sustained progress in moving towards a comprehensive, multi-agency health protection assurance system in Rotherham which is robust, safe, effective, and meets the new statutory duty placed on local government to protect the health of the people of Rotherham. This has been achieved through the quarterly meeting of the Health Protection Committee.

[17] Definition: gold–silver–bronze command structure is used by emergency services of the United Kingdom to establish a hierarchical framework for the command and control of major incidents and disasters.

Public Health England
PHE regularly share surveillance data on a range of communicable diseases, through local daily situation reports used as an early warning system on outbreaks in the community and weekly Notifications of Infectious Diseases (NOIDs). Routine liaison meetings are held between Public Health and Public Health England (in an advisory capacity to Local Authorities) to consider current priorities, emerging concerns and best practice.

Incident/Outbreak Management
Rotherham has maintained and built on a strong collaborative spirit among public health and other partners working in health protection across Rotherham and other Local Authorities in South Yorkshire. Multi-agency incident/outbreak meetings have been held on numerous occasions led by PHE, the DIPC or CCG Lead Infection Prevention and Control Nurse regarding HCAIs, TB, HIV, etc. Where possible, the source of infection is identified and clinical assessment undertaken before implementing the proportionate control measures to prevent further spread or recurrence of infection. Following any significant local incident, learning is shared between agencies and reported through to the HPC.

National/Regional/Local Alerts
In addition to the interventions identified throughout the main body of this report, there were a range of national alerts and notifications which were managed locally over 2015. This provides the council with the opportunity to alert, inform and advise the local population or services as appropriate. For example; Air Pollution, Cold Weather, Heatwave.

FORWARD PLANNING 2016/17

There are a number of mechanisms already in place for the delivery of routine health protection activities by partners which will be sustained over the year, including:

- Delivery and surveillance of vaccination and screening programmes delivered by a number of providers commissioned by NHS England
- Monitoring of HCAI cases, and IPC activity in hospitals and the community
- Disease surveillance and notifications/alerts by Public Health England
- Managing incidents associated with communicable diseases including TB, Sexually Transmitted Infections, water-borne and food-borne infections
- Drugs and substance misuse services commissioned by RMBC

In addition, the HPC will continue to meet quarterly to review all areas of health protection including updating the Health Protection Assurance Framework which provides a comprehensive tool to manage risks across all the areas of health protection.

Further, the South Yorkshire local Health Protection Memorandum of Understanding describes the health protection roles and responsibilities for agencies in South Yorkshire for emergencies and incidents/outbreaks. The roles and responsibilities of Directors of Public Health, Local Authorities, Public Health England, NHS England and Clinical Commissioning Groups, outlined in this document, will be reviewed by the HPC in relation to its local implications.

Finally, stronger links will be sought with the Local Health Resilience Partnership (LHRP) which has signed agreements in place with each NHS organisation across South Yorkshire.

COMMUNICABLE DISEASES

Sexually Transmitted Infections (inc.HIV)
RMBC will be tendering for integrated sexual health services during 2016/17. Services currently in scope include:

- STI testing and treatment (excluding HIV treatment).
- Provision of contraception, including Long Acting Reversible Contraception (LARC), condom distribution schemes and Emergency Hormonal Contraception (EHC), Outreach to vulnerable groups.
- Health promotion and prevention including HIV prevention.
- Chlamydia screening.

Tuberculosis
The HPC will continue to:

- Explore options to strengthen the sustainability and resilience of TB specialist services in Rotherham and across South Yorkshire
- Review options for latent screening and support for affected communities
- Develop closer links with the Yorkshire and Humber and North East TB Control Board

Emerging Infections
Public Health will continue to work closely with PHE (who monitor Infectious Diseases for Animal and Human Health), to consider any local implications such as:

- Relevant health and travel advice.
- Communications for local stakeholders (based on PHE/expert advice).
- Ensuring that the response is proportionate.
- Ensuring learning from incidents is reported to the Health Protection Committee.

SCREENING AND IMMUNISATION

We will continue to oversee the implementation of:

- Rotherham's two year screening and immunisation improvement plan, which identifies the priorities and future planning work with all local stakeholders.
- Promote the South Yorkshire & Bassetlaw 'Fear or Smear' website across Rotherham (including general practices).
- Focus on clear myth busting messages and dedicated communications to increase the seasonal flu vaccine uptake.

INFECTION PREVENTION AND CONTROL

The HPC will:

- Select members of the HPC and key specialists on Infection, Prevention and Control (IPC), who will be tasked with clarifying local commissioning arrangements and service delivery.

- Oversee the multi-agency work to improve surveillance and data collection on community-based transmission of HCAIs and targeted interventions. This will involve working closely with the Lead Nurse for IPC and the Pharmaceutical Advisor at RCCG, the IPC Team at TRFT and PHE to identify gaps and mitigating actions.

ENVIRONMENTAL HAZARDS AND CONTROL

Public Health and Environmental Health will report to the HPC on implementation of the RMBC Air Quality Action Plan which aims to improve air quality across the borough (especially the Air Quality Management Areas) by:

- Monitoring PM 2.5 at different locations using a mobile monitor deployed across selected sites in the borough.
- Raise awareness with the council and Rotherham population on the key messages around air quality and health.
- Ensure timely and appropriate communications are disseminated in any air quality incident.
- Implement mitigating measures, such as ‘’living walls’’ and other health protection measures.

EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

The HPC will ensure that Emergency plans for potential future health protection incidents are kept under review and tested when possible, for instance:

- SYLRF Pandemic Flu plans – Exercise Cygnus
- Public Health Influenza plans
- Incident/Outbreak management plans (local)
- Mass Treatment/Vaccination plans

APPENDIX 1

Compared with benchmark: Better Similar Worse | Lower Similar Higher | Not Compared

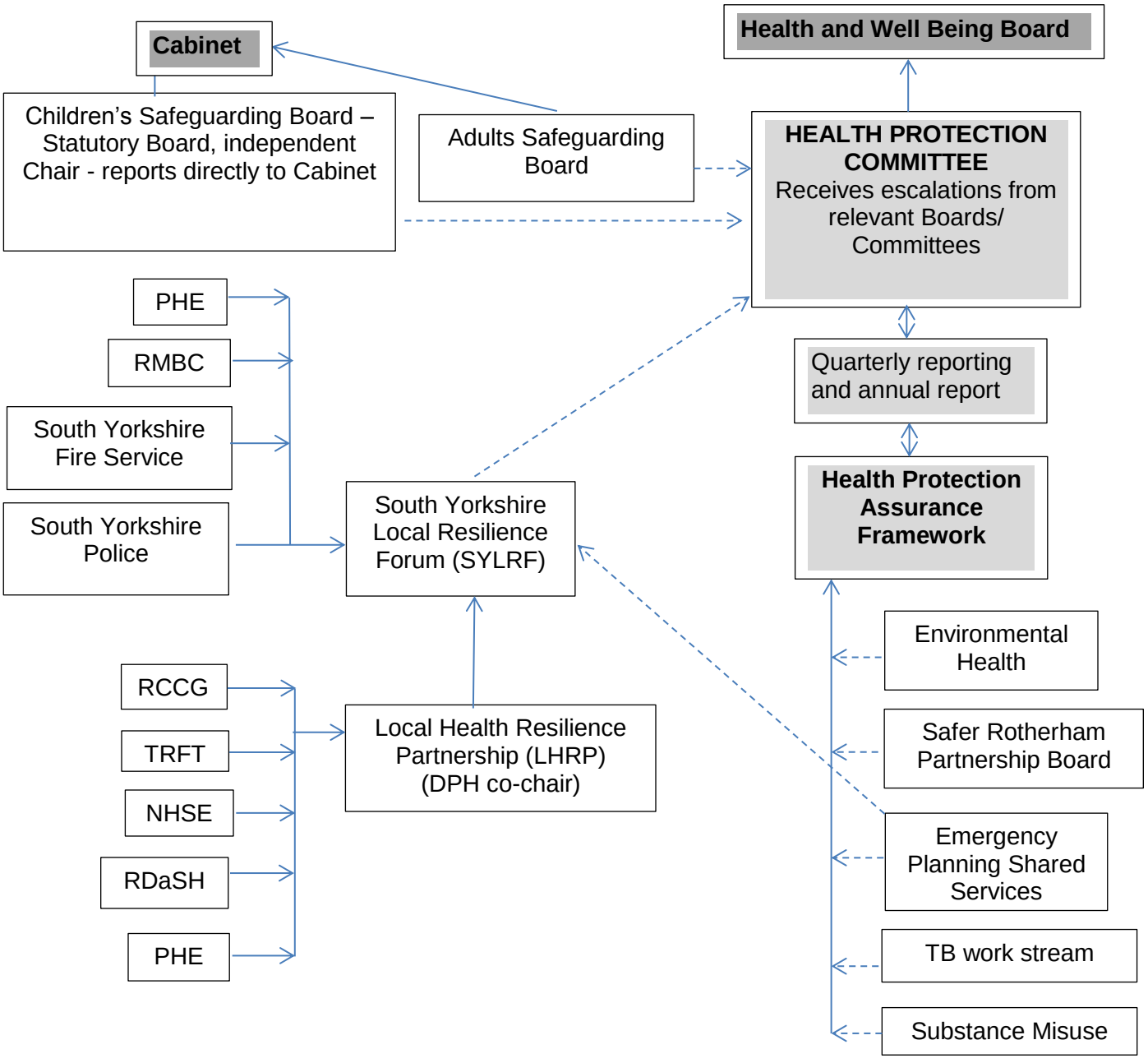
Benchmark Value — Worst/Lowest | 25th Percentile | 75th Percentile | Best/Highest

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
3.01 - Fraction of mortality attributable to particulate air pollution	2013	-	5.6%	5.1%	5.3%	3.5%		7.9%
3.02 - Chlamydia detection rate (15-24 year olds) <1,900 1,900 to 2,300 ≥2,300	2014	660	2,141	2,244	2,012	945		4,270
3.02 - Chlamydia detection rate (15-24 year olds) (Male)	2014	214	1,362	1,530	1,355	599		3,016
3.02 - Chlamydia detection rate (15-24 year olds) (Female)	2014	437	2,892	2,974	2,664	1,114		5,539
3.03i - Population vaccination coverage - Hepatitis B (1 year old)	2014/15	-	*	-	-	-	-	-
3.03i - Population vaccination coverage - Hepatitis B (2 years old)	2014/15	-	*	-	-	-	-	-
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (1 year old) <90% ≥90%	2014/15	3,015	96.9%*	95.8%	94.2%	75.1%		98.8%
3.03iii - Population vaccination coverage - Dtap / IPV / Hib (2 years old) <90% ≥90%	2014/15	3,024	96.4%*	95.9%	93.2%	79.2%		99.2%
3.03iv - Population vaccination coverage - MenC <90% ≥90%	2012/13	2,968	95.8%	95.1%	93.9%	75.9%		98.8%
3.03v - Population vaccination coverage - PCV <90% ≥90%	2014/15	3,009	96.8%*	95.6%	93.9%	78.7%		98.6%
3.03vi - Population vaccination coverage - Hib / MenC booster (2 years old) <90% ≥90%	2014/15	2,950	94.0%*	94.5%	92.1%	72.1%		98.0%
3.03vi - Population vaccination coverage - Hib / Men C booster (5 years old) <90% ≥90%	2014/15	3,069	95.0%*	95.2%	92.4%	72.7%		97.8%
3.03vii - Population vaccination coverage - PCV booster <90% ≥90%	2014/15	2,937	93.6%*	94.8%	92.2%	71.0%		98.3%
3.03viii - Population vaccination coverage - MMR for one dose (2 years old) <90% ≥90%	2014/15	2,922	93.1%*	94.3%	92.3%	73.8%		98.1%
3.03ix - Population vaccination coverage - MMR for one dose (5 years old) <90% ≥90%	2014/15	3,075	95.2%*	96.2%	94.4%	75.6%		98.6%
3.03x - Population vaccination coverage - MMR for two doses (5 years old) <90% ≥90%	2014/15	2,953	91.4%*	92.3%	88.6%	64.0%		97.5%
3.03xii - Population vaccination coverage - HPV <previous year's England value ≥previous year's England value	2013/14	1,373	86.7%	88.9%	86.7%	51.1%		96.6%
3.03xiii - Population vaccination coverage - PPV <previous year's England value ≥previous year's England value	2014/15	35,678	75.3%	71.4%	69.8%	52.0%		79.5%
3.03xiv - Population vaccination coverage - Flu (aged 65+) <75% ≥75%	2014/15	36,612	76.6%	74.1%	72.7%	61.7%		80.1%
3.03xv - Population vaccination coverage - Flu (at risk individuals)	2014/15	16,820	53.7%	50.6%	50.3%	38.4%		63.6%
3.04 - HIV late diagnosis <25% 25% to 50% ≥50%	2012 - 14	11	55.0%	49.7%	42.2%	70.0%		0.0%
3.05i - Treatment completion for TB	2013	-	*	85.3%	84.8%	-	*Insufficient number of values for a spine chart*	-
3.05ii - Incidence of TB	2012 - 14	65	8.4	10.6	13.5	100.0		1.6
3.06 - NHS organisations with a board approved sustainable development management plan	2013/14	2	40.0%	48.5%	41.6%	0.0%		83.3%
3.07 - Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies	2014/15	-	100%	92.3%	95.2%	0.0%		100%

Health Protection Indicators (PHOF)

APPENDIX 2

Assurance and Accountability Processes for Health Protection Committee



= Direct Reporting

= Provides assurance and escalate via HP Committee

APPENDIX 3

KEY	RAG rating on the effectiveness of controls from assurance work undertaken
Low	Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
Medium	Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
High	Controls in place assessed as adequate/effective and in proportion to the risks
	Insufficient information at present to judge the adequacy/effectiveness of controls

HEALTH PROTECTION ASSURANCE FRAMEWORK

Topic area	Hazard or Threat Description	Control Measures	Assurance on Controls	Control RAG Rating	Assurance sufficient? Y/N	Area for Development work
PREVENTION: Strategic objective **To ensure local authority and partners are supporting preventive actions to protect the health of the population**						
1. COMMUNICABLE DISEASES						
Surveillance	SU1: Failure to recognise and cascade information regarding new and emerging infections in a timely manner to initiate response	WHO and European Centre for Disease Control Surveillance National Cascade via Gov.UK (PHE/DEFRA) and CMO Alerts Department of Health National Expert Panel on New and Emerging Infections (NEPNEI)	Daily Sit Reps Weekly Notification of Infectious Diseases Report (NOIDs) PHE Monthly Disease Report on Emerging Infections National and local Flu directives PH/EPSS signed up to alerts Press releases and other public communications			Work with Emergency Planning Shared Services, Environmental Health, Comms and Public Health England to embed alerts and communications in local arrangements
	SU2: Failure to manage and control the spread from an existing or newly emerging infectious disease. (Also see Section 1 EPRR tab)	Communicable Disease Outbreak Management - Operational Guidance (PHE, 2014)	Notes and actions from Incident/Outbreak meetings			Lessons learnt and implemented Development of Rotherham Mass Treatment/vaccination plan

ROTHERHAM METROPOLITAN BOROUGH COUNCIL – REPORT TO HEALTH AND WELLBEING BOARD

1.	**Meeting:**	**Health and Wellbeing Board**
2.	**Date:**	**20th April 2016**
3.	**Title:**	**Pharmacuetical Needs Assessment (PNA) update for 2016 /2017**
4.	**Directorate:**	**Public Health**

5. Summary

The Health and Wellbeing Board signed off the final version of the Pharmacuetical Needs Assessemnt (PNA) in February 2015 as the legal requirement is to pubilish the document on the 1st April 2015.

The PNA requires an annual review to update local information or, initiate a full rewrite of the document if there have been significant changes since publication.

The key stakeholders involved in the process of developing the PNA have been consultated and contributed to the updated PNA.

The Health and Wellbeing Board are asked to approve the updated Pharamcuetical Needs Assessment and agree to the updated version being published.

6. Recommendations

6.1 To endorse the updated Pharmacuetical Needs Assessment (2016 -2017).

a) acknowledge the process has been conducted within the regulatory framework.

b) acknowledge that the key stakeholders who contributed to the development of the PNA have been involved in the review process as per the regulatory framework.

c) Unless a significant change occurs locally which will trigger a re write of the doscument, a new PNA will need to be published on 1st April 2018.

7. Proposals and Details

7.1 Background

Producing and publishing a PNA fulfils the legal requirements laid down in National Health Service (NHS) (Pharmaceutical Services) (Amendment) Regulations 2010.

The Rotherham Pharmaceutical Needs Assessment (PNA) is developed to meet the statutory duty and

• Inform our commissioning plans about future pharmaceutical services that could be provided by community pharmacists (CPs) and other providers to meet local need.

• Contribute to the overall Joint Strategic Needs Assessment and commissioning strategy to ensure that pharmacy and medicines management services play a key part in the development of health services in Rotherham.

• Ensure that the PCT has robust and relevant information on which to base decisions about applications for market entry forpharmaceutical services.

• Commission high quality pharmaceutical services.

• Determine which directed services (advanced and enhanced) exempt applications (e.g. 100 hour pharmacies) must provide.

Pharmaceutical services should complement and contribute to the key strategic health targets for Rotherham.

The PNA will guide the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

8. Risks and Uncertainties

If the Health and Wellbeing Board does not approve the updated version for publication, the information on which pharmacy applications are made will be incorrect and could result in legal challenge.

9. Policy and Performance Agenda Implications

The PNA links to a number of other key borough-wide strategies and plans including the Rotherham Joint Needs Assessment (JSNA) which provides the local data set used for informing pharmacy applications and pharmaceutical service commissioning.

10. Background Papers and Consultation

Previous submissions to the Health and Wellbeing Board February 2015.

11. Contact Names

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Rotherham Metropolitan Borough Council

Rotherham Pharmaceutical Needs Assessment

Approved: Version V1.0 HWB 21st January 2015
Issue Date: 28th February 2015
Full Review Required by: 1st April 2018
Updated: 1st April 2016

Pharmaceutical Needs Assessment

EXECUTIVE SUMMARY

The Rotherham Pharmaceutical Needs Assessment (PNA)

A PNA has been undertaken across Rotherham to:

- Inform our commissioning plans about future pharmaceutical services that could be provided by community pharmacists and other providers to meet local need.
- Contribute to the overall Joint Strategic Needs Assessment and commissioning strategy to ensure that pharmacy and medicines management services play a key part in the development of health services in Rotherham.
- Ensure that NHS England has robust and relevant information on which to base decisions about applications for market entry for pharmaceutical services.
- Commission high quality pharmaceutical services.
- Determine which directed services (Advanced and Enhanced) exempt applications (e.g. 100 hour pharmacies) must provide.

This document outlines the process followed for Rotherham Health and Wellbeing Board to meet its statutory duty in producing and publishing a PNA which fulfils the legal requirements laid down in National Health Service (NHS) (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

The document has undergone a broad consultation process in line with statutory requirements for 60 days during October and November 2014. A report of this consultation including any updates and amendments are included.

Pharmaceutical services should complement and contribute to the key strategic health targets for Rotherham. The PNA will facilitate the opportunities for pharmacists to make a significant contribution to the health of the population of Rotherham.

Key Findings

- Rotherham is a relatively deprived population. It is well provided with community pharmacies. The overall coverage for access to medicines in and out of hours has increased since 2010.
- Across Rotherham the number of pharmacies per 100 thousand population is greater than the national average. There is therefore no requirement for any new premises to provide dispensing services.
- Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours, with access to eight 100-hour pharmacies, one of which is open 365 days a year.
- A number of localities have health needs that would benefit from improved access to existing locally commissioned services, in conjunction with those currently in development. These include:
    - Opening Hours – Weekend availability
    - Emergency Hormonal Contraception
    - Needle Exchange
- All pharmacies should make full use of NHS Choices to promote their services, to improve communications so patients and carers are aware of the range and availability of all local pharmaceutical services.
- Community Pharmacies not currently providing services should be encouraged to deliver Advanced and Local Commissioned services across the breadth of Rotherham to enable better access and improve choice for patients.
- Medicines Management in Care Homes is an area with an identified gap in service provision. Commissioners of such services need to address this.
- Commissioners need to ensure all elements of contracts are delivered, including Essential services such as Public Health Campaigns.
- Plans for the re-location of the Walk-in centre must address the provision of pharmaceutical services, and ensure the town centre maintains well provided for, regarding both Essential and Locally Commissioned services.

Rotherham

Rotherham has a total population of approximately 258 thousand people. Most of Rotherham's population live in urban areas but large parts of the borough are rural. The health of people in Rotherham is generally worse than that of the health of England with significant variation in levels of deprivation.

Pharmaceutical Services in Rotherham

Rotherham is well provided for with respect to dispensing pharmaceutical services; There are:

- 63 Community Pharmacies,
- One Appliance Contractor,
- Six Distance Selling/ Internet Pharmacies
- Four Dispensing Doctor Practices (NHS England Area Team June 2014).

Rotherham has greater than the national average of pharmacies per 100 thousand head of population (26, compared to 22), however has significantly less than the national average of GPs per 100 thousand head of population, with Rotherham at 58 GPs compared to compared to the national average of 68 as of May 2013 *(Source NHS Health and Social Care Information centre statistics www.hsci.gov.uk)*.

Patient surveys locally and nationally indicate that patients are satisfied with the services they receive from Community Pharmacies.

In 2005 the national framework for community pharmaceutical services identified three levels of pharmaceutical service: Essential, Advanced and Enhanced. The purpose of this PNA, as well as identifying overall pharmacy and medicines management needs for the population, will identify how, within the existing contractual framework these needs can be addressed.

Rotherham Health and Wellbeing Board wishes to ensure that all the opportunities within the currently funded, Essential and Advanced service elements of the Community Pharmacy Contractual Framework are fully utilised to ensure maximum health gain for our population. Where it is evident that additional pharmaceutical services may be needed, or where opportunities for alternatives in provision may be appropriate, the evidence-base for this is presented so that commissioners can make informed decisions for investment.

Essential Pharmaceutical Services

Community Pharmacies in Rotherham receive approximately £12.4 million of national funding to provide pharmaceutical services, both Essential and Advanced within the national framework. This is based on Rotherham receiving 0.5% of national monies, the total national funding for 2012/13 being £2,486 million (Pharmaceutical Services Negotiating Committee [PSNC]).

The national framework for community pharmacy requires every community pharmacy to be open for a minimum of 40 hours per week and provide a minimum level of "Essential services" comprising:

- Dispensing
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (Promotion of healthy lifestyles)
- Signposting patients to other healthcare providers
- Support for self-care
- Clinical governance (including clinical effectiveness programmes)

Across the borough, including areas of high deprivation, there is a good distribution of 40+hour pharmacies and eight 100-hour pharmacies as well as six distance selling (internet/mail-order) pharmacies. The overall improved access to pharmacy services "out-of-hours" reflects the excellent coverage provided by the 100-hour pharmacies, which are contracted to be open at least 100 hours per week (NHS England Pharmacy List June 2014).

Access to 'Essential' pharmacy services is therefore good across the borough.

There are, however, potential improvements in service highlighted in this analysis:

1. Improving communications so that patients and carers are aware of the range and availability of all local pharmaceutical services. In particular the use of NHS Choices.

2. Improving access to Emergency Hormonal Contraception (EHC) and Minor Aliments (Pharmacy First) treatment through supporting existing pharmacy contractors who do not currently provide these services to do so.

3. Maximising the opportunities of the current pharmaceutical contractual framework. There are significant opportunities for community pharmacy to improve patient care and experience and reduce health inequalities. In many areas this should be achieved by ensuring the appropriate delivery of services already funded within the pharmaceutical contractual framework.

Rotherham commissioners should work with existing pharmacy contractors in Rotherham, to address the gaps in service which have been identified and to improve access and choice.

Advanced Services

In addition to the Essential services the community pharmacy contractual framework allows for Advanced services which currently include:

- Medicines Use Review (MUR) and prescription intervention services
- New Medicines Service (NMS)
- Stoma Appliance Customisation Service (SAC)
- Appliance Use Review Services (AUR)

Advanced services have nationally agreed specifications and payments. They are funded by the NHS and incur no charges by patients.

Each pharmacy can provide a maximum of 400 MURs a year. Each MUR costs £28, potentially representing approximately £ 773,000 local investment annually. We are keen to ensure that this investment provides significant health gain for our population and is targeted to areas of local need by pharmacists working together with their GP colleagues. In addition there are significant funds available for the provision of NMS.

Enhanced and Local Commissioned Services

Enhanced Services are only those local services directly commissioned by NHS England. Pharmacy contractors are also able to provide services commissioned by Local Authorities and Clinical Commissioning Groups (CCGs). Although these Locally Commissioned Services are not Enhanced services, they reflect the services that could be (and in other parts of the Country are) commissioned by NHS England. Rotherham currently has one Enhanced Service. Therefore they are included within the list of Pharmaceutical Services to provide a comprehensive assessment of service for Rotherham

There are currently 7 such services commissioned from Community Pharmacies in Rotherham. These services include:

a) Minor Ailments Service Pharmacy First (Rotherham Clinical Commissioning Group (RCCG)
b) Substance Misuse (RMBC)
    - Supervised Consumption

- Needle Exchange Service

c) Emergency Hormonal Contraception (RMBC)
d) Palliative Care Drug Provision (RCCG)
e) Stop Smoking Support (RMBC)

The commissioning organisations are shown in brackets.

Both Rotherham CCG and Rotherham MBC Public Health Teams are developing new Pharmaceutical Services which reflect local need as identified by Rotherham's key health needs.

This PNA identifies opportunities in provision of healthcare services which could be provided by pharmacies and pharmacists. It also identifies where pharmacy can be considered as a cost-effective alternative service provider to support service redesign, and/or local implementation of evidence-based care pathways.

Contents

A: Introduction

The Pharmaceutical Needs Assessment (PNA) is a key tool in the process of achieving high quality accessible pharmaceutical services responsive to local need. The purpose of the PNA is to assess local needs and service provision across Rotherham to identify any unmet needs of the local population, any service gaps, and to identify any services that community pharmacists could provide to address these needs.

As well as identifying if there is a need for additional premises, the PNA will also identify whether there is a need for an additional service or services, or whether improvements or better access to existing services are required. Identified needs, improvements or better access could either be current or will arise within the lifetime of the PNA.

Whilst the PNA is primarily a document for NHS England to use to make commissioning decisions, it may also be used by Local Authorities and Clinical commissioning groups (CCGs). A robust PNA will ensure those who commission services from Pharmacies and Dispensing Appliance Contractors (DACs) are able to ensure services are targeted to areas of health need, and reduce the risk of overprovision in areas of less need.

This is not a stand-alone document. It is important that the PNA contributes to and becomes an integral part of the Rotherham Joint Strategic Needs Assessment (JSNA).

1. Rotherham Overview

This document provides an overview of the health of Rotherham, encompassing the key messages. Further in-depth needs assessments can be found within the Rotherham Joint Strategic Needs Assessment and other sources listed in section J.

Rotherham Joint Strategic Needs Assessment
http://www.rotherham.gov.uk/jsna/

Rotherham borough covers an area of 28,278 hectares and has a registered population of nearly 258 thousand. Most of Rotherham's population live in urban areas but large parts of the borough that are rural. *(Census 2011)*

Rotherham is currently the 53rd most deprived borough out of 326 English districts. In 2007 Rotherham ranked 68th out of 354. *(Index of Multiple Deprivation (IMD 2010))* Health and Disability is one of the most challenging domains for Rotherham within the IMD.

2. Background and Legislation

a) The Health Act 2009

The Health Act 2009 made amendments to the National Health Service (NHS) Act 2006 stating that each Primary Care Trust (PCT) must in accordance with regulations

- Assess needs for pharmaceutical services in its area
- Publish a statement of its first assessment and of any revised assessment

The regulations stated that a Pharmaceutical Needs Assessment (PNA) must be published by each PCT by the 1st February 2011. There was a duty to rewrite the PNA within 3 years or earlier if there were any significant changes which would affect the current or future pharmaceutical needs within the PCTs locality. This meant that subsequently revised PNAs were due to be produced by February 2014.

