HEALTH AND WELLBEING BOARD

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

Date: **Wednesday, 16th May, 2018**

Time: **9.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with Part 1 of Schedule 12A to the Local Government Act 1972

2. To determine any item(s) which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Apologies for absence

4. Declarations of Interest

5. Questions from members of the public and the press

6. Minutes of the previous meeting (Pages 1 - 10)

7. Communications

For Discussion

8. Draft Health and Wellbeing Strategy Action Plans (Pages 11 - 21)
   Board Sponsors to update on progress

9. Integrated Care Partnership and Place Plan (Pages 22 - 39)
   Chris Edwards/Sharon Kemp to provide update

10. Health Protection Annual Report (Pages 40 - 77)
    Richard Hart, Public Health, to present

11. Director of Public Health Annual Report (Pages 78 - 151)
    Terri Roche to present

For Information

12. Rotherham Intermediate Care Centre (Pages 152 - 155)
Nathan Atkinson to present

13. Date and time of next meeting
Wednesday, 11th July, 2018, at The Spectrum, Voluntary Action Rotherham

HEALTH AND WELLBEING BOARD
14th March, 2018

Present:-

Dr. Richard Cullen	Strategic Clinical Executive, Rotherham CCG **(in the Chair)**
Rebecca Chapman	South Yorkshire Police (representing Rob O'Dell)
Tony Clabby	Healthwatch Rotherham
Phyll Cole	NHS England (representing Carole Lavelle)
Chris Edwards	Chief Operating Officer, Rotherham CCG
AnneMarie Lubanski	Strategic Director, Adult Care, Housing and Public Health
Councillor Mallinder	Chair, Improving Places Select Commission
Chris Morley	Rotherham Foundation Trust (representing Louise Barnett)
Dr. Jason Page	Governance Lead, Rotherham CCG
Terri Roche	Director of Public Health
Kathryn Singh	Chief Executive, RDaSH
Ian Thomas	Strategic Director, Children and Young Peoples' Services
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

Also Present:-

Steve Hallsworth	Regeneration and Environment, RMBC
Gordon Laidlaw	Communications Lead, Rotherham CCG
Councillor Short	Vice-Chair, Health Select Commission

Report Presenter:-

Steve Turnbull	Public Health

Apologies for absence were submitted from Louise Barnett (Rotherham Foundation Trust), Kate Green (Policy and Partnership Officer, RMBC), Sharon Kemp (Chief Executive, RMBC), Rob O'Dell (District Commander, South Yorkshire Police) and Councillors Roche (Cabinet Member, Adult Social Care and Health) and Watson (Deputy Leader).

60. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

61. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

62. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting of the Health and Wellbeing Board held on 10th January, 2018, were considered.

Resolved:- That the minutes of the previous meeting held on 10th January, 2018, be approved as a correct record.

Further to Minute No. 56 (Health and Wellbeing Strategy Refresh) it was noted that all points raised had been incorporated into the final draft.

Further to Minute No. 57(2) (Rotherham Safeguarding Adults Board Annual Report), the issue of an event being held during Safeguarding Week was to be discussed at the Chief Executives' Group of the Rotherham Together Partnership.

63. COMMUNICATIONS

There were no communications to report.

64. FORMAL SIGN-OFF OF THE HEALTH AND WELLBEING STRATEGY 2018-2025

Refreshed from 2015 Version

- National and local strategic drivers influencing role of Health and Wellbeing Boards
- Need to ensure it remained fit for purpose and strengthened the Board's role in
  Setting strategic vision
  Collaborative working
  High level assurance
  Holding partners to account
  Influencing commissioning across the health and social care system as well as wider determinants of health
  Reducing health inequalities
  Promoting a greater focus on prevention

Health and Wellbeing Strategy Principles

- Provide accessible services
- Reduce health inequalities
- Prevent physical and mental ill health
- Integrate commissioning of services
- Ensure pathways were robust
- Promote resilience and independence

Journey to 2018

- Local Government Association support to the Board
  Self-assessment July 2016
  Stepping Up To The Place workshop September 2016
- Positive feedback given about the Board's foundation and good partnership working
- The current Strategy was published quickly after the Board was refreshed (September 2015)
- Now in stronger position to set the right strategic vision and priorities for Rotherham

What the data tells us

The Joint Strategic Needs Assessment tells us about the current and emerging issues we need to focus on:

- Ageing population – rising demand for health and social care services
- More people aged 75+ living alone, vulnerable to isolation
- High rates of disability, long term sickness (more mental health conditions) and long term health conditions e.g. Dementia
- Need for care rising faster than unpaid carer capacity
- High rates of smoking and alcohol abuse, low physical activity and low breastfeeding
- Rising need for Children's Social Care especially related to Safeguarding
- Relatively high levels of learning disability
- Growing ethnic diversity especially in younger population with new migrant communities
- Growing inequalities, long term social polarisation
- High levels of poverty including food and fuel poverty, debt and financial exclusion

Health and Wellbeing Strategy 2018-2025

- Sets strategic vision for the Board – not everything all partners do but what partners can do better together
- Includes 4 strategic 'aims' – shared by all Board partners
- Each aim includes small set of high level shared priorities
- Which the Integrated Health and Social Care Place Plan 'system' priorities will align to

Strategic Aims

Aim 1 – All children get the best start in life and go on to achieve their potential

Aim 2 – All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life

Aim 3 – All Rotherham people live well for longer

Aim 4 – All Rotherham people live in healthy, safe and resilient communities

Consultation and Engagement

- Consultation on refreshed Strategy took place with key stakeholders including:-
  - All Health and Wellbeing Board partners
  - Health Select Commission (Scrutiny)
  - Voluntary and community sector
  - To the public via public meetings of the Board and CCG

Implementation and Monitoring

- Strategy signed-off and published March 2018
- Officer leads identified and work progressing to develop a set of action plans for each aim

- Includes the priorities set by the Place Plan workstream groups (aligned to Strategy)
- Action plans to include a set of indicators to measure performance
- Board sponsors for each aim to present their plan and a progress report periodically to the Board

It was noted that the Strategy had been considered by all the organisations present at the meeting and formally endorsed.

Resolved:- (1) That the stakeholder consultation that had taken place and how comments had been incorporated into the Strategy, where appropriate, be noted.

(2) That the endorsement of the refreshed Health and Wellbeing Strategy 2018-2025 by the Council's Cabinet and Clinical Commissioning Group Governing Body be noted.

(3) That the refreshed Health and Wellbeing Strategy 2018-2025 be formally signed-off.

65. INTEGRATED CARE PARTNERSHIP PLACE PLAN REFRESH

Chris Edwards, Chief Operating Officer RCCG, gave a verbal report on the refresh of the Integrated Care Partnership Place Plan.

The Partnership had agreed that it would produce an operational plan setting out how it would deliver the ambitions of the Health and Wellbeing Strategy and submit to the April meeting of the Place Board.

Although there were strong plans in terms of integration there was a need for a more encompassing plan as a Rotherham Health and Social Care system i.e. how did Rotherham deal with everything and how it integrated with the South Yorkshire and Bassetlaw arrangements.

The Integrated Care Partnership would meet in public for the first time in April. It would receive the full plan in May and then be submitted to the Health and Wellbeing Board in July.

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

(2) That work take place with partners to develop a Rotherham Integrated Health and Social Care Place Plan and submit to the July meeting of the Health and Wellbeing Board.
Action: Chris Edwards

66. HEALTH AND WELLBEING STRATEGY - UPDATE FROM AIM 2 (MENTAL HEALTH AND WELLBEING)

Kathryn Singh, RDaSH, gave the following powerpoint presentation:-

Adult Mental Health and Learning Disability Transformation

1. Deliver improved outcomes and performance in the Improving Access to Psychological Therapies Service
2. Improve Dementia diagnosis and support – continued focus on community
3. Delivery CORE 24 Mental Health Liaison Services
4. Transformation of the Woodlands inpatient 'Ferns' ward
5. Improve Community Crisis and Home Treatment response and intervention in Mental Health
6. Oversee Delivery of Learning Disability Transforming Care
7. Support the development of Autism Strategy
8. Support work of Public Mental Health Strategy including Suicide Prevention

What is working well?

- Clear priorities for Service improvement and delivery in 2017/18 and 2018/19 which are achievable
- Excellent place working across all the organisations e.g. Ferns, Core 24, Community Crisis
- Moving from planning to delivery, CORE24, IAPT, Ferns (Phase 2), LDTCP
- Planning for Community Crisis and Community Dementia follow-up
- Joining up agendas e.g. CORE fidelity review with social care review of mental health Services
- Clarity on oversight and assurance roles for work delivered through other structures e.g. TCP, Autism Partnership Board

What are our challenges?

- Ensuring we remain focused on pathways transformation as well as Service transformation
- Supporting the TCP with expected transfer of high cost LD Service users from NHSE commissioning to Rotherham – possible impact on budgets and available services
- Ensuring project interdependencies are managed within the transformation group's remit and within the wider Rotherham Place priorities and governance

What needs to happen (and by when)?

- Ensure regional/ICS level funding flows into Rotherham priorities e.g. suicide prevention (Q1 2018/19)
- Delivery of a 24/7 CORE24 liaison service (Q1 2018/19)
- Completion of the CORE fidelity review and recommendations (Q4 2017/18)
- To work with GPs and providers to raise awareness (and increase uptake) of health checks for learning disabled people (Q1 2018/19)
- Agree the Ferns model and funding for 2018/19 (Q4 2017/18)
- Agree post-diagnostic follow up for Dementia in primary care through the LES (Q4 2017/18)
- Agree IAPT plan and trajectory (Q4 2017/18)

- Continue to provide input, oversight and assurance to TCP, Autism and LD Strategy development

Focus on CAMHS – Working Well?

- New 'Advice and Consultation' Service through the Single Point of Access (SPA) providing quicker and more focussed access to RDaSH CAMHS
- Prioritisation of LAC referred to the CAMHS Service and close working with LAC Therapeutic Team
- Locality Mental Health Workers who link directly with GP practices, schools, Early Help and Social Care Teams
- CCG funding of 2 'Children's Wellbeing Practitioners' to provide early intervention for lower level issues
- Nationally recognised Rotherham Parent Carers Forum (RPCF) providing direct support to families and co-production approach
- Regular inter-agency dialogue between RDaSH, RPCF and Healthwatch, providing constructive dialogue for service development/improvement
- Better support for children and young people diagnosed with Autism
- CCG part funding of schools 'CAMHS' worker pilot
- New initiative to roll out 'whole school' approach to primary schools
- RCCG continues to fund year-on-year increase in CAMHS provision

Focus on CAMHS – Impact on Performance

Significantly reduced waiting times for children and young people

- Assessment
  September 2016 182 waiting and 30% seen in 6 weeks
  November 2017 14 waiting and 100% seen in 6 weeks (93% in 3 weeks)
- Treatment
  September 2016 42% waiting less than 8 weeks and 73% less than 18 weeks
  November 2017 84% waiting less than 8 weeks and 97% less than 18 weeks
  Numbers waiting reduced from 376 (September 2016) to 38 (November 2017)
- High proportion of young people have 'goal set' on entering service 94% report improving against goal

Focus on CAMHS – Next steps for Rotherham

- Extension of Intensive Community support 8.00 a.m. to 8.00 p.m.
- Integration of Crisis Service with Adult Crisis Team
- Closer working between the CAMHS SPA and RMBC Early Help Service
- Reducing waiting times for ASD and ADHD assessments and consultation with Parent Carers Forum/Healthwatch
- Further development of outcomes monitoring

Discussion ensued with the following issues raised/clarified:-

- The work across the whole system had been really positive. The aim was to ensure there were links across the Integrated Rotherham Place Plan and the Health and Wellbeing Board with all the aspects of mental health being discussed

- All targets were being hit with regard to the Improving Access to Psychological Therapies Service

- 'Ferns' Ward had opened and proving very successful. This was about working as a partnership between the TRFT, Social Care and RDaSH making sure that people with Dementia/Delirium who required support got the support they needed in the right setting. It was focussed around the needs of people with Dementia/Delirium that took them from the acute sector when medically fit and stable but still needed the help of enablement and reablement

- The fact that there was the opportunity for all partners to take their share of responsibility for mental health was really important. Mental Health was about good Mental Health as well as poor Mental Health

- RDaSH was to have a Mental Health Worker in the Access Team one day a week which would make a real difference

- Over the last 2 years there had been a change in the approach to Mental Health looking at the whole person and not a person with Mental Health

- The link with Social Prescribing was important. The evidence for the second year was again showing over 50% of Service users were eligible for discharge. If it could be used to stop people from going into Service in the first place by way of low level interventions it would prevent high cost interventions

- Was there something omitted from the Strategy with regard to the learning from deaths? There was reference within Aim 2 of the physical health needs of people with Learning Disabilities but was there action where someone with Learning Disabilities prematurely died and whether it could be demonstrated that everything possible had been done and had not been penalised because of their disabilities. It was felt that there was the opportunity in the Lead Programme to work on local delivery

- Significant funding had been received via the CCG and National Crime Agency with regard to adult survivors of CSE involved in Operation Stovewood. RDaSH were working with the CCG to put together a proposal on how they would support adult survivors going through the Court system

- CAMHS had undergone a massive improvement journey over the past 2 years and had changed the way it delivered it services. It had worked really well with consistency of approach for the organisation and very specific according to place. One of the major achievements in Rotherham was that, where it used to take months in terms of the transition from CAHMS into Adult Services, a transition service was now delivered within 3 weeks

- Work was being carried out with Service users and parents, Healthwatch Rotherham, voluntary sector and the Rotherham Parents Forum in terms of the kind of support and commitment given in terms of looking at the CAMHS pathways and trying to do something different

- CAMHS now had an Advice and Consultation Service; a single point of approach meant not only seeing the right children but seeing them very quickly

- There had been recent consultation on the Green Paper around Schools and the role of the Medical Practitioner in Schools. There had been a real positive change in RDaSH's relationship with Schools and regularly met with the Head Teachers to look at new ways of working

- Healthwatch Rotherham had been commissioned to carry out a further piece of work looking at the improvement journey to ascertain if the changes RDaSH felt it had made were coming through

- There had been much improvement but there was still work to do with regard to Pathways

- RDaSH provided an Advocacy Service around CAHMS and was the main issue that members of the Public contacted Healthwatch Rotherham with regard to

- With regard to prevention, there were areas within Aims 1 and 2 as well as the Green Paper referring to working with Schools in a much more co-ordinated way. The Service was seeing a number of children that had been affected through cyber bullying and the need for discussions between organisations as to the role of the School Nurse and the first tier of intervention about positive Mental Health, what was and was not acceptable and start to build children's resilience to some of the issues

- The My Mind Matters website was available for young people and parents to access good quality information

Phyll Cole, NGHS England, reported that there was to be a Yorkshire and Humber event looking at feedback from NHS England's Leader Programme hosted by England North. They would be particularly

interested in feedback on case studies around mortality reports and would welcome representation from Rotherham.

Resolved:- That the update be noted.

67. WINTER PLAN - UPDATE

Chris Edwards, Chief Operating Officer Rotherham CCG gave a verbal update on the Winter Plan.

Rotherham had not met the 95% national target but had been the highest performer in South Yorkshire – ranked 24th out of 130 nationally.

The Hospital had reported internal issues with the workforce, bed pressures, a busy flu season, Norovirus and the adverse weather conditions. However, despite all the afore-mentioned, the Emergency Care Centre had performed at least comparable with other areas in South Yorkshire.

The next step was the Easter Plan for which a very similar approach was being taken. There were still issues around the medical workforce in the Hospital and work was taking place with GPs to hopefully achieve a solution. Although technically the flu season had ended, there were still high numbers being seen with flu-related infections i.e. chest and respiratory.