However, the Health and Social Care Act 2012 brought about the most wide-ranging reforms to the NHS since its inception in 1948. These reforms included the abolition of PCTs and the introduction of Clinical Commissioning Groups (CCGs) who now commission the majority of NHS services. Public Health functions however were transferred to the Local Authorities.

(www.legislation.gov.uk/ukpga/2009/21/part/3/crossheading/pharmaceutical-services-in-england)

b) The Health and Social Care Act 2012

In order to ensure integrated working and plan how best to meet the needs of any local population and tackle local inequalities in health, the 2012 legislation called for Health and Wellbeing Boards (HWB) to be established and hosted by local authorities. These boards should bring together the NHS, Public Health, Adult Social Care and Children's Services, including Elected Representatives and Local Healthwatch.

The Health and Social Care Act 2012 transferred responsibility for the developing and updating of PNAs to HWBs. It also made provision for a temporary extension of PCT's PNAs and access to them by NHS England and HWBs.

(http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted)

c) NHS Pharmaceutical and Local Pharmaceutical Services Regulations 2013

Under the revised NHS Pharmaceutical Services regulations, newly established HWB must publish its first Pharmaceutical Needs Assessment by 1st April 2015.

The preparation and consultation on the PNA should take account of the HWBs Joint Strategic Needs Assessment (JSNA) and other relevant local strategies in order to prevent duplication of work and multiple consultations with health groups, patients and the public.

The PNA, published by the HWB by April 2015, will have a maximum lifetime of three years. HWBs will also be required to publish a revised assessment when significant changes to the need for pharmaceutical services are identified, unless this is considered a disproportionate response.

As part of developing the first PNA, HWBs must undertake a consultation for a minimum of 60 days. The 2013 Regulations list those persons and organisations that the HWB must consult.

The Health and Social Care Act 2012 also transferred responsibility for using PNAs as the basis for determining market entry to a pharmaceutical list from PCTs to NHS England. The PNA will be used by NHS England when making decisions on applications to open new pharmacies and dispensing appliance contractor premises; or applications from current pharmaceutical providers to change their existing regulatory requirements. Such decisions are appealable to the NHS Litigation Authority's Family Health Services Appeal Unit (FHSAU), and decisions made on appeal can be challenged through the courts. PNAs will also inform the commissioning of Enhanced services from pharmacies by NHS England, and the commissioning of services from pharmacies by the local authority and other local commissioners e.g. CCGs.

http://www.legislation.gov.uk/uksi/2013/349/regulation/6/made

3. NHS England

From April 2013, NHS England has taken on many of the functions of the former primary care trusts (PCTs) with regard to the commissioning of primary care health services, as well as some nationally-based functions previously undertaken by the Department of Health.
The new arrangements comprise a single operating model for the commissioning of primary care services, which up until now has been done differently by PCTs and their predecessors.

NHS England has local offices to deliver and manage their functions. South Yorkshire and Bassetlaw is one of the local offices that sit within the Yorkshire and the Humber team as part of the North Region of NHS England.

The Sub Regional Teams have many roles, many of which play an important role in Pharmaceutical Services. These include:

- Assess and assure performance.
- Undertake direct commissioning of primary care services (medical, dental, pharmacy, and optometry).
- Manage and cultivate local partnerships and stakeholder relationships, including membership of Local Health and Wellbeing boards.
- Emergency planning, resilience and response.
- Ensure quality and safety.

4. Rotherham Clinical Commissioning Group (CCG)

The Rotherham Clinical Commissioning Group (CCG) works for the people of Rotherham buying the health services that they need.

There are 36 GP practices in Rotherham, who are all members of the Clinical Commissioning Group. They work very closely with Rotherham Metropolitan Borough Council to make sure that health and social care is linked together whenever possible.

The CCG works with a range of providers to make sure that health services meet the needs of local people. They have responsibility for a budget of £334 million to improve the health of people in Rotherham and to provide safe, high quality health services.

They are responsible for commissioning community health services, hospital health services, health aspects of social and continuing care, GP prescribing and GP out of hours services that Rotherham people use.

5. Joint Health and Wellbeing Strategy

The Rotherham Joint Health and Wellbeing Strategy 2015-2018, sets out the priorities that the local health and wellbeing board will deliver to improve the health of people in the borough. The strategy and its priorities have been developed based on evidence of local need described in the Joint Strategic Needs Assessment.
The priorities are:

- All children get the best start in life
- Children and young people achieve their potential and have a healthy adolescence and early adulthood
- All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
- Healthy life expectancy is improved for all Rotherham people and the gap in life expectancy is reducing
- Rotherham has healthy, safe and sustainable communities and places

6. Rotherham Public Health Priorities

Rotherham Council has new Public Health responsibilities to improve health and reduce health inequalities, responsibilities shared with the NHS and Rotherham CCG. The Rotherham Director of Public Health Annual Report 2016-17 sets out to develop a common understanding of the reasons for theses inequalities and the interventions needed to address them.

In particular Rotherham needs to focus on

- Cardiovascular disease
- Cancer
- Liver disease
- Respiratory disease
- Mental health

7. Pharmaceutical Services

Rotherham is well provided with 63 Community Pharmacies which provide a potential resource for delivering existing services to more people or delivering new or innovative services to improve access and reduce inequalities or to help address other local needs. Six distance selling/internet pharmacies are located within Rotherham along with one appliance contractor.

8. Pharmacy Contractual Framework

NHS England does not hold contracts with pharmacy contractors, unlike for GPs, dentists and optometrists. Instead they provide services under a contractual framework. The terms of service are set out in schedule 4 of the 2013 regulations and also in the Pharmaceutical Services (Advanced and Enhanced Services) (England) Directions 2013 (the 2013 directions). This currently has three tiers of services – Essential, Advanced and Enhanced.

- **Essential Services**

Essential services are those which each community pharmacy must provide.
All Community and Distance Selling/Internet Pharmacies with NHS contracts provide the full range of Essential services. These are:

- Dispensing medicines and actions associated with dispensing
- Dispensing appliances
- Repeat dispensing
- Disposal of unwanted medicines
- Public Health (promotion of healthy lifestyles)
- Signposting
- Support for self-care
- Clinical governance

Public Health: Pharmacies are required to deliver up to 6 Public Health campaigns through-out the year to promote Healthy Lifestyles.

Signposting and Referral: is the provision of information on other health and social care providers or support organisations to people visiting the pharmacy, which require further support, advice or treatment that cannot be provided by the pharmacy.

It intends to inform or advise people who require assistance, which cannot be provided by the pharmacy, of other appropriate health and social care providers or support organisations and enable people to contact and/or access further care and support appropriate to their needs.

Opening Hours
Core hours: Each Community Pharmacy is required to be open for 40 hours a week minimum and this is provided as an 'Essential' pharmacy service. There are also a '100 hour' pharmacies. These pharmacies are required to open for at least 100 hours each week.

Supplementary hours: These are provided as a voluntary service and are additional to the core hours provided. Supplementary hours can be changed by giving 90 days' notice to NHS England.

NHS Choices advertises 'opening hours' to the public **(**www.**nhs**.uk **).** Community Pharmacies produce their own information leaflets detailing opening hours, which are available from individual pharmacies.

- **Advanced Services**

Advanced services are those which can be provided if the pharmacist or specialist Healthcare professional is suitably accredited against a competency framework and the pharmacy premises meets standards that facilitate the provision of these services in a suitable, confidential environment. These services are agreed nationally and monitored by NHS England Area Teams. There are currently 4 Advanced services.

97% of pharmacies in Rotherham have consultation rooms (total =61) appropriate for MURs (RMBC data, June 2014)

Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as Diabetes, Coronary Heart Disease (CHD), and Chronic Obstructive Pulmonary Disease (COPD). The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP where there is an issue for them to consider.

Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Stoma Appliance Customisation (SAC)

The service involves the customisation of a quantity of more than one stoma appliance, based on the patient's measurements or a template. The aim of the service is to ensure proper use and comfortable fitting of the stoma appliance and to improve the duration of usage, thereby reducing waste.

New Medicines Service (NMS)

The New Medicine Service (NMS) is the latest nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for Long Term Conditions (LTC) in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

Additionally the service will help patients:

- Make informed choices about their care
- Self-manage their LTC
- Adhere to the agreed treatment programme
- Make appropriate lifestyle changes

- **Enhanced and Locally Commissioned Services (LCS)**

Enhanced services are only those local services directly commissioned by NHS England. Rotherham currently has one Enhanced Service. Pharmacy contractors are also able to provide services commissioned by Local Authorities and Clinical Commissioning Groups (CCGs). Although these Locally Commissioned Services (LCS) are not Enhanced services, they reflect the services that could be (and in other parts of the Country are) commissioned by NHS England. Therefore they are included within the list of Pharmaceutical Services to provide a comprehensive assessment of service for Rotherham.

There are currently 7 such services commissioned from Pharmacies in Rotherham. These services include:

a) Minor Ailments Service Pharmacy First (Rotherham Clinical Commissioning Group (RCCG)
b) Substance Misuse (RMBC)
   - Supervised Consumption
   - Needle Exchange Service
c) Emergency Hormonal Contraception (RMBC)
d) Palliative Care Drug Provision (RCCG)
e) Stop Smoking Support (RMBC)
f) Seasonal Flu Vaccination (NHSE)

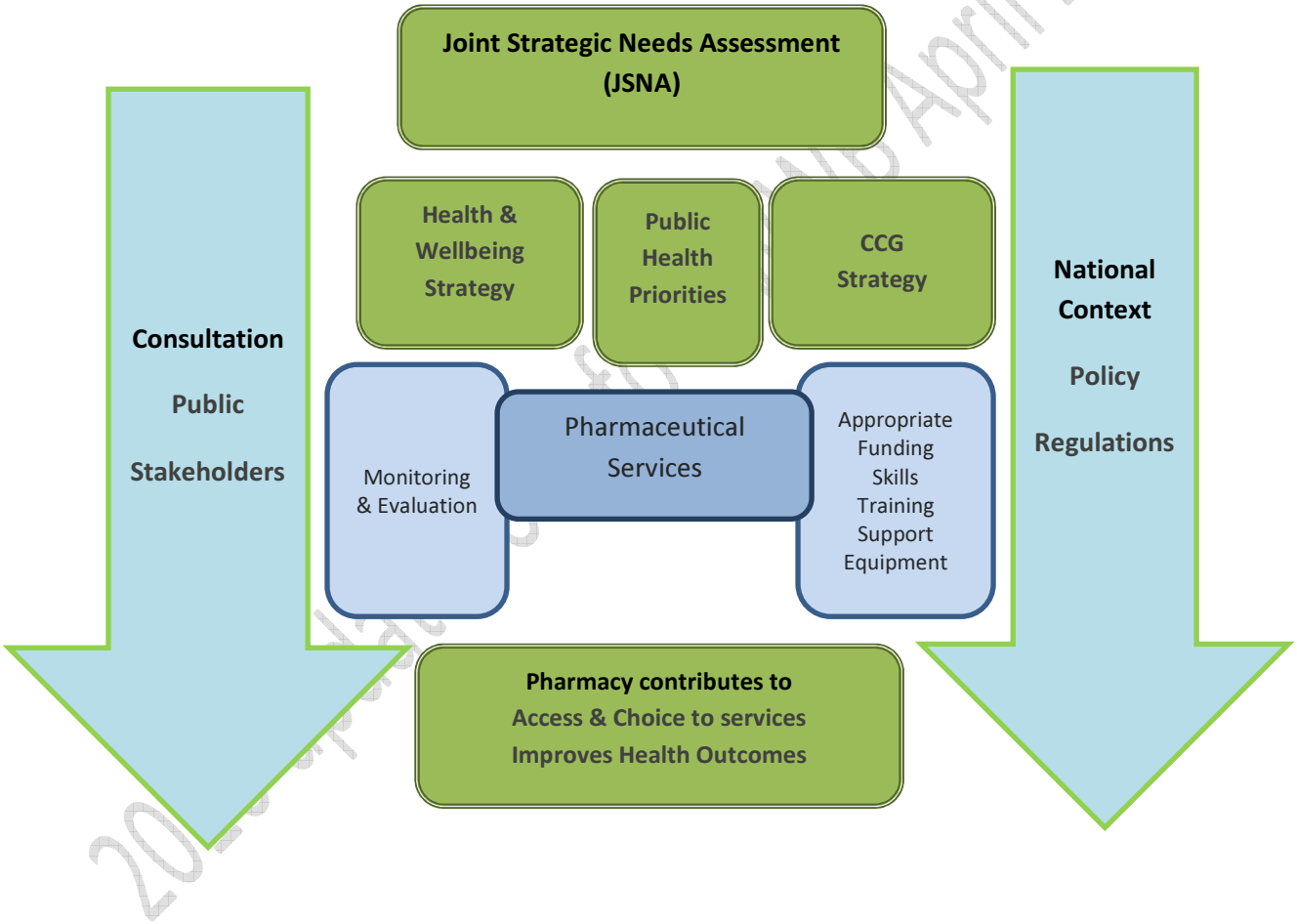
The commissioning organisations are shown in brackets.

B: PNA Process Summary

1. Summary of Overall Process

During the development process Community Pharmacies, Dispensing Doctors and Appliance Contractors were contacted to verify the services provided.

The overall process of developing the PNA was undertaken by a Steering Group under the direction of the HWB.



In developing the PNA, Rotherham is considered as a single area, with needs and provision analysed on both Ward and Lower Super Output Area (LSOA) basis.

Rotherham was not divided into smaller localities for the purpose of this assessment as each of these localities would have a similarly heterogeneous set of needs.

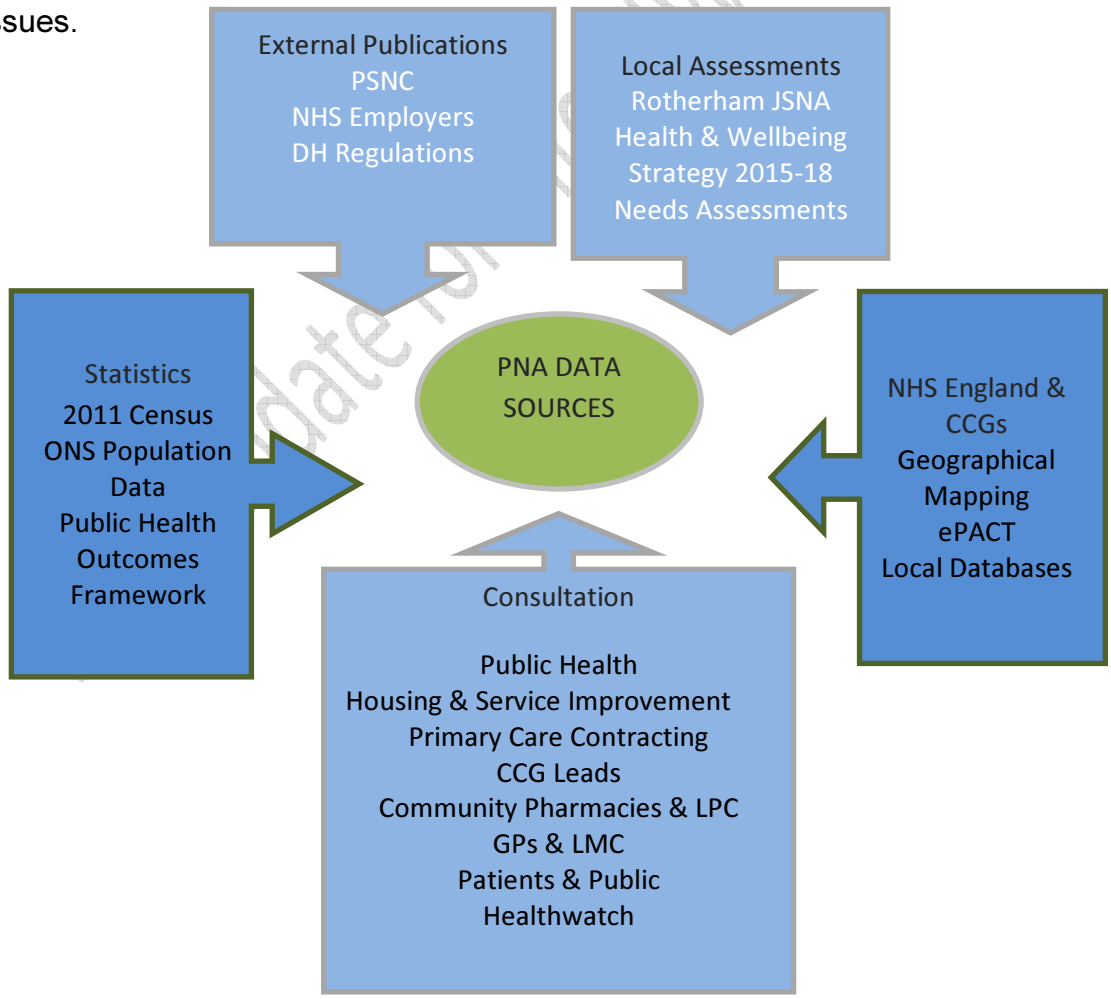
Wards have been used in previous Rotherham's needs assessments'. This enables aggregation into Area Assemblies and link into the JSNA.

During the analysis, data was mapped of specific demographics and overlaid with corresponding services which can address the particular health need. Initially Pharmaceutical services alone were considered against highest needs (including proximity and access times). Distance to access a service was approximated by plotting an average aerial distance of 1 mile for usual access. Where the one mile radius did not include a relevant service, but one was available just outside this area a detailed evaluation took place taking into account road networks, public transport etc.

If a gap was identified, other commissioned health services were considered e.g. Specialist service or General Practices. Finally, services available to Rotherham residents that are provided by bordering boroughs (within a one mile radius as before) were to be considered before a conclusion of a gap in service was determined.

2. Data Sources

Rotherham MBC has conducted significant needs and health assessment work, including the JSNA. The PNA draws on this and other complimentary data sources such as The Public Health Outcomes Framework, to highlight Rotherham's key issues.



3. Stakeholder Engagement

Rotherham RMBC consulted with key stakeholders including all local providers, the Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) NHS England and Rotherham CCG, though-out the development process. Good working relationships and regular communications with local GPs and Community Pharmacies will be essential in developing future services. Furthermore, as part of the quality commissioning process NHS England Area Team will also need to support the performance and quality improvement of Essential and Enhanced services provided.

The formal consultation gives both stakeholders and the public further opportunity to contribute to the PNA. The formal consultation reply form for collating feedback is included in Appendix 1. The consultation was for 60 days and ran from 1st October to 30th November 2014. A report on the consultation is and impact on the document is included in Appendix 2

Patient Satisfaction

All pharmacies are required to conduct and publish an Annual Community Pharmacy Patient Questionnaire (formerly referred to as the Patient Satisfaction Questionnaire). The questionnaire allows patients to provide valuable feedback to the pharmacy on the services they provide. Strengths and areas for improvement are identified and actively pursued by the pharmacy.

Pharmacies publish these either by;

- in the pharmacy, as a leaflet or poster;
- on the pharmacy's website or
- on the pharmacy's NHS Choices profile

At the time of writing the PNA, a limited number of these were available for consideration.

Healthwatch Rotherham, who represent the views of people of Rotherham and support people who make a complaint about services, where able to provide information regarding pharmaceutical services to inform this assessment.

Pharmacy as a whole was very rarely the subject of comments received by Healthwatch Rotherham from October 2012 to June 2014. Out of the 7 comments relating to Community Pharmacy, two were distinctly positive and were regarding efficiently and ease of accessing the services. There were 5 incidents reported where patients were unsatisfied with the service. These related to dispensing and

sales of medicines and wanting to see pharmacies provide additional services. Specifically the supply of hearing aid batteries was raised.

In addition the NHS Choices website (www.nhs.uk) provides patients with the opportunity to comment on and rate almost any NHS service, including pharmacies. Virtually all of the comments posted about pharmacies in Rotherham are positive and rated them with 5 stars. The comments complement the pharmacists and staff for being polite, helpful and efficient, as well as providing additional services such as deliveries and '*going the extra mile'.* The one negative remark was regarding in-sufficient stock to full the prescription and not being able to order the items.

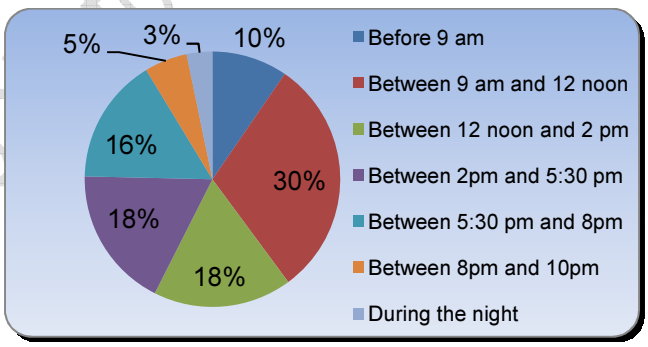
In 2010 NHS Rotherham undertook a Pharmacy Services Survey to actively capture public option. The data was collected through high-street and workplace surveys over a period of approximately 5 weeks. Total number of participants was 399.
The survey captured a good cross section of population of Rotherham and provided information relating to patient requirements.

Key Messages of Survey

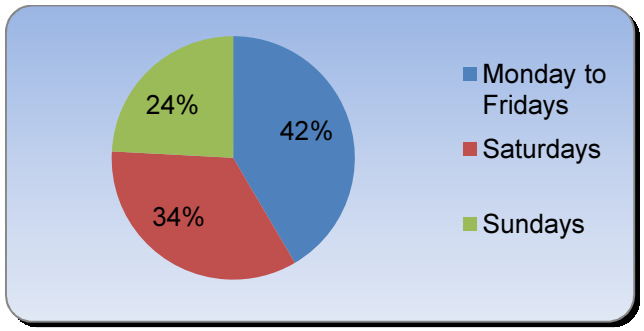
- The majority used pharmacies more than 6 times in a 12 month period.
- There was a slight preference for morning use (*figure a*), also a strong preference (69%) for using pharmacies close to where people live.

Figure a Preference to visit pharmacies

- *Times of day*



- *Days of the week*



66 % preferred to access pharmacy services between 9 am and 5:30 pm which is consistent with pharmacy core hours.

- Over a quarter would prefer to use a pharmacy before 9am or between 5:30pm and 8pm. These hours are covered well by 100-hour pharmacies and those offering extended supplementary hours.
- Weekend access was peferred by 68% of those surveyed.
- Over 70% used pharmacies more than 3 times a year for dispensed medicines
- Slight under half (45.6%) using the dispensing service on a monthly basis.
- One in 5 people surveyed used a delivery and collection service;

Services people would like pharmacies to provide in the future were:

- Health Checks 71%
- Vaccinations 69%
- Weight loss support 59%

Under 18s demonstrated slightly higher interest than average in all services except Health Checks. This may indicate a potential to offer better access to heathcare servcies for younger people as an alternative to GP led services.

4. Equality Impact Screening

The RMBC Equality Impact screening pro-forma was completed *(Appendix 3).*The outcome of which was that a full Equality Impact Assessment was not necessary for the Pharmaceutical Needs Assessment. The process included:

- Evidence to support the decision making process.
- Identifying current research and opportunities for new research / data relevant to the PNA.
- Socio-economic groups as a category for consideration.
- A range of factors indicating that the policy could have a significant positive impact on equality by reducing inequalities that already exist.

C: Identified Health Needs

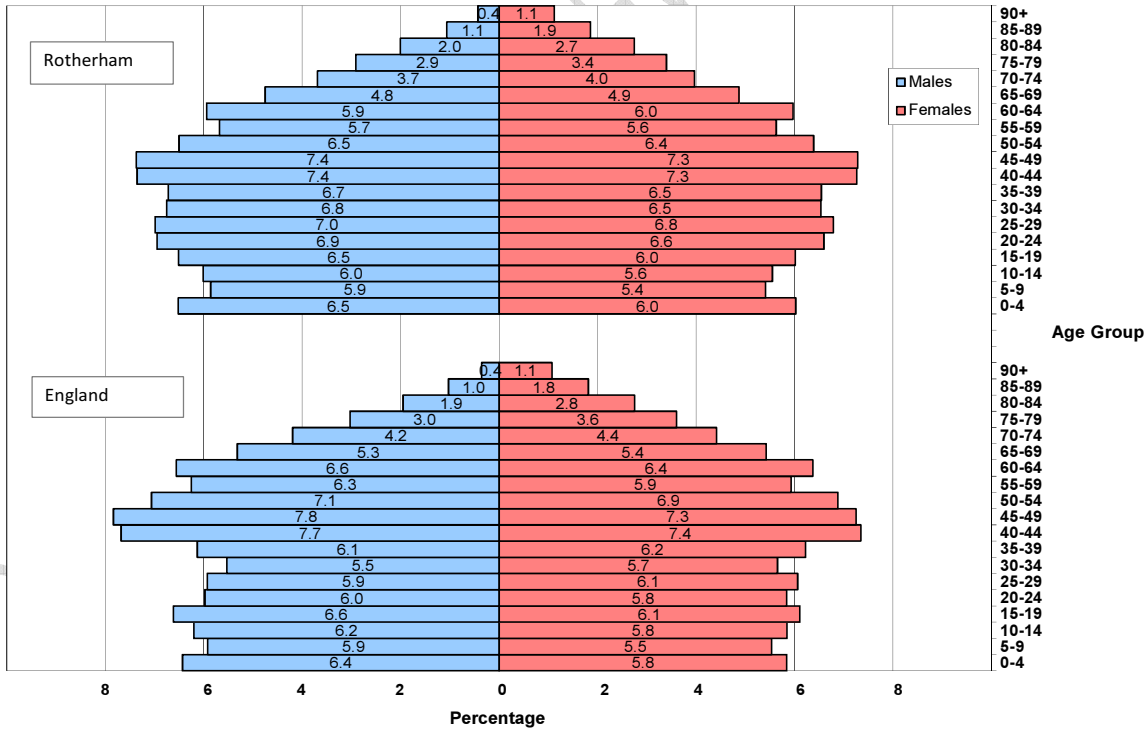
The health of people in Rotherham is generally worse than the England average. Life expectancy, deaths from smoking and early deaths from cancer remain worse than the England average.

1. Population and Birth Rate

Rotherham has a registered population of 256,900 (NHS Health and Social Care Information Centre July 2013). The resident population age/sex structure can be seen below (*figure* b) and compared to England, Rotherham's age/sex structure reflects to the national profile (Office National Statistics (ONS)).

Rotherham does not experience seasonal trends in populations which may exist in other areas (E.g. Holiday, Higher Education Institutions or seasonal working).

Figure b Rotherham Population Age/Sex Structure 2011



Source: Office For National Statistics.

2. Ethnicity and Cultural Identity

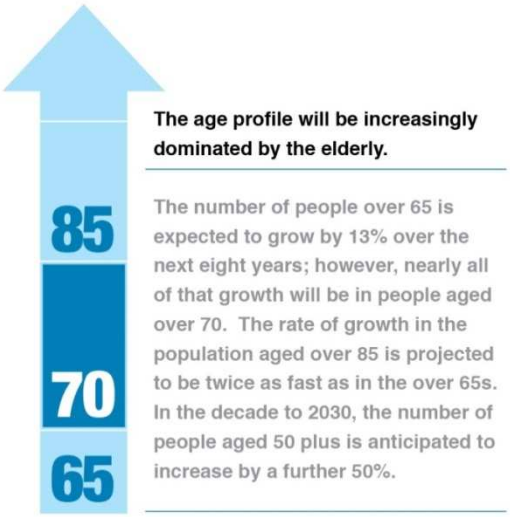
Rotherham's population is not homogenous and people with different cultural identities may have different needs or require different approaches to service provision. The cultural composition of Rotherham has been changing at a fast pace with new communities emerging.

Rotherham had (91.9%) White British and (8.1%) Black and Minority Ethnic (BME) residents in the 2011 Census. The largest BME community is Pakistani & Kashmiri who numbered 7,912 in 2011 (3.1%) of the population, with the second largest group being other white, being Slovak and Czech Roma.

Rotherham's BME population is relatively low compared with the national average of 20.2%.