The new Emergency Care Centre had opened in July; evidence suggested that it took 6 months to settle down and there had been existing workforce pressures when the Trust had moved into the new system. Between July and November 2017 performance had been extremely challenging but since November had improved with patients having a better understanding as to how to access the service and better engaged by the GPs with the service.

There was a lot of positivity around the Centre; the environment was significantly better and the medical professionals thought that it worked better. Actual access performance had significantly improved from December 2017 to January 2018.

Resolved:- That the update be noted.

68. PHARMACEUTICAL NEEDS ASSESSMENT

In accordance with Minute No. 47 of the meeting held on 15th November, 2017, Steve Turnbull, Public Health, presented the final draft of the Rotherham Pharmaceutical Needs Assessment (PNA) for approval and publication by 1st April, 2018.

The formal consultation period had run from 15th December, 2017 to 16th February, 2018, with consultees sent a copy of the draft PNA by email together with a brief questionnaire.

The conclusion of the PNA was that the population of Rotherham had sufficient service provision to meet their pharmaceutical needs. It was well provided for with respect to pharmaceutical dispensing services having a greater than the national average of pharmacies per 100,000 people. 95% of residents were within a 1 mile walk and 100% within a 10 minute drive of a community pharmacy. They were accessible and offered extended opening times to suit patients and consumers including 100-hour pharmacies that gave good geographical cover.

Rotherham also had good coverage of advanced services e.g. Medicine Use Reviews.

Resolved:- That the publication of the Rotherham Pharmaceutical Needs Assessment 2018-2021 be approved for publication.

69. MEETING DATES FOR 2018/19

Resolved:- That meetings be held as follows during the 2018/19 Municipal year commencing at 9.00 a.m. venues to be confirmed:-

Wednesday, 16th May, 2018
11th July
19th September
21st November
23rd January, 2019
20th March
29th May

70. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 16th May, 2019, commencing at 9.00 a.m.

BRIEFING FOR ROTHERHAM HEALTH AND WELLBEING BOARD

Date of meeting:	**16th May 2018**
Title:	**Health and Wellbeing Strategy – Draft Action Plans 2018-2020**

1. Summary

Rotherham's Health and Wellbeing Strategy 2025 was signed off in March 2018.

A set of plans are now being developed to demonstrate the activities that will take place contributing to achieving the priorities under each aim.

The Health and Wellbeing Board is presented with the first draft of these plans. These include (for aims 1-3) specific actions from the Place Plan that align to the strategy priorities.

Following the board meeting, work will be undertaken to develop these plans further, including other activity that will take place (particularly that which won't be delivered via the Place Plan), timescales, milestones and indicators, and will be presented back in full in July 2018.

2. Recommendations

That the Health and Wellbeing Board:

a. Notes the high-level activity that has been identified as contributing towards the strategy priorities

b. Consider whether there are any gaps in this activity

c. Agree to receive the plans in full in July 2018, then each aim plan individually at future board meetings

3. Background Papers

Health and Wellbeing Strategy 2025 available at:
http://rotherhamhealthandwellbeing.org.uk/hwp/downloads/download/1/health_and_wellbeing_documents

4. Contacts

Terri Roche, Director of Public Health
Teresa.roche@rotherham.gov.uk

Kate Green, RMBC Policy and Partnership Officer
Kate.green@rotherham.gov.uk

DRAFT Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 1 All children get the best start in life and go on to achieve their potential
Board sponsor: Mel Meggs

2025 Strategic Priority this will contribute to	Activity that will take place during 2018-19	Who will do it	By when	Indicators the activity will contribute to	Current performance
1. Ensuring every child gets the best start in life (pre-conception to age 3) **Children & Young People's Partnership & Transformation Priorities:** **0 to 19**	Reduce the number of parents (and significant others) smoking during pregnancy and immediately after birth by having a quit smoking support offer in each children's centre across the borough, and support pre-birth in place. Increase the numbers of mothers breastfeeding and the number of trained peer supporters Children's Centres and Public Health Nursing to work collaboratively with schools and settings to develop and close the gap in speech, language and communication	Lead Officer TBA			
	Increase the use of evidenced based and evidenced informed interventions including sleep programmes, introducing solid foods, talking tables, baby box university and Bookstart All partners to work collaboratively on a Joint Strategy / Action Plan around Childhood obesity	Lead Officer TBA			

2. Improving health and wellbeing outcomes for children and young people through integrated commissioning and service delivery **Children & Young People's Partnership & Transformation Priorities:** • **CAMHS** • **0 to 19** • **Acute and Community Integration** • **SEND** • **Signs of Safety model** • **Transitions**	Develop a Joint Commissioning approach between the Council and the CCG that integrates commissioning activity. Refreshed Joint Commissioning Strategy (Sep-18)	Mark Chambers, AD Commissioning, Performance & Quality			
	Develop a neighbourhood model of service delivery across all services. Building on the co-location of services at the SEND Hub (Kimberworth Place) – stage 2 of the project will focus on more efficient and effective joint working across the whole SEND / CAMHS system. SEND training roll out across Children and Young People agencies. A new outcome based performance framework for the delivery of 0-19 services.	Mark Chambers, AD Commissioning, Performance & Quality			
3. Reducing the number of children who experience neglect or abuse **LSCB Priority** **Children & Young People's Partnership & Transformation**	To improve workforce understanding of the key characteristics of neglect in Rotherham. To provide staff with the tools and skills to intervene effectively, so that less children are placed on CP plans due to neglect - Graded Care Profile To improve joint working between adult / children's workforce.	Lead Officer TBA Lead Officer TBA			

Priorities: **Signs of Safety Implementation**	Addressing the 'toxic trio': drugs/alcohol, mental health and domestic abuse. Increase the number of children supported through Early Help Assessments by all partners	David McWilliams, AD Early Help and Family Engagement			
	Investment in evidenced based approaches to reduce neglect – Eoc, FGC and implementation of Pause Work with the Rotherham LSCB in developing the Strategy for responding to Childhood Neglect	Jenny Lingrell, Head of Service, Early Help Rebecca Wall, Head of Service, Safeguarding, Learning and Quality			
4. Ensuring all young people are ready for the world of work **Children & Young People's Partnership & Transformation Priorities:** **SEND Transitions**	All 16 – 19 (25 with SEND) year olds who are NEET/Not Known to be followed up by the Early help Service and those who have RONI to be identified early by schools to enable targeted work to take place	David McWilliams, AD Early Help and Family Engagement			
	Explore further work with SCR ESF Bid and the Development of Career Hubs	Lead Officer TBA			

DRAFT Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 2 All Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
Board sponsor: Kathryn Singh

2025 Strategic Priority this will contribute to	Actions 2018-20	Lead/s	By when	Indicators the activity will contribute to	Current performance RAG
1. Improving mental health and wellbeing of all Rotherham people	Continue to monitor implementation of the Better Mental Health for All Strategy and action plan	HWbB			
	Continue to monitor implementation of the Suicide Prevention action plan	HWbB			
	Launch of 5 Ways to Wellbeing campaign, including development of a communication and marketing plan for 2018/19.	Ruth Fletcher-Brown, RMBC			
	Use the influence of the HWbB to tackle stigma and discrimination by all partners working collaboratively to deliver awareness campaigns throughout the year which coincide with national events.	HWbB			
2. Reducing the occurrence of common mental health problems	Ensure the Place Plan delivers actions in relation to IAPT services	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)			

	Ensure the Place Plan delivers an effective CAMHS Transformation Plan.	(Children and young people's transformation group) Mel Meggs, RMBC			
3. Improving support for enduring mental health needs (including dementia)	Ensure development of a Dementia Transformation Action Plan	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)			
	Populate the 'Prime Minister's Challenge 2020' Association of Directors of Adult Social Services Commitment Tracker, which evidences the work taking place in relation to dementia.	All HWbB partners.			
	Ensure effective delivery of CORE 24 in Rotherham.	Mental Health and Learning Disabilities Transformation Group (Ian Atkinson, CCG)			
4. Improve the health and wellbeing of people with learning disabilities and autism	Ensure effective development and implementation of a local Autism Strategy.	TBC			
	Learning disability action/s in Place Plan TBC	TBC			

Aim 3 All Rotherham people live well for longer
Board sponsor: Richard Cullen

2025 Strategic Priority this will contribute to	Actions 2018-20	Lead/s	By when	Indicators the activity will contribute to	Current performance
1. Preventing and reducing early deaths from the key health issues for Rotherham people, such as cardiovascular disease, cancer and respiratory disease	Monitor and oversee the performance of the Get Healthy Rotherham service.	Public Health, RMBC			
	Support the use of Making Every Contact Count across Health and Wellbeing Partners.	Public Health, RMBC			
	Analyse CVD, Cancer and Respiratory pathways to identify and address areas for improvement.	Public Health, RMBC and CCG			
	Ensure Rotherham Active Partnership works to ensure physical activity is targeted where appropriate to those who are inactive (see also action in aim 4).	Chris Siddall, RMBC (RAP)			
	Provide support to develop the business case for a South Yorkshire and Bassetlaw QUIT smoking programme focused on secondary care.	Public Health, RMBC, CCG, TRFT			
2. Promoting independence and self-management and increasing independence of care for all people	Pilot Integrated point of contact service.	Adult services, RMBC, CCG and TRFT			

	Continue to support the delivery of targeted Home Safety Checks delivered by South Yorkshire Fire and Rescue	South Yorkshire Fire and Rescue			
3. Improving health and wellbeing outcomes for adults and older people through integrated commissioning and service delivery; ensuring the right support at the right time	Develop service model for an integrated rapid response service to provide brief interventions for unplanned episodes of care.	Adult services, RMBC, CCG and TRFT			
	Develop an integrated discharge model to provide smooth and timely transition from hospital to home or to intermediate care.	Adult services, RMBC, CCG and TRFT			
	Begin phased implementation of the integrated care in the community setting building on the success of the Health Village Integrated Locality pilot.	Adult services, RMBC, CCG and TRFT			
	Develop coordinated approach to care home support.	Adult services, RMBC, CCG and TRFT			
	Ensure a coordinated approach across the partnership in relation to 'healthy ageing' and Rotherham being a great place to grow older.	HWbB			
4. Ensuring every carer in Rotherham is supported to maintain their health, wellbeing and personal outcomes, so they are able to continue their vital role and live a fulfilling life	Oversee and monitor the priorities in the Rotherham Carers' Strategy.	Adult services, RMBC			

DRAFT Health and Wellbeing Strategy Action Plan 2018 – 2020

Aim 4 All Rotherham people live in healthy, safe and resilient communities
Board sponsor: Rob Odell

2025 Strategic Priority this will contribute to	Actions 2018-20	Lead/s	By when	Indicators the activity will contribute to	Current performance
1. Increasing opportunities for healthy, sustainable employment for all local people.	Ensure the Local Integration Board involves all relevant officers/partners and has a focus on how jobs, skills and health interlink and contribute towards good employment for local people.	Public Health, RMBC			
	Support work being delivered through aim 1 – ensuring young people are ready for the world of work.	Rob Odell, SY Police/Mel Meggs, RMBC			
2. Ensuring everyone is able to live in safe and healthy environments.	Work closely with the SRP to set priorities which consider the impact on health and wellbeing – and use influence across the partnership to address key challenges identified.	Sam Barstow, RMBC			
	Work with the SRP to explore how the JSNA and JSIA could be better utilised together as a collective resource for Rotherham.	Sam Barstow / Miles Crompton, RMBC			
	Play a key role in helping to develop the local Housing Strategy, ensuring that health and wellbeing continues to be a focus.	Sarah Watts, RMBC			
	Ensure the Neighbourhood Strategy has a key focus on health and wellbeing (helping deliver the priorities in this aim).	Kate Green, RMBC			

3. Ensuring planning decisions consider the impact on people's health and wellbeing.	Explore opportunities to recruit a Public Health registrar and/or student (at no cost) to deliver a piece of work reviewing the Local Plan and how its policies impact on health and wellbeing.	Terri Roche / Bronwen Knight, RMBC			
	Following the activity above, use the outcome of the review to consider where developing supplementary planning documents would have a beneficial impact of people's health – based on evidence.	HWbB			
4. Increasing opportunities for people of all ages to use green spaces for the benefit of their health and wellbeing.	Provide a governance structure for the Rotherham Active Partnership – using collective influence of the board to ensure this partnership works effectively to promote and increase green space use in relation to physical activity.	Chris Siddall, RMBC			
	Contribute to the development of the new Cultural Strategy for Rotherham, ensuring this has a focus on green spaces as important local assets, not just for physical activity, but improving mental health and wellbeing and environmental factors.	Chris Siddall, RMBC			
	Support the ambition for all Rotherham primary schools to be taking part in the 'daily mile' in 5 years.	Chris Siddall, Rotherham Active Partnership			
5. Mitigating the impact of loneliness and isolation in people of all ages	Oversee the development of and monitor implementation of a strategy to address issues associated with loneliness and isolation.	Jo Hinchliffe / Kate Green, RMBC			

	Hold a stakeholder event to begin mapping out what is already going on locally which is contributing to tackling loneliness.	Jo Hinchliffe / Kate Green, RMBC			
	Use the above strategy and outcome of the event to inform development of a local campaign/project to address loneliness – focusing on people connecting (using roll out of MECC / Five Ways to Wellbeing to underpin this).	Jo Hinchliffe / Kate Green, RMBC			
	Consider the outcome of the library review and how libraries can be best utilised within local communities in tackling loneliness	Jo Hinchliffe, RMBC			
	Consider how other key areas of work (SRP vulnerable adults and confident and cohesive communities theme boards, Building Stronger Communities Forum, Neighbourhood Strategy, Place Plan – social prescribing, MECC, Better Mental Health for All, 5 ways to wellbeing) can contribute towards this priority in tackling loneliness.	Jo Hinchliffe/Kate Green, RMBC			

Integrated Care Update

Members Seminar

20th April 2018

CONNECT HEALTHCARE ROTHERHAM CIC

Rotherham Doncaster and South Humber NHS Foundation Trust

The Rotherham NHS Foundation Trust

NHS Rotherham Metropolitan Borough Council

NHS Rotherham Clinical Commissioning Group

VoluntaryAction Rotherham

Objectives of the Session

* Update members on the development of integrated care in South Yorkshire and Bassetlaw
* Update members on integrated care in Rotherham

Health and Care Working Together in South Yorkshire and Bassetlaw

Developing an Integrated Care System (ICS)

April 2018

Integrated Care System context

- £3.9 billion total health and social care budget
- 1.5 million population
- 72,000 staff across health and social care
- 37,000 non-medical staff
- 3,200 medical staff
- 835 GPs / 208 practices
- 6 acute hospital and community trusts
- 5 local authorities
- 5 clinical commissioning groups
- 4 care/mental health trusts

Where are we in South Yorkshire & Bassettlaw (SYB)?

18 months since Sustainability and Transformation Plans published, a refresh is now underway

Progress made:

- Significant investment in social prescribing
- Hospital Services Review (HSR) underway – reporting in May
- Engaged with and heard from citizens on the Plan and the HSR
- Priorities agreed, including investing in primary care, integrating mental health services, improving early cancer diagnosis, increasing future workforce supply

National direction of travel

- Moving from being called STPs to Accountable Care Systems to – now – Integrated Care Systems (ICSs)
- Some Integrated Care Systems will be designated this year, moving to all areas from 19/20
- ICSs will have a central role in the planning process with e.g. single system plan underpinned by local plans
- National priorities remain with a focus on key areas e.g. General Practice, Cancer, A&E

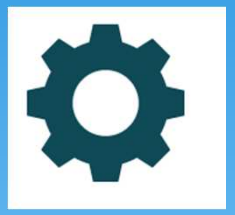
What will ICSs do?