3. Population Projections

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. Rotherham's BME population has more than doubled between 2001 and 2011, and is projected to increase by about a third over the next twenty years. The population will continue to change and become more culturally diverse, which is particularly evident in younger residents.



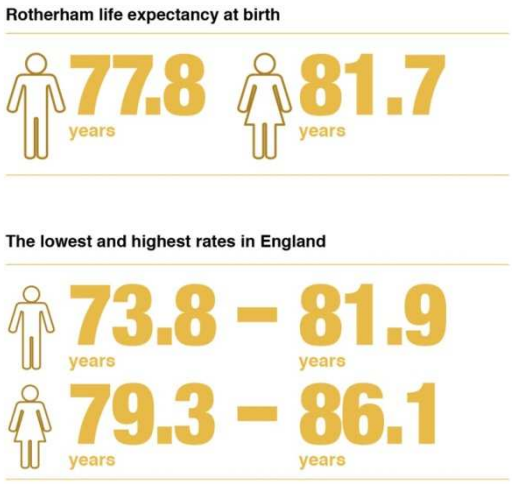
A striking feature of the changing demography of Rotherham is the increasing number of people living alone. Potential consequences of this include lack of capacity to cope at home with illness, loneliness and mental ill-health. Mental ill-health is the biggest cause of illness and incapacity in the Borough.

On average, people in Rotherham will develop long term conditions around 8 years before the new state pension age of 67. *(Rotherham Director of Public Health Annual Report 2013-14).*

4. Life Expectancy

Healthy Life Expectancy at Birth is the average number of years a person would expect to live in good health based on existing local mortality rates and prevalence of self-reported good health.

In Rotherham healthy life expectancy is 58.2 years for men and 59.9 for women. This is at the lower end of healthy life expectancy in England, with the best area in the country having a healthy life expectancy of 70.3 years for men and 72.1 years for women.



Life expectancy for both men and women living in the most deprived areas is nearly 7 years less than for residents living in the least deprived areas (ONS). The link between deprivation and life expectancy can be clearly seen.

Figure c Life Expectancy - Males

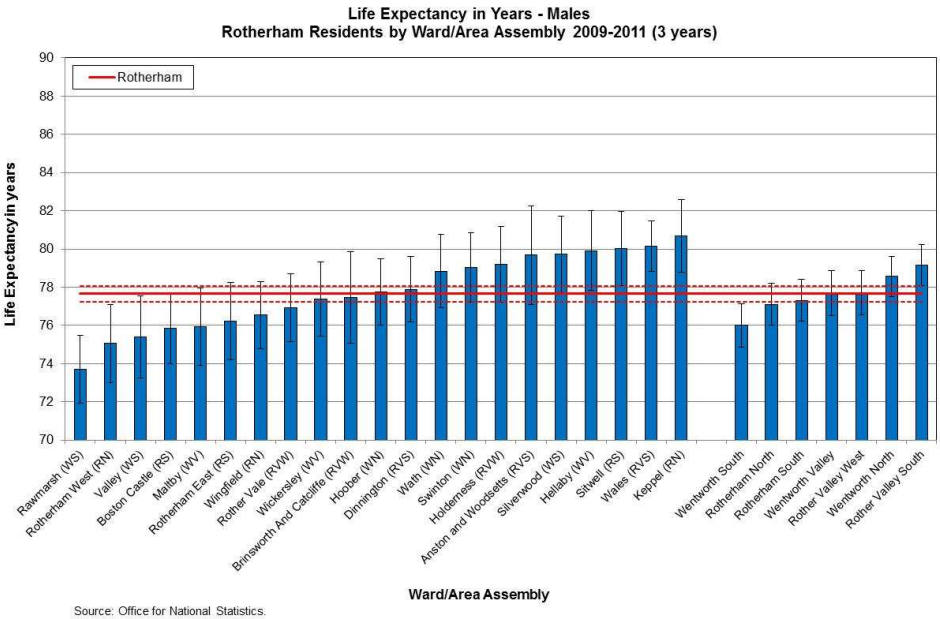
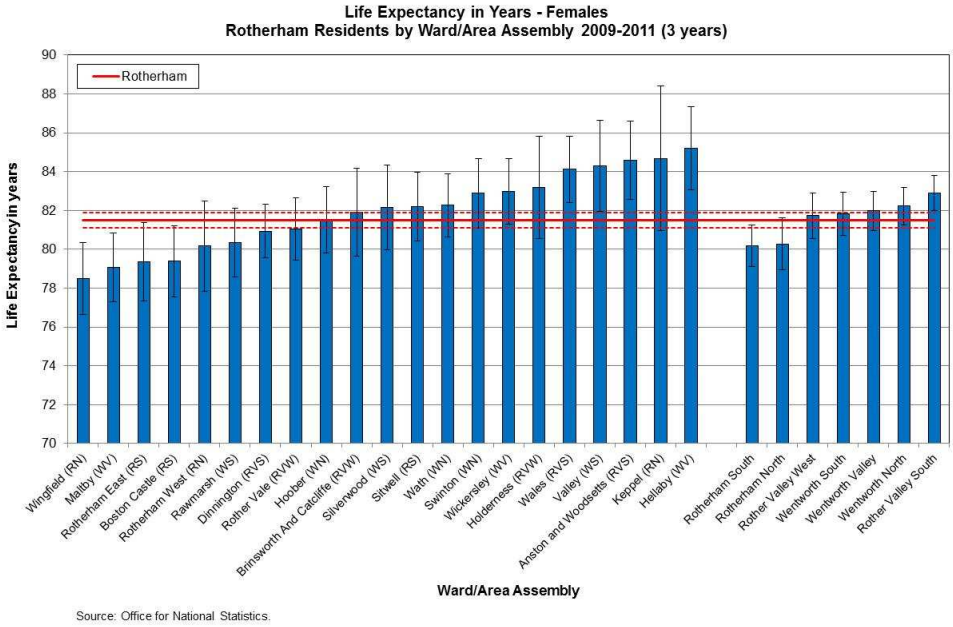


Figure d Life Expectancy- Females

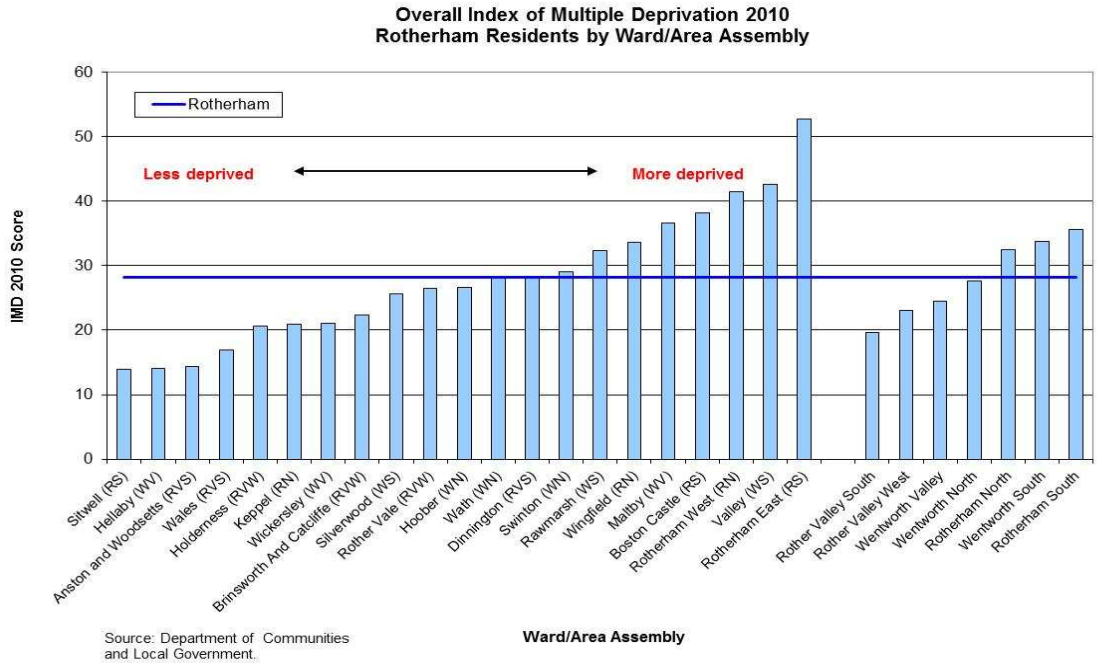


Source: Office for National Statistics.

5. Deprivation

Deprivation is shown by the Indices of Multiple Deprivation (IMD) 2010, which brings together 37 different indicators that cover specific aspects or dimensions of deprivation (The English Indices of Deprivation 2010).

Figure e Rotherham Deprivation Variations



Source: Department of Communities and Local Government.

There is a wide range of deprivation within Rotherham highlighted by IMD 2010 ward scores ranging from 13.9 to 52.7 (Public Health England) and a significant slope of inequality (life expectancy compared to deprivation). Rotherham as a whole however has a high level of deprivation (IMD 2010 of 28.1).

Rotherham is currently the 53rd most deprived borough out of 326 English districts. In 2007 Rotherham ranked 68th out of 354. *(IMD 2010)* Health and Disability is one of the most challenging domains for Rotherham within the IMD

6. Transport

There were a total of 123,783 cars or vans available to households in the borough at the time of the Census in 2011. There is just over 1 car per household in Rotherham with 26.6% of households (28,756) having no car. This is above the national average of 25.8% but below the regional average of 27.6% (ONS).

7. Wider Determinants for Health

The number of people in Rotherham depending on out of work benefits (job seekers' allowance, employment support allowance and other income related benefits) is well above the national rate.
Although the rate of young adults not in education, employment or training is improving, it is still above average. These issues are strongly linked to levels of disability particularly mental ill health.
Levels of recorded crime have been falling for some years and have levelled out more recently. While violent crime is rare, there has been a recent growth in acquisitive crimes such burglary, vehicle crime and shoplifting. The wider economic situation gives rise to a concern that this trend will continue.

8. Lifestyle Risk Factors

There is a socio-economic gradient in that people living in more deprived areas of the borough are more likely to have unhealthy behaviours. Deprived areas are also more likely to have people with multiple unhealthy factors leading to increased long term illness. Lifestyle factors include:

a) Smoking
b) Drug misuse
c) Alcohol misuse
d) Physical activity and eating habits
e) Obesity
f) Sexual behaviour

a) Smoking

Smoking remains the main cause of preventable morbidity and premature death in England, leading to 79,100 deaths in 2011 (Statistics on Smoking, England 2013, NHS National Statistics). Smoking accounts for a third of all cancer disease and a seventh of all cardiovascular disease (CVD) in England.

b) Drug Misuse

Substance misuse causes harm not only to the individual but also to other members of the community and wider society. Injecting drug use increases the risk of acquiring blood borne diseases such as viral hepatitis and HIV. The sharing and irresponsible disposal of used needles presents a risk to others. Injecting drug use in Rotherham is higher than the national average, 7.59 compared to 3.97 *(Public Health England Estimates per 100,000 populations 2013).*

Substance misuse is not the norm in Rotherham, although opiate use is higher than the national average 10.3 compared to 7.59 *(Public Health England Estimates per 100,000 populations 2013).*

The trend in substance misuse has remained stable over time and is projected to remain that way.

PRESCRIPTION ONLY MEDICINE/OVER THE COUNTER MEDICINE (POM/OTC) Local National

People in treatment for prescription-only medicines (POM) or over the counter medicines (OTC), and drug users who have a problem with these as well as illicit drugs are presented below. Health and public health commissioners will want to understand local need in relation to misuse of and dependence on prescription and over-the-counter medicines, so that together they can commission appropriate responses.

		Local	Proportion of treatment population	National	Proportion of treatment population
Number of adults citing POM/OTC use	Illicit use	88	7%	27,842	14%
	No illicit use	36	3%	4,603	2%
	Total	124	9%	32,445	17%

Proportion of treatment population citing POM/OTC use

c) Alcohol Misuse

In 2012/13 Rotherham had 591 people in receipt of specialist treatment for alcohol dependency; 77% of those in treatment live with children. In addition many more children have parents with harmful and risky drinking patterns, which mean the number of children impacted by their parents' alcohol dependency is significant.
Only a small number of those believed to have problematic drinking are seeking treatment. This may be for a number of reasons including a lack of awareness of the risks

Alcohol is not only important as a cause of liver cirrhosis; it also contributes to deaths from cancer, heart disease, accidents and mental health. National Alcohol Concern11 calculations based on hospital activity statistics (2009/10) for Rotherham there were 53,689 alcohol related hospital attendances at Rotherham Hospital. Of these, 28,827 were in A&E, 18,275 in outpatients and 6,587 inpatient stays were related to alcohol. The majority of inpatients (2,658) were aged 55-74.

d) Physical Activity and Eating Habits

Physical activity and exercise not only benefit physical health but have also been shown to help people with problems such as anxiety and depression and may even reduce the chances of someone developing such problems in the first place.

Based on the Health Survey for England (APHO Profiles), 21.3% of adults in Rotherham eat healthily compared to 28.7% nationally.10.4% of adults are estimated to be physically active compared to 11.2% nationally. The level of healthy eating is significantly worse than the national levels.

The Active People Survey is a survey of adults aged 16+ living in England, details of the survey can be found at http://www.sportengland.org. In 2005/6, Rotherham was ranked in the bottom 25% of all local authorities against the Active People Performance Indicators. In 2010/12 Rotherham participation rate lagged 2.4% behind the national average. If Rotherham was as active as the rest of England, a further 5,000 people aged 16+ would be leading active lives. This strengthens the scope for signposting activity through the Essential Service element of the contractual framework.

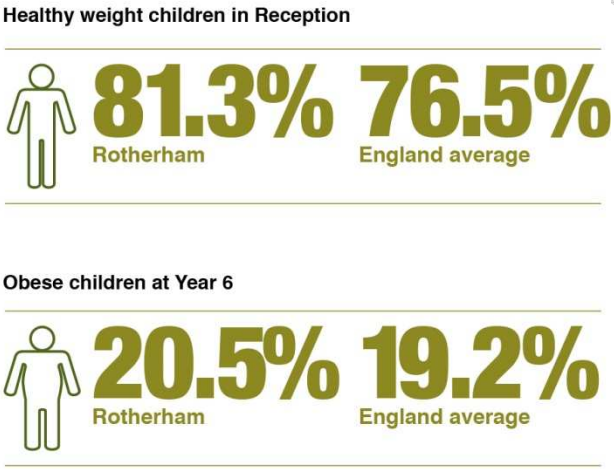
Figure f Active People Survey Summary

Active People Survey Summary	**2005/06**	**2010/12**
At least 3 days a week x 30 minutes moderate participation (all adults) - **Rotherham**	18.8%	20.0%
At least 3 days a week x 30 minutes moderate participation (all adults) - **England**	21.3%	22.3%

e) Obesity in Adults and Children

Modelled data from the Health Survey for England suggests 27.6% of Rotherham adults are obese compared to 24.2% nationally. This means Rotherham has significantly higher obesity levels than England as a whole. There are increasing numbers of adults who are overweight or obese in Rotherham and consequently there is an increasing number of health problems associated with this e.g. Type 2 diabetes, heart disease and cancer.

The data for obesity in children is more detailed than that available for adults because of the comprehensive National Child Measurement Programme, which weighs and measures all children in Reception and Year 6. We know from this information that childhood is an important time in the development of obesity, as levels more than double between Reception (aged 4-5 years) and Year 6 (aged 10-11 years).



Obesity in childhood can lead to earlier onset of raised blood pressure, coronary heart disease, Type 2 diabetes and the development of some cancers. Obese children are also more likely to be obese as adults.

f) Sexual Behaviour (Teenage Pregnancy and Sexual Transmitted Infection (STI))

Teenage Pregnancy rates for Rotherham have fluctuated greatly between 1998 and 2011 but overall there was a 27% reduction, with rates falling from 56.6 to 40.9 (per 1,000 15-17 year olds). Rotherham East ward had rates significantly higher than the Rotherham average for 2009-2011 *(RMBC estimates derived from hospital episodes data).*

Sexually Transmitted Infections: In 2009 there were 793 cases of uncomplicated gonorrhoea and 23 cases of complicated gonorrhoea, including Pelvic Inflammatory Disease and Epididymitis among Rotherham residents (Heath Protection Agency data [HPA]).

By March 2010 25% of patients (persons aged 15-24) were screened for Chlamydia thus meeting the national Vital Signs target for 2009 of 25% (based on population of 32,800). Targets for 2010 are to rise to 35%.

9. Cancer

Cancer mortality rate is improving in Rotherham but remains above the regional and national level.

Cancer incidence in Rotherham is higher than the average with lung and colorectal cancers being especially high. This reflects the higher than average prevalence of smoking and other lifestyle risk factors. Tackling tobacco use and obesity are priorities for sustaining the long-term reduction in premature cancer deaths. Smoking is the single most important factor in causing avoidable cancer deaths. Over 90% of lung cancer is caused by smoking and it is also a significant contributory factor for head and neck, stomach, bladder and kidney cancers. Obesity is causal in an increased risk of breast and ovarian cancer.

10. Mental Health

Mental ill health is a growing public health concern in the UK. Statistics show that one in six of the general population will have a common mental health problem at any one time and the World Health Organisation (WHO) forecasts that by 2020 depression will be the second leading contributor to the global burden of disease.

Mental health problems are related to deprivation, poverty, inequality as the social and economic determinants of poor health.

People with long term mental health problems are also more likely to be in the most disadvantaged sections of society. Austerity increases the risk factors for poor mental health of the whole population, in addition to the people affected and their families.

The population groups most affected are those on low income, those who face loss of income and/or housing. In Rotherham the underlying economic determinants of mental health are worse than the national average. Rotherham's strong sense of community is a solid local factor that helps people cope.

a) Depression and Anxiety

Depression and anxiety disorders account for 25% of primary care consultations. Since 2007-8 Rotherham has seen an increase in the number diagnosed with depression as illustrated in *figure g*. This data represents all patients aged 18+ on the practice lists with a current diagnosis of depression.

Figure g: Rotherham Depression Registers 2007/08 to 2011/12

	Total numbers of patients on Rotherham register				
	2007/8	2008/9	2009/10	2010/11	2011/12
Depression	20,636	22,852	25,781	27,697	29,854

b) Dementia

Dementia mainly affects people over the age of 65 and the incidence increases with age. However people under the age of 65 can develop dementia and this is often referred to as early onset dementia. With more people living longer and the rising numbers in older age groups, more people are likely to develop dementia. This is likely to impact on health and social care and on carers.

In Rotherham it is estimated that around 50% of the population with dementia have a diagnosis and are registered with their GP. The proportion is higher than the regional rate of 39%. Rotherham has seen an increase in the number diagnosed with dementia and this will continue to increase *(see in figure h)*.

Figure g Rotherham Dementia rate - 2008/09 to 2011/12

	Total numbers of patients on Rotherham register				
	2007/8	2008/9	2009/10	2010/11	2011/12
Dementia	1,223	1,320	1,455	1,567	1,718

11. Immunisation

Vaccination is the most effective strategy in dealing with preventable communicable diseases and is therefore one of the most cost effective activities undertaken by health professionals. The challenges to achieve herd immunity by meeting the national uptake targets for immunisations in children and young adults continues to be a public health priority.

Influenza (Flu) virus can affect a large proportion of the population annually. The effect of this virus, however, can be more serious for 'older people' in particular those aged over 65 years. The influenza (flu) vaccine is therefore recommended in at-risk groups i.e. over 65 year olds, pregnant women and those with defined underlying conditions under the age of 65.

Seasonal Flu uptake for 2012/13 is shown in *figure i*. Locally uptake was around the national average for clinical risk groups and uptake in healthcare staff was well above the national average.

Figure i: Seasonal Flu (source: www.immform.dh.gov.uk)

	National (Target 75%)	**Rotherham Data 2012/13**
Those aged 65 and over	73.4%	75.7%
Clinical risk groups under the age of 65 years	51.3%	55.0%
Healthcare Workers	45.6%	75.7%

D: How Pharmacy can meet the Current Needs

Pharmacists are health professionals who have, and are recognised to have, a specific expertise in the use of medicines. Pharmacies provide a convenient and less formal environment for people to access readily available professional advice and support to deal with everyday health concerns and problems.

- Every year in England, 438 million visits are made to community pharmacy for health related reasons. This is more than any other NHS care setting *(NHS England - Improving Health and Patient Care Through Community Pharmacy December 2013)*.
- NHS Rotherham survey data showed that 83.5% of those surveyed visited a pharmacy more than 3 times a year (NHS Rotherham Pharmacy Survey July 2010).

There are 69 dispensing contractors in Rotherham, 63 of which are Community Pharmacies which are accessible and many offer extended opening times. These are often late into the evenings and/or at weekends, to suit patients and consumers. Details are updated and are available on the NHS Choices website http://www.nhs.uk. Furthermore most Community Pharmacies (61) have dedicated consultation areas specifically designed for private discussion (RMBC data June 2014).

A number of factors were considered when assessing the distance it was considered reasonable for a Rotherham resident to travel in order to access pharmaceutical services. These included:

- Average walking speeds (3 miles per hour)
- Government Statutory walking distance for schools (8 years and younger)
- Consistency with Rotherham neighbouring HBWs when considering border pharmacy provision
- Access to public transport

A one mile radius from the service sites was used during the mapping exercise.

E: Current Provision of Pharmaceutical Services

1. Dispensing Pharmacies

At the end of June 2014 there were a total of 69 dispensing pharmacies in Rotherham. This represents a 13% increase in less than 4 years (October 2010, total 60). This provides an average of 3.5% per annum.

The National average growth of pharmacy provision for England between March 2012 and March 2013 was 2.3 % *(Source NHS Health and Social Care Information centre statistics www.hsci.gov.uk).*

Data for Rotherham shows that the average number of pharmacies per 100 thousand population in 2012-13 was well over the National average of 22 at 26 *(Source NHS Health and Social Care Information centre statistics www.hsci.gov.uk).*

2. Dispensing Doctors

Dispensing Doctors provide services to patients mainly in rural areas and often where there are no Community Pharmacies or where access is restricted. In Rotherham there are 4 Dispensing Doctor practices (NHS England data June 2014). One practice provides Dispensing Review of the Use of Medicines (DRUMs) which is a similar service to the Pharmacist Medicines Use Review MUR (see section 8).

3. Dispensing Appliance Contractors (DACs)

There are 122 Dispensing Appliance Contractors in England (*www.hsci.gov.uk);* one is based in Rotherham, South Yorkshire Ostomy Supplies.

Many dispensing appliance contractors provide services above basic dispensing services, such as home delivery, help lines, product customisation (i.e. cutting to fit) and specialist nurse visits.

DACs can dispense against repeatable prescriptions, and are required to participate in systems of clinical governance.

DACs dispensing “specified appliances” such as stoma, catheter or incontinence appliances are required to provide:

- Home delivery services.
- Reasonable supplies of supplementary items such as disposable wipes.
- Access to expert clinical advice.

They may choose whether to offer an Appliance Usage Review (AUR) service.

4. Distance Selling Pharmacies

Online pharmacies, Internet pharmacies, or Mail Order Pharmacies are pharmacies that operate over the Internet and send orders to customers through the mail or shipping companies. The National Health Service (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 detail a number of conditions for distance selling pharmacies:

- Must provide the full range of essential services during opening hours to all persons in England presenting prescriptions
- Cannot provide essential services face to face
- Must have a responsible pharmacist in charge of the business at the premises throughout core and supplementary opening hours and
- Must be registered with the General Pharmaceutical Council

Patients have the right to access pharmaceutical services from any Community Pharmacy including those operating one-line. Rotherham currently has 6 Distance Selling pharmacies.

5. Distribution and Access to Community Pharmacies

There is a good distribution of 40+ hour Community Pharmacies across Rotherham, including areas of high deprivation and population. Furthermore there are 8 pharmacies located across the breadth of Rotherham which are contracted to provide 100-hour service *(figure 1a & 1b).*

As well as identifying the premises at which pharmaceutical services and dispensing services are provided within Rotherham, *figure 1a & 1b sh*ows pharmacies that have been identified as services that a significant number of Rotherham patients use in other areas.

An additional map specifically identifying Rotherham Pharmacies is available as Appendix 4. Appendix 5 is a detailed key relating both to Appendix 4 and *figures 1 to 7* providing information regarding pharmacies and some of the services they provide.

*Figure 1**a** Map identifying the location of pharmaceutical services and dispensing services (Requirement Schedule 1:7 NHS Pharmaceutical & Local Pharmaceutical Services Regulations 2013) based on data verified November 2014)*

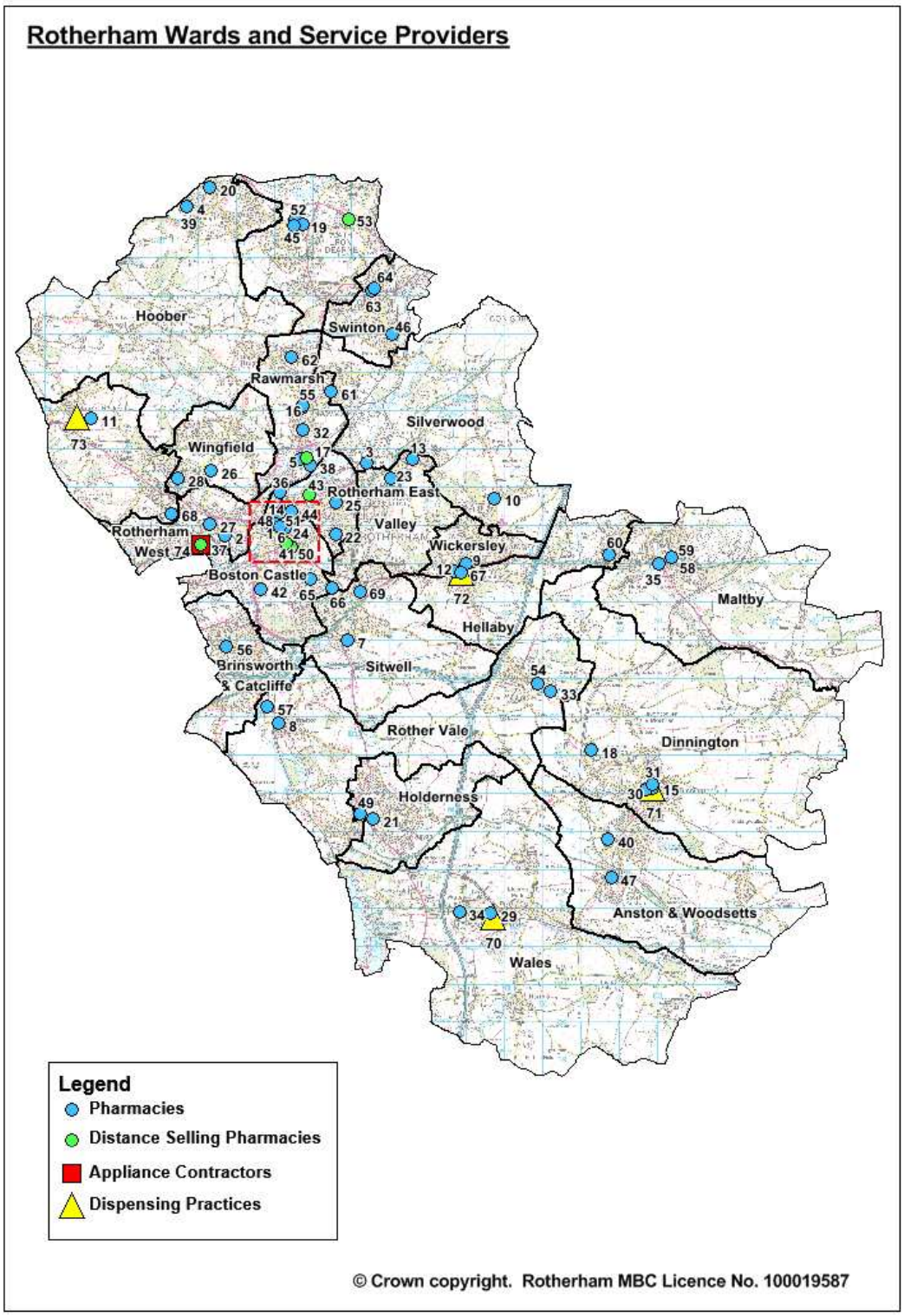
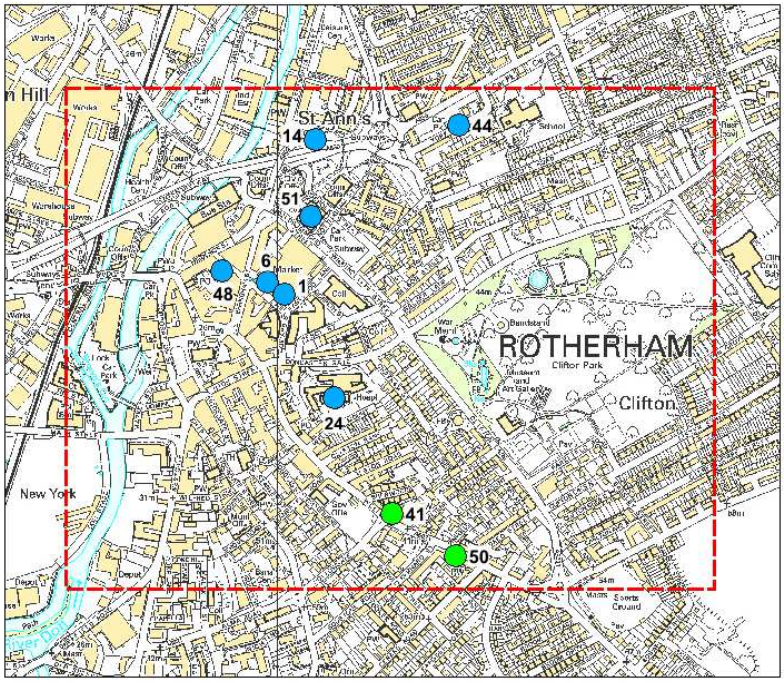


*Figure 1**b** Detailed Map of Rotherham Town Centre, identifying the location of pharmaceutical services and dispensing services (based on data verified November 2014)*



For full Key to Maps *(Figures 1a and 1b)* see Appendix 5

6. Community Pharmacies' Opening and Closing Hours

Access to Community Pharmacies across Rotherham is well provided for during core and supplementary opening hours. There are also eight 100 hour pharmacies in Rotherham. These are located across the breadth of Rotherham and cover the hours of 7am to 11pm Monday to Saturday and 8am to 10pm on Sundays.