They will be expected to:

* Plan for the future
* Align commissioning
* Integrate regulation
* Manage performance
* Provide system leadership
* Own and resolve system challenges

In South Yorkshire and Bassetlaw …

Expect to be designated one of the first ICSs later in a few weeks



Currently negotiating best starting position for SYB with NHS England

Continue to work within existing legislation

Following the publication of the independent hospital services review on 8th May, explore the next steps with the public and staff

Rotherham's Integrated Care Partnership (Place)

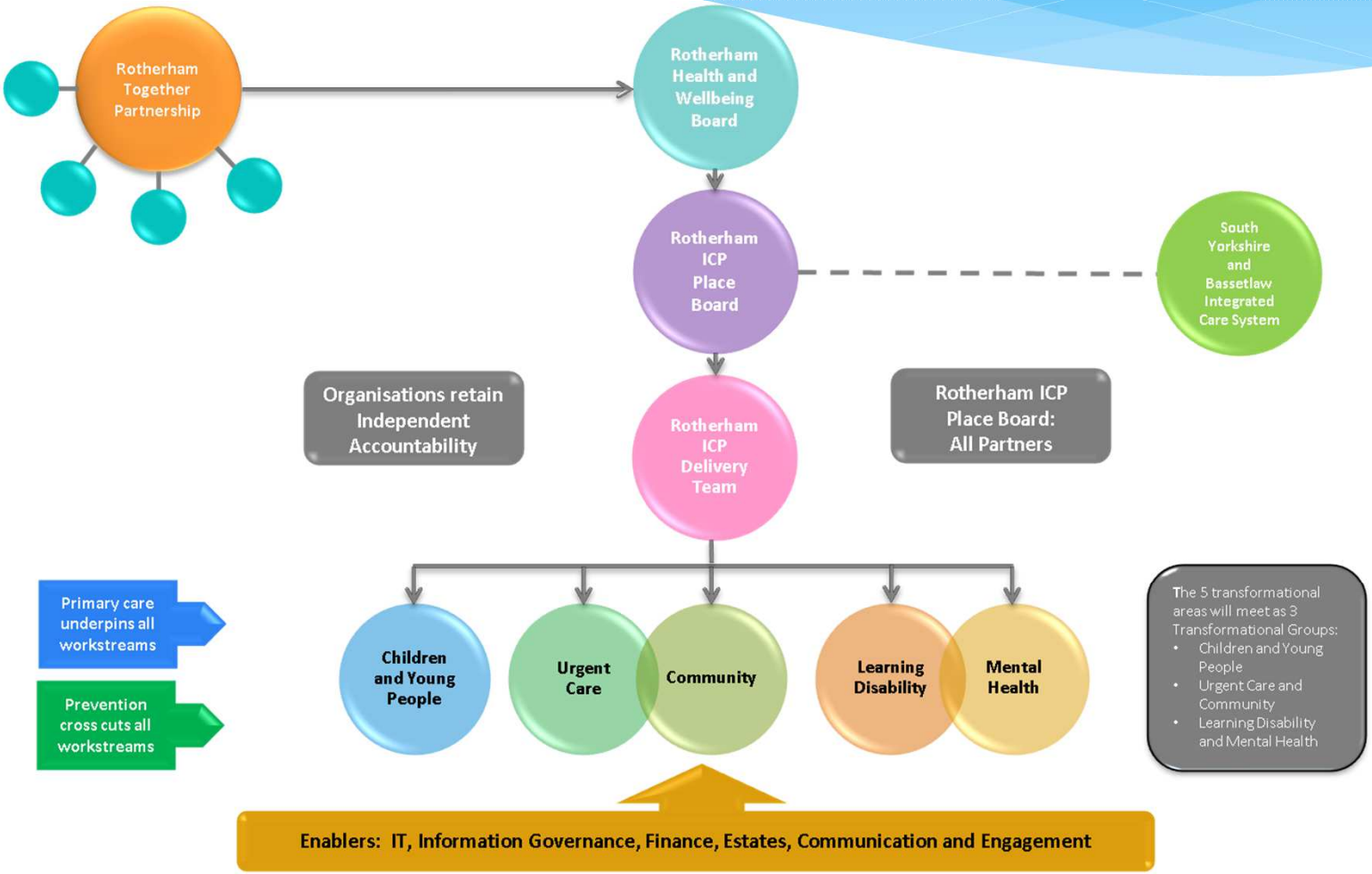
Rotherham ICP Development Session

Integrated Care in Rotherham - Our Common Vision

'supporting people and families to live independently in the community, with prevention and self-management at the heart of our delivery'

The Journey So Far… Place Plan

The Journey So Far… Governance



The Journey So Far … Principles

Our decision making to date has been shaped by following a number of principles, we will:

* Focus on people and places through the integration of health and social care services, pulling pathways together around people's homes and localities; adopt a way of working which promotes continuous engagement with, and involvement of, local people to inform this.
* Actively encourage prevention, self-management and early intervention to promote independence and support recovery, and be fair to ensure that all Rotherham people can have timely access to the support they require to retain independence.
* Design pathways in collaboration to reduce duplication and make our current and future services work better, and to reduce health inequalities in Rotherham providing a person centre approach.
* Be innovative, using international evidence and proven best practice to shape our pathways to achieve the best outcomes for people in the most cost effective way.
* Strive for the best quality services based on the outcomes we want within the resource available.
* Be financially sustainable and this must be secured through our plans and pathway reform.
* Align relevant health and social care budgets together so we can buy health, care and support services once for a place in a joined up way.

What is / will be different?

Children and Young People: Priorities

1. Implementation of CAMHS Transformation Plan including Section 75
2. Oversee delivery of the 0-19 healthy child pathway services
3. Implementation of agreed SEND Action Plan
4. Children's Acute and Community Integration
5. Implement' Signs of Safety' for C&YP across partner organisations.
6. Embed Voice of the child principles

What is / will be different?

Mental Health and Learning Disabilities: Priorities

1. Deliver improved outcomes and performance in the Improving Access to Psychological Therapies service
2. Improve dementia diagnosis and support – continued focus on community
3. Deliver CORE 24 mental health liaison services
4. Transformation of the Woodlands inpatient 'Ferns' ward
5. Improve Community Crisis and Home Treatment response and intervention in mental health
6. Oversee Delivery of Learning Disability Transforming Care
7. Support the Development of Autism Strategy
8. Support work of Public Mental Health Strategy including Suicide Prevention

What is / will be different?

Urgent and Community: Priorities

1. Integrated Point of Contact
2. Integrated Discharge Team
3. Intermediate Care and Reablement
4. Integrated Rapid Response
5. Integrated Localities
6. Integrated Care Home Support

How could we work differently?

* Joint posts between commissioners
* Joint posts between providers
* Do we have whole system posts?
* Joint budgets where it makes sense to do so
* Joint Organisational Development (OD)
* Network senior officers

Issues we need to consider

- Relationships
- Making sure we are accountable to our organisations and our population.
- Governance (such as managing Conflicts of Interest to take decisions without challenge)
- Managing increased involvement between Health / Local Authority
  Use existing levers - Section 75s, pooled budgets and Better Care Fund
- Data – information governance and data sharing across organisations
- Regulatory/contractual restraints (especially in NHS circles with nationally agreed contracts)
- New Workforce issues and models
- Competition and Procurement considerations / Patient Choice
- Consultation – when and how much?
- Finance – moving to new models of payment to providers and more pooled budgets
- The gap between law and policy – no imminent changes in law

BRIEFING PAPER FOR Health and Wellbeing Board

1.	**Date of meeting:**	**16th May 2018**
2.	**Title:**	**Rotherham Health Protection Annual Report 2017**
3.	**Directorate:**	**Adult Social Care, Housing & Public Health Directorate**

4. Background

4.1 The Health and Social Care Act 2012 placed a new statutory duty on local authorities in England to protect the health of the local population. These health protection roles and responsibilities, overseen by the Director of Public Health on behalf of the council, are discharged by the Health Protection Committee. Each year, the Health Protection Committee, which is accountable to the Health and Wellbeing Board, provides an annual report outlining the collective actions to prevent or reduce the harm or impact on the health of the local population caused by infectious diseases or environmental hazards, major incidents and other threats.

4.2 This is Rotherham's third annual report for the Health and Wellbeing Board. It highlights the main areas of health protection activity in Rotherham over the period 1st January 2017 to the 31st December 2017.

5. Key Issues

5.1 The Health Protection Committee continues to highlight the importance of good communication, continuous surveillance and having effective public health systems in place. This has been achieved by maintaining strong working relationships and by clarifying our roles and responsibilities. These underpin the local public health response to threats, outbreaks and major incidents.

5.2 Organisations have maintained effective responses to incidents or outbreaks by ensuring that there is;

- continuous monitoring of data and local intelligence to enable early detection of emerging infections or hazards
- timely and accurate information shared securely with the relevant agencies
- use of local expertise to inform the relevant control measures and a proportionate response implemented
- regular review and testing of local plans for the prevention, planning and response to protect the public's health

6. Key actions and relevant timelines

6.1 The Health Protection Committee continues to meet on a quarterly basis with regular updates from ad-hoc or task and finish groups.

6.2 The Committee works collectively to bring system wide improvements and improved outcomes for the population. Some examples include;

- Managing and embedding lessons learned on a range of health protection incidents in the community, e.g. Health Care Associated Infections (HCAIs), water borne infections, vaccine preventable infections
- Pursuing clarity on the roles of the agencies involved in health protection and emergency planning through a number of exercises testing local and regional plans
- Improving joint working between directorates within the RMBC and key external partners, for example, around infection prevention and control in the community, air quality and incident management
- Continued improvements by the Screening and Immunisation Team (SIT) and partners to maintain and improve on screening and immunisation across Rotherham
- Quarterly updates from the Director of Public Health and the CCG Accountable Officer to the Local Health Resilience Partnership (LHRP) on existing plans and arrangements to respond to public health emergencies

6.3 Maintain and update the Public Health risk register and the Rotherham Health Protection Assurance Framework.

7. Recommendations to Health and Wellbeing Board

7.1 That Health and Wellbeing Board notes the content and recommendations of the Health Protection Annual Report 2017.

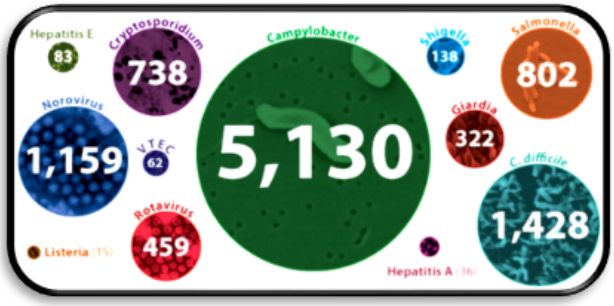
8. Name and contact details

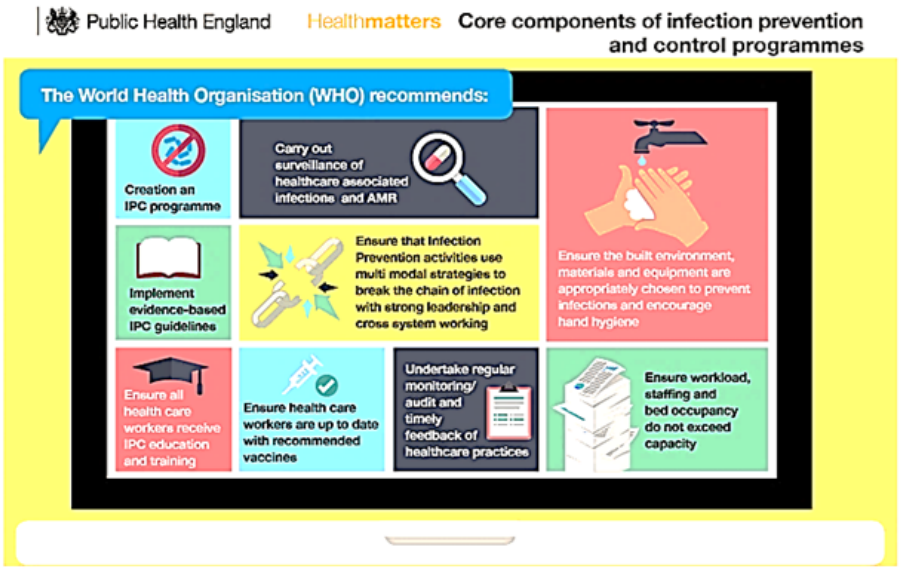
Strategic Director Approving Submission of the Report
Teresa Roche, Director of Public Health

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

ROTHERHAM HEALTH PROTECTION ANNUAL REPORT

2017





Foreword

Communication, partnerships and public health systems are all key elements in protecting the health of the Rotherham community and considerable efforts have been undertaken to build on existing relationships or areas which require strengthening.

There are a number of public health systems embedded across Rotherham where, all year round, local health protection teams monitor and implement local actions to mitigate identified risks and ensure that the necessary control measures are in place for Rotherham.

Many thanks to all the individuals and agencies who have contributed to this report and all those people who continue to work collectively to ensure that the public's health is protected.

Teresa Roche

Director of Public Health

Councillor David Roche

Cabinet Member for Adult Social Care Housing and Public Health

CONTENTS

GLOSSARY

ANNB	Ante Natal and Newborn
AMR	Antimicrobial Resistance
BCG	Bacillus Calmette-Guerin
C. difficile	Clostridium difficile
CHRD	Child Health Records Department
CQUIN	Commissioning for Quality and Innovation
Defra	Department for Environment, Food and Rural Affairs
DIPC	Director of Infection, Prevention and Control
DPH	Director of Public Health
DTaP/IPV/Hib	Diphtheria, Tetanus, acellular Pertussis, Polio and Haemophilus influenza type b
EHO	Environmental Health Officers
EPSS	Emergency Planning Shared Services
E.coli	Escherichia coli
ESPAUR	English surveillance programme for antimicrobial utilisation and resistance
FSA	Food Standards Agency
GI	Gastro Intestinal
H&WB	Health and Wellbeing Board
HCAI	Health Care Associated Infections
HIV	Human Immunodeficiency Virus
IPC	Infection, Prevention and Control
LHRP	Local Health Resilience Partnership
MDRTB	Multi Drug Resistant TB
MMR	Measles Mumps and Rubella
MRSA	Meticillin Resistant Staphylococcus Aureus
MSSA	Meticillin Sensitive Staphylococcus Aureus
NHSEY&H	NHS England Yorkshire and Humber
NICE	National Institute of Clinical Excellence
ONS	Office for National Statistics
PCV	Pneumococcal Conjugate Vaccine
PGD	Patient Group Directive
PPE	Personal Protective Equipment
PHE	Public Health England
PHOF	Public Health Outcome Framework
PM	Particulate Matter
RCCG	Rotherham Clinical Commissioning Group
RDaSH	Rotherham Doncaster and South Humber NHS Foundation Trust
RHPC	Rotherham Health Protection Committee
SIT	Screening and Immunisation Team
STI	Sexually Transmitted Infection
TB	Tuberculosis
TRFT	The Rotherham NHS Foundation Trust
UTI	Urinary Tract Infection

BACKGROUND

This is Rotherham's third annual report for the Health and Wellbeing Board (H&WB). It highlights the main areas of health protection activity in Rotherham over the period 1st January 2017 to the 31st December 2017. The scope of the health protection work for the population of Rotherham (whether resident, working or visiting) is extremely broad and requires close working with a wide range of partners. The roles, responsibilities and relationships between partner agencies underpin the local public health response to threats, outbreaks and significant incidents.

The Rotherham Health Protection Committee (RHPC) provides assurance to the H&WB that adequate arrangements are in place for the prevention, monitoring, planning and response required to protect the public's health. It provides an important control function with regards to the assurance arrangements for the health protection system, in fulfilment of the Director of Public Health's statutory responsibility.

The scope of health protection work for the population of Rotherham remains, as in previous years (whether resident, working or visiting), as follows;

- Routine vaccines for preventable diseases and Immunisation programmes
- Infection, Prevention and Control including Health Care Associated Infections (HCAIs)
- Communicable disease control including Tuberculosis (TB), blood borne viruses, gastro-intestinal infections (GI), seasonal and pandemic influenza
- The health protection elements of substance misuse, Hepatitis A and B
- Environmental hazards and control, biological, chemical, radiological and nuclear, including air and water quality, food safety
- Sexually Transmitted Infections and HIV
- National screening programmes
- Emergency planning and response (including severe weather and environmental hazards).

PURPOSE OF THIS DOCUMENT

The purpose of this document is to provide oversight of the current health protection work within Rotherham. This document provides assurance to all the organisations of the Health and Wellbeing Board (H&WB) and the Leader of the Council, that the health of the residents of Rotherham is being protected from incidents, hazards and threats related to communicable diseases, the environment and emergencies in a proactive and effective way.

SUMMARY

The Rotherham Health Protection Committee, on behalf of the Director of Public Health, continues to review and challenge areas where collective actions are required from partner agencies. The public health indicators associated with health protection in the Public Health Outcomes Framework (PHOF) include;

- Fraction of mortality attributable to particulate air pollution
- Chlamydia diagnosis (15-24 year olds)
- Routine population vaccination coverage
- People presenting with HIV at a late stage of infection
- Treatment completion for tuberculosis
- Public sector organisations with board approved sustainable development management plans (e.g. use of energy and water, the production and management of waste, business travel, etc, which relate to our carbon footprint)
- Comprehensive, agreed interagency plans for responding to health protection and major health related incidents

Virtually all Health Protection indicators for Rotherham are better than England. Around a fifth (6 out of 28) are RAG rated green. These are mainly for achieving 95% vaccination coverage for;

- Combined Diphtheria, Tetanus, Pertussis, Polio and Haemophilus influenza type b (DTaP/IPV/Hib) vaccination for 1 year and 2 years,
- Meningitis C for 1 year olds,
- Pneumococcal Conjugate Vaccine (PCV) for 1 year olds, and
- Measles Mumps and Rubella (MMR) for 1 dose for 5 years old.

The incidence of tuberculosis was also green as being significantly better than England for 2014-16.

Only three indicators were RAG rated as red;

- Influenza vaccination coverage at age 65+ (Flu coverage at 65+ at 74.4% for 2016/17 is only just below the target level of 75%)
- Influenza vaccination coverage for at risk individuals
- Antibiotic prescribing in primary care

(See recommendations)

The vast majority of indicators have improved, were stable or have increased over the latest period and around a half of the indicators have improved over the longer term. See Health Protection data in the PHOF[1].

The themes in this report cover the main areas of health protection which reflect the joint actions required for good health outcomes or where additional work has been required. Where national or regional solutions are required, these have been escalated through existing health protection routes, for example, via the Local Health Resilience Partnership (LHRP). Some examples of where emerging priorities have required additional assurance are outlined below;

- Managing and embedding lessons learned on a range of health protection incidents in the community.
- Pursuing clarity on the roles of the agencies involved in health protection and emergency planning through a number of exercises testing local and regional plans
- Improving joint working between directorates within the Council and key external partners, for example, around infection prevention and control in the community and air quality
- Continued improvements by the Screening and Immunisation Team (SIT) to ensure that the delivery mechanisms are in place with a wide range of stakeholders
- Contribution to the national health protection audit via the South Yorkshire and Bassetlaw LHRP, as part of the national review on planning and preparedness for responding to public health threats
- Annual update from the Director of Public Health and CCG Accountable Officer to the Local Health Resilience Partnership (LHRP) on existing plans and arrangements to respond to avian flu at a local and sub-regional level
- Development of the Rotherham Multi-Agency Outbreak Plan (2017) and Rotherham Multi-Agency Mass Treatment Plan

RECOMMENDATIONS

1) Organisations maintain effective monitoring, communication and response to incidents or outbreaks by ensuring that there is;
   - continuous monitoring of data and local intelligence to enable early detection of emerging infections or hazards
   - timely and accurate information securely shared with the relevant agencies
   - use of local expertise to inform the relevant control measures and a proportionate response implemented

[1] https://fingertips.phe.org.uk/profile/health-protection/data#page/1/gid/1000002/pat/6/par/E12000003/ati/102/are/E08000018

- Regular review and testing of plans, e.g. Multi-agency outbreak and treatment plans, PHE Communicable Diseases Operational Management Guidance, etc.

2) NHS and partners ensure that there is effective local Antimicrobial Stewardship (AMS) by improving the knowledge and understanding of antibiotic resistance, conserving and supervising the use of existing treatments and optimising Infection Prevention and Control.

3) Improve the uptake of Diphtheria, Tetanus, Whooping cough, Polio, Haemophilus influenza type b and Hepatitis B vaccine (also known as the 6 in 1 vaccine; DTaP/IPV/Hib/Hep B) within the hard to reach communities in Rotherham.

4) For 2017/18, to achieve at least the minimum 55% uptake (national ambition) of the seasonal flu vaccine in all clinical risk groups and maintain higher rates where already established to reduce morbidity and mortality and lower the rates of hospitalisation.

5) To work with the LHRP to implement the actions identified by the findings of the National (NHS England and Public Health England) Health Protection Audit

HEALTH PROTECTION ROLES AND RESPONSIBILITIES

Health protection is the domain of public health which seeks to prevent or reduce the harm caused by communicable diseases, and to minimise the health impact of environmental hazards such as chemicals and radiation, and extreme weather events.[2]

The Director of Public Health seeks assurance from the organisations below who are required to fulfil a range of statutory functions. Collectively these work to protect the health of the local population that no single agency can address on its own.

Rotherham Council

Local Authorities have statutory health protection functions and powers, principally in the area of environmental health, emergency planning and social care. This includes ensuring good food hygiene, workplace safety, decent housing, patient safety and reducing the impact of environmental hazards and emergency preparedness, resilience and response. Local authorities ensure enforcement of safe standards for food, clean air, safe levels of noise, disposal of waste and safe housing conditions.

[2] https://www.local.gov.uk/sites/default/files/documents/health-protection-local-g-9f6.pdf

In addition to these existing responsibilities, Rotherham Council has a statutory duty to commission open access sexual health services and substance misuse treatment services.

Rotherham Clinical Commissioning Group (RCCG)

RCCG commissions a range of secondary care and community services which comprise an important component of the strategies to control communicable diseases. They have a responsibility to ensure infection prevention and control compliance with the Health and Social Care Act and as the local NHS commissioners lead on Antimicrobial Resistance and specialist Tuberculosis (TB) services. GP practices are responsible for reporting infectious diseases and administering a number of vaccination programmes. RCCG are critical players in emergency preparedness, resilience and response working closely with all agencies.

The Rotherham NHS Foundation Trust (TRFT)

Secondary care providers are responsible for treatment services, responding to emergencies, communicable disease notification and their subsequent control. NHS organisations are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract. This includes emergency planning (including significant incident and emergency management) and any co-operation necessary to achieve associated objectives through the Infection Prevention and Control team, TB Specialist services and school nursing services. The Director of Infection Prevention and Control leads (with advice from PHEY&H) on a hospital acquired incident or outbreak.

NHS England Yorkshire and Humber (NHSEY&H)

The Local Health Resilience Partnership (LHRP) is facilitated by NHSEY&H and is co-chaired by the DPH for Barnsley. It ensures that the local health system is prepared to deal with emergencies.

NHSEY&H ensure that all NHS funded organisations meet the requirements of the Civil Contingencies Act 2004 (CCA 2004), the NHS Act 2006 as amended by the Health and Social Care Act 2012 and the NHS Standard contract.

Public Health England Yorkshire and Humber (PHEY&H) Health Protection Team

PHEY&H provide monitoring and specialist advice and support to commissioners and providers, including infection prevention and control teams. PHEY&H provide leadership in the event of a community outbreak or incident, which includes the monitoring and control of communicable diseases, HCAI monitoring and expert advice on environmental, chemical, biological and radiation hazards.

An NHS England embedded Screening and Immunisation Team (SIT) for South Yorkshire & Bassetlaw also has a responsibility for the commissioning and implementation of the national routine screening and immunisation programmes.

Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)

As with all NHS organisations, RDaSH are expected to deliver functions that support health protection in accordance with the NHS England Standard Contract associated with mental health services. This includes emergency planning for significant incidents and emergency management and any co-operation requirements necessary to achieve good Infection Prevention and Control.

These roles and functions are complementary and all are needed to ensure there are robust and locally sensitive arrangements for health protection planning and response. See below for some of the key guidance documents.

Local Authorities (Public Health Functions and Entry to Premises by Local Health Watch Representatives) Regulations 2013, made under section C of the National Health Service Act 2006 [3]

Public Health (Control of Disease) Act 1984 [4]

Health and Social Care Act (2008) Code of Practice [5]

Health and Safety at Work Act (1974)[6]

Food Safety Act (1990)[7]

The Civil Contingencies Act 2004[8]

WHAT WE SAID WE WOULD DO IN LAST YEAR'S REPORT

Below are some headlines for what 'we said we would' do in last year's annual report and 'what we did' over the year.

Communicable Diseases

We said we would: maintain close observation, communication and response to any incidents or outbreaks across the borough to ensure early detection and a

[3] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/199773/Health_Protection_in_Local_Authorities_Final.pdf

[4] http://www.legislation.gov.uk/ukpga/1984/22

[5] https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance

[6] http://www.legislation.gov.uk/ukpga/1974/37

[7] http://www.legislation.gov.uk/ukpga/1990/16/contents

[8] https://www.gov.uk/guidance/preparation-and-planning-for-emergencies-responsibilities-of-responder-agencies-and-others

proportionate response from relevant agencies to manage and control the incident effectively.

What we did: Reports of incidents and outbreaks were responded to effectively by all partner agencies to minimise harm, identifying opportunities of inter-disciplinary and multi-agency working to bring system wide improvements.

Sexually Transmitted Infections

We said we would: Continue to monitor and control the spread of sexually transmitted infections (STI) and alert PHE if there were any emerging public health risks.

What we did: Sexual health providers continued to carry out robust partner notification and treatment of any identified cases and contacts. All the teams are aware to notify PHE if any significant clusters are observed, in line with the PHE Outbreak Guidance for STIs[9] .

Environmental Hazards and Control

We said we would: continue to enforce environmental legislation with regard to food safety, illegal trading and air quality which takes into account the latest legislation and guidance.

What we did: action was taken against traders in illicit tobacco and unhygienic premises and food hygiene ratings are now displayed on 1,956 food premises. Environmental Health has worked closely with PHEY&H to standardise Operating Procedures across South Yorkshire. This improves cross boundary investigations for related outbreaks. An Air Quality Steering Group has been established and the Air Quality Action plan updated to ensure we maintain air pollution within national standards.

Screening and Immunisation

We said we would: Implement Rotherham's two year Screening and Immunisation Improvement Plan (2016/2017 and 2017/2018), with a particular focus on promoting cervical screening and halting any decline in uptake rates for vaccine preventable diseases.

What we did: Rotherham has maintained good immunisation rates with the childhood programmes and improved the adolescent immunisations programmes through a dedicated school immunisation services. For example, from 88.80% vaccination uptake in 2015/16 to 94.20% in 2016/17 (for the first dose of Meningitis ACWY) and from 83.40% to 87.60% for the second dose. The NHS screening

[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584723/PHE_STI_outbreak_guidelinesNB180117.pdf

programmes have been promoted specifically targeting vulnerable people with learning disabilities, mental health problems and black and minority ethnic groups.

Infection, Prevention, Control and Antimicrobial resistance

We said we would: Maintain effective infection, prevention and control across health and social care settings, introduce initiatives to reduce gram negative bloodstream infections (esp. Escherichia coli (E.coli)) and build on the joint work between partners to strengthen the IPC role in care homes.

What we did: RCCG and TRFT have produced a working action plan to reduce E. coli's which is based on increased local monitoring and implementing national learning and best practice. A multi-agency forum, led by Rotherham Council, has met regularly to improve our vigilance though effective communication and information sharing between all partners and care homes.

Emergency Planning

We said we would: Work within the revised corporate Emergency Planning governance structures (Rotherham Council) to monitor and review Rotherham Council's preparedness arrangements and report on a quarterly basis to the Rotherham Council Senior Leadership Team on progress and performance.

What we did: New governance processes successfully embedded within the council supporting the exercises and training and quarterly reporting throughout the year.

SUCCESSES AND CHALLENGES 2017

COMMUNICABLE DISEASES

Public health observation and monitoring dates back to the first recorded epidemic in Egypt in 3180 B.C. Samuel Pepys (1633-1703) was the first person to start epidemic field investigation whilst John Snow was considered the founder of epidemiology (1813-1858) who linked data to intervention in a cholera outbreak in 1854. Monitoring infectious diseases continues to be a core function for Public Health England (PHE), the central goal of which is to provide information that can be used to support action by public health teams and individuals[10].

PHE also provide;

- expertise and advice on the appropriate investigation of any incident or outbreak
- risk analysis and assessment of emerging diseases, extreme events/threats
- high quality and timely data in both preparedness and response modes

[10] PHE Approach to Surveillance Dec 2017

- a range of specialist public health services, e.g. laboratory, analytical and expert advisory, system assessment and training
- guidance to professionals in health and local government and other sectors[11]

EMERGING INFECTIONS

Public Health England (PHE) ensures that partners have the right information available to us at the right time to inform public health decisions and actions.

The opportunities provided by vigilance through good quality monitoring and information are significant, from ensuring a rapid and effective response to public health threats to improving inter-operability between systems and using new technologies to improve health outcomes.

PHE provides a monthly update on the new and emerging infectious diseases across the globe that could affect public health in the UK[12] which are shared and discussed appropriately with the Health Protection Committee.

Below outlines an example of some of the actions undertaken by Rotherham partners to ensure that locally commissioned arrangements are in place to respond to an avian flu outbreak.

Avian flu

Agencies were first notified of an avian influenza (H5N8) outbreak across the Europe in November 2016. This had required all keepers of poultry and other captive birds (including backyard flocks) to maintain complete separation from contact with wild birds. Although all appropriate control measures were implemented, it had highlighted some areas of good practice and some areas for development (across several Local Authorities) to streamline our incident response in the future (See link below to the Public Health England guidance)[13].

PHEY&H and NHSEY&H therefore requested Directors of Public Health and CCG Accountable Officers to review existing planning arrangements and take any remedial action identified at a sub-regional level and report back to our respective Local Health Resilience Partnerships (LHRPs).

Consequently a number of agreed actions were implemented for Rotherham. These included;

- development and sign off of the Rotherham Multi-Agency Outbreak Plan led by Public Health

[11] PHE Roles and Responsibilities for Health Protection Incidents

[12] https://www.gov.uk/government/publications/emerging-infections-monthly-summaries

[13] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629690/Managing_Avian_influenza_in_poultry_guidance_for_HPTs.pdf

- development and sign off of the Rotherham Multi-Agency Mass Treatment Plan led by Public Health
- TRFT authorisation of the Patient Group Directive to administer Tamiflu
- identification of suitable premises where antivirals could be administered
- identification of which organisations are commissioned to provide staff to administer antivirals in line with the PGD and advice from PHE

Information on progress within each Local Authority area was submitted via the LHRP to capture at a sub-regional level. This will be updated on an annual basis.

INCIDENTS AND OUTBREAKS

There have been a number of incidents over the year in a range of settings requiring effective inter-agency work. Key agencies involved included Environmental Health, Adult Social Care and Housing, Public Health (Rotherham Council), RCCG, PHEY&H, Infection Prevention and Control (TRFT/RDaSH/RCCG) and Microbiology (TRFT). Other agencies were invited (depending on the scenario) to incident meetings or more often, teleconferences, which were held jointly to identify the source of infection (where possible) and ensure that the necessary control measures were implemented to prevent further spread or recurrence. The following provides a more detailed example of a community setting where multi-agency work has been strengthened.