Rotherham has one 100-hour pharmacy which operates every day of the year. This pharmacy is open Monday to Friday 7:30am-10pm; Saturday 8am-10pm and Sunday 8:30am to 10pm.

The map shown in *figure 2* shows the distribution of Community Pharmacies and the immediate population they serve. This has been approximated by plotting an average aerial distance of 1 mile for usual day time access.

7. Pharmacies Outside Rotherham

Rotherham residents access pharmaceutical services from Community Pharmacies located within other Health and Wellbeing Board areas. Patients can access Essential and Advanced services, including dispensing from any pharmacy in the UK.

Enhanced or Local Commissioned Services have specific criteria which usually restricts the services to their GP registered population.

Pharmacies that Rotherham residents use for dispensing were identified using ePACT data from April 2013 to March 2014. Pharmacies outside Rotherham whose dispensing quantities appeared in the Top 100 places Rotherham's prescriptions were dispensed were determined significant.

The map shown in *figure 1c* identifies those pharmacies in neighbouring HWB areas which provide a significant contribution to the Essential and Advanced pharmaceutical services to Rotherham residents.

Out of the 18 services identified, one is an appliance contractor. This contractor, along with an Internet Pharmacy, is not identified on *figure 1c* as it does not fall with the immediate vicinity of the Rotherham boundary.

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Figure 1c Map identifying the location of pharmaceutical services and dispensing services, including those in neighbouring HWB areas that are accesses regularly.

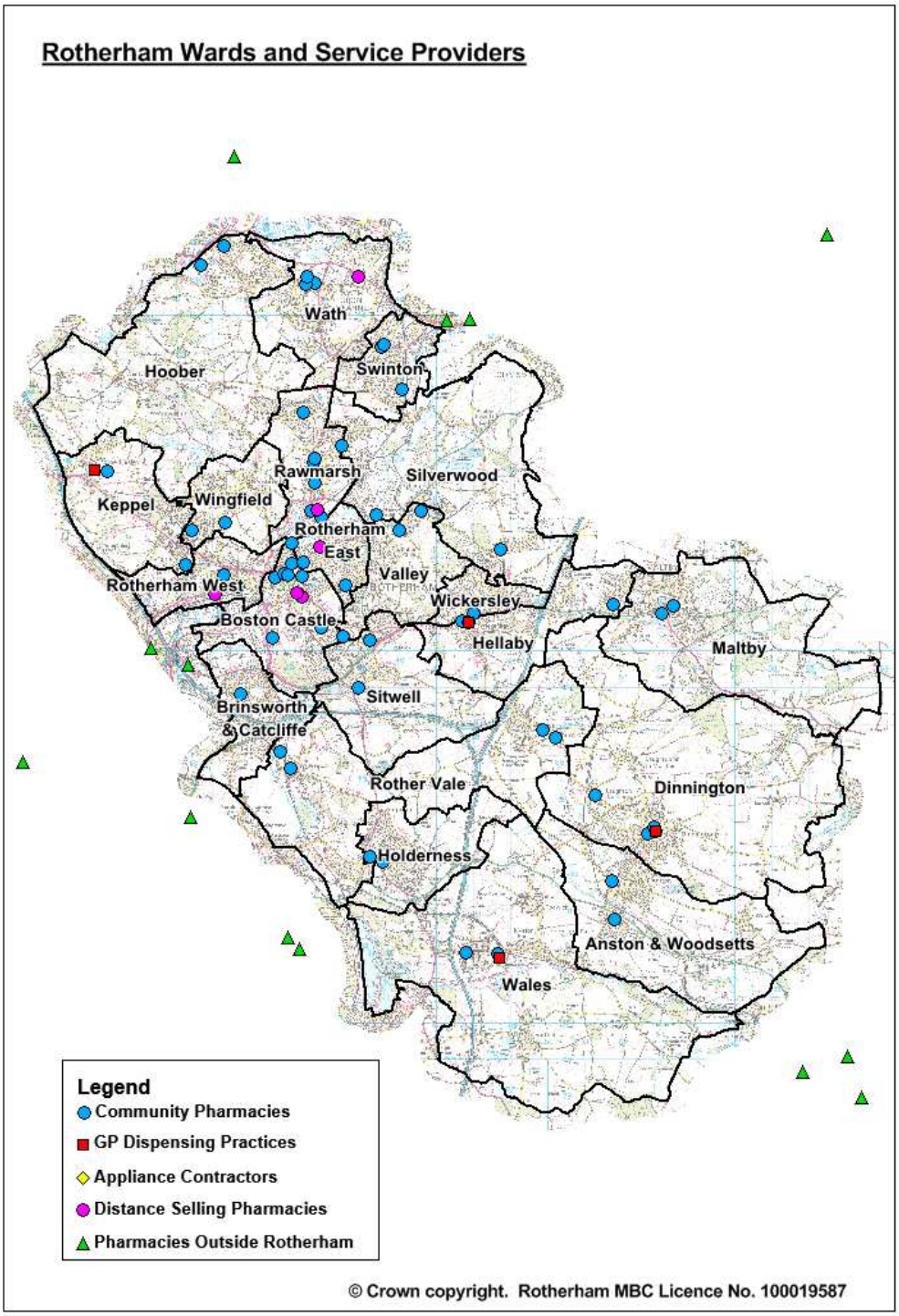
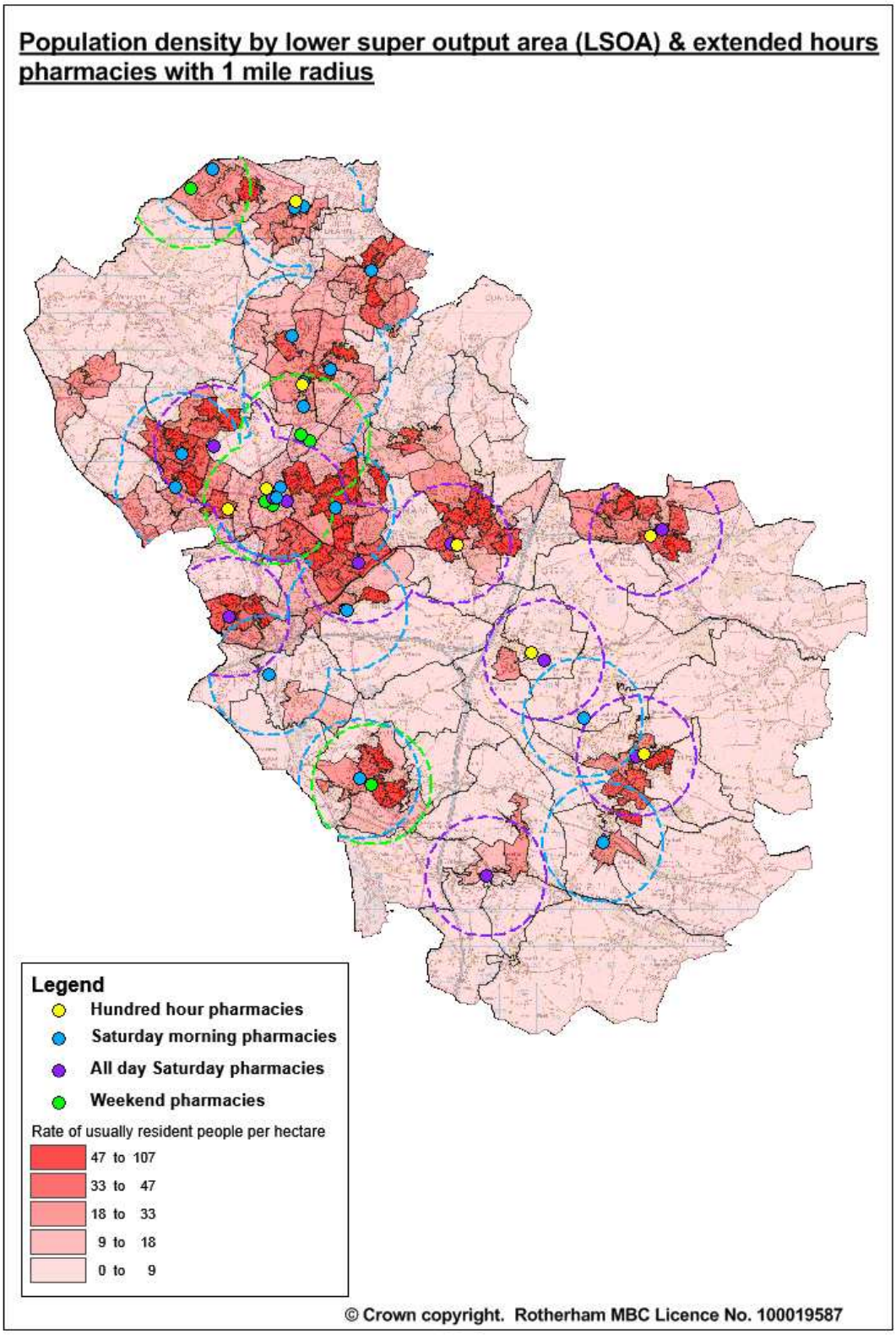


Figure 2 Opening Hours of Rotherham Community Pharmacies



8. Current 'Advanced' Pharmacy Service provision

a) Consultation Room Provision

Pharmacies are able to provide a number of additional services that include face-to-face consultations, if they are able to provide an appropriate consultation room. Consultation rooms must meet the following national requirements.

- The consultation area should be clearly designated as an area for confidential consultations, distinct from the general public areas of the pharmacy.
- The consultation area should be where both the patient and pharmacist can sit down together.
- The patient and pharmacist should be able to talk at normal speaking volumes without being overheard by other visitors to the pharmacy, or by pharmacy staff undertaking their normal duties.

Rotherham has 61 (97%) Community Pharmacies that have consultation rooms (RMBC data June 2014)

b) Medicines Use Review and Prescription Intervention Service (MUR)

Accredited pharmacists undertake a structured review with patients on multiple medicines, particularly those receiving medicines for long term conditions, such as Diabetes, CHD, and COPD. The MUR process attempts to establish a picture of the patient's use of their medicines - both prescribed and non-prescribed. The review helps a patient understand their therapy and can identify any problems they are experiencing along with possible solutions. A report of the review is provided to the patient and to their GP where there is an issue for them to consider.

Rotherham has 61 (97%) Community Pharmacies which offer the MUR service

c) Appliance Use Review (AUR)

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs can improve the patient's knowledge and use of their appliance(s) by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.

- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

Rotherham has 5 Community Pharmacies that provide this service. In addition one Distance Selling/internet pharmacy and an Appliance contractor based in Rotherham offer this service.

d) New Medicines Service (NMS)

The New Medicine Service (NMS) is the latest nationally developed service for community pharmacy. It is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed.

The underlying purpose of the NMS is to promote the health and well-being of patients who are prescribed new medicines for Long Term Conditions (LTC) in order to:

- Help reduce the symptoms and long-term complications of the LTC
- Identify problems with the management of the condition and the need for further information or support

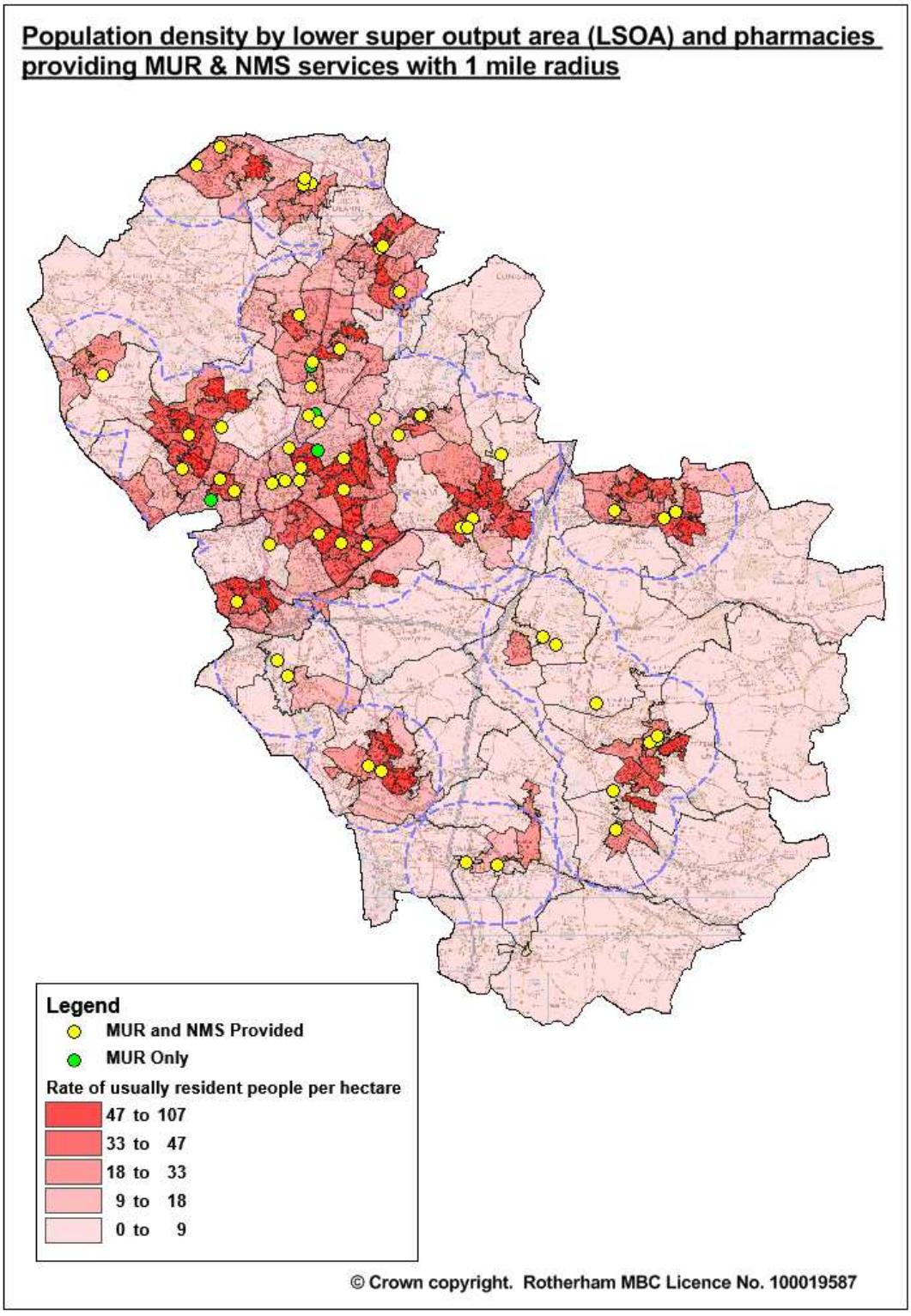
Additionally the service will help patients:

- Make informed choices about their care
- Self-manage their LTC
- Adhere to the agreed treatment programme
- Make appropriate lifestyle changes

Rotherham has 60 (95%) Community Pharmacies that provide this service (RMBC data June 2014)

The map in *figure 3* shows the distribution of Pharmacies which provide the MUR service and both the MUR and NMS services and the immediate population they serve compared to population density figures, which closely resemble the pattern for Multiple Deprivation Indices. This has been approximated by plotting an average aerial distances of one mile for all pharmacies.

Figure 3 Map showing location of pharmacies providing the MUR and NMS Services



9. Locally Commissioned Services

a) Minor Ailments Service (Pharmacy First)

The Minor Ailments Service in Rotherham is called Pharmacy First.

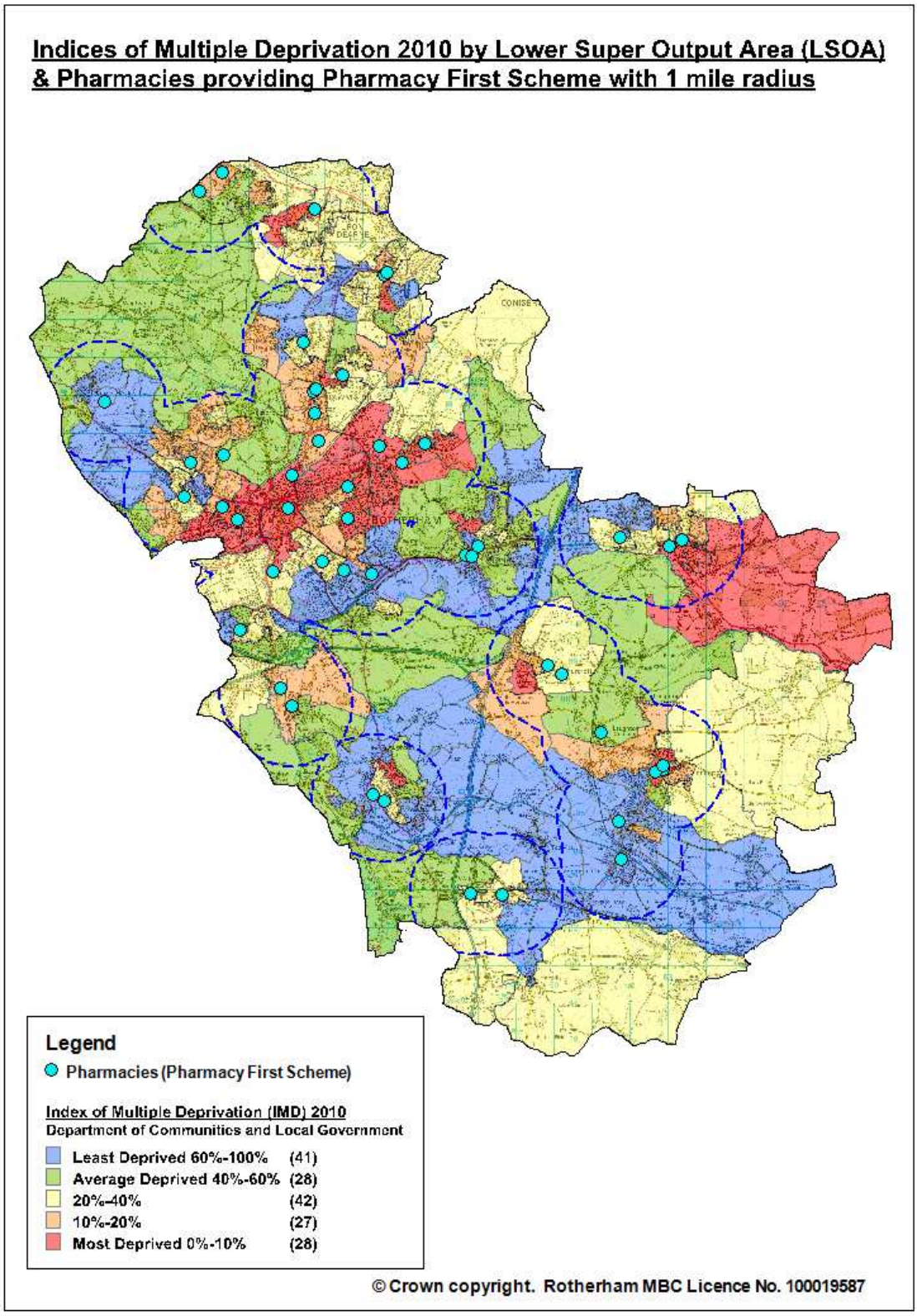
The aim of this service is to improve access and choice for patients wishing to consult a healthcare professional in relation to a range of minor conditions.

There are 51 (74%) pharmacies providing the Pharmacy First Scheme (RCCG data November 2014). More details of service and the Pharmacies providing it are available on the Rotherham CCG Rotherham website.
http://www.rotherhamccg.nhs.uk/pharmacy-first.htm

This service is commissioned by Rotherham CCG.

The map shown in *figure 4* shows the distribution of Pharmacies which provide the Pharmacy First Service and the immediate population they serve compared to the Multiple Deprivation Indices for deprivation (which closely resembles the pattern for population density across Rotherham). This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

Figure 4 Map showing location of pharmacies providing the Pharmacy First Scheme



b) Substance Misuse

- **Supervised Consumption**

Supervised consumption services support clients by ensuring compliance with agreed treatment plans.

Both methadone and buprenorphine (Subutex®) can to be dispensed in specified instalments, where each dose is supervised to ensure the dose is correctly consumed by the service user for whom it was intended. Doses will be dispensed for the service user to take away to cover days when the pharmacy is closed.

Supervised consumption aims to reduce the risk to local communities of:

- Over or under usage of medicines
- Diversion of prescribed medicines onto the illicit drugs market
- Protect vulnerable individuals from pressure to relinquish their medication
- Accidental exposure to the prescribed medicines.

There are 58 Community Pharmacies (92%) providing supervised consumption services in Rotherham. (RMBC data June 2014)

- **Needle Exchange**

Needle exchange services in Rotherham are now provided almost exclusively by Community Pharmacies. All Pharmacies providing Needle Exchange also provide the Supervised Consumption service.

There are currently 16 (25%) needle exchange pharmacies in Rotherham. (RMBC data June 2014)

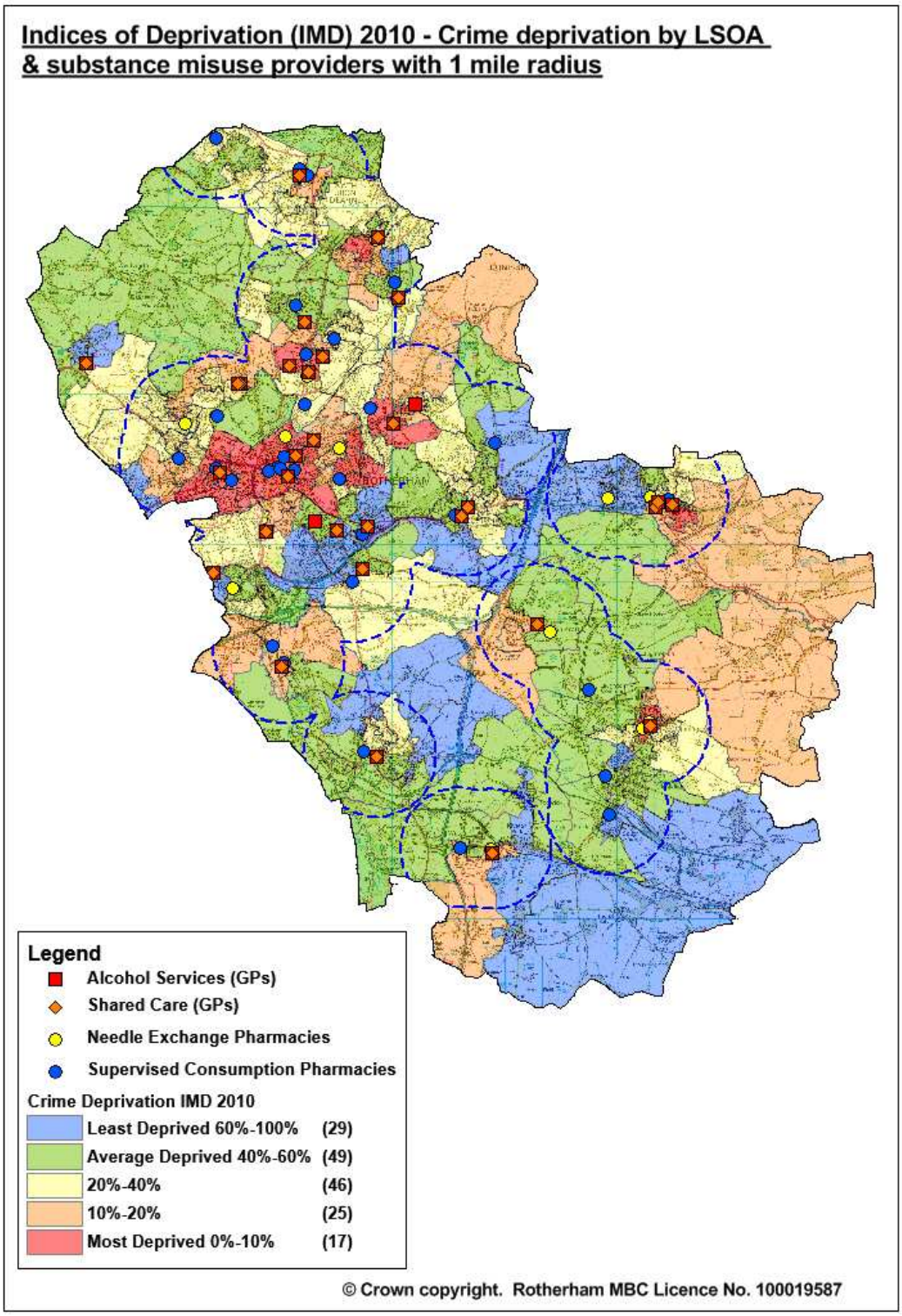
Clients use multiple outlets and are able to exercise choice in the services they access. Pharmacies work in conjunction with the Drug Service and are provided with advice, support and have regular visits from the Drug Service Team. One pharmacy, central to Rotherham also hosts drug workers sessions three times each week.

The map shown in *figure 5* shows the distribution of Community Pharmacies which provide both the supervised consumption and needle exchange services and the immediate population they serve. This has been approximated by plotting an average aerial distance of one mile for all pharmacies. The background map shows Crime Deprivation figures from 2010. Substance misuse issues have a strong relationship with areas of high crime rates. *(Public Heath England Alcohol and Drugs JSNA Supporter pack Rotherham November 2013)*

In addition related Shared Care services provided by accredited GPs are also depicted to demonstrate the overall coverage of these services.

Both the Supervised Consumption and Needle Exchange services are commissioned by RMBC.

Figure 5 Map showing location of pharmacies providing the Substance Misuse Services



c) Emergency Hormonal Contraception (EHC)

Community Pharmacy is an important provider of sexual health services to young people in Rotherham. The service reflects the Department of Health guidance and promotes an integrated approach.

The EHC service incorporates:

- Emergency Hormonal Contraception and related advice.
- Information and signposting.

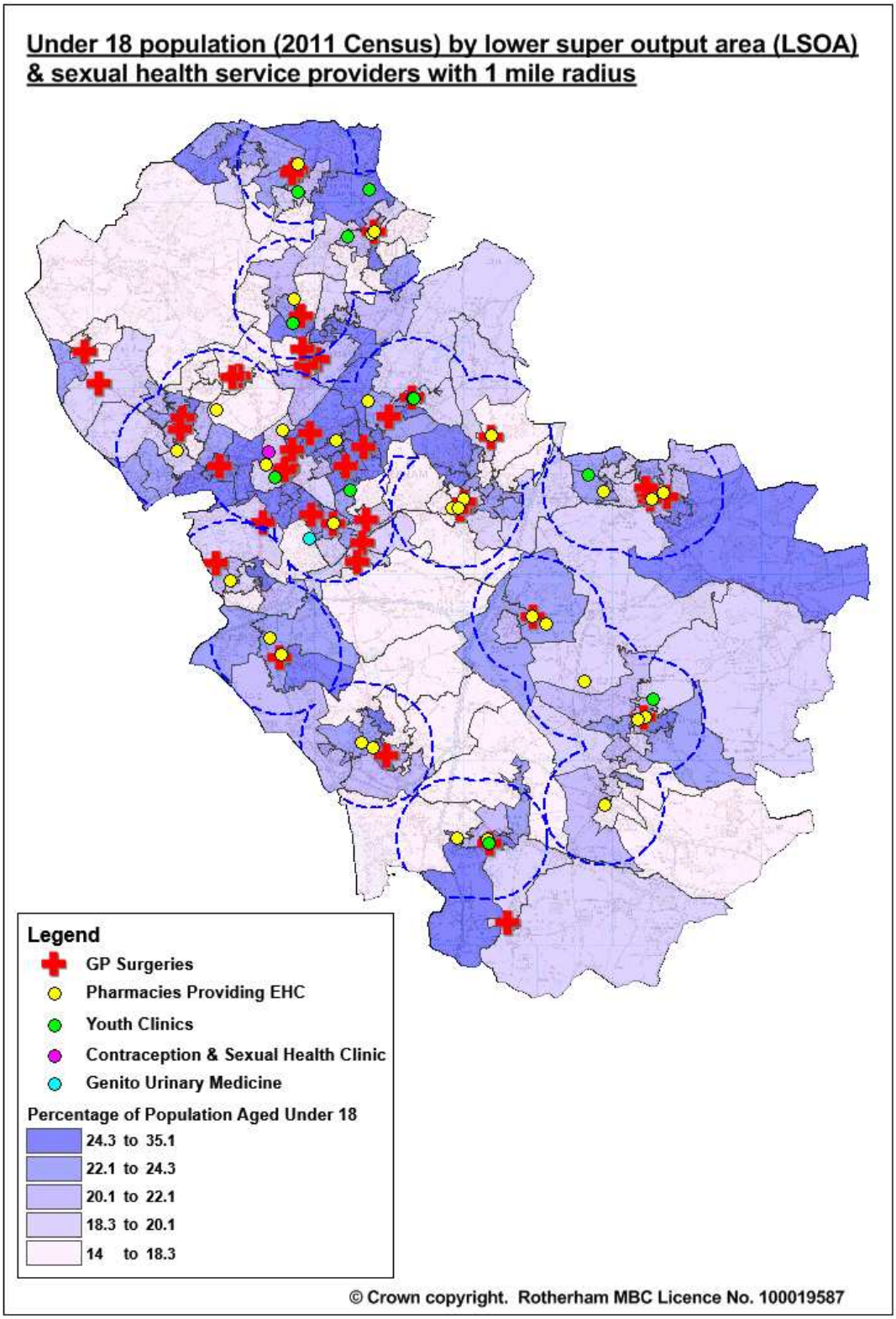
Safer sex messages are crucial in improving the health of sexually active young people in Rotherham and contribute to the multi- agency approach that helps reduce the rate of unwanted conceptions and pregnancies.

There are currently 33 (52%) Community Pharmacists that provide the EHC service (RMBC data June 2014). This service is commissioned by Rotherham MBC.

The map shown in *figure 6* shows the distribution of Community Pharmacies which provide EHC and the immediate population they serve compared to the levels of the population under 18. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

In addition similar services provided by GP practices, Youth Clinics and specialist Clinics are also depicted to demonstrate the overall coverage of these services.

Figure 6 Map showing location of Sexual Health Services



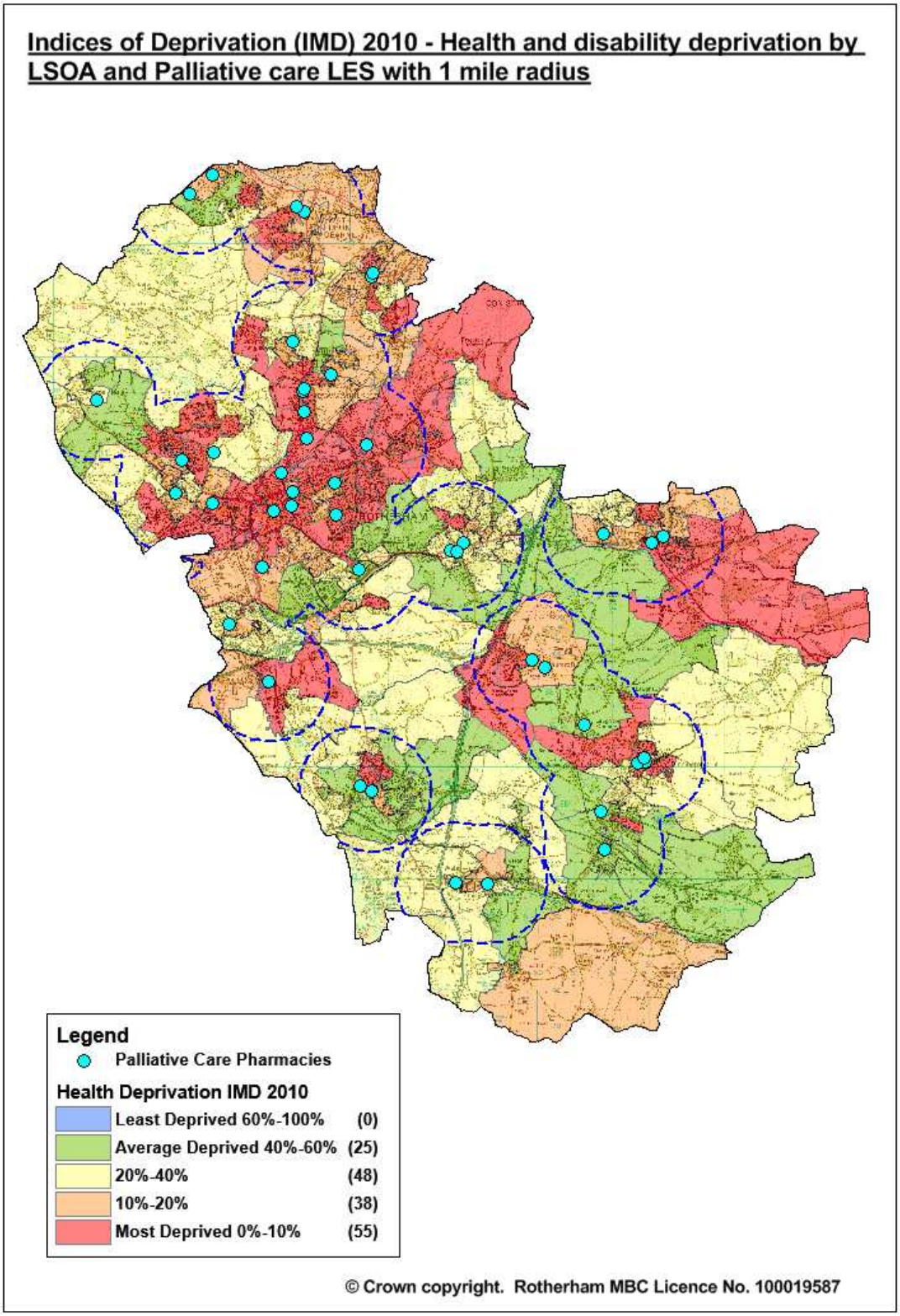
d) Palliative Care Drug Provision

Palliative Care Drugs are specialist medicines that are not routinely available in all Community Pharmacies. The aim of the palliative care drug provision service is to ensure the availability of palliative care drugs at participating pharmacies across Rotherham thus GPs and community nurses have access to the medication when required. The scheme can be provided by any Rotherham Pharmacy.

There are 46 pharmacies (67%) that provide the Palliative Care service *(figure 6)* (Rotherham CCG data November 2014). This service is commissioned by Rotherham CCG.

The map shown in *figure 7* shows the distribution of Pharmacies which provide the Palliative Care Service and the immediate population they serve compared to Health and Disability deprivation levels. This has been approximated by plotting an average aerial distance of one mile for all pharmacies.

Figure 7 Map showing location of Palliative Care services



e) Stop Smoking Support

Yorkshire Smoke Free service is provided by the South West Yorkshire Partnership NHS Foundation Trust. They work with Rotherham pharmacies to provide stop smoking medications and specialist advice across the borough. The comprehensive service provides evidence based stop smoking support to people who are motivated to quit.

There are 47 pharmacies (75%) that provide the Stop Smoking Service in Rotherham with the majority able to offer Champix® (a specialist prescription only medication (Yorkshire Smoke Free data November 2014). This service is commissioned by RMBC.

f) Seasonal Influenza Vaccination

Influenza vaccine has been recommended in the UK since the late 1960s and had been provided by the NHS to a variety of patient groups in Rotherham through pharmacies since 2010.

During the seasonal influenza vaccination campaign period for 2014-2015, pharmacy staff will identify people who fall within the agreed target groups who are a priority for influenza vaccination and will encourage them to be vaccinated, making that offer during the period from 1st August to 31st March.

The purpose of the Community Pharmacy Seasonal Influenza Vaccination Service is to ensure that patients have choice of where to access flu vaccinations and offer extended range of venues and times available. It is an extension of the GP service.

Patient eligible to receive the service are:

- people over 65 years
- adults aged from 18 – 65 years in a specified risk group
- pregnant women
- carers

Eligible patients who do not have any contra-indications to vaccination will be offered vaccination by a pharmacist at NHS expense.

10. Non-commissioned services provided by Pharmacies

Most pharmacies provide additional services, which are either free of charge or provided for a fee depending on the either the service or the level to which patients require advice, products or support.

Pharmacies advertised these services though the pharmacies themselves and or via websites.

Each pharmacy will have its own set of criteria for a service and /or to which point a charge may occur. In Rotherham these include:

Home Delivery and Prescription Collection Services: Are offered to patients to varying degrees at Community Pharmacies across Rotherham. Housebound patients and those with large, bulky prescription items are offered this at no charge by the majority of pharmacies.

Community Dosage Systems: Pharmacies can provide a variety of aids and advice to patients to support them in making it easier for patients to take medications and remember their medications. This may be undertaken by a formal assessment. Depending on the outcome, a community dosage system (or tablet tray) may be recommended. If it is determined by the pharmacist a dosage system is most appropriate option, medicines will be dispensed this way at no cost to the patient. Some pharmacies offer this service to other patients either free or at a small charge if they simply find this method of dispensing convenient.

Travel Advice and Medication: Travel advice and medications for the prevention of travel related illnesses are available in varying degrees across Rotherham. Depending to the individual's requirements, medications to prevent malaria can be purchased. Travel vaccinations such as Yellow fever, may shortly be available in the area through pharmacies.

Blood Pressure and Healthy Heart Checks: Pharmacies across Rotherham offer combinations of tests. These can include:

- Blood pressure, blood glucose and cholesterol measurement
- Calculation of Body Mass index (BMI)

In conjunction with lifestyle consultations and medical and family histories, they can provide specific guidance and advice to patients to improve their health or refer patients to the healthcare providers. Weight management support is often available through Rotherham pharmacies.
(Data: Pharmacy own websites –accessed September 2014)

F: Access to NHS Services

The following NHS services are deemed to affect the need for Pharmaceutical Services within Rotherham

1. GP and Dispensing Doctor 'Out-of-Hours' service provision

There are 36 GP practices (including 4 Dispensing Doctors surgeries) in Rotherham (NHS England June 2014)

Rotherham has less than the national average of GPs per 100 thousand head of population. Rotherham has approximately 58 GPs compared to the national average of 68 *(Source May 2013: NHS Health and Social Care Information centre statistics www.hsci.gov.uk).*

Personal administration of items by GPs reduces the demand for the dispensing essential service. Items are sourced and personally administered by GPs and/or practice nurses, saving patients having to take a prescription to a pharmacy, for example for a vaccination, in order to then return with the vaccine to the practice so that it may be administered.

Care UK provides an 'Out-of Hours' GP service specifically for those who have an urgent need, and cannot wait until surgery opening hours. They are open Monday to Friday from 6.30pm to 8.30am, and for 24 hours at weekends and during bank holidays. It is accessed by patients calling their normal GP's normal telephone number. More information is available via:

http://www.careuk.com/rotherham-out-hours

2. Hospital Pharmacies

Rotherham is service by one main Hospital, the Rotherham NHS Foundation Trust. The main Rotherham Hospital site is situated two miles south of Rotherham town centre within close proximity to the M1 and M18 motorways. They operate a large number of community services out of other sites across Rotherham including Rotherham Community Health Centre, close to the town centre.

There are two pharmacies located in Rotherham General Hospital who do not hold contracts to dispense regular prescriptions (FP10s). They are registered Pharmacies with the General Pharmaceutical Council (GPhC), the governing body for all pharmacies.

One mainly dispenses out-patient hospital prescriptions; however they do sell a small range of Over the Counter (OTC) medications. They stock specialised

Prescription Only Medications (POM). The other pharmacy provides a wide selection of OTC medicines for the public to purchase and provides advice on medications; therefore reduce the demand for Essential pharmaceutical services.

3. Alcohol and Drug Misuse Services

Rotherham MBC Drug and Alcohol team work in partnership with other key stakeholders including General Practitioners, the criminal justice system, Health Professionals, users and carers.

***Alcohol Misuse*:** GPs and specialists alcohol workers employed by RDaSH provide a primary care alcohol service as part of the Rotherham alcohol treatment service. There are 34 GP practices (94%) that are providing the alcohol screening programme via a local commissioned service (RMBC data July 2014).

Shared Care: GPs and specialists drug workers employed by RDaSH provide a primary care service as part of the Drug Misusers treatment service. There are 31 GP practices (86%) that are providing the Shared Care via a local commissioned activity (RMBC data July 2014).

There is a comprehensive consultant led specialist service, Clearways which is located in the town centre.

Rotherham's main source of advice, information and resources for young people, their parents/carers and professionals on Alcohol and its associated issues is the Call it a night website.

More information on can be found at:
http://www.callitanight.co.uk/

In addition, Lifeline, Milton House Project based on Sheffield road provides a telephone and drop in service providing advice.

4. Obesity Services

Rotherham services are currently under review. At this point in time services available as part of Rotherham's Healthy weight framework. This is a trier approach which addresses various needs of patients. Rotherham residents are provided by Rotherham Institute for Obesity (RIO), Reshape Rotherham the Carnegie Clubs.

More details are available via the RMBC website:
http://www.rotherham.gov.uk/info/200048/health_and_wellbeing/599/get_help_looking_after_your_weight

5. Healthy Start Vitamins

Healthy Start is a means tested scheme. Women and children getting Healthy Start food vouchers are also entitled to free vitamin supplements.

Healthy Start vitamins are specifically designed for pregnant and breastfeeding women and growing children.

Healthy Start vitamins are offered currently available through 22 Children's centres across the Rotherham borough (RMBC data January 2015). From 1st April 2015 this will reduce to 12 (although the entire borough will continue to be covered by the remaining centres).

More information on Healthy Start can be found at

http://www.healthystart.nhs.uk/healthy-start-vouchers/

6. Sexual Health Services

S Word Rotherham: Help72 forms part of Rotherham's Sexual Health and Teenage Pregnancy Strategies and is an element of the 'S Word' Services, which are aimed at improving access to EHC with a view to reducing unplanned pregnancies.
The Contraception and Sexual Health services commissioned for Rotherham include a wide variety of Clinics and Out-reach services, which are tailored to specific populations. They include: Youth Start, CASH and Call it a Night.

More details are available via the S Word website
http://www.s-wordrotherham.co.uk/

7. Prescriber Support Service

Rotherham Medicines Management Team (MMT) (currently part Rotherham CCG), support all aspects of Practice Prescribing, offering advice and support to practices. They produce local guidelines in accordance with NICE and other national guidelines working closely with Rotherham Foundation Trust and RDaSH. The team provide medicines information support to GP Practices, Rotherham Health Community Services and on occasion Community Pharmacies.

Rotherham NHS Foundation Trust (RFT or Rotherham Hospital) Pharmacy Department also provide support through their Medicines Information Services to both primary and secondary care medical teams, nursing, pharmaceutical and other NHS staff as well as patients.

8. Medication Review Service

Rotherham CCG has a Medicines Management Team who provides a range of services. When practices require a medicines review for their patients e.g. In specific therapeutic areas, patient groups or for individual complex or unusual patient need then they are able to provide this service.

~~9.~~ Nutritional Products

The provision of Gluten Free food products and nutritional supplements (including specialised feeds) to Rotherham residents is provided by the Dietetic service based at The Rotherham Foundation Trust.
Vouchers, similar to prescriptions, are issued by the service. They can be dispensed by any pharmacy, just like a prescription. The service is commissioned by Rotherham CCG.

10. Stoma and Continence Services

In Rotherham most continence and stoma appliances are prescribed by specialist nurses working in a centralised service. This service issues the patient with a regular prescription (FP10) for the necessary products. The prescription is sent to either a community pharmacy or a Dispensing Appliance Contractor (DAC) as nominated by the patient depending on their preference.

11. Mental Health Services

A single point of access is available to the specialist mental health services where referrals are reviewed and allocated according to their need for the most appropriate follow-up from the service.

Rotherham CCGs largest mental health contract is with Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH) providing Children and Adolescent Mental Health Services (CAMHS), adults and older people's mental health services.

Other services are provided by Sheffield Care and Social Care Trust (SHSC) and South West Yorkshire Partnership Foundation Trust (SWYPFT) and through the voluntary sector.

12. Translation Services

Translation or Interpretation services in Rotherham are commissioned by NHS England from two providers and can be accessed by healthcare professionals.

- Sheffield Community Access and Interpreting Service (SCAIS) for language assistance and interpreters.
- Action on Hearing loss for Sign language and interpreter services.

G: Pharmaceutical Services – Future Provision

1. Necessary Pharmaceutical Service - Gaps in Provision

a) General Access

Rotherham is well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100 thousand head of population. The availability of Community Pharmacies across the borough is adequate and necessary to meet need.

NHS Rotherham patients can access supplies of appliances from a range of appliance contractors nationally, one who is based in Rotherham. Community pharmacies within Rotherham also supply appliances.

The Contractual Framework for Community Pharmacies require them to have monitoring arrangements in respect of compliance with the Disability Discrimination Act 1995 in place (in terms of facilities and patient assessments), thereby pharmacies that do not have wheelchair access have another mechanism of enabling access.

There are no known access problems to pharmacies for patients with disabilities.

Patients choose where they have their prescriptions dispensed. This includes any available registered internet pharmacy. Rotherham has six distance selling pharmacies; however there are other internet pharmacies outside the boundaries of Rotherham which are used by some Rotherham registered patients.

Rotherham residents currently exercise their choice of where to access pharmaceutical services to a considerable degree. Within Rotherham the 63 Community pharmacies are operated by 26 different contractors, and one DAC. Outside of the area residents chose to regularly access a further 18 pharmacies.

Based on the information available at the time of developing this PNA no current gaps in the provision of Essential Services have been identified

b) Weekend and Extended Hours

Community Pharmacies in Rotherham are accessible and offer extended opening times (often late into the evenings or at weekends) to suit patients and consumers, including 100 hour pharmacies that give good geographical cover.

Based on the information available at the time of developing this PNA no current gaps in the provision of essential services outside normal working hours have been identified

c) Access to Advanced and Enhanced Services

NHS England may commission these services. The Seasonal Flu Vaccination service is currently only Enhanced service commissioned in Rotherham. Both the MUR and NMS services are provided by most pharmacies in Rotherham. Although very few pharmacies provide either the Advance Services associated with medical appliances, Rotherham has an overarching Stoma and Continence service that encompasses these elements.

Based on the information available at the time of developing this PNA no current gaps in the provision of Advanced or Enhanced Services have been identified

2. Improvements and Better Access to Pharmaceutical Services

a) General Access

The areas of Thorpe Hesley and Thrybergh are less well served than other localities with reduced local access to Essential and Advanced pharmaceutical services. There may be a need for longer opening hours particularly at weekends.

The residents of Todwick, although they sit outside a 1 mile aerial radius of any pharmacy and have restricted access to pharmaceutical services, have good transport links, both private and public to nearby health services. A recent pharmacy application for the area, looked in to the needs of the residents in great detail and the application was considered to not to provide better access to pharmaceutical services.

To improve communication to both the public and other Healthcare professionals all pharmacies should make full use of NHS choices to promote their services.

Community Pharmacies should be encouraged to ensure that their opening hours reflect the needs of the population and GP practice opening hours.

Based on the information available at the time of developing this PNA there are two towns within Rotherham that pharmaceutical service provision may improve upon for Essential and Advanced Service by existing pharmacies opening over the weekend.

b) Emergency Planning

Services required in any future event will depend on the nature of the emergency. Rotherham contractors have demonstrated in the past that they can respond to the local needs of patients and provide a network of professionals to deliver effective services.

Rotherham MBC have sort expressions of interest from Rotherham Pharmacies and have 30 pharmacies across the borough ready to work with the Public Health team in developing Emergency planning services. It would be useful to for pharmacies to share business continuity plans with commissioners, particularly Rotherham MBC for the purposes of inclusion of pharmacies in emergency planning activities.

c) Minor Ailments (Pharmacy First)

There is wide spread coverage of the Pharmacy First service in Rotherham. The scheme provides treatment free of charge for non –prescription fee patients for a range of minor ailments. The scheme can be provided by any Rotherham pharmacy.

d) Substance Misuse Services

- Supervised Consumption

The provision of supervised consumption of methadone and buprenorphine (Subutex®) is widespread across the borough; no additional need for provision has been identified.

- Needle Exchange

Although Rotherham has a more extensive coverage for needle exchange having increased greatly over the last few years, there is one area, Greasbrough that would benefit from the provision of a needle exchange service.

The basis for this recommendation is based on previous audits and represents areas with significant numbers of substance misusers living within them who have to travel outside their area to access the service. RMBC will continue to work with pharmacies in these areas to provide greater choice to clients.

e) Sexual Health Services

Overall the provision on the Emergency Hormonal Contraception Service (EHC) via Community Pharmacies is poor. In Canklow, Thorpe Hesley, Brampton and Kilnhurst, through East Rawmarch to Parkgate, there is very little access to any service. There are Community Pharmacies in all these areas which do not offer an EHC service. Although patients can access treatment from other pharmacies and clinics, these areas have some of the highest under 18 years' populations in Rotherham and high levels of deprivation. RMBC Public Health Team intends to work with existing Community Pharmacy contractors to address these gaps.

Doncaster and Sheffield Community Pharmacies provide a similar service, however neighbouring services may be subject to restrictions. The Rotherham MBC service is available free of charge to *all* age groups.

Subject to the provision of appropriate infrastructures, existing pharmacies not currently providing the EHC service should be encouraged to do so to improve access.

f) Palliative Care Drug Provision

Existing pharmacies not currently providing the Palliative Care Service should be encouraged to do so to increase access.

g) Pharmaceutical Advice to Nursing and Residential Homes

Older people in Care Homes are at greater risk of medication errors than most other groups. It is important that patients get the medicines they need when they need them and in a safe way. Across Rotherham there are over 70 residential or nursing homes.

The *Care Homes Use of Medicines Study: prevalence, causes and potential harm of medication errors in care homes for older people".(CHUMS) October 2009* report examined medication prescribing, dispensing, administration and monitoring practices across a number of care homes in England. The study determined the prevalence of errors in these specific aspects of the medicines system.

Anecdotal information collected during the development of this PNA strong suggests that this is the case for Rotherham residents and that there is considerable scope for improvement in how medicines are dispensed, administered and monitored for patients in residential care and nursing home settings. Since publication of the PNA, it has been confirmed that the issue of relating to medicines management in Care Homes is not a gap and not considered to be an essential pharmaceutical service.

The previous 'Enhanced service' to support nursing and homes provided by pharmacies, was not continued nor reviewed as recommend in the previous PNA (January 2011) and was identified gap in service provision.

Based on the information available at the time of developing this PNA there is scope for the development of a Locally Commissioned Pharmaceutical service to provide additional Medicines Management Support to Residential and Care Homes – the annual review in 2016 reveals this is not necessary.

3. Future Health Needs

The key population changes anticipated in Rotherham are the ageing population and the increase in the non-white population. The number of people over 65 is anticipated to increase by approximately 30% by 2025 and the number of over 85s is anticipated to increase by 60%. This will be associated with an increase in people with dementia (50%) and people with social care need (increase of 25% by 2018).

Overall, the target is for 958 new homes to be built in Rotherham each year, however due to market conditions it is more likely that the figure will be in the region of 700.

- **Waverley Community**

An application for approximately 4000 homes and 60,000 square metres of government office accommodation was approved by RMBC Planning Committee in January 2010.

The overall programme at Waverley could take up to 25 years to complete. It is currently estimated that the new Waverley Community will contain up to 3890 new homes, however this could reduce slightly due to the introduction of the High Speed Rail network through the area.

Approximately 180 homes are expected to be to be built each year. The new homes are proving to be very popular and as demand increases, this rate may accelerate to 200-250 per year. As of August 2014, 198 people are currently living at Waverley. It is therefore not anticipated this new community will need additional local health services within the scope of this assessment.

- **Bassingthorpe Farm Communities**

A second new, large-scale community is planned for the Bassingthorpe Farm site. This will be included in the RMBC Core Strategy in September 2014 and if approved, master planning will be carried out over the next 2-3 years. 2,400 homes are planned here at a build rate of 150-200 per year.

Rotherham MBC is unable to estimate the pharmaceutical needs of either of these communities at this early stage.

Based on the information available at the time of developing this PNA no gaps in the need for Essential, Advance or Enhanced Pharmaceutical Services in the specified future have been identified or would they provide improved access and choice.

4. Development of Pharmaceutical Services

The PNA will be used as a tool in commissioning decisions for new pharmaceutical services, where the clinical resource within community pharmacy can be used to maximum effect in meeting the health needs of the Rotherham population and after a holistic review of service provision from all providers. New services or expansion of current services will be dependent on contractor performance on existing services and Rotherham MBC or Rotherham CCG having sufficient financial resources.

There is scope to design and commission a range of new services to be delivered in a community pharmacy setting such as NHS Health Checks.

These services could either give greater access, where these types of services are already being delivered by other healthcare professionals, or result in service re-designs to maximise efficiency savings and improve the quality of patient care.

Public Health Campaigns

One of the essential services that all pharmacies provide is the promotion of healthy lifestyle. Pharmacies are required to deliver up to 6 Public Health campaigns through-out the year to promote Healthy Lifestyles, although these campaigns are directed by local NHS England Team, Rotherham HWB would expect them to reflect the Public Health priorities for Rotherham.

- Alcohol
- Smoking
- Obesity
- Dementia
- Mental Health
- Physical Activity

- **Making Every Contact Count**

Making Every Contact Count (MECC) is an evidence based framework that looks at disease prevention and lifestyle behaviour change. A significant difference can be made through directing people to local services, brief interventions for behaviour change and through intensive actions throughout the public sector. MECC creates the potential to put behaviour change at the centre of every customer contact.

The aim of MECC is to use each contact with a customer to offer the appropriate opportunistic brief advice in support of behaviour change. The principles of MECC fit with the Public Health Campaigns and Signposting elements of the Pharmacy Contract.