Care Homes

Outbreaks in care homes are most commonly episodes of diarrhoea and/or vomiting in two or more residents or staff, where an infectious agent has been transmitted. These are most commonly viruses, but can be serious bacterial infections. Because the residents are often vulnerable elderly people with various health problems, even infection with common agents can result in serious illness. Many of the viral agents are highly infective and spread very effectively between residents and staff, controlling them requires meticulous hygiene measures.

During the flu season, outbreaks over 2016/17 and 2015/16 at a national level were dominated by care home outbreaks (see table below) (source; Service Evaluation of Staff Influenza Coverage and Policy in English Care Homes (PHE, 2017).

Outbreaks			
	2016/17	2015/16	2014/15
Total	1,055	656	687
Institution Type			
Care Homes	826 (78.3%)	231 (35.2%)	515 (75.0%)
Hospitals	153 (14.5%)	108 (16.5%)	85 (12.4%)
Schools	60 (5.7%)	275 (41.9%)	77 (11.2%)
Other	16 (1.5%)	42 (6.4%)	10 (1.5%)

*Data for 2015/16 and 2014/15 is based on week 40 to week 20

Figure 1. Number and percentage of UK outbreaks by institution type, 2014 – 2017 (PHE, 2017)

Where necessary, a range of enhanced infection, prevention and control measures were introduced in care homes to prevent reoccurrence in the future. These actions, alongside joint learning and audit findings led to the establishment of the Infection Prevention and Control in the Community Group. This focuses on more proactive interventions delivered through all partners involved in monitoring, regulating and advising on Infection Prevention and Control in care homes. This group reports to the Quality Board: Strategic Commissioning and the Health Protection Committee.

Successes

All incidents/clusters/outbreaks of infections, identified in the Rotherham community and hospital settings, have been managed and controlled effectively. This ensures the protection of the community against infectious disease and other dangers to health by identifying the source and implementing control measures to prevent further spread or recurrence of the infection.

A range of initiatives introduced over the year include;

- Monthly Post Infection Reviews (PIRs) led RCCG to undertake a Root Cause Analysis of community cases of infection with relevant stakeholders
- Strengthening intelligence gathering and sharing information between agencies
- Sharing best practice with care homes, including a recommended audit tool and other resources

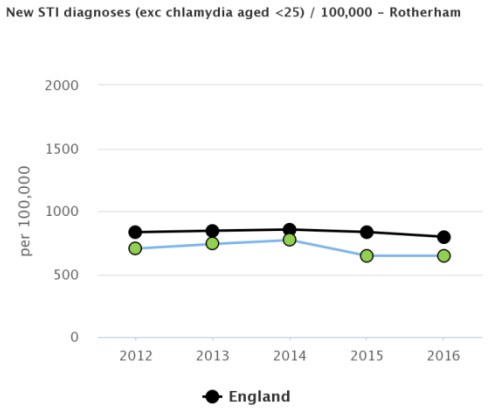
Challenges and future work

There are several communicable diseases across the globe and those endemic in the UK which continue to pose a potential risk of an incident or outbreak. Therefore partner agencies will need to remain vigilant, through monitoring and timely multi-agency responses to control any future incidents/outbreaks effectively.

SEXUALLY TRANSMITTED INFECTIONS

Sexual health services have a statutory duty to carry out partner notification and contract tracing. This plays a vital part in the health protection mechanism for controlling the spread of Sexually Transmitted Infections (STIs).

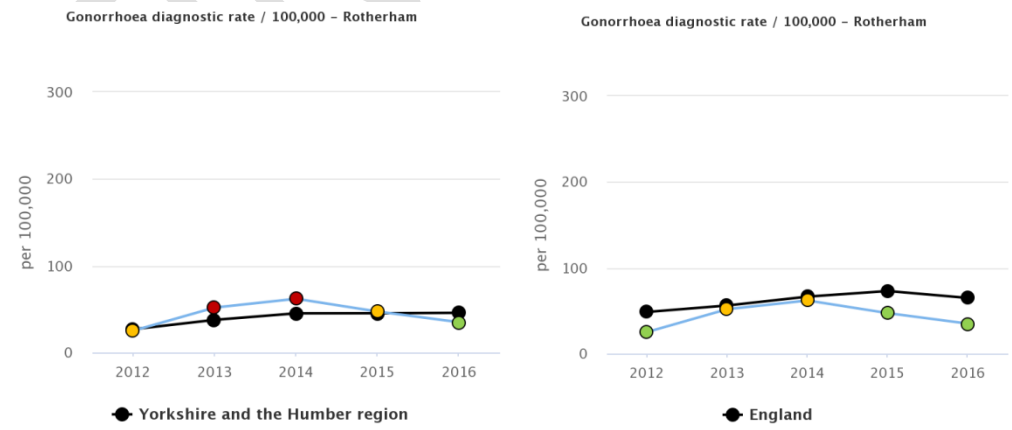
The STI rate (excluding chlamydia) in Rotherham in 2016 was slightly higher than the Yorkshire and Humber rate but lower than the national rate. Overall, the trend in the rate of all STIs in Rotherham is reasonably flat, in keeping with Yorkshire and Humber and national rates.



(PHE fingertips)

Successes

Rotherham's new diagnosis rates for gonorrhoea have continued to fall. After having been higher than the average for Yorkshire and Humber and matching the rates for England in 2013 the rates were significantly lower in 2016 and are continuing to fall.



Source: Laser, PHE, 2016

The latest LASER (Local Authority HIV, Sexual and reproductive health Epidemiology Report) for 2016 reflects the significant fall in diagnosis of gonorrhoea

with Rotherham having the 145th highest rate (out of 326 LAs in England) in 2016 compared to when the authority had the 91st highest rate in 2015.

Rotherham also has a good HIV testing coverage percentage in comparison to England with 80.0% of eligible sexual health service patients being tested (compared to 67.7% in England).

Challenges and future work

The Yorkshire and Humber region continue to see an increase in cases of syphilis including an increase in the number of cases (small number) in Rotherham. This is also reflected across England.

For cases in men where sexual orientation was known, 9.8% of new STIs in Rotherham (2016) were among gay, bisexual and other men who have sex with men (MSM) compared to 3.8% in 2015. Rotherham also has higher rates of new STIs amongst black ethnic minority groups which is also reflected in the national picture.

59% of diagnoses of new STIs in Rotherham in 2016 were in young people aged 15-24 years compared to 51% in England.

Local and national prevention activities will need to focus on groups at highest risk, including young adults, black and ethnic minorities and MSM.

TUBERCULOSIS (TB)

TB

Work continued over the year to treat isolated cases of TB. This involved contact tracing, screening and, where relevant, further management and treatment of contacts. The work involved is often very time-consuming, requiring specialist knowledge and skills due to the increasing complexity and vulnerability of the patients and contacts (as the overall incidence declines)[14].

The capacity and sustainability of the TB Specialist Services are currently being reviewed by RCCG to ensure it reflects the latest NICE guidance[15].

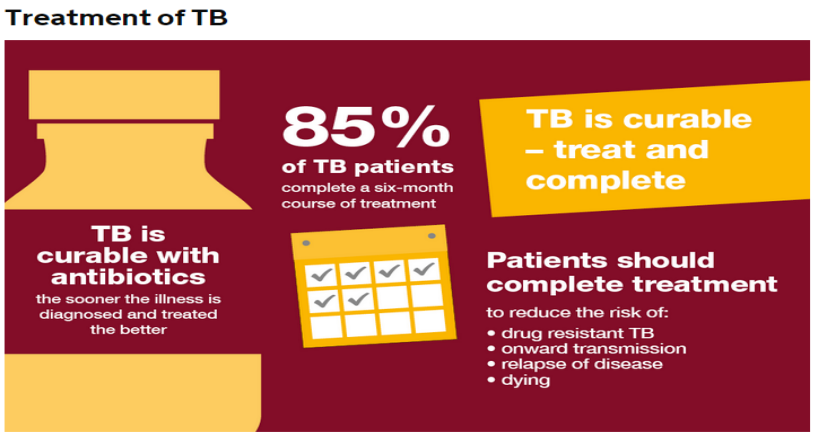
Successes

TB specialist services in Rotherham achieved a minimum of 85% treatment (locally achieve 100%) completion rate through the implementation of best practice. Treatment can either be self-administered or directly observed. Treatment

[14] https://www.gov.uk/government/publications/health-matters-reducing-the-burden-of-tuberculosis/health-matters-reducing-the-burden-of-tuberculosis

[15] https://www.nice.org.uk/guidance/ng33

completion is important not only to prevent re-occurrence/spread but to reduce the likelihood of Multi-Drug Resistance (see diagram below).



Following improved BCG (Bacillus Calmette-Guerin) vaccine availability for TB (previous year saw a global shortage), all babies identified as being eligible for BCG are now being offered the vaccination in secondary care outpatient clinics.

Challenges and future work

Multi Drug Resistant Tuberculosis (MDRTB)

TB remains a national priority for action and whilst rates of TB are falling the Yorkshire and Humber region has the third highest rate of TB in England and an above average proportion of cases of multi-drug resistant TB (MDRTB).

There have been some cases of MDRTB across the Yorkshire and Humber region that have been complex in terms of the management of the situation rather than the clinical management of the cases. The underlying explanations for these complexities have often related to the case's inability to undertake employment during the initial treatment period of the condition.

SUCCESSES AND CHALLENGES IN 2017

ENVIRONMENTAL HAZARDS AND CONTROL

Food Hygiene and Animal Health

Rotherham Council advises and supports businesses to ensure legal compliance to food hygiene standards and takes enforcement actions when appropriate. Trading Standards Enforcement Staff and Environmental Health Officers (EHOs) have worked in partnership with other agencies such as South Yorkshire Police and Immigration Enforcement to tackle issues such as the sale of illicit alcohol and tobacco.

In December 2017, Rotherham had 1,956 food premises displayed on the Food Standards Agency (FSA), Hygiene Rating Scheme, of which 1,593 were rated good or very good. EHOs have undertaken 54 re-assessment visits to check the food business operators have carried out the required works to improve their rating and the majority have showed sustained improvement and gained higher ratings.

Of the cases which have been reported, there have been 545 cases of suspected food poisoning and confirmed notifiable illnesses in Rotherham between January and December 2017.

There are currently 147 registered feed premises supplying food to animals. Visits are made to ensure they comply with the feed law. Animal Health staff also check premises keeping livestock to ensure that animal welfare is maintained and disease control measures are in place.

EHOs have undertaken a number of sampling initiatives in 2017 looking at a range of issues. They participated in a regional survey of gyms looking at the cleanliness of gym equipment, all the results were satisfactory. EHOs have continued to monitor the quality of milk pasteurised in Rotherham.

A local survey was undertaken to check the level of salt in sausages manufactured in the borough as a diet high in salt can cause raised blood pressure, which can increase your risk of heart disease and stroke. The majority of the samples exceeded the target set by the Department of Health in 2012, which was amended in 2017 to 1.13g of salt (450 mg sodium) per 100g (average) and 1.38g of salt (550 mg sodium) per 100g (maximum). All the butchers were advised to reduce the level to meet the revised target.

Rotherham Council has also participated in other surveys/questionnaires undertaking environmental monitoring of premises for example schools, pubs and checking for particular pathogens, such as Salmonella or identifying cleaning issues.

In Rotherham over the year (2017), there were 288 cases of Campylobacter, 26 cases of Cryptosporidiosis and 52 cases of Salmonella notified to PHE [16].

Successes

Under the Food Information Regulations (2014) businesses have a responsibility to ensure that food is labelled correctly. The Food Standards Agency in partnership with local authorities, operate the Food Hygiene Rating Scheme. This scheme encourages businesses to improve hygiene standards. The overarching aim is to reduce the incidence of foodborne illness. The scheme helps consumers choose where to eat out or shop for food by giving them information about the hygiene

[16] https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report

standards in restaurants, takeaways and food shops by searching for ratings at food.gov.uk/ratings.

Sampling of food is undertaken to ensure it meets microbiological criteria and swabbing identifies if premises have not been adequately cleaned or processes are not in place to reduce the level of germs to a safe level.

Environmental Health Officers have been working with businesses to help them meet the requirements of the law and by the end of December 2017, 91.5% of food premises had demonstrated broad compliance.

Challenges and Future work

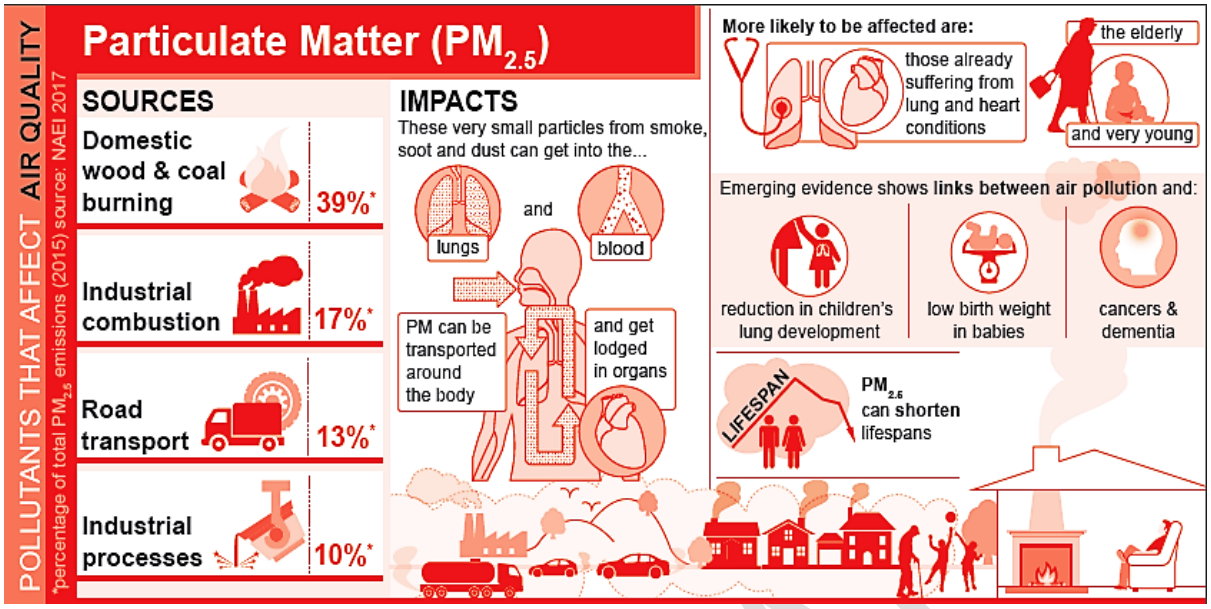
The Food Information Regulations require businesses to ensure that food is labelled correctly. EHOs will continue to work with businesses to ensure that they are labelling food correctly and they understand the importance of identifying all the allergens in the food.

Air Quality

Air pollution is a mixture of particles and gases that can have an adverse effect on human health. Although air pollution has improved over recent decades, there are still significant public health challenges mainly related to Particulate Matter ($PM_{2.5}$ and PM_{10}) and nitrogen dioxide (NO_2) in ambient air. Air pollution is associated with a number of adverse health impacts and is recognised as a contributing factor in the onset of heart disease and cancer and particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions (The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom. The Committee on the Medical Effects of Air Pollutants (COMEAP) (2010)[17].

The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion (Defra. Abatement cost guidance for valuing changes in air quality, May 2013).

[17] https://www.gov.uk/government/publications/comeap-mortality-effects-of-long-term-exposure-to-particulate-air-pollution-in-the-uk)



Successes

Overall in Rotherham, air quality is classed as good, but Rotherham, along with most urban areas in England, has areas of elevated air pollution which have been declared as Air Quality Management Areas (AQMA, see link)[18].