- **Dementia**

Dementia affects everyone differently. No two people with dementia are the same.

When a person has dementia it is important that they are encouraged and supported to look after their physical and mental health, for example eating healthily, taking part in physical activity, keeping warm, limiting alcohol consumption, stopping smoking and enjoying hobbies and interests. The same is true for carers of people with dementia.

Pharmacies can:

- Become Dementia friendly pharmacies http://www.alzheimers.org.uk
- Promote and provide advice and support in relation to stopping smoking, reducing alcohol consumption and maintaining a healthy weight.
- Providing advice and support to carers, signposting people to services and groups within their community.
- Promote the Seasonal influenza vaccination for people with dementia and their carers.
- Become a Dementia Friend

Dementia Friends learn a little bit about what it's like to live with dementia and turns that understanding into action.

https://www.dementiafriends.org.uk

Rotherham Dementia Action Alliance is already working with a local pharmacy chain to build on this to support patients and carers. They are working alongside organisations to encourage, stimulate and support them to develop dementia related action plans and related activities with the objective of developing a genuinely dementia friendly community. In addition Rotherham Public Health, RMBC are keen to support these processes though all Rotherham pharmacies

http://www.dementiaaction.org.uk

- **Drink Aware**

Alcohol has become a normal and accepted part of life, but the amount of alcohol that can be drunk in a day without risking health is less than people might think. Drinkers often cram their drinking into a few sessions, usually on a Friday or Saturday night. However, this way of drinking can not only harm their health, but also put their personal safety and that of others at risk. It can also impact on relationships with family, friends and employers.

Pharmacies can support the locally community by signposting posting patients to services and advising them of information sources such as the Drink Aware website.

http://www.Drinkaware.co.uk

- **Mental Health**

Everyone has mental health like we all have physical health. Wellbeing and good mental health are essential for each of us to reach our full potential. By promoting good mental health and building emotional resilience we can make improvements to peoples physical health, reduce the risk of mental health problems and suicide, promote recovery from mental health problems, reduce risk taking behaviour, improve employment rates and productivity, reduce anti-social behaviour and criminality and increase levels of social interaction and participation.

To promote improved mental health and wellbeing within the general population, a combination of universal approaches which raise awareness and understanding and reduce the stigma around mental illness. There is the need to identify those people within the local population most at risk of developing mental health problems and to develop and target health promoting interventions directly to them.

Pharmacies can:

- Signpost to mental health services and support groups in the community
- Provide advice and support to carers, signposting them to services and groups within their community.
- Promote the Seasonal influenza vaccination for people with mental health problems and carers.
- Sign up to the Time to Change campaign

http://www.time-to-change.org.uk/

Four tiers of support are offered and all clients will be assessed and triaged into appropriate treatment programmes taking the following factors into account:

- Level of addiction using a recognised assessment tool
- Socio-economic classification
- Previous quitting and medical history
- Key target groups

Where appropriate referral to other public health services such as weight management, health trainers, and NHS Health Checks will be offered and documented. Advice on smoke free homes and cars is a key component of every client interaction.

H: Conclusions

Community Pharmacies in Rotherham are well distributed, are accessible and offer a convenient service to patients and members of the public. They are available on week days and at the weekend (often until late at night) without the need for an appointment.

Whilst there is no requirement for any new pharmacy premises in Rotherham to provide essential services, there are opportunities available to maximise existing and future Locally Commissioned Cervices.

Pharmaceutical services which are available need to be advertised more widely and there should be better access to and information about availability of services. By advertising and utilising the skills of community pharmacists significant health improvements can be made to help reduce health inequalities.

There is a need to communicate the range of Essential, Advanced and Locally Commissioned Pharmaceutical Services that each Community Pharmacy is able to provide.

I: Summary relating to Complacence with NHS Regulations 2013, Schedule 1

Current provision – necessary and other relevant services

As described in particular in the section E and required by paragraphs 1 and 3 of schedule 1 to the Regulations, Rotherham HWB has had regard to the pharmaceutical services referred to in this PNA in seeking to identify those that are necessary, have secured improvements or better access, or have contributed towards meeting the need for pharmaceutical services in the area of the HWB.

Rotherham HWB has determined that while not all provision was necessary to meet the need for pharmaceutical services, the majority of the current provision by those on the pharmaceutical list within normal hours was likely to be necessary as described in the section E with the remainder identified in those sections as providing improvement or better access without the need to differentiate in any further detail.

Necessary services – current gaps in provision

As described in particular in the section G and required by paragraph 2 of schedule 1 to the 2013 Regulations, Rotherham HWB has had regard to the following in seeking to identify whether there are any gaps in necessary services in the area of the HWB.

In order to assess the provision of pharmaceutical services against the needs of the population the HWB consider access (distance and opening hours) as the most important factor in determining the extent to which the current provision of pharmaceutical services meets the needs of the population.

Improvements and better access – gaps in provision

As described in particular in the section G.1 and required by paragraph 4 of schedule 1 to the 2013 Regulations, Rotherham HWB has had regard to the following in seeking to identify whether there are any gaps in other relevant services in the area of the HWB.

Rotherham HWB considered the conclusion in respect of whole HWB area. Where a gap in the provision of pharmaceutical services by those on the pharmaceutical list was identified in respect of times and additional services, those are reflected section G.2

Future gaps in provision

Rotherham HWB has had regard to the developments shown in section G.3

Based on the information available at the time of developing this PNA, no additional requirements specific to this locality have been identified either as a need or improvement or better access that would be occasioned by those developments during the lifetime of this PNA.

Other NHS Services

As required by paragraph 5 of schedule 1 to the 2013 Regulations, Rotherham HWB has had regard in particular to section 6 in considering any other NHS Services that may affect the determination in respect of pharmaceutical services in the area of the HWB and are detailed in section F of the PNA.

How the assessment was carried out

As required by paragraph 6 of schedule 1 to the 2013 Regulations:

In respect of how the HWB considered whether to determine localities in its area for the purpose of this PNA, see section B. The Rotherham HWB considered the area a one locality.

In respect of how the HWB took into account the different needs in its area, including those who share a protected characteristic, see sections C and D.

In respect of the consultation undertaken by the HWB, see Appendix 2.

Map of provision

As required by paragraph 7 of schedule 1 to the 2013 Regulations, the HWB has published a map of premises providing pharmaceutical services at figure 1 with a detailed the town centre figure 1b. Appendix 5 also includes additional information to the maps.

J: Sources

All references and web links current as of September 2014

- Association of Public Health Observatories Health Profiles http://www.apho.org.uk/
- Active People Survey http://www.sportengland.org
- CHUMs Care Home Use of Medicines Study Report http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/cfhep/psrp/finalreports/PS025CHUMS-FinalReportwithappendices.pdf
- ImmForm - Department of Health data collection website www.**immform**.dh.gov.uk
- Health and Social Care Information centre http://www.hscic.gov.uk/
- Healthwatch Rotherham http://www.healthwatchrotherham.org.uk/
- NHS Choices http://www.nhs.uk/Pages/HomePage.aspx
- NHS England http://www.england.nhs.uk
- NHS England South Yorkshire and Bassetlaw Area Team Pharmaceutical List June 2014
- NHS Prescription Services http://www.ppa.org.uk/ppa/edt_intro.htm
- NHS Rotherham Pharmaceutical Needs Assessment Patient Survey 2010
- NHS Rotherham CCG website http://www.rotherhamccg.nhs.uk/
- NHS Primary Care Commissioning http://www.pcc.nhs.uk
- Office for National Statistics http://www.statistics.gov.uk
- Pharmaceutical Services Negotiating Committee http://www.psnc.org.uk/
- Rotherham Borough Joint Health and Wellbeing Strategy (2012-2015) http://www.rotherham.gov.uk/info/200048/health_and_wellbeing/812/health_and_wellbeing_board/5
- Rotherham Joint Strategic Needs Assessment 2014 http://www.rotherham.gov.uk/jsna
- Rotherham Metropolitan borough Council Ward profiles http://www.rotherham.gov.uk
- The English Indices of Deprivation 2010 https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010

K: Appendices

1. **Consultation Reply Form**
2. **Consultation Report**
3. **Equality Impact Assessment (EIA) Screening Tool**
4. **Supplementary Service Provision Map**
5. **Key for Supplementary map (including Local Commissioned Services by Pharmacy)**
6. **Glossary of Terms**

Appendix 1 Consultation Reply Form

Rotherham Metropolitan Borough Council
Where Everyone Matters

Pharmaceutical Needs Assessment
Consultation Reply Form

Responses can be completed and sent in online at:

https://www.surveymonkey.com/s/VCM8WX7

Alternatively please complete and return to:

PNA- Public Health Team
Rotherham MBC
Riverside House
Main Street
S60 1EA

Closing date for responses: **30th November 2014**

Any responses received after this date will not be included in the response report, but may be taken into consideration when the document is reviewed

Name	
Contact address including postcode	
Organisation representing (if appropriate)	
Email address	
Brief description of organisation (if appropriate)	

Freedom of Information

We will manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes. The relevant legislation in this context is the Freedom of Information Act 2000 (FOIA) and the Data Protection Act 1998 (DPA).

If you want the information you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals with amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for

disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality will be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on RMBC. RMBC will process your personal data in accordance with the DPA and in most circumstances this will mean that your personal data will not be disclosed to third parties. However, the information you send us may need to be passed on to departments within RMBC and / or published in a summary of responses to this consultation.

I do not wish my response to be passed on to other departments within NHS Rotherham	
I do not wish my response to be published in a summary of responses	

Are you responding?

As a member of the public	
As a health or social care professional	
As a pharmacist / appliance contractor	
On behalf of an organisation	

Area of work:

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

If you are responding on behalf of an organisation, please indicate which type of organisation you represent:

NHS		Trade Body	
Social Care		Independent Contractor to NHS	
Private Health		Manufacturer	
Third Sector		Supplier	
Regulatory Body			
Professional Body		Other (please give details)	
Education			
Trade Union			
Local Authority			

Consultation Comments and Views

Rotherham Health and Wellbeing Board welcome comments and views from all interested parties on the draft Pharmaceutical Needs Assessment (PNA)

Q1. Do you feel that the purpose of the PNA has been explained sufficiently?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q2. Do you feel that the information contained within the PNA adequately reflects the current community pharmacy provision within Rotherham?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q3. Do you feel the needs of the population of Rotherham have been adequately reflected?

Yes / No *please circle as appropriate*

If no, please let us know why.

Q4. Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA?

Yes / No *please circle as appropriate*

If yes, please let us know which services.

Q5. Has the PNA given you adequate information to inform your own future service provision? *(Pharmacies only)*

Yes / No *please circle as appropriate*

If no, please let us know why.

Q6. Is there any additional information that you feel should be included?

Yes / No *please circle as appropriate*

If yes, please let us know which organisations should be contacted

Q7. Do you have any other comments?

Yes / No *please circle as appropriate*

If yes, please let us know

Thank you for contributing to the consultation process.

Appendix 2 Consultation Report

Introduction

As part of the PNA process there is a statutory provision that requires consultation of at least 60 days to take place to establish if the pharmaceutical providers and services supporting the population in the Health and Wellbeing Board (HWB) area are accurately reflected in the final PNA document, which is to be published by 1st April 2015. This report outlines the considerations and responses to the consultation and describes the overall process of how the consultation was undertaken.

Consultation Process

In order to complete this process those parties identified under Regulation 8 of the NHS (Pharmaceutical and Local Pharmaceutical Services Regulations) 2013, were consulted to establish if the draft PNA addresses issues that they considered relevant to the provision of pharmaceutical services.

Examples of statutory consulted parties included:

- Rotherham LPC
- Rotherham LMC
- Neighbouring HWB areas such as Sheffield, Doncaster and Barnsley
- Those on the pharmaceutical and doctor dispensing lists.

In addition, other local stakeholders and residents were invited to consult on the draft. This process was undertaken in conjunction with Rotherham Healthwatch.

Healthwatch Rotherham publicised the consultation via their website, Facebook page, Twitter and the October 2014 Newsletter. Members of Healthwatch Rotherham were sent the newsletter directly via email or hard copy with a Self-Addressed envelope to members receiving the newsletter in the post. Copies were made available in the reception area of the Healthwatch Rotherham office in Rotherham Town centre thought out the consultation period.

Healthwatch Rotherham membership consists of over 580 individuals, NHS organisations, heath support groups, GPs, and Rotherham health networks.

Each statutory consultee was contacted via a letter (postal and e-mail) explaining the purpose of the PNA and that as a statutory party, their opinion on whether they agreed with the content of the proposed draft would be welcome. They were directed to the Rotherham Metropolitan Borough Council website to access the document and executive summary, and offered the option of a hard copy if they wanted one.

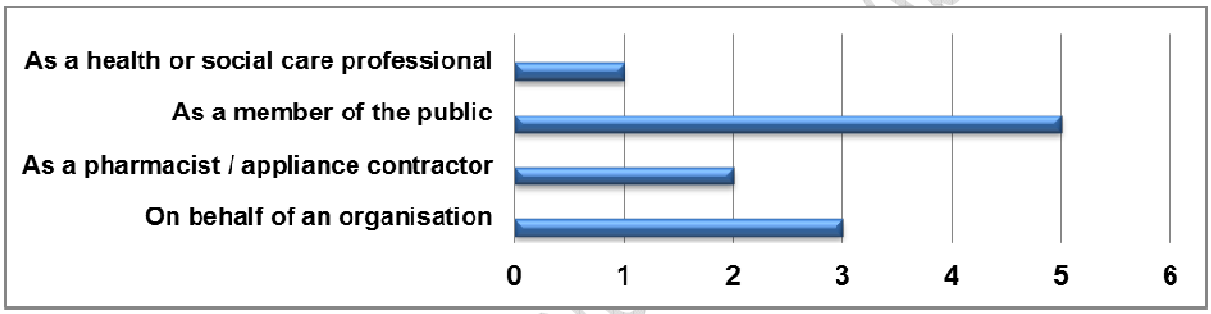
All consultees were given the opportunity to respond by completing a set of questions and/or submitting additional comments. This was undertaken by completing the questions online, via a link or alternatively email, post or paper copy.

The questions derived were to assess the current provision of pharmaceutical services, have regard to any specified future circumstance where the current position may materially change and identify any current and future gaps in pharmaceutical services.

The consultation ran from 1st October 2014 until 30th November 2014.

Results

The consultation received a total of 11 responses, which identified themselves as the following:



Participates in the consultation were not required to compete every question. As a result percentages are derived from the number of responses to the questions rather than the number of overall respondents.

Summary of Responses and Considerations

1. In asking **"Does the PNA reflect the current provision of Community Pharmacy service provision in Rotherham"**, the 55% responded positively, comments were received from 3 of the 5 dissenting parties which stated that they did not understand the question. The other comments and responses are shown below:

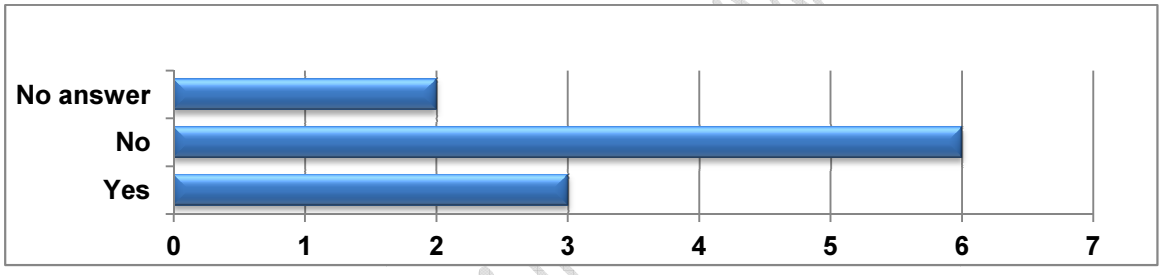
Summary of comments	Response
1. Information was provided by the LPC in reference to typographical errors and questioned patient choice in regard to the stoma continence service being delivered without the use of FP10 prescriptions.	The HWB used the information supplied by commissioners of the services to develop the PNA. These comments will be forwarded to them for information.

2. One comment requested case studies be included in the PNA and noted they were unaware that not all pharmacies provided the same services.	The HBW was pleased to receive feedback from the local community with regards informing the public of services available through the PNA, however determined case studies were not appropriate for the document.

Overall response:

The HWB was pleased to note the high positive response to this question and made corrections to the document in regards to typographical errors.

2. In asking **"Are you aware of any pharmaceutical services currently provided that you are aware of that are not currently highlighted within the PNA"**, the question received the following responses:



The HWB were pleased to see that additional comments were received from all three categories of responses. They are summarised below, with any responses:

Summary of comments	Response
1. A question was raised regarding the format of the document and why some services were described as 'in development' rather than 'current provision'.	At the time of writing the document, some services, although being provided in the past by Community Pharmacies were under development and the exact nature of the service providers was undetermined. Confirmation of the status of these services was sort from the commissioners and the final document update accordingly.
2. A comment was received provided information that additional accredited pharmacists are working in the area and are able to provide the EHC service.	The HWB was pleased to receive this information and forward the details to the service commissioner.

3. The communication between pharmacies and GP was commented on in a positive manner.	The HWB was pleased to receive a positive comment regarding the communication between Primary Care professionals.
4. A concern was raised regarding the time available for patients to get the information they need with regards to medication.	The HBW are not able to consider this as part of the PNA development, however would pass the comment to the LPC for information.
5. Two comments were none-responsive.	

Overall response:

The HWB was pleased to note the responses to this question and additional information received. Both the Influenza vaccination and Stop Smoking Support services are to be included in the Current Provision sections of the final document

3. In asking **"Do you feel the needs of the population of Rotherham have been adequately reflected"**, the majority, 64% responded positively, with four comments offered, as follows:

Summary of comments	**Response**
1. A comment was received that stated "*I do not believe all the population have been*"	The HBW are not able to consider this as part of the PNA development as there is no specific details to address.
2. A comment was a person anecdote regarding the dispensing service at the hospital.	The HBW are not able to consider this as part of the PNA development
3. Two comments were received indicated that there were neutral regarding the question and did not have any opinion either way.	

Overall response:

The HWB was pleased to note the overall positive response to this question

4. In asking **"Has the purpose of the PNA been explained sufficiently"**, the HWB were pleased to note the majority (73%) confirmed that it had, with all three descending respondents adding comments noting that the document was not simple to understand, however no suggestions were made to address this. The HWB noted that these comments were from members of the public rather than statutory consultees and did not provide contact information for follow up.

The HWB was pleased to note the high positive response to this question. In order to publish the document in a more user friendly way, the final PNA will be made available on the RMBC website in several formats, one of which will be in smaller 'bite size' sections, in the same style as the Rotherham JSNA

5. Pharmacies were asked specifically **"Has the PNA given you adequate information to inform your own future service provision",** the HWB were pleased to note all the responses from pharmacies and pharmacy organisations replied positively.

6. Respondents were given the opportunity to provide any other comments on the draft PNA. Seven chose to summit further comments. These are summarised in the tabled below with responses:

Comments	Response
1. An opinion was given, which indicated that although pharmacies want to deliver some services, it is perceived not to be financially viable.	The HWB are unable to consider this issue as part of the PNA process; however we have noted the comment. The information will be forwarded the to the service commissioners.
2. Updated information regarding job tiles and roles were submitted.	Amendments for accuracy were made during the consultation period.
3. It was noted that some repetition had occurred in the document.	Unnecessary duplications were removed from the document.
4. A query regarding consistency of questions asked during the consultation by different formats, i.e. on-line and paper was raised.	The survey questions were revised prior to consultation, which involved and an external organisation. Both sets of responses were considered during the process.

5. A question was raised regarding the opening hours used in the determinations.	The hours used in the determination were provided by NHSE Area Team. Opening times are available via the NHS choices website.
6. A question was raised regarding the plotting of pharmacies on the maps produced.	The HWB board reviewed the statutory map and determined that, for clarification a more detailed area map would be included of the town centre so pharmaceutical services could be more easily identified.
7. A comment was received which highlighted the restrictions relating to 'directing services' through the pharmacy application process as the majority of new pharmaceutical services are now commissioned via CCGs or LAs.	The HWB welcome the comment, however this falls outside the scope of the PNA.
8. The following comment was submitted. "Good piece of work."	The HWB were pleased to receive such a positive comment.
9. Concerns were raised regarding the communication between GP surgeries and pharmacies.	The HWB are unable to consider this issue as part of the PNA process, however noted that comments of an opposite nature were also received during the consultation.
10. A queried was raised regarding public engagement in the PNA consultation.	The HWB worked with Healthwatch Rotherham to conduct the public engagement element of the consultation due to its relationship with the community and patients groups. The general public also had the opportunity to access the consultation via the RMBC website.
11. A comment was made regarding the hospital pharmacy service.	The HWB are unable to consider this issue as part of the PNA process.

The HWB was pleased to receive additional information and points of accuracy. The following amends were made in response:

- Unnecessary duplications removed
- Additional detailed map of the town centre included
- Contributors details updated

Additional Processes Undertaken During the Consultation Period

Refresh of data from service commissioners: Each of the commissioning organisations and the leads for each of the LCS, including Enhanced services, were asked to confirm the information provided to inform the PNA and provide updates on either developments or provision of those services described in the draft for consultation. Updated information received and was integrating into the document; however, this did not affect the original determinations made.

Meetings: A range of meetings were held as part of the consultation process. This was to provide an additional opportunity for determinations to be discussed and information to be verified. They included:

- Healthwatch Rotherham
- Rotherham LPC
- Joint meeting of the neighbouring PNA steering groups.

As a result of these meetings the following actions were taken:

- Additional information was added to the maps to identify dispensing practices and appliance contractors.
- An additional section at the end of the conclusions, was included to clarify how the document meets the regulatory requirements

Conclusions

The HWB would like to thank those who participated in the consultation process. The information gleaned was constructive and helpful. The consultation did not result in any major changes to the document, or any of its determinations, however provided valuable feedback on key factors.

Appendix 3 Equality Impact Assessment (EIA) Screening Tool

Under the Equality Act 2010 Protected characteristics are age, disability, gender, gender identity, race, religion or belief, sexuality, civil partnerships and marriage, pregnancy and maternity.	
Name of policy, service or function. If a policy, list any associated policies:	Pharmaceutical Needs Assessment (PNA)
Name of service and Directorate	Public Health (NAS) on behalf of the Rotherham HWB.
Lead manager	Sally Jenks
Date of Equality Analysis (EA)	Review date – June 2014
Names of those involved in the EA	Sally Jenks Joanna Hallatt
Aim/Scope Since April 2013 Local Authorities have assumed responsibility for the production and maintenance of the PNA. The Health Act (2009) states the requirements for Local Authorities to publish the PNA as the basis for determining market entry to NHS Pharmaceutical Service provision. PNAs form the basis of market entry tests for pharmacy contract applications. As there is no "right of appeal" against a PNA, the risks of not following the published Regulations and Guidance could result in the Local Authority being taken to Judicial Review.	
What equality information is available? Include any engagement undertaken and identify any information gaps you are aware of. What monitoring arrangements have you made to monitor the impact of the policy or service on communities/groups according to their protected characteristics? Information use to inform the production of this document has been sourced from: • The JSNA • The Director of Public Health's Annual Report (2013-2014) • Public Health Rotherham • Pharmaceutical Service Providers • The Census • LPC • LMC • Healthwatch	
Engagement undertaken with customers. (date and group(s) consulted and key findings)	The following have commented and contributed or, been invited to comment and contribute to the draft consultation via the following meetings: • Stakeholder Involvement meeting (13/08/14) • Healthwatch Rotherham • LPC open meetings (00/00/14 - 11/09/14) • LMC open meeting (00/00/14) • RFT • RDaSH • Rotherham CCG • NHS England • Neighbouring HWB – Barnsley, Bassetlaw, NE Derbyshire, Doncaster, Nottinghamshire. No significant changes made to the draft document as a result of the pre consultation exercise.
Engagement undertaken with staff about the implications on service users (date and group(s)consulted and key findings)	The draft consultation document has been to the following meetings: • Public Health DLT (15/09/14)

	• NAS DLT (16/09/14) • Cabinet Member: Education & Public Health Services (16/09/14) • Health & Wellbeing Board (01/10/14) No significant changes made to the draft document as a result of the pre consultation exercise.

The Analysis

How do you think the Policy/Service meets the needs of different communities and groups?
The PNA Regulations clearly outline the process for the engagement and consultation process. Healthwatch Rotherham is conducting the community consultation element.

The guidance extends to publishing and availability for the consultation, see below:

(4) The persons consulted on the draft under paragraph (2) must be given a minimum period of 60 days for making their response to the consultation, beginning with the day by which all those persons have been served with the draft.
(5) For the purposes of paragraph (4), a person is to be treated as served with a draft if that person is notified by HWB1 of the address of a website on which the draft is available and is to remain available (except due to accident or unforeseen circumstances) throughout the period for making responses to the consultation
(6) If a person consulted on a draft under paragraph (2)—
(a) is treated as served with the draft by virtue of paragraph (5); or
(b) has been served with copy of the draft in an electronic form, but requests a copy of the draft in hard copy form, HWB1 must as soon as is practicable and in any event within 14 days supply a hard copy of the draft to that person (free of charge).

Analysis of the actual or likely effect of the Policy or Service:

Does your Policy/Service present any problems or barriers to communities or Group? The assessment will have a neutral impact

Does the Service/Policy provide any improvements/remove barriers? The PNA forms the basis for determining market entry to NHS Pharmaceutical Service provision, and provides the evidence base for any subsequent changes in local provision.

What affect will the Policy/Service have on community relations?
The policy will have a neutral impact

Website Key Findings Summary: To meet legislative requirements a summary of the Equality Analysis needs to be completed and published. This document will be an appendix in the published PNA.

Equality Analysis Action Plan

Time Period – Original Review June 2014, re-reviewed October 2014

Manager: SM Jenks, Service Area: Public Health

Title of Equality Analysis: Pharmaceutical Needs Assessment

If the analysis is done at the right time, i.e. early before decisions are made, changes should be built in before the policy or change is signed off. This will remove the need for remedial actions. Where this is achieved, the only action required will be to monitor the impact of the policy/service/change on communities or groups according to their protected characteristic. List all the Actions and Equality Targets identified.

Action/Target	State Protected Characteristics (A,D,RE,RoB,G,GI O, SO, PM,CPM, C or All)*	Target date (MM/YY)
Draft PNA available for the 60 day public consultation period	All	01/10/2014
Final PNA published and available to access	All	01/04/2015

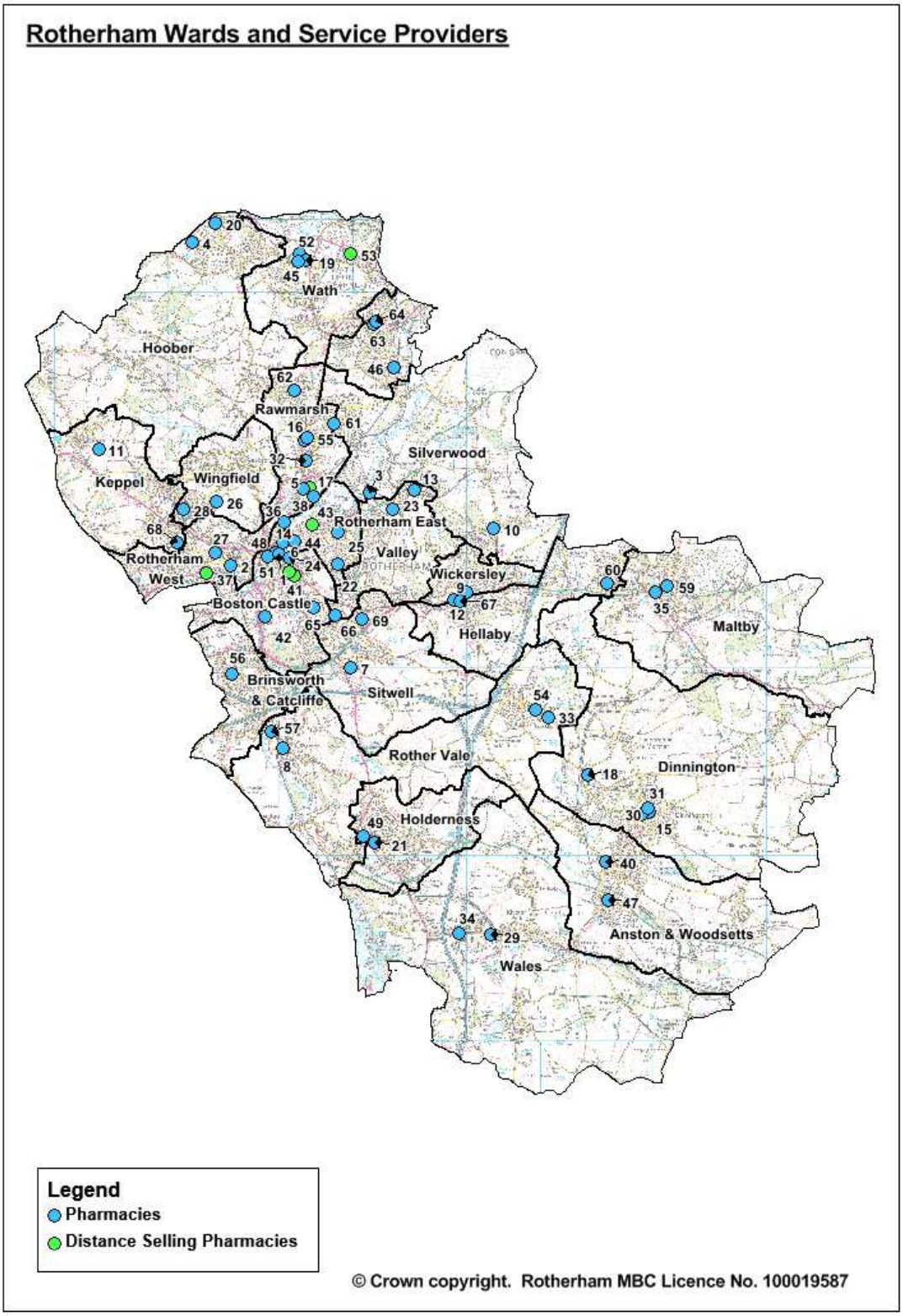
Name Of Director who approved Plan	**Dr J Radford**	**Date 10/09/2014**	

*A = Age, C= Carers D= Disability, G = Gender, GI Gender Identity, O= other groups, RE= Race/ Ethnicity, RoB= Religion or Belief, SO= Sexual Orientation, PM= Pregnancy/Maternity, CPM = Civil Partnership or Marriage.

Website Summary – Please complete for publishing on our website and append to any reports to Elected Members, SLT or Directorate Management Teams

Completed Equality Analysis	Key findings	Future actions
Directorate: Public Health (NAS)..... **Function, policy or proposal name:** **Pharmaceutical Needs Assessment** **Function or policy status:** New **Name of lead officer completing the assessment:** Sally Jenks **Date of assessment:** June 2014	The PNA development process (including this analysis) has provided : A current assessment of Pharmaceutical Service provision within Rotherham. Identified any potential gaps in provision which require further exploration. Considered the demographic & geographic data held within the JSNA in the Analysis.	Publication of supplementary statements highlighting any changes to pharmaceutical service provision. Re - review should any significant changes occur locally.

Appendix 4: Supplementary Service Provision Map



Appendix 5: Key for Supplementary map (including Local Commissioned Services by Pharmacy)

	Pharmacy Name	Address		Postcode	Consultation Room	Pharmacy First Minor Ailments	Emergency Contraception	Palliative Care	Supervised consumption	Needle & Syringe Exchange	Medicines Use Review	New Medicines Service	Appliance Use Review	Stoma Appliance Customisation
1	Abbey Pharmacy Ltd	19 - 21 Howard Street	Rotherham	S65 1JQ										
2	Archway Pharmacy	Arch 5 Coronation Bridge	Kimberworth	S61 1AA										
3	Asda Pharmacy	Asda Superstore	Aldwarke Lane	S65 1AA										
4	Boots the Chemist	Unit 2	Cortonwood	S73 0TB										
5	Boots the Chemist	Stadium Way	Retail World	S62 6JQ										
6	Boots the Chemist	Howard Street	Rotherham	S65 1JQ										
7	Brookside Pharmacy	2a Turner Lane	Whiston	S60 4HY										
8	Cohens Chemist	10b Station Street	Treeton	S60 5PN										
9	Well Pharmacy	Poplar Glade	Wickersley	S66 2JQ										
10	Well Pharmacy	6 Hollings Lane	Ravenfield	S65 4PU										
11	Well Pharmacy	Sough Hall Avenue	Thorpe Hesley	S61 2QJ										
12	Well Pharmacy	206 Bawtry Road	Wickersley	S66 1AA										
13	Well Pharmacy	22 Park Lane	Thrybergh	S65 4BT										
14	Cryer A Pharmacy	1 Kenneth Street	Rotherham	S65 1AB										
15	Dinnington Pharmacy	Dinnington Surgery	Dinnington	S25 2EZ										
16	Eightlands Pharmacy	The High Street Surgery	Rawmarch	S62 6LW										
17	Good Measure	Unit 18 Alexander Centre	Parkgate	S62 6JE										
18	Heritage Pharmacy	6 Heritage Court	Dinnington	S25 3SA										
19	J. M. McGill Ltd - Wath	37 High Street	Wath-Upon-Dearne	S63 7QB										
20	J.M. McGill Ltd - Knollbeck Pharmacy	65 Knollbeck Lane	Brampton	S73 0TW										
21	Lloyds Pharmacy - Aston	Aston cum Aughton Centre	Aston	S26 4WD										
22	Lloyds Pharmacy - Badsley Moor Lane	Central Parade	Badsley Moor Lane	S65 2QN										
33	Lloyds Pharmacy - Dalton	Eden House, Magna Lane	Dalton	S65 4HH										
23	Lloyds Pharmacy - Doncaster Gate	Rotherham Health Village	Doncaster Gate	S65 1DW										
24	Lloyds Pharmacy - Doncaster Road	239 Doncaster Road	Rotherham	S65 2DE										
25	Lloyds Pharmacy - Fenton Road	Fenton Road	Greasbrough	S61 4RD										
26	Lloyds Pharmacy - Kimberworth Road	19 - 21 Kimberworth Road		S61 1AB										
29	Lloyds Pharmacy - Kimberwoth Park	31-33 Langdon Road	Kimberworth Park	S61 3JL										
27	Lloyds Pharmacy - Kiverton Park	99 Wales Road	Kiveton Park	S26 6RA										
28	Lloyds Pharmacy - Laughton Road Dinnington	31 - 33 Laughton Road	Dinnington	S25 2PN										
30	Lloyds Pharmacy - New Street Dinnington	New Street	Dinnington	S25 2EX										
31	Lloyds Pharmacy - Parkgate	45C Rawmarsh Hill	Parkgate	S62 6DP										
32	Lloyds Pharmacy - Thurcroft	65 Green Arbour Road	Thurcroft	S66 9DP										
63	Lloyds Pharmacy - Wales	7- 8 The Square	Wales	S26 5QN										
34	Maltby Pharmacy	8 Blyth Road	Maltby	S66 8JD										
35	Lo's Pharmacy	NHS Rotherham Community Health	Greasbrough Road	S60 1RZ										
36	Medwin Pharmacy	Unit A10 Meadowbank Industrial Estate	Rotherham	S61 1EE										
37	Morrison's Pharmacy	Stadium Way	Retail World	S60 1TG										
38	Morrison's Pharmacy	Cortonwood Retail Park	Brampton	S73 0TB										
39	North Anston Pharmacy	14 Quarry Lane	North Anston	S25 4DB										
40	PharmacyDelivered4U	145-147 Wellgate	Rotherham	S60 2NN										
41	Rotherchem	255 Canklow Road	Rotherham	S60 2JH										
42	Rotherham Direct Pharmacy	36 Shakespear Road	Rotherham	S65 1QY										
43	Rowlands Pharmacy	72 - 78 York Road	Rotherham	S65 1PW										
44	Rowlands Pharmacy	2 Church Street	Wath-Upon-Dearne	S63 7QY										
45	S. K. Lo Pharmacy	30a Highthorn Road	Kilnhurst	S62 5UP										
46	South Anston Pharmacy	13 Sheffield Road	South Anston	S25 5DT										
47	Superdrug Pharmacy	12 Howard Street	The Cascades	S60 1QU										
48	Weldricks Pharmacy	31/33 High Street	Swallownest	S26 4TT										
49	Swift Delivery Pharmacy	210B Wellgate Road	Rotherham	S60 2PD										
50	Tesco Pharmacy	Tesco Superstore	Drummond Street	S65 1HY										
51	Tesco Pharmacy	Biscay Way	Wath-Upon-Dearne	S63 7DA										
52	The Online Pharmacy ltd	Unit 5 Farfield Park	Manvers	S63 5DB										
53	Thurcroft Pharmacy	24-28a Laughton Road	Thurcroft	S66 9LP										
54	Vantage Pharmacy	Unit E Bellows Road Shopping Centre	Rawmarch	S62 6NG										
55	Weldricks Pharmacy	27 Brinsworth Lane	Brinsworth	S60 5BS										
56	Weldricks Pharmacy	26 Main Street	Catcliffe	S60 5SR										
57	Weldricks Pharmacy	Maltby Services Centre	Braithwell Road	S66 8JE										
58	Weldricks Pharmacy	94a High Street	Maltby	S66 7BN										
59	Weldricks Pharmacy	3 Laburnum Parade	Maltby	S66 8DP										
60	Day Lewis Pharmacy	52 Claypit Lane	Rawmarsh	S62 5HD										
61	Day Lewis Pharmacy	The Parade	Rawmarsh	S62 7HX										
62	Weldricks Pharmacy	1a Church Street	Swinton	S64 8QA										
64	Weldricks Pharmacy	17 Crown Street	Swinton	S64 8NB										
65	Whitworth Chemists	108 Broom Valley Road	Rotherham	S60 2QY										
66	Whitworth Chemists	70a Broom Lane	Rotherham	S60 3EW										
67	Wickersley Pharmacy	2 Morthen Road	Wickersley	S66 1EU										
68	Winterhill Pharmacy	2 Fellowsfield Way	Kimberworth	S61 1NL										
69	Your Local Boots Pharmacy	342 Herringthorpe Valley Road	Herringthorpe	S60 4LA										

	Key	
	Light green	Distance Selling Pharmacy
	Bright Green	Pharmacy Provides Service
	Red	Pharmacy Not Providing Service

Additional details for Maps 1a and 1b

Dispensing Practices

70	Kiveton Park Primary Care Centre	Chapel Way	Kiveton Park	S26 6QU
71	The Medical Centre	New Street	Dinnington	S25 2EZ
72	Morten Road Group Practice	Morten Road	Wickersley	S66 1EU
73	Thorpe Hesley Surgery	Sough Hall Avenue	Thorpe Hesley	S61 2QP

Appliance Contractors

74	South Yorkshire Ostomy Supplies	Meadowband Industrial Estate	Harrison Street	S61 1EE

Appendix 6: Glossary of Terms

ePACT

A service for pharmaceutical and prescribing advisors which allows on-line analysis of the previous sixty months prescribing data held on NHS Prescription Services Prescribing Database.

IMD Index or Indices of Multiple Deprivation

The Index of Multiple Deprivation (IMD) is a measure of multiple deprivations at Super Output Area (SOA) level. The model of multiple deprivation which underpins the IMD is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately.

JSNA Joint Service Needs Assessment

The purpose of JSNA is to pull together in a single, ongoing process all the information which is available on the needs of our local population ('hard' data i.e. statistics; and 'soft data' i.e. the views of local people), and to analyse them in detail to identify the major issues to be addressed regarding health and well-being, and the actions that local agencies will take to address those issues.

Local Commissioned Service

Local Commissioned services address a gap in Essential services or deliver higher than specified standards, with the aim of helping reduce demand on secondary care. These services expand the range of services to meet local need, improve convenience and extend choice.

LPC Local Pharmaceutical Committee

The local organisation for community pharmacy is the Local Pharmaceutical Committee (LPC). The LPC is the focus for all community pharmacists and community pharmacy owners and is an independent and representative group. The LPC works locally with Rotherham CCG NHS England, Local Authorities and other healthcare professionals to help plan healthcare services.

ONS Office National Statistics

The Office for National Statistics produces independent information to improve our understanding of the UK's economy and society.

The Public Health Outcomes Framework

The Public Health Outcomes Framework sets out a structure for public health in a way that can be measured locally. The outcomes and the indicators used are important in helping us understand how well public health is being improved and protected in Rotherham. The framework concentrates on two high-level outcomes to be achieved across the public health system, and groups further indicators into four 'domains' that cover the full spectrum of public health. The outcomes reflect a focus not only on how long people live, but on how healthy they are at all stages of life.

PSNC Pharmaceutical Services Negotiating Committee

The Pharmaceutical Services Negotiating Committee (PSNC) is recognised by the Secretary of State for Health as the representative of community pharmacy on NHS matters.

L: Acknowledgements

1. Members of the Development Group

Dr. John Radford	Director Public Health RMBC & Member of Rotherham HWB
Sally Jenks	Public Health Specialist RMBC
Elena Hodgson	Research Analyst RMBC
Joanna Hallatt	Independent Pharmaceutical Advisor to RMBC

2. Contributors

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3. 2016 Review
   Key Stakeholders who provided a contribution to the update.

Terri Roche	Director of Public Health (RMBC & Member of Rotherham HWB)
Sally Jenks	Public Health Specialist (RMBC)
Stuart Lakin	Head of Medicines Management (NHS Rotherham CCG)
Garry Charlesworth	Senior Primary Care Manager NHS England (North Region, Yorkshire and the Humber)
Chris Bland	Chair of the Rotherham Local Pharmaceutical Committee (LPC)
Nick Hunter	Secretary of the Rotherham Local Pharmaceutical Committee (LPC).

Health and Wellbeing Board

1.	**Date:**	**20th April 2016**
2.	**Title:**	**Rotherham Sexual Health Strategy, 2015-2017, update**
3.	**Directorate** **Public Health**	**Report author: Gill Harrison** **Public Health Specialist** **Gill.harrison@rotherham.gov.uk**

4. Summary

Following the recommendations of the Rotherham Health and Wellbeing Board in May 2013 the multi-agency Sexual Health Strategy Group was reconvened to produce an updated, comprehensive strategy for Rotherham.

The strategy was produced and ratified by the various agencies who are responsible for its delivery in 2015. One year into the delivery phase of the strategy, this report shows progress against an agreed action plan and makes recommendations for future action.

5. Recommendations

That the Health and Wellbeing Board:

- accept and endorse the report on progress made against the suggested actions within the Sexual Health Strategy
- endorse the recommendations for future activity.

6. Background

6.1 The 2010 white paper Healthy Lives, Healthy People outlined the Governments aim to work towards an integrated model of service delivery for sexual health services and in March 2013 The Department of Health published 'A Framework for Sexual Health Improvement in England' which set out for commissioners and providers the Government's ambitions for good sexual health and provided information about what would be needed to deliver good sexual health services.

6.2 Following the changes in commissioning responsibility, partnership working is vital and is stressed in the framework as is the importance for locally directed initiatives to ensure relevant and 'seamless' service delivery. A local Strategy for Sexual Health, developed by a range of partners, would provide the best framework for this work in Rotherham

6.3 In May 2013 the Health and Wellbeing Board recommended the reconvening of a multi agency Sexual Health Strategy Group to produce an updated, comprehensive strategy for Rotherham. The strategy group, chaired by Councillor Stone, first met in October 2013 and a draft Strategy, agreed by all members, was circulated for consultation in June 2014. Following the period of

consultation the group, chaired by Councillor Doyle, agreed on the finalised strategy in December 2014.

6.3 The Sexual Health Strategy, Delivery Framework, 2015-2017 was then agreed and the Strategy Group, chaired by Councillor Roche, adopted a reporting and monitoring function.

6.4 The Strategy Group membership includes a range of partners who are working together to promote good sexual health for all residents of Rotherham. The strategy aims to:

- ensure we have an effective multi agency response to child sexual exploitation and abuse
- reduce inequalities and improve sexual health outcomes
- build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex
- recognise that sexual ill health can affect all parts of society
- recognise that sexual health is a health protection issue

6.5 The importance of improving sexual health is acknowledged by the inclusion of three key indicators in the Public Health Outcomes Framework (2012):

- under 18 conceptions;
- chlamydia detection (15-24 year olds);
- presentation with HIV at a late stage of infection.

The outcome indicators have been included as markers to give an overall picture of the level of sexually transmitted infection (STI), unprotected sexual activity and general sexual health within a population. The Framework for Sexual Health Improvement in England (2013) acknowledges that effective collaborative commissioning of interventions and services is key to improving outcomes.

6.6 The strategy takes a life course approach to prevent the spread of STIs and promote early diagnosis. It acknowledges the importance of robust safeguarding practices and the need for effective commissioning of services.

7. Progress report

7.1 One year into the delivery phase of the strategy the following have been achieved:

- **The mapping of the provision of Sex and Relationship Education across Rotherham**

An audit of the provision of Sex and Relationship Education was undertaken by RMBC School Effectiveness Team and a report was shared and discussed by all partners. The provision varied but the majority of schools felt that the picture was improving regarding time on curriculum for Personal, Sexual and Health Education (PSHE) which is where Relationships and Sexual Health Education would be taught.

- **CSE Theatre in Education (TiE)**

The Child Sexual Exploitation TiE, 'Chelsea's Choice' has been funded by Rotherham Clinical Commissioning Group and RMBC Public Health. This was aimed at Year 8 or Year 9 young people.
All secondary's, special schools and Pupil Referral Units engaged, and there were a further two evening sessions – one for vulnerable young people, (60 capacity) and one for parents/carers and siblings of vulnerable young people (126 booked, 117 attended). All performances received excellent evaluations.

- **Review of Sexual Health for Looked After Children (LAC) and children leaving care**

The multi agency LAC Physical and Emotional Health group agreed to have a meeting dedicated to sexual health and have since agreed several action points. The group now has a regular focus on sexual health. New training for carers is now being looked and there is a review of pathways into services being undertaken.

- **Review of youth clinic provision**

A comprehensive review of all youth clinic provision has been undertaken by the two providers who work together on the delivery of these services, The Rotherham Foundation Trust (TRFT) and RMBC Early Help and Family Engagement. . There has been a realignment of services to provide consistent delivery of services to young people on sites that are accessible by all within the community/locality and extends beyond the restrictions of term time only. Staffing provision has improved in each clinic. The partners are marketing the services and have developed stronger links and pathways between other areas such as family Nurse Partnership and school Nursing. Where footfall was poor and the more vulnerable were not engaging with the services plans have been put in place for outreach work. Embedded into the core of these clinics are robust assessments for CSE and safeguarding and partner notification for sexually transmitted infections such as Chlamydia.

- **Review of delivery of Emergency Hormonal Contraception (EHC) in the Community**

RMBC Public Health commission Pharmacists to provide Emergency Hormonal Contraception (EHC) to women in Rotherham, free of charge. Following a review the CSE referral pathway has been updated and all Pharmacists are undergoing extra training. An audit of activity has been undertaken and provision across Rotherham has been mapped. Data shows that the majority of women accessing this service are over 20 years of age. This information will now help in the future commissioning processes.

- **Development of the Integrated Sexual Health Services**

In line with National recommendations RMBC have commissioned an Integrated Sexual Health Service from TRFT to provide a full range of STI testing, HIV testing (not treatment) and comprehensive contraceptive services. At present NHSE also commission HIV treatment from TRFT. The Trust have been working to an integration plan and developing their services. CSE referral pathways have been strengthened. The service will be going out to tender during 2016 which will further strengthen the process of integration to offer Rotherham residents a comprehensive sexual health offer.

- **Review of Primary Care sexual health services**

Existing provision has been mapped and RMBC Public Health and GP providers have been working towards ensuring that competencies are maintained and that there is a good service in place for all users. Audit of the services show that, like EHC provision by Pharmacists, these services are mainly used by women over 20 years of age

- **New service for HIV Prevention and Support**

+Me has been commissioned to provide HIV education, awareness raising and prevention in the community. They also provide support with a regular drop in service for people living with HIV. The third sector agency is actively promoting HIV testing and is working closely with TRFT to help people access services. Although Rotherham does not score well on the Public Health Outcome Framework measure for late diagnosis of HIV it does score highly on uptake of testing within the Sexual Health Services. This newly commissioned service should help improve early diagnosis by promoting the services and HIV testing.

7.2 Recommendations for future activity:

- Although the audit of schools was positive it was felt that the promotion of good practice should be continued. Many schools are providing excellent Relationship and Sex Education and this should be the 'gold standard' for all Rotherham schools
- the audit of primary care contraception provision showed that very few young people were accessing these services. More work needs to be done to ensure that our young people have the best possible access to contraception. This is especially important as, there was an increase in teenage conception rate in 2014 taking Rotherham once again above the rate for England**.** However, Rotherham still has the lowest rate among its closest statistical neighbours and the last two quarters of 2014 had rates well below those in England.
- among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation is considerably lower than in England . The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure. There is considerable room for improvement in earlier access to terminations in Rotherham. The commissioners (CCG), abortion providers and all referrers into the services need to work to ensure earlier access.
- because of the complexity of the commissioning of sexual health services more work needs to be done to ensure that services provided are effective and provide services that are relevant to the needs of the population.

8. Finance implications

8.1 there should be no additional financial concerns

9. Risks and Uncertainties

9.1 Developing a comprehensive strategic approach to the commissioning and delivering of sexual health services can help minimise risk in relation to control of infection and in tackling unintended teenage pregnancy

10. Policy and Performance Agenda Implications

10.1 There are implications for performance in relation to the Public Health Outcomes Framework (Teenage pregnancy, Chlamydia screening and HIV early detection). The further development of the safeguarding measures should also be seen as a contribution to measures designed to identify and prevent sexual exploitation

11. Background Papers and Consultation

Public Health Outcome Framework for England, 2013 -2016

Rotherham Sexual Health Strategy 2015-2017

12. Contacts

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Sexual Health Strategy for Rotherham 2015 - 2017

1 Introduction

The National Strategy for Sexual Health and HIV (2001) defines sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and well-being; the consequences of poor sexual health can impact considerably on individuals and communities.

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities, including young people, men who have sex with men (MSM), people from countries of high HIV prevalence, especially Black Africans, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods. We must, therefore, ensure that measures are put into place to reduce sexual health inequalities and improve the sexual health of all the people of Rotherham.

Good sexual health includes developing skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse damages this development, and leads to increased risk of sexually transmitted infections (STIs), unwanted pregnancy, and of domestic violence and abuse in the future. The negative impacts upon educational attainment, health risk behaviours and mental health problems are also well evidenced.

The Health Working Group Report on Child Sexual Exploitation, January 2014, states that all those concerned with improving the health and welfare of their local population have a responsibility to tackle child sexual abuse.

As of 1st April 2013 every Local Authority has a legal duty to protect the public's health. The Director of Public Health is responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns, including those in relation to the sexual health of the local population.

Through this strategy, we will:

- ensure we have an effective multi agency response to child sexual exploitation and abuse;
- reduce inequalities and improve sexual health outcomes;
- build an honest and open culture where everyone is able to make informed and responsible choices about relationships and sex;
- recognise that sexual ill health can affect all parts of society;
- recognise that sexual health is a health protection issue.

2 Background

The importance of improving sexual health is acknowledged by the inclusion of three key indicators in the Public Health Outcomes Framework (2012):

- under 18 conceptions;
- chlamydia detection (15-24 year olds);
- presentation with HIV at a late stage of infection.

The outcome indicators have been included as markers to give an overall picture of the level of sexually transmitted infection (STI), unprotected sexual activity and general sexual health within a population. The Framework for Sexual Health Improvement in England (2013) acknowledges that effective collaborative commissioning of interventions and services is key to improving outcomes.

The new commissioning arrangements (in place from April 2013) have placed the lead responsibility for the commissioning of sexual health services and interventions within the Local Authority. In addition, Rotherham Clinical Commissioning Group (CCG) and NHS England commission certain sexual health services. It is vital that all commissioning organisations work closely together to ensure that services and interventions are comprehensive, high quality, seamless and offer value for money.

Under the new commissioning arrangements Rotherham Metropolitan Borough Council (RMBC) has been mandated to ensure that their local populations receive effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to STI outbreaks. In meeting these obligations, the following key principles of best practice will be observed:

- use of an effective multiagency response to preventing and protecting children from child sexual exploitation and abuse;
- prioritisation of the promotion of good sexual health;
- the promotion of ‘joined up’ working under strong leadership;
- a focus on outcomes;
- addressing the wider determinants of sexual health;
- the commissioning of high quality services with clarity about accountability;
- addressing the needs of our more vulnerable groups in Rotherham;
- ensuring that we have good quality data in relation to services and outcomes.

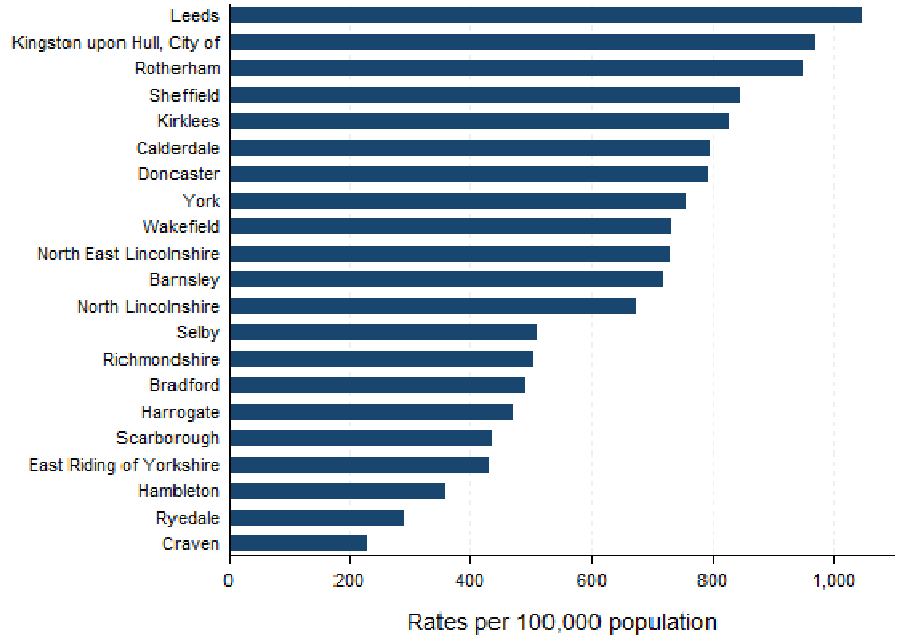
3 Sexual health needs analysis

3.1 Sexually transmitted infections

In the 2013 Local Authority Sexual Health epidemiology report produced by Public Health England (PHE), Rotherham was ranked 60 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new STIs. A total of 2458 new STIs were diagnosed in residents of Rotherham, a rate of 951.4 per 100,000 residents (compared to 810.9 per 100,000 in England); 63% of diagnoses of new STIs in Rotherham were in young people aged 15-24 years (compared to 55% on average nationally)

Overall, Rotherham has significantly higher rate for STIs than that for England and is ranked third highest local authority in Yorkshire and Humber (Figure 1)

Figure 1: Rates of new STIs in each local authority in Yorkshire and Humber 2013



Source: Data from Genitourinary Medicine clinics and community settings (for Chlamydia only) Rates based on the 2012 ONS population estimates

Rotherham is ranked 59 (out of 326 local authorities in England) for the rate of gonorrhoea, which is a particular marker of high levels of risky sexual activity. The rate of gonorrhea diagnoses per 100,000 in this local authority was 51.9 (compared to 52.9 per 100,000 in England).

The rate of chlamydia detection per 100,000 young people aged 15-24 years in Rotherham was 3311.4 (compared to 2015.6 per 100,000 in England).