Whilst traffic emissions continue to impact on the quality of air in Rotherham, there has been a reduction of 8% in the annual average PM2.5 in Bradgate (2016-2017). The air quality along Wellgate in the AQMA has improved to such an extent that the national air quality standards are now being met (see footnote 22). The South Yorkshire ECO Stars scheme[19] helps operators reduce emissions of toxic pollutants. The scheme now has over 150 members. Important steps have been taken to develop the profile of air quality at a local level with strengthened partnership working through the co-ordination of the Health Protection Committee, and the adoption of an Air Quality Steering Group. This links transport, active travel, planning and public health work within Rotherham Council, to drive improvements whilst providing a focused link into regional work.

Within the Sheffield City Region (SCR), the South Yorkshire Air Quality and Climate Group (of which Rotherham has actively contributed) has led to a number of initiatives over the last few years which include;

- the South Yorkshire ECO Stars Scheme, which works with HGV fleet operators to reduce emissions from vehicles,
- electric vehicle Infrastructure rollout,

[18] http://www.rotherham.gov.uk/info/200075/pollution/375/a_guide_to_air_pollution

[19] https://www.ecostars-uk.com/south-yorkshire/introduction/

- hydrogen fuel cell vehicles (the first public hydrogen filling station in Rotherham)
- ECO driving[20]
- engaging with South Yorkshire Passenger Transport Executive, Sheffield City Region partners and bus companies on air quality issues

Rotherham has also developed/secured;

- a low emission strategy for the borough as part of our local Action Plan[21]
- an evidence base for the causes of poor air quality which affects the population's health
- ''Delivering Air Quality Good Practice Planning Guidance'' which aims to reduce emissions by working with developers to ensure that mitigation of air quality impacts is incorporated into the design stage, e.g. electric vehicle charging points
- use of the latest low emission buses on Fitzwilliam Road route through one of Rotherham's Air Quality Management Areas
- a 'Care4Air' film to be shown to communicate key messages about air pollution and health to the public[22]
- appropriate advice available for both staff and the public in the event of a high air pollution episode is published on the Rotherham Council Website[23]
- monitoring of fine particulate pollution in our Air Quality Management Areas at Blackburn School (close to the M1 motorway), Bradgate on the A629 and a new portable monitoring device for $PM_{2.5}$ at St Ann's School

Challenges and future work

The profile of air quality as a national priority has never been higher. The UK Government Secretary of State has written to Rotherham Council's leader, naming Rotherham as a Clean Air Zone authority and requesting the Council to produce a plan to meet the EU Limit Values for nitrogen dioxide in the shortest possible time. The Council is working with Sheffield City Council on a Feasibility Study for a Clean Air Zone which has to be submitted to the Secretary of State by 31 December 2018. Funding streams continue to be explored to enable the installation of Electric Vehicle re-charging infrastructure in the borough for residents and visitors, to encourage the use of alternatives fuels whilst, at the same time, reducing the emissions of air pollution from vehicles.

SUCCESSES AND CHALLENGES IN 2017

[20] http://www.energysavingtrust.org.uk/blog/tips-eco-driving-and-fuel-efficient-car
[21] http://www.rotherham.gov.uk/info/200075/pollution/375/a_guide_to_air_pollution
[22] http://www.care4air.org/
[23] http://www.rotherham.gov.uk/info/200075/pollution/375/a_guide_to_air_pollution

SCREENING AND IMMUNISATION

NHS Screening and Immunisation programmes reduce illness and death from vaccine preventable conditions and those detectable through screening. These services are commissioned by NHS England Yorkshire and the Humber (South Yorkshire and Bassetlaw) and delivered in a variety of acute and community settings. This ensures high quality, accessible, equitable, safe and effective services, with successful uptake and coverage. The Screening and Immunisation Team (SIT) is a team of public health professionals employed by Public Health England and embedded in NHS England. The SIT lead on all aspects of improving access, uptake and coverage of the programmes working in partnership with Rotherham Council, RCCG, RDaSH and TRFT through primary and secondary care.

Cancer is the leading cause of all deaths in Rotherham and accounted for almost 27% of deaths locally in 2015 (ONS). Furthermore, for the 3 years 2013-2015 combined, Rotherham experienced a premature mortality rate (deaths under 75 years of age) for cancer of 3.6%, higher than the Yorkshire and Humber Region and 10.7% higher than England (Public Health England (PHE) via data from ONS). Screening and early detection significantly improves the health outcomes for the individual and population.

People living in Rotherham who fall within the eligibility criteria are able to access three cancer screening programmes, breast, cervical and bowel cancer which account for 44 % of all cancers (20 year prevalence to end of 2010, National Cancer Registration and Analysis System (NCRAS)) and 15% of all cancer deaths (2015, ONS) each year. Bowel cancer is the second largest cause of cancer death after lung cancer (2015, ONS). Numbers of new cases of female bowel cancer have fluctuated over time but are 22% higher in 2014 than in 2001 (PHE Cancer Analysis System).

Routine Vaccinations and Immunisations

Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates will help to prevent the spread of infectious disease, complications and possible early death among individuals. The population's health is protected through both individual and herd immunity[24].

The population is offered routine vaccinations for protection against 15 infectious diseases in childhood, adolescence and as adults, with another four vaccines for specific eligible at risk groups[25].

[24] https://www.vaccinestoday.eu/stories/what-is-herd-immunity
[25] http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx

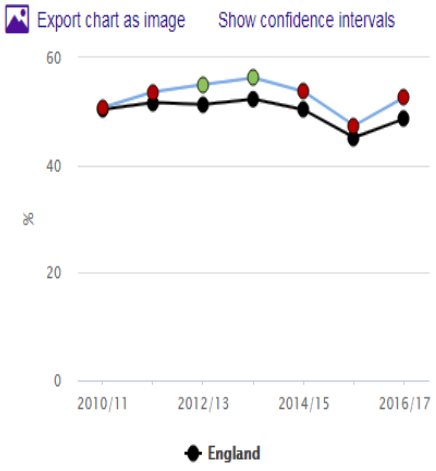
Seasonal flu

Morbidity and mortality attributed to flu is a major cause of harm to individuals, especially vulnerable people, and a key factor in NHS winter pressures. The annual flu immunisation programme helps to reduce GP consultations, unplanned hospital admissions and pressure on A&E and is therefore a critical element of the system wide approach for delivering robust and resilient health and care services during winter (The national flu immunisation programme 2017/18: letter from DH, PHE, NHSE 21st March 2017).

Each year Public Health England and the Department of Health deliver a co-ordinated and evidence based approach to reduce the impact of flu in the population. This includes public communications to promote the uptake of flu vaccination and other aspects of combating flu such as hand hygiene and ensuring that all eligible people are offered vaccination.

In 2016/17, the uptake in at risk groups aged under 65 was 52.7%; this is a significant increase when compared with the same period last year 47.4% (55% target) and is in line with national and local trends. Rotherham and South Yorkshire still remain relatively high performers when compared nationally.

3.03xv - Population vaccination coverage - Flu (at risk individuals) Rotherham Proportion - %



Recent trend:

Benchmarking against goal: <55% ≥55%

Period		Count	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2010/11		15,375	50.8	50.2	51.3	50.6*	50.4*
2011/12		15,075	53.6	53.0	54.2	51.5*	51.6*
2012/13		16,029	55.0	54.4	55.6	51.4*	51.3*
2013/14		16,248	56.3	55.7	56.8	51.8*	52.3
2014/15		16,820	53.7	53.1	54.2	50.6*	50.3
2015/16		16,247	47.4	46.8	47.9	45.6*	45.1
2016/17		15,536	52.7	52.1	53.2	48.1*	48.6

Source: ImmForm website

There was a national ambition over 2017/18 for an uptake of the nasal vaccine, Fluenz, for children aged between 2 – 8 years to be between 40- 65%. To-date (end December, 2017) Rotherham has successfully achieved this uptake within this range and continues to show improvement.

A good uptake of the vaccination of frontline workers with direct patient contact against flu has been shown to significantly lower rates of flu-like illness, hospitalisation and mortality in the elderly in long-term healthcare settings[26].

In November 2017, the Department of Health introduced an extension of seasonal flu immunisation for a number of workers in social care to complement existing local schemes. Alongside the programmes delivered through the NHS, Rotherham Council promoted the importance of good hygiene, patient and staff vaccination through a range of communications running up to, and continuing into, the flu season. This included communications on seasonal flu/winter well, posters and 'vaccination vouchers' to be used at several pharmacies across the borough. This will be reviewed by Rotherham Council to inform next year's seasonal flu campaign for eligible staff.

Screening Programmes

There are a total of 14 screening programmes in England[27], 9 for mothers during pregnancy and newborn babies, and 5 to detect Breast, Bowel and Cervical cancers, and screening for Abdominal Aortic Aneurysm and Diabetic Eye Retinopathy.

Early detection is key to improving health outcomes, minimising complicated treatments and survival rates. National screening programmes aim to either detect cancer before it becomes symptomatic, or identify and treat changes in cells which can develop into cancer. For example, more than 90% of women diagnosed with the earliest stage of breast cancer survive for at least five years. This figure reduces to around 15% for women diagnosed at a late stage. Nationally around 5% of all cancers are detected through screening. There are three national evidence-based cancer screening programmes - for breast, cervical and bowel cancer (ONS).

Successes

Routine vaccination coverage amongst the local population in Rotherham continues to improve and achieve above the national average rates to meet the national (PHOF) targets for the national childhood immunisation programmes. There has been an additional focus on all ''at risk'' cohorts, such as, those over the age of 65 those with long term conditions or pregnant women. There has also been a renewed focus to support, advise and educate vulnerable and hard to reach groups regarding the importance of screening and dispel any worries or anxieties they may have. For example, a number of screening events, health promotion days, and group work events have been held across the borough working closely with Cancer Research UK (CRUK).

[26] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/643609/Flu_social_care_staff_leaflet.pdf
[27] http://www.nhs.uk/Livewell/Screening/Pages/screening.aspx

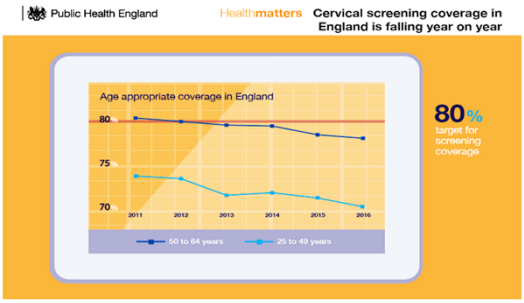
The Rotherham General Medical Practice (GP) waiting lists for childhood vaccinations continues to be reduced as a consequence of collaborative working between primary care, Child Health Records Department (CHRD) and the SIT team.

Through successful partnership working with key stakeholders there has been;

- improvement for the adolescent school based immunisations programmes
- implementation of the Hexavalent vaccine (now includes hepatitis B) for the childhood immunisation programme across Rotherham
- agreed quality standards with RCCG in relation to the primary care quality contract and health protection and screening

Challenges and future work

The SIT team has identified a priority for all organisations to focus on improving access to NHS screening and immunisation programmes for the vulnerable and hard to reach groups with a view to reducing health inequalities in the Borough. The team are working closely with partners to improve the uptake and coverage across all Ante Natal and Newborn (ANNB) screening and Cancer and Non Cancer Screening Programmes in Rotherham. All health promotion initiatives ensure that more people living with learning disabilities and mental health problems, have access to accurate and easy to understand information in a suitable format. Below (right) is one of the many campaigns promoted across the boroughs in South Yorkshire and Bassetlaw



and the SIT is mapping 'did not attend' data to help target initiatives to tackle lower rates. This will be achieved by using health intelligence data and CCG cluster methodology and working to improve at a GP cluster level which will feed into the overall Rotherham level- targeted place based work.

The SIT are working closely with the CCG in relation to GP practices to identify those where lower uptake rates are highlighted in relation to pre-school immunisations, MMR, Shingles and cervical screening. For example, an agreed objective will be to increase the uptake of the MMR dose 2 to 95% the WHO target which also meets the PHOF target.

Front line professionals will be trained to deliver brief intervention messages to re-iterate the importance of early detection, early identification and diagnosis.

SUCCESSES AND CHALLENGES IN 2017 INFECTION, PREVENTION, CONTROL AND ANTIMICROBIAL RESISTANCE

Good infection prevention and control, and prudent antimicrobial use are essential to ensure that people who use health and social care services receive safe and effective care and in managing and controlling the spread of communicable diseases. Effective prevention and control of infection must be part of everyday practice and be applied consistently by everyone (Health and Social Care Act: Code of Practice, DH 2008).

As the regulator of health and adult social care in England, the Care Quality Commission (CQC) provides assurance that the care people receive meets the fundamental standards of quality and safety. These are set out in regulations. The Health and Social Care Act 2008 (code of practice on the prevention and control of infections and related guidance) outlines what registered providers should do to ensure compliance with registration requirement 12 (2) (h) (Providers must). "Assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated.'' It also sets out 10 compliance criteria against which registered providers will be judged[28].

Rotherham Council and RCCG commissioners and the CQC will need to be assured that patient safety and service quality are maintained for Infection Prevention and Control in the public and independent sectors who deliver regulated services.

Following considerable consultation, the CQC have made changes to the inspection process with 5 Key lines of enquiry (KLOEs) associated with good infection prevention and control[29].

HEALTH CARE ASSOCIATED INFECTIONS (HCAIs)

HCAIs can develop either as a direct result of healthcare interventions, or from contact with a healthcare setting. HCAIs are mainly caused by Meticillin-Resistant

[28] http://www.cqc.org.uk/

[29] http://www.cqc.org.uk/guidance-providers/adult-social-care/infection-control

Staphylococcus Aureus (MRSA), Clostridium difficile (C.difficile), Meticillin-Sensitive Staphylococcus Aureus (MSSA) and Escherichia coli (E.coli).

Healthcare Associated Infections (HCAIs) can pose a serious risk to patients, staff and visitors. They may incur significant costs for the NHS and partners and cause significant morbidity to those affected. Infection prevention and control is therefore a key priority for protecting the health of the population in Rotherham.

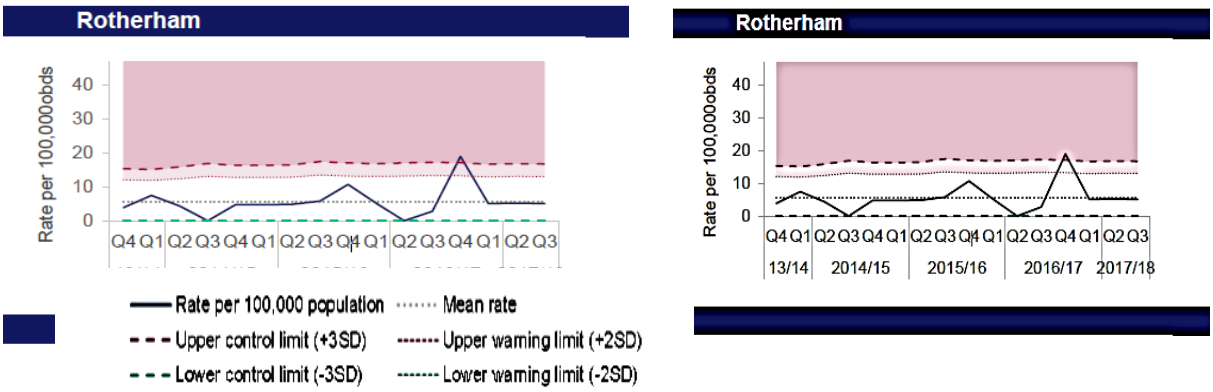
Meticillin-Resistant Staphylococcus Aureus (MRSA)

Although the 'zero' 'no tolerance' trajectory, in 2016/17, was exceeded of the cases attributed to TRFT, these were primarily due to contaminated blood samples not clinical infection. TRFT is therefore reviewing a range of measures to reduce the level of all blood culture contamination.