The high rates for chlamydia detection indicates *good* performance, as it means our services are strong on finding and treating chlamydial infection; and this will, in time,

lead to lower levels of infection circulating in the population. We do have relatively low rates of syphilis and rates of gonorrhea, close to the overall rate for England. These two are seen as markers of more ‘severe’ infection and give us a good indication of the overall health protection risk in the population. The rate of HIV is relatively low in Rotherham; we are not a “high incidence area” for HIV. The pattern we see in Rotherham is more of a young, sexually active population and a relatively controlled level of more serious infection, but we need to ensure that this control is maintained.

3.2 STI reinfection rates

Reinfection with an STI is a marker of persistent risky behaviour. In Rotherham, an estimated 4.2% of women and 4.8% of men presenting with a new STI at a Genitourinary medicine (GUM) clinic during the five year period from 2009 to 2013 became reinfected with a new STI within twelve months. This is significantly lower than national reinfection rates. Nationally, during the same period of time, an estimated 6.9% of women and 8.8% of men presenting with a new STI at a GUM clinic became reinfected with a new STI within twelve months.

Reinfection specifically with gonorrhea is also comparatively low and locally, as nationally, men are twice as likely to be reinfected compared to women. In Rotherham, an estimated 1.2% of women and 2.4% of men diagnosed with gonorrhoea at a GUM clinic between 2009 and 2013 became reinfected with gonorrhoea within twelve months. Nationally, an estimated 3.7% of women and 8.0% of men became reinfected with gonorrhoea within twelve months

3.3 Chlamydia

Chlamydia is an important cause of infertility, pelvic infection in women and testicular inflammation in men, and increases the risk of acquiring other sexually transmitted infections such as HIV.

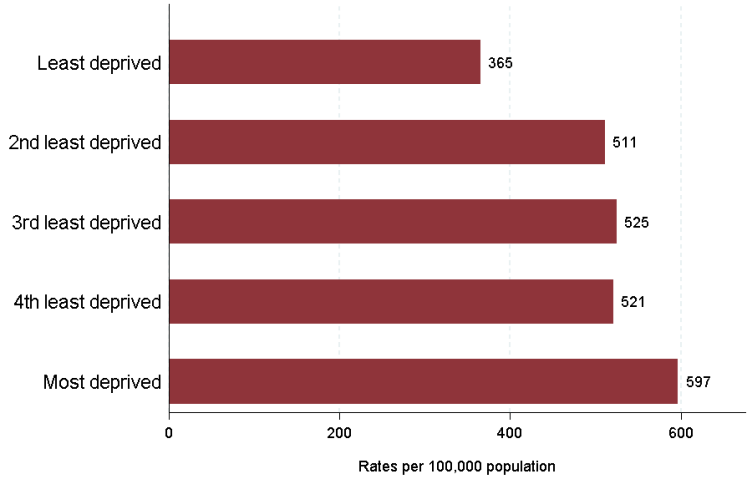
Chlamydia is the most common STI among Rotherham residents in 2013. The measure that we currently use to assess chlamydia is the rate of detection of disease. It may seem counterintuitive, but we want to keep the detection rate of chlamydia in Rotherham high. This is because we know there is a high background rate in the community, and having a high detection rate suggests we are identifying it effectively and treating it. Since chlamydia is most often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The detection rate in Rotherham indicates that we have an effective detection programme in place, but that there is a considerable level of unprotected sexual activity and, thus, high levels of the infection circulating, within the targeted population of young people aged between 15 and 24 years of age.

The initial target, for effective detection, is 2,400 positive tests per 100,000 eligible population. The 2013 detection rate for chlamydia in Rotherham is 3,311.4 cases per 100,000, well above the Public Health Outcomes Framework recommendation. Our relatively high percentage of positive tests shows that testing in Rotherham is being effectively targeted towards the populations most at risk. However, as testing is currently predominantly from the core Integrated Sexual Health Services and Primary Care, we need to continue to ensure that access to testing is adequate for *all* young people, especially the more vulnerable, who may be less likely to access such services.

3.4 Distribution of new STIs and deprivation

Socio-economic deprivation is a known determinant of poor health outcomes; data from GUM services show a strong positive correlation between rates of new STIs and the Index of Multiple Deprivation across England. The relationship between STIs and socio-economic deprivation is probably influenced by a range of factors such as the provision of and access to sexual health services, education, health awareness, health-care seeking behaviour and sexual behaviour.

Rates of new STIs by deprivation category in Rotherham (GUM diagnoses only): 2013



Source: Data from Genitourinary Medicine Clinics
Rates based on the 2011 ONS population estimates
Excludes chlamydia diagnoses made outside GUM

3.5 HIV

HIV is nowadays considered to be a chronic disease which can be effectively managed. Crucially the earlier the diagnosis is made the more effective the treatment regime, and the more likely we are to prevent transmission to an uninfected person. Although overall numbers of those living with HIV is low in Rotherham (the diagnosed HIV prevalence being 1.0 per 1,000 population aged 15-59 years compared to 2.1 per 1,000 in England) we are seeing a larger number who present late with the infection. Between 2011 and 2013, 56% of HIV diagnoses in Rotherham were made at a late stage of infection (defined as CD4 count <350

cells/mm³ within 3 months of diagnosis) compared to 45% in England. Late diagnosis has implications for success and cost of treatment and onward transmission of the disease and is a critical component of the Public Health Outcomes Framework.

3.6 Abortion

The total abortion rate, access to NHS funded abortions at less than 10 weeks gestation, and under and over 25 years repeat abortion rates are indicators of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method and, potentially, poor access to termination services. Unplanned pregnancies can end in abortion or a maternity. Many unplanned pregnancies that continue will become wanted. However, unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children.

In 2013, in Rotherham upper tier local authority the total abortion rate per 1,000 female population aged 15-44 years was 12.7, while in England the rate was 16.6. The rank (out of 146 upper tier local authorities) within England for the total abortion rate (1st has the highest rate) was 123.

Among NHS funded abortions in Rotherham, the proportion of those under 10 weeks gestation was 69.5%, while in England the proportion was 79.4%. The earlier abortions are performed the lower the risk of complications. Prompt access to abortion, enabling provision earlier in pregnancy, is also cost-effective and an indicator of service quality and increases choices around procedure. There is considerable room for improvement in earlier access to terminations in Rotherham.

However Rotherham does perform relatively well in terms of repeat termination rates. In 2013, among women under 25 years who had an abortion in Rotherham, the proportion of those who had had a previous abortion was 21.1%, while in England the proportion was 26.9%.

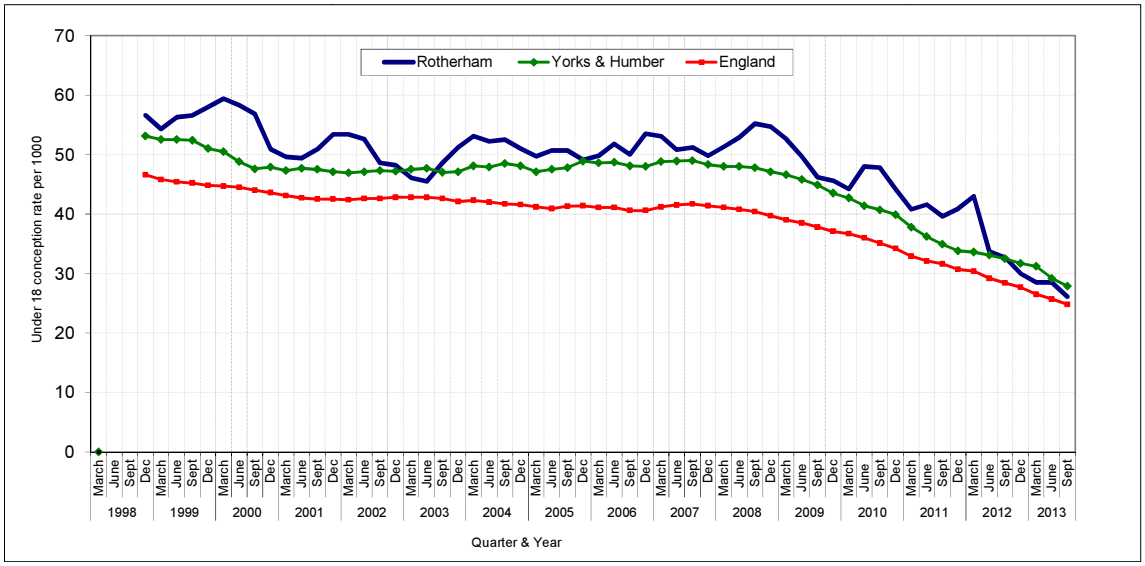
3.7 Teenage pregnancy

Continuing to reduce under 18 pregnancies is a high priority as highlighted by the inclusion of this as an indicator in the Public Outcomes Framework.

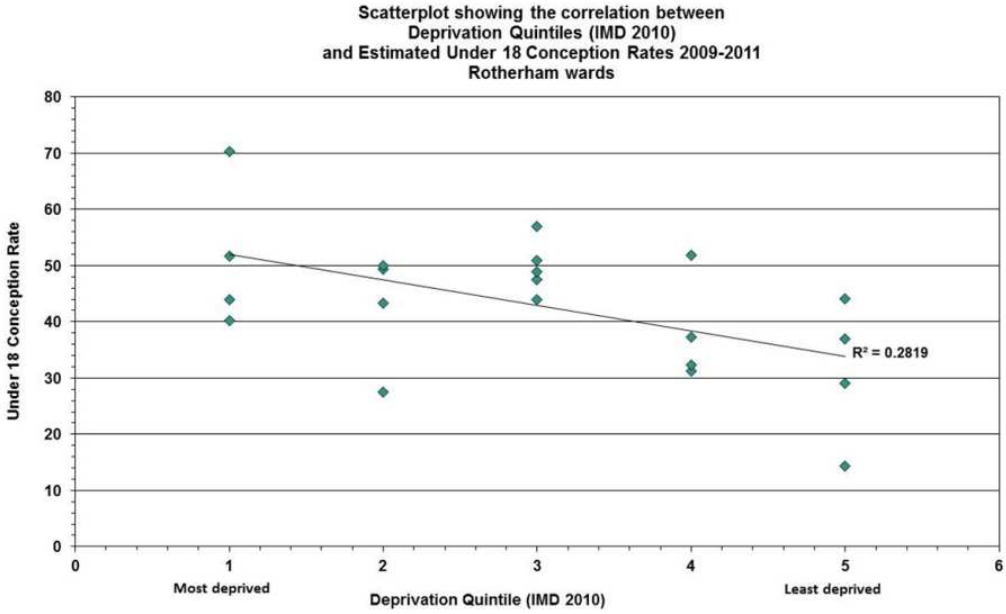
Teenage pregnancy in Rotherham has fallen over the past few years due, in part, to increasing take up of Long Acting Reversible Contraception (LARC). Rotherham's under 18 conception rate fell to its lowest in the period 1998-2012 at 30.0 conceptions per 1,000 females aged 15-17 years. This represents a 26.7% decrease over the 2011 rate of 40.9 the number of conceptions has decreased from 201 to 144, a decrease of 28.4%. Data by quarter for September 2013 is at its lowest ever with a provisional rate of 20.1, with quarterly rates decreasing since December 2012. Impressively, this is lower than the England rate (22.2 females aged 15-17 years).

The rate for under 16 conceptions has also fallen from 9.4 to 6.8 conceptions per 1,000, bringing Rotherham statistically in line with the rest of England.

U18 Conception Rates by Quarter 1998 – 2013 Q3
Rotherham compared to Yorkshire & the Humber and England
(rolling 4 quarterly average)



In Rotherham (as with the rest of the country) there is a clear relationship between conception rate and deprivation and interventions have been targeted to work with deprived young people to address risk and raise self-esteem and aspiration



3.8 Sexual and reproductive health profile

The Sexual and Reproductive Health Profile for Rotherham is a data set published by PHE which shows a range of sexual and reproductive health indicators as well as indicators covering the wider determinants of health (see Appendix 1).

The indicators show a level of deprivation with high rates of youth offending, young people not in education and training and young people experiencing poverty. We are, however, seeing good progress in the educational attainment of our young people and this has been a contributory factor in the excellent progress in the reduction of teenage conceptions. Overall, given the level of deprivation in Rotherham, we are seeing a promising picture in relation to uptake of contraception, risky behaviour taking and teenage conceptions. However, there are some areas for improvement. Although we do have a good uptake of HIV testing, for example, we do need to improve our rates of early diagnosis to ensure the best health outcomes.

4 A life course approach

In order for people to stay healthy, know how to protect their sexual health and how to access appropriate services and interventions when they need them, everyone needs age appropriate education, information and support.

For all young people it is important that they receive high quality education about sex and relationships. Focusing especially on our young people is crucial, as early established behaviour patterns can affect health throughout life. We need to prioritise prevention for our young people aged 16 to 19 years, who tend to have significantly higher rates of poor sexual health than older people, it is important that all our young people:

- know how to ask for help and able to access confidential advice and support about wellbeing, relationships and sexual health;
- have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex;
- understand consent and issues around abusive relationships;
- make informed and responsible decisions, understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex;
- have rapid and easy access to appropriate services
- whatever their sexuality, have their sexual health needs met.

We will have a comprehensive Sexual Health Service and School Nursing Service in Rotherham providing support to the school curriculum. The School Nursing Service will provide contraceptive advice and/or referrals to sexual health services and support schools in their delivery of puberty education.

All Rotherham schools will be engaged with services and provide consistent and robust Sex and Relationship Education. This will address what is appropriate sexual behaviour and where to seek help or advice, as well as what the risks are of becoming pregnant or contracting an STI. Our aim is that Head Teachers and Governing bodies will fully support sexual health initiatives within their schools.

We will have a fully integrated Sexual Health Service provided at main clinic sites and at youth clinics across the Borough, providing open access, non-judgemental services for all young people.

We will have General Practitioners (GPs) across the borough who are 'young

person friendly' and provide a range of sexual health and contraceptive services to any young person requesting them.

We will have pharmacies in Rotherham who provide, free of charge to the end user, Emergency Hormonal Contraception to young women who need this service and who signpost into other services when necessary.

For all our adults we need them to have access to high quality services and information. For our older residents we want them to remain healthy as they age. We will ensure that:

- all Rotherham residents understand the range of choices of contraception and where to access them;
- people with additional needs are identified and appropriately supported;
- all Rotherham residents have information and support to access testing and early diagnosis to prevent the transmission of HIV and STIs;
- people of all ages understand the risks of unprotected sex and how they can protect themselves;
- older people with diagnosed HIV are able to access any health and social care services they need;
- people with other physical problems that may affect their sexual health are able to access the support they need.

We* will have *a fully integrated open access Sexual Health Service, providing a full range of contraceptive and STI testing/treatment services for all Rotherham residents.

We will have prompt access to abortion services earlier in pregnancy

GPs across the Borough will offer a comprehensive sexual health service to their patients including a range of contraception and STI testing working in collaboration with the commissioned specialist services.

We will develop and sustain third sector sexual health services to increase access and reduce late diagnoses and we will ensure that all our health professionals fully engage with these services.

Robust care pathways will be adopted across all services to reflect individual and complex needs.

5 Prevention

Sexual health promotion and prevention aims to help people to make informed and responsible choices in their lives. Effective sexual health promotion programmes can help to address the prejudice, stigma and discrimination that can be linked to sexual ill health. Such programmes can help to tackle the factors that can influence sexual health outcomes.

Prevention must be our priority, including in our treatment services.

- we will have a sexual health culture in Rotherham that prioritises prevention and supports behaviour change
- we will make sure that the people of Rotherham are motivated to practice safer sex
- we will increase awareness of sexual health among local healthcare professional as part of the making every contact count approach.

All health professionals in our commissioned services will prioritise prevention and encourage and support behaviour change.

A 'culture' of prevention will be embedded within all services, not just our specialised commissioned ones. All professionals will make every contact count and be aware of how they can play a part in ensuring good sexual health for all Rotherham people.

All services, agencies, health professionals, workplaces, schools and colleges will encourage practices that promote good sexual health.

6 Safeguarding

The *Jay Independent Inquiry into Child sexual Exploitation in Rotherham 1997-2013* commissioned by RMBC and published in August 2014 set out the scale and nature of child sexual exploitation (CSE) in Rotherham and made far reaching recommendations for improvements, which have and continue to be responded to by all partners. The CSE Strategy and Action Plan is led by the Local Safeguarding Children Board,

It is important that all service providers are aware of child protection and safeguarding issues and the possibility of abuse and/or exploitation and work collaboratively to protect all children under 18 years of age. Sexual health services have a particular role to play in identifying risk and managing the impact of sexual abuse and or exploitation and, by working together with others and sharing intelligence, contributing to the protection of vulnerable young people and the pursuit and prosecution of perpetrators.

The Sexual Offences Act 2003 provides that the age of consent is 16 and that sexual activity involving children under 16 is unlawful. The age of consent also reflects the fact that children aged under 16 are particularly vulnerable to exploitation and abuse.

We know that approximately 25% of young people under 16 in Rotherham are sexually active (Rotherham Lifestyle Survey Report 2013). It is important, therefore, that any young person under 16 who is sexually active should have confidence to attend sexual health services and have early access to professional advice, support and treatment.

We will ensure that:

- all our providers of sexual health services are aware of the child protection procedures in Rotherham and work proactively and collaboratively to protect and support our vulnerable young people.
- all our providers of sexual health services have robust guidelines and referral pathways in place for risk assessment and management of child sexual abuse, including child sexual exploitation;
- all our young people have equitable access to confidential sexual health services including emergency contraception and abortion;

We will have robust referral pathways and consistent approaches to identify risk and vulnerability to Child Sexual Exploitation which will be adopted by all services.

Services will offer the best evidence based support and protection for young people who are victims and/or at risk from sexual abuse and/or exploitation.

Survivors of abuse of any age, and parents and families affected by child sexual abuse and/or exploitation will have access to support

We will adopt interventions, based on evidence of best practice, in relation to preventing potential perpetrators from abusing/exploiting vulnerable young people.

7 Health improvement

Prevention is key to good sexual health and there are some issues where additional focus is needed to improve outcomes.

In the prevention of unwanted teenage pregnancies (under 18 years) there is strong evidence to suggest that high quality education about relationships and sex and access to, and correct use of, effective contraception is key. In Rotherham there is a clear relationship between teenage conception rate and deprivation and interventions have been targeted to work with young people from the most deprived areas to address risk and raise self-esteem and aspiration.

Increased use of the highly effective LARC methods to prevent unwanted pregnancy could potentially lead to a perception that a condom is unnecessary. The best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. Promotion of, and access to, all methods of contraception is important.

Our most vulnerable young people often lead chaotic lifestyles, are often found in the care system and/or have special educational needs. Interventions need to be targeted effectively.

- young people in Rotherham will receive appropriate information and education to enable them to make informed decisions
- young people in Rotherham will have access to the full range of contraceptive methods
- young people in Rotherham will have the appropriate support to ensure that they have ambitions, stay engaged, reach high levels of educational attainment and have the best start in life

All services and professionals working with young people will give consistent messages in relation to prevention of unwanted pregnancy and STIs.

We will have a wide range of services offering sexual health advice, information and treatment and a full range of contraceptive services available across the Borough in a variety of settings to ensure we engage with all our young people.

We will develop specialised services to work with hard to reach, vulnerable groups such as the Roma community and young people in care, and adopt specific, evidence based, targeted interventions.

We will reinforce aspiration as the 'social norm' in all sections of society.

8 Health protection

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with the Director Public Health. The legislation enables and requires the Local Authority to intervene and take action to protect the health of the population. Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread. Those who are infected must be confident that they will be treated well when getting tested and treated.

Researchers looking at barriers to getting tested and treated for STIs have identified a number of recurrent themes, which include

- not being able to afford testing or treatment
- concerns about the confidentiality
- concerns about stigma
- feeling that the services were not appropriate because of cultural or language barriers

The strategic responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

- RMBC and all partners will support preventive actions to protect the health of the population
- all sexual health incidents and outbreaks to be dealt with effectively at the most appropriate level
- we will have local plans and capacity to monitor and manage acute incidents to help prevent the transmission of sexually transmitted infections and to foster improvements in sexual health

We will have comprehensive Health Protection plans agreed and in place. We will have reporting systems and care pathways which are used effectively and monitored.

Our services will make early diagnosis their priority and encourage people to take up opportunities for testing. We will promote testing for STIs in a positive way to reduce stigma and make it more acceptable.

We will ensure services are free at the point of use to ensure that lack of money does not become a barrier to accessing services.

We will ensure that services respect confidentiality and provide for the diverse cultural and linguistic needs of our population.

9 Improving outcomes through effective commissioning

Evidence demonstrates that spending on sexual health interventions and services is cost effective and has a marked effect on other healthcare costs. Preventing unwanted pregnancies and reducing levels of sexual ill health in the population also impacts on social care budgets, benefits, housing and the overall economy of Rotherham. Good sexual health has a clear role to play in improving health and reducing health inequalities.

The new commissioning arrangements for sexual health services have been in force since 1st April 2013. RMBC is mandated to commission for comprehensive sexual health services which includes contraception, STI testing and treatment, Chlamydia screening as part of the screening programme and HIV testing. Rotherham CCG commissions abortion services, sterilisation, psychosexual counselling and Gynaecology (including any use of contraception for non-contraceptive purposes). The third commissioner of Rotherham's sexual health services is NHS England which is responsible for commissioning HIV treatment and care and the Sexual Assault Referral Centre (SARC). It is vital for commissioners to work closely together to ensure that the care and treatment the people of Rotherham receive is of high quality and is not fragmented.

A key principle of sexual health services is that they are open access, confidential and free of charge for the user. There are strong public health reasons why this should continue.

- our commissioners will work in partnership with all key players to develop a joint commitment to improving sexual health in Rotherham
- we will have challenging but achievable outcome measures for our services using robust data and needs assessment
- we will ensure value for money from our services and interventions and they will be developed and delivered to tackle the wider determinants of sexual health in Rotherham and targeted at groups who may be vulnerable and at risk from poor sexual health
- our interventions and services will be commissioned from high quality providers who have appropriately trained staff meeting recognised national professional guidelines

We will have a joint sexual health commissioning strategy agreed at a local level and all commissioners will have consistent, agreed outcome measures with providers.

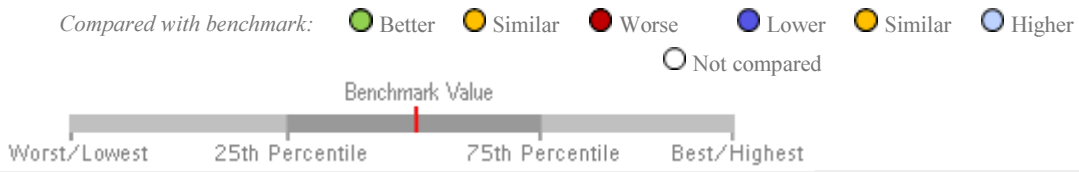
Robust data will be collected by all providers and an information sharing system will be in place with commissioners.

Providers will provide good quality, value for money services. They will work within their agreed budgets and to target their evidence based services appropriately.

All providers of sexual health services will evidence levels of competence/training and will ensure continual professional development of all their staff.

Appendix 1

Sexual and Reproductive Health Profile



Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Syphilis diagnosis rate / 100,000	2013	1	0.4	3.7	5.9	90.9		0.0
Gonorrhoea diagnosis rate / 100,000	2013	134	51.9	37.5	52.9	533.2		3.6
Chlamydia diagnosis rate / 100,000 aged 15-24 (PHOF indicator 3.02) <1,900 1,900 to 2,300 ≥2,300	2013	1,039	3,311	2,169	2,016	840		5,758
Chlamydia diagnosis rate / 100,000 aged 15-24, pre-2012 data <2,000 2,000 to 2,400 ≥2,400	2011	819	2,591	2,277	2,097	948		4,911
Chlamydia proportion aged 15-24 screened	2013	10,730	34.2%	24.4%	24.9%	10.6%		58.2%
Genital warts diagnosis rate / 100,000	2013	410	158.7	125.2	133.4	288.6		70.7
Genital herpes diagnosis rate / 100,000	2013	171	66.2	51.3	58.8	182.9		21.4
All new STI diagnoses (exc Chlamydia aged <25) / 100,000	2013	1,399	846	674	832	349		3,269
STI testing rate (exc Chlamydia aged < 25) / 100,000	2013	26,826	16,213	12,429	14,685	6,588		53,921
STI testing positivity (exc Chlamydia aged	2013	1,399	5.2%	5.4%	5.7%	4.0%		9.9%

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
<25) %								
HIV testing uptake, MSM (%)	2013	46	97.9%	94.5%	94.8%	86.1%		100%
HIV testing uptake, women (%)	2013	2,292	82.6%	71.9%	75.8%	29.0%		94.4%
HIV testing uptake, men (%)	2013	2,185	85.9%	81.7%	84.9%	58.4%		95.9%
HIV testing coverage, MSM (%)	2013	37	94.9%	85.9%	86.1%	63.3%		100%
HIV testing coverage, women (%)	2013	2,092	75.7%	63.8%	65.6%	26.0%		85.2%
HIV testing coverage, men (%)	2013	2,029	79.7%	75.7%	77.5%	50.6%		86.9%
HIV late diagnosis (%) (PHOF indicator 3.04) <25%25% to 50%≥50%	2011 - 13	14	56.0%	51.6%	45.0%	77.3%		25.9%
HIV diagnosed prevalence rate / 1,000 aged 15-59	2013	157	1.05	1.26	2.14	0.37		14.70
Population vaccination coverage - HPV (%) (PHOF indicator) <previous year's England value≥previous year's England value	2012/13	1,537	91.5%*	89.4%	86.1%	62.1%		96.2%
Abortions under 10 weeks (%)	2013	421	69.5%	76.3%	79.4%	55.6%		87.4%
Under 25s repeat abortions (%)	2013	62	21.1%	26.3%	26.9%	49.2%		13.9%
Total abortions rate / 1,000	2013	613	12.7	14.5	16.6	32.4		9.0
GP prescribed LARC rate / 1,000	2013	2,879	60.3	66.9	52.7	7.5		96.3
Pelvic inflammatory disease (PID) admissions rate / 100,000	2012/13	151	311.9	229.2	228.3	693.9		70.9
Ectopic pregnancy admissions rate /	2012/13	45	92.9	88.4	94.7	173.1		14.0

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
100,000								
Cervical cancer registrations rate / 100,000	2009 - 11	-	10.4	10.5	8.8	17.4		3.0
Under 18s conceptions rate / 1,000 (PHOF indicator 2.04)	2012	144	30.0	31.7	27.7	52.0		14.2
Under 16s conceptions rate / 1,000 (PHOF indicator 2.04)	2012	32	6.8	6.8	5.6	15.8		2.0
Under 18s conceptions leading to abortion (%)	2012	67	46.5%	41.3%	49.1%	27.3%		79.5%
Under 18s abortions rate / 1,000 (based on year of conception)	2012	67	14.0	13.1	13.6	7.1		25.8
Under 18s births rate / 1,000 (based on year of conception)	2012	77	16.1	18.6	14.1	33.8		3.0
Sexual offences rate / 1,000 (PHOF indicator 1.12iii)	2013/14	212	0.82	1.10	1.01	0.38		2.43
Under 18s alcohol-specific hospital admissions rate / 100,000	2010/11 - 12/13	63	37.4	44.1	44.9	117.3		15.2
Percentage people living in 20% most deprived areas in England	2012	86,125	33.3%	27.8%	20.4%	83.8%		0.0%
Under 16s in poverty (%) (PHOF indicator 1.01ii)	2011	11,525	23.2%	21.7%	20.6%	43.6%		6.9%
GCSE achieved 5A*-C inc. Eng & Maths (%)	2012/13	2,224	63.6%	59.5%	60.8%	43.7%		81.9%
16-18 year olds not in education employment or training (%) (PHOF indicator 1.05)	2013	620	6.4%	5.7%	5.3%	9.8%		1.8%
Pupil absence (%) (PHOF indicator 1.03)	2012/13	763,158	5.93%	5.45%	5.26%	6.31%		4.36%
First time entrants to	2013	134	535	459	441	847		171

Indicator	Period	Rotherham		Region	England	England		
		Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
the youth justice system rate / 100,000 (PHOF indicator 1.04)								