Meticillin-Sensitive Staphylococcus Aureus (MSSA)

There were 22 cases of MSSA Blood stream infections (BSI's) in the acute trust. Although no national target has been set and the numbers remain stable, both hospital and community cases of MSSA bacteraemia continue to be reported on, and monitored by the Director of Infection Prevention and Control (DIPC) and Infection Prevention and Control Team based at TRFT.

Below is a chart showing trends in MSSA infection incidence for TRFT and RCCG shown as quarterly rates of acute trust apportioned MSSA infection per 100,000 bed days from October 2013 to December 2017.

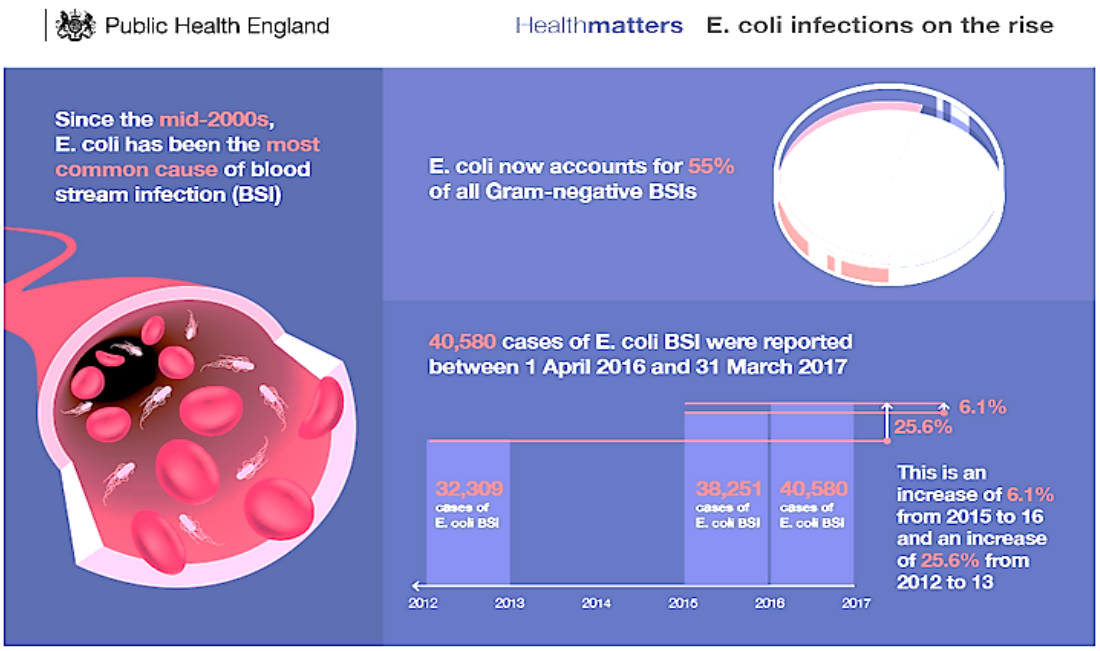


Source HCAI Mandatory surveillance. Public Health England Healthcare Associated Infections in Yorkshire and Humber Quarterly Report July to September 2017

E coli

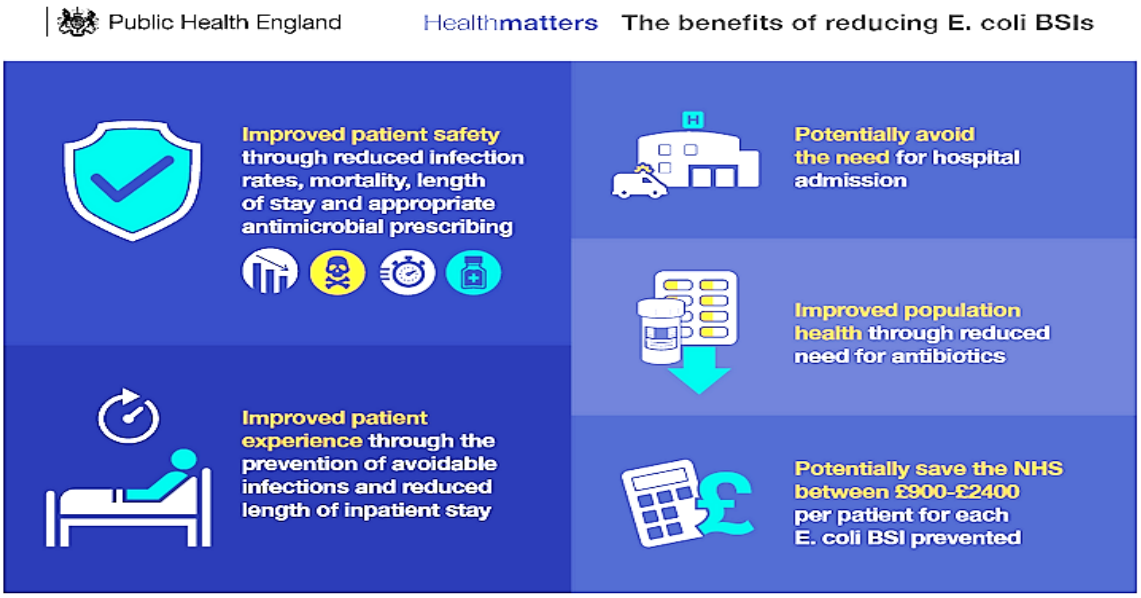
E. coli blood stream infection rates are nationally high and have increased in the last 5 years, although it is considered that only 50% are HCAIs. The Department of Health documented that the plans to reduce infections in the NHS should have an emphasis on E. coli, with an aim of halving the number of cases by 2021. Consequently, there is a national set of quality premium targets for 2017-18 with a reduction expectation of 10%. Although the actual figure for 2016-17 in Rotherham

was 241 reported cases, the ambition target figure for Rotherham in 2017-18 is 221 cases.



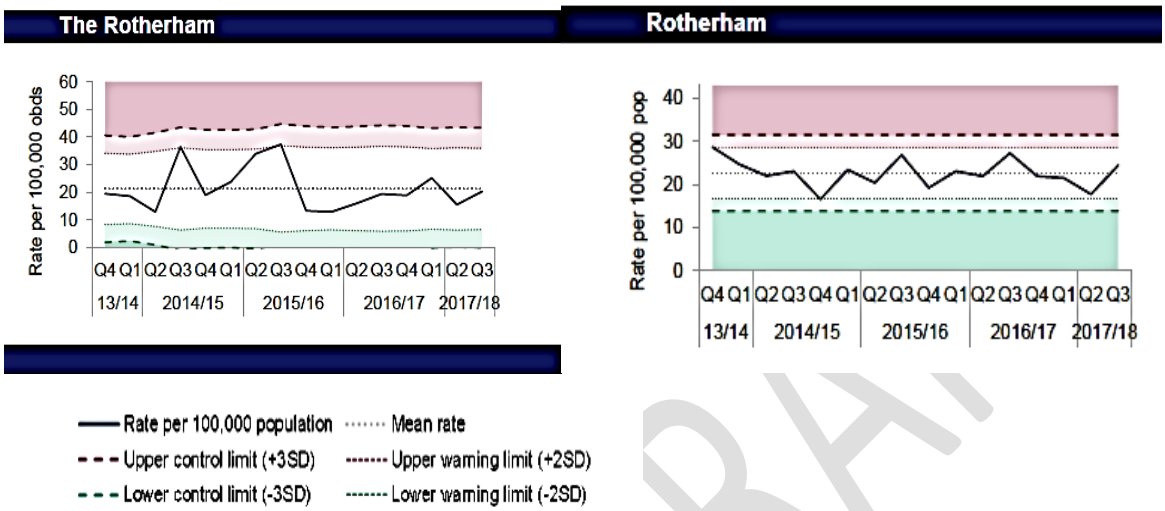
Locally monitoring of E.coli has been underway over the year to inform the Rotherham CCG and TRFT action plan. This plan which centres on reducing E. coli's has been shared with NHS England along with other supporting documentation. A local review of the data which has been collated over 2017 will be undertaken in 2018 to inform future work.

Infection Prevention and Control Nurses have attended national learning events relating to E. coli's along with other TRFT staff to continue to enable community wide working to reduce E. coli infections as per the Quality contract.



To date there have been 107 E. coli's for 2017-18 compared to 128 over the same period in 2016/17.

Below is a chart showing trends in E.coli infection incidence for TRFT and RCCG shown as quarterly rates of acute trust apportioned E.coli infection per 100,000 bed days from October 2013 to December 2017.

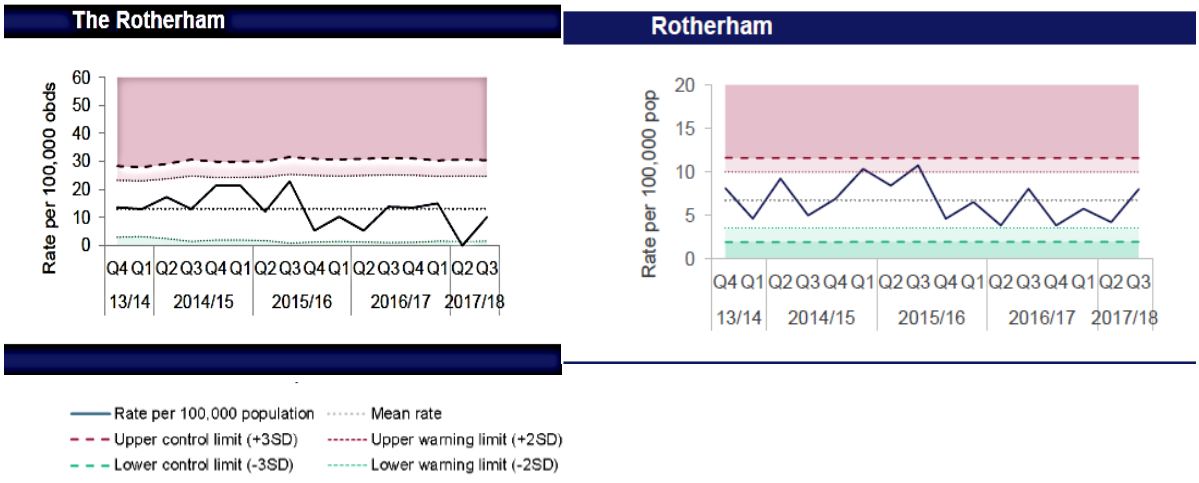


Source HCAI Mandatory surveillance. Public Health England Healthcare Associated Infections in Yorkshire and Humber Quarterly Report July to September 2017

Clostridium difficile Infections (CDI)

The number of C.difficile infections, attributed to the Hospital Trust, were within the annual trajectory set by NHSE for 2016/17 and remain so to date for 2017/18.

Below is a chart showing trends in C.difficile infection incidence for TRFT and RCCG shown as quarterly rates of acute trust apportioned C.difficile infection per 100,000 bed days from October 2013 to December 2017.



Source HCAI Mandatory surveillance. Public Health England Healthcare Associated Infections in Yorkshire and Humber Quarterly Report July to September 2017

Rotherham's trajectory for C. difficile for 2017-18 remains the same as 2016-17 and is set at 63 for RCCG. Rotherham has been attributed 30 cases of C. difficile against a year to date plan of 39 during Quarters 1 and 2 (Provisional data at this time).

Successes

RCCG remained within the annual trajectory (2016/17) for C.difficile. Since April 2016, Post Infection Reviews involving a Root Cause Analysis (RCA) have been undertaken for each community acquired /CCG attributable case (RCAs have always been undertaken for Acute trust cases). It will highlight any lapses in the quality of care (evidence that policies and procedures or that best practice was not followed) and any learning outcomes within both the community and acute trust to continually improve patient safety.

Subsequently, this has resulted in an increased focus on community prevention work with GPs, Care Homes, community nursing services and other acute trusts that are attended by Rotherham residents. As a result the figures have reduced and remained within trajectory. For 2017/18, to date, the figures remain within trajectory.

Challenges and future work

CCG's have been given an aim to reduce the rate of E.coli bacteraemia 10% in year one and 50% reduction of all gram negative bloodstream infections by 2020. Mandatory reporting commenced in 2017 backdated to 1st April 2017. This includes reporting E.coli, Pseudomonas aeruginosa and Klebsiella infections. The majority of these cases are community acquired, and are often identified on hospital admission or within 2 days of admission. National data suggests that approximately three-quarters of E. coli Bacteraemia occur before people are admitted to hospital, it more commonly occurs in the elderly and primarily through Urinary Tract Infections, therefore requiring a whole health economy approach[30].

Although there were no reports of Norovirus/ rotavirus from TRFT, gastro intestinal infections are still seen in the community which can also affect care homes.

ANTIMICROBIAL RESISTANCE

The overuse of antimicrobials in clinical and other settings (e.g. in animal health) is leading to increasing resistance to antibiotics that is spreading worldwide. Antimicrobial Resistance (AMR) makes treating infections caused by multi-drug resistant organisms increasingly difficult, which is both costly and a safety risk (source Local Health and Care Planning: Menu of interventions PHE, Nov 2016).

[30] https://nhsicorporatesite.blob.core.windows.net/blue/uploads/documents/Gram-negative_IPCresource_pack.pdf

As part of the UK government's five year antimicrobial resistance (AMR) strategy (2013-2018), there has been national voluntary point prevalence surveillance (monitoring) for HCAI and antimicrobial stewardship. TRFT have been active participants and although this has been completed the national and European results have not yet been published. Below is the PHE report for 2017 outlining some of the processes and headline findings[31].

There is also a UK wide Antibiotic Guardian campaign to raise awareness and to stimulate behaviour change in members of the public, healthcare professionals and other local stakeholders who can sign up to these national aspirations.

Successes

The Medicines Management Team (RCCG) have been working closely with the GP practices who are amongst the top ten prescribers (in terms of the highest volume of antibiotics prescribed) to reduce antibiotic usage through delayed prescriptions and increased testing/swabbing.

The multi-disciplinary Rotherham Antimicrobial Stewardship Group continues to meet monthly to monitor TRFT compliance with local and national prescribing policies and develop systems to address sub-optimal antimicrobial prescribing.

Challenges and future work

With an aging population, increased co-morbidities and surgery, it is important to reduce unnecessary and inappropriate antibiotic use in both the community and hospital (PHE, 2017). Particularly challenging areas remain in the community to ensure that policies are implemented on appropriate prescribing and review. In the coming year RCCG and TRFT will therefore be working on the following areas:

Long term Urinary Tract Infection (UTI) management

Review of prophylactic antibiotic regimens of GP patients in terms of length of course and appropriateness of treatment choice in conjunction with microbiology at TRFT to inform future actions.

Long term and repeated 'rescue medication' in Chronic Obstructive Pulmonary Disease (COPD) management

Review of prophylactic antibiotic regimens of GP patients in terms of appropriateness of treatment choice and frequency of repeat courses with microbiology at TRFT to inform future actions.

Near patient testing

[31] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/656611/ESPAUR_report_2017.pdf

Proposal for the use of Rapid Streptococcus A testing in the two GP practices with the highest volume of antibiotic use. The use of this test is envisaged to reassure both patient and clinician that the infection is likely to be viral in origin[32].

SUCCESSES AND CHALLENGES IN 2017

EMERGENCY PREPAREDNESS, RESPONSE AND RESILIENCE

The South Yorkshire Local Resilience Forum (SYLRF) has oversight of the emergency planning arrangements for organisations across South Yorkshire. These include; 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 a SYLRF level.

Rotherham Council is part of the Emergency Planning Shared Service (EPSS) with Sheffield City Council (SCC) which links into the SYLRF and has a range of plans to respond to emergency situations.

Successes

By working with multi-agency partners, a number of plans have been updated, refreshed and agreed. For example, the South Yorkshire Emergency Mortuary plan and the Yorkshire and Humber LRF and LHRP Pandemic Influenza framework. The South Yorkshire Community risk register has also been updated to reflect the latest national guidance and risk profiling.

Several multi-agency exercises at a Local Resilience Forum level have been undertaken over the year where the scenarios have focused on the response to; a counter terrorism scenario; Influenza Pandemic; or related to COMAH regulations (to control major accidents involving dangerous substances).

Rotherham organisations have followed up on a number of exercises within their own areas, again focusing on counter terrorism scenarios and generic response arrangements for Major Incidents. For instance, Exercise Seven Hills tested the local Health and Social Care Response following a Major Incident.

Challenges and future work

[32] https://www.nhs.uk/conditions/sore-throat/

Working across different organisations (Rotherham Council, NHSE, PHE, CCG, RDaSH, Voluntary Sector, the Local Resilience Forum and Local Health Resilience Partnership) provides additional local challenges around key roles and responsibilities.

As part of the national review on planning and preparedness for responding to public health threats, each local authority contributed to the South Yorkshire and Bassetlaw LHRP health protection audit. This focused on a number of capabilities required to respond to health protection incidents which require a multi-agency response, specifically, of a clinical nature which do not trigger a Major Incident.

LOOKING AHEAD 2018

OUR COMMITMENT TO ROTHERHAM

All year round, national, regional and local health protection teams monitor and undertake actions to ensure that the necessary control measures are in place across Rotherham to protect the health of the local population. Below is an outline of some of the work envisaged over 2018.

Communicable Diseases

Building on inter-agency work to maintain;

- effective monitoring of emerging Infections and local implications are identified promptly
- effective communication across organisations and that the relevant health information, advice and support is provided in a timely manner
- all incidents/clusters/outbreaks are managed and controlled effectively, the response is proportionate and learning from incidents is shared and reported to the Health Protection Committee

Environmental Hazards and Control

Food Safety

Environmental Health Officers will continue to undertake food hygiene and food standards inspections to check that food businesses produce food which is safe to eat. They will look at all aspects of the premises, including ensuring the structure is suitable, that hygiene practices are good and checking that the management systems are in place. EHOs will also check how food is described and look at the menus and labels to make sure the description is not misleading.

The Food Standards Agency updated the Brand Standard in 2017 which allows local authorities to introduce charges for the re-assessment visits. This charge will be introduced in Rotherham in February 2018.

Air Quality

The government has directed Rotherham and Sheffield Councils to produce a Feasibility Study for a Clean Air Zone for the Sheffield and Rotherham area, assisted by the UK Government's Joint Air Quality Unit (JAQU).

Rotherham Council are therefore working across directorates with external agencies to;

- Identify a 'package of measures 'which will help ensure area wide compliance with the relevant air quality limits.
- Outline the strategic plan by April 2018
- Develop a business case by July 2018
- Produce a full business case by December 2018[33]

Screening and Immunisation

Supporting and gaining assurance from The Rotherham Foundation Trust's maternity services regarding the introduction of the new Non Invasive Prenatal Testing for the Fetal Anomaly Programme due to be implemented in October 18.

Making the best use of data by mapping DNA (Did Not Attend) data to help target initiatives to tackle lower uptake rates, with a focus on the diabetic eye screening programme, childhood immunisations and cancer screening programmes.

The SIT are working with the CCG to identify those GP practices where lower uptake rates are highlighted in relation to pre-school immunisations, MMR, Shingles and cervical screening. For example, an agreed objective will be to increase the uptake of the MMR dose 2 to 95% WHO target (meeting the PHOF target).

Rotherham Council have included the following as one of its Corporate Indicators ''Childhood immunisation - % of eligible children who received 3 doses of DTaP/IPV/Hib vaccine at any time by their 2nd birthday (diphtheria, tetanus and pertussis/polio/Haemophilus influenza type b)''. The PHOF definition for this indicator is "Children for whom the local authority is responsible who received 3 doses of DTaP/IPV/Hib vaccine at any time by their second birthday as a percentage of all children whose second birthday falls within the time period."

Infection, Prevention and Control and Antimicrobial Resistance

It will remain important for partners to maintain effective local antimicrobial stewardship (AMS) and optimised Infection Prevention and Control by working closely with the Director of Infection Prevention and Control (DIPC), the DPH and the Chief Nurse (RCCG) to ensure that;

[33] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612592/clean-air-zone-framework.pdf

- there is progress against the CQUIN (Commissioning for Quality and Innovation) and QP (Quality Premium) indicators for antimicrobial stewardship between RCCG, TRFT, RDaSH and primary care
- Infection Prevention and Control (IPC) targets on a range of infections caused by Gram-negative organisms including E. coli are achieved

There will be further work through the multi-agency Infection, Prevention and Control in the Community Group around;

- IPC audits of jointly commissioned care homes
- involvement in the NHS expectation to reduce E. coli bacteraemia in social care settings
- reviewing care home cases for potential sepsis to reduce the overall incidence in the community
- delivering dedicated IPC workshops for the IPC Champions in care homes

Emergency Planning

The risk of a new influenza pandemic is recognised by the Government as one of the most severe natural threats facing the UK and is top of the UK National Risk Register. The effect on local communities and work force will remain unknown but in the worst case scenario could affect up to 50% of the population. Following de-brief from the pandemic influenza exercises last year, Rotherham Council and partners will be reviewing these recommendations and look to integrate local plans and processes more effectively.

Further work is planned with through the SYLRF to review a number of local multi-agency plans and frameworks as a result of changes in national policy and guidance, such as, the national emergency arrangements for fuel supply, excess death and emergency mortuary provision.

Following debrief from Exercise Seven Hills, key partners in the NHS and Rotherham Council will meet to ensure that there is an integrated response to a major incident. This will involve testing the generic and scalable arrangements for coordinating the local health economy for a range of incidents. In addition there will be a review of the process to access information on vulnerable people and testing the Rotherham Council Emergency Reception Centre Plan arrangements with key partners.

Undertake a re-audit (SY LHRP level) on a range of local actions identified by PHE and NHSE to comply with the initial National Survey of Health Protection Capabilities in Nov 2017.

BRIEFING PAPER FOR HEALTH & WELLBEING BOARD

1.	**Date of meeting:**	**16th May 2018**
2.	**Title:**	**Director of Public Health Annual Report 2017**
3.	**Directorate:**	**Public Health Directorate**

4. Introduction

4.1 Every Director of Public Health (DPH) must produce an independent Annual Report on the local population's health. The 2015 and 2016 annual reports were two in a series of annual reports that planned to work through the life course, focusing on key health issues at different stages of our lives. This year's focus is on living and working well. The intention is to use this year's annual report to outline what is working well in Rotherham, what Rotherham is doing as a whole and what is planned for the future, it also is an opportunity to shine the light on the rich asset that the working age population has within Rotherham.

4.2 The report highlights some of the successes in Rotherham, but also gives a frank assessment of some of the challenges Rotherham faces as a community. According to the Faculty of Public Health guidance DPH reports should:

- Contribute to improving the health and well-being of the Rotherham population.
- Reduce health inequalities.
- Promote action for better health, through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively. The report should be publicly accessible. The DPH report is not a strategy document, but can make recommendations for system change.

5. Key Issues

5.1 Living well is important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life can increase life expectancy and making the right life choices can reduce the likelihood of premature death and suffering certain long term conditions. Lifestyle risk factors such as smoking and poor diet can lead to poor health and can be linked to deprivation.

5.2 Addressing individual lifestyle risk factors is important but so too is the acknowledgement that political, social, economic, environmental and cultural factors will shape the conditions in which people are born, grow, live, work and age. Creating a healthy population requires looking at the bigger picture. The gap in life expectancy and healthy life expectancy between people living in the most and least deprived areas in Rotherham is a concern. The things that make people healthy include; good work, education, housing, resources, physical environment and social connections as well as the absence of ill health or disease.

5.3 Working adults support the welfare state through income generation and paying taxes as well as contributing to civic society. It is therefore important to promote and protect both the physical and mental health of this sector of the population.

6. Key actions and relevant timelines

6.1 The annual Report highlights Key Messages within each chapter. These should be digested by all relevant organisations and sectors and considered when planning strategy and service delivery.

6.2 The key recommendations in the report are:

- Work and health in partnership – to help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work.

- Making Every Contact Count (MECC) – working with partners to deliver MECC (Healthy Chats) which is a key component of the Rotherham Integrated Health and Social Care Strategy.

- Mental health – Public Health to lead on the implementation of the Better Mental Health For All Strategy, with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing.

- Physical activity – Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as our award winning parks (green spaces), promoting active travel and working with planning departments to develop obesogenic environments.

- Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the health and social care plan.

7. Recommendations to H&WBB

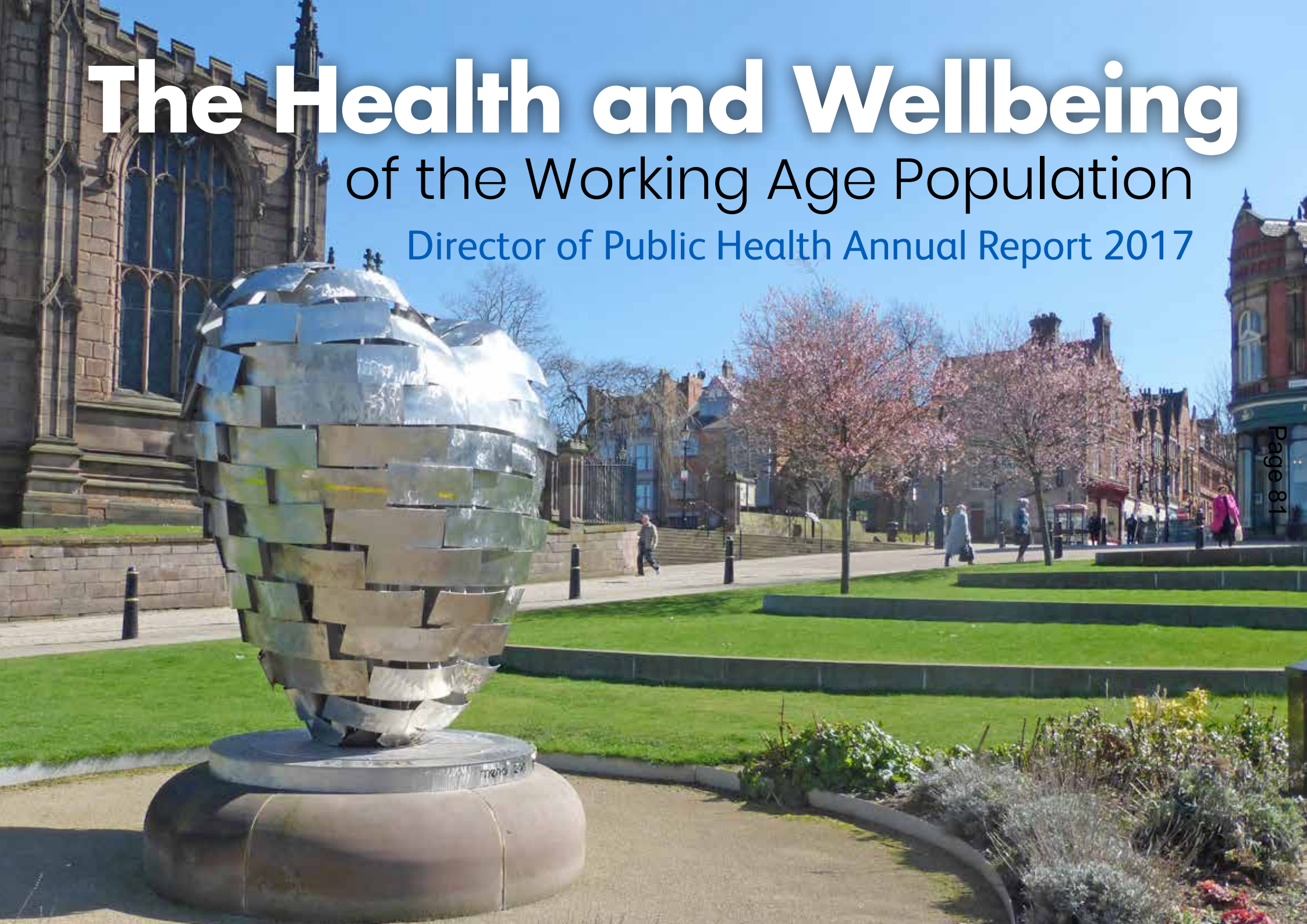
7.1 That the Board notes the content and recommendations of the DPH Annual Report 2017.

7.2 That H&WBB members review the content and recommendations of the Report and consider what actions they will take in contribution to the recommendations. These will be collated by Public Health and reported back to the H&WBB for reporting and governance.

8. Name and contact details

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

Report Author(s)
Jacqui Wiltschinsky, Consultant in Public Health and Gill Harrison Public Health Specialist
Public Health Department
01709 255852.



The Health and Wellbeing
of the Working Age Population
Director of Public Health Annual Report 2017

Contents

Foreword from the Director of Public Health

The Health and Social Care Act 2012 set out a requirement for all Directors of Public Health to produce an independent annual report on the health of the local population.

This is the final annual report in a series of three which have been planned to work through the life course focusing on key health issues at different stages of our lives; Starting and Growing Well, Living and Working Well and Ageing Well. The vision is for people to realise their potential for physical, social and mental wellbeing throughout the life course.

The first of the three reports highlighted the importance of improving the life chances of our children and young people, especially those who are vulnerable. What happens during the early years (starting in the womb) has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic outcomes. Supporting good health and well being for children, young people and families is central to improving health outcomes across our society.

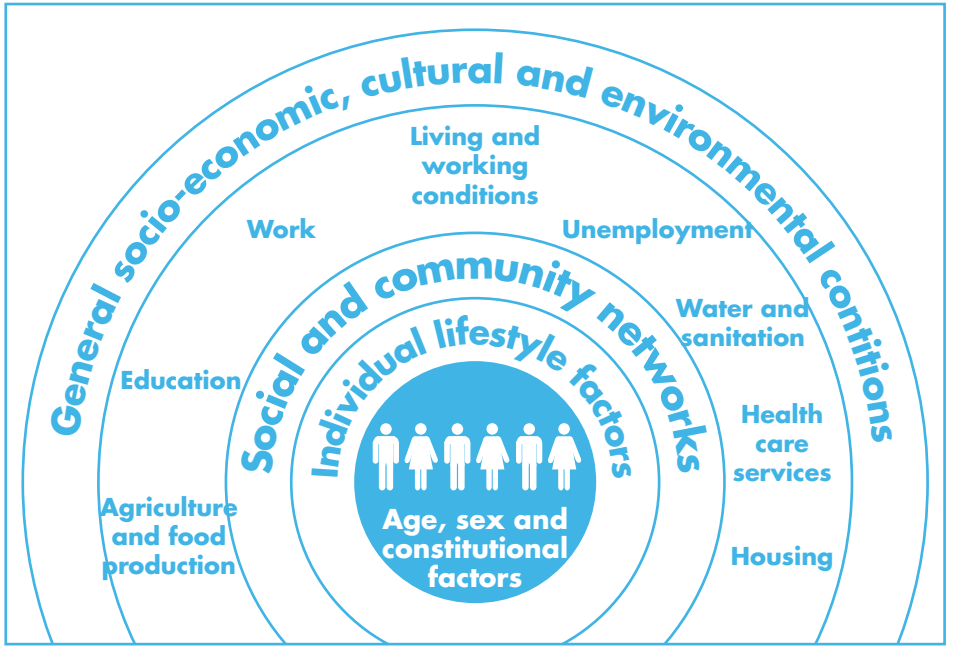
Last year's annual report (the second in the series) focused on a life course approach to ageing which understands that older people are not a homogenous group of people. Individual diversity tends to increase with age, meaning that the differences between people in good health and people in poor health are greater in old age. Older age is a time when prevention of disease can make an enormous difference to the quality of life of individuals. Interventions that create supportive environments and foster healthy choices are therefore particularly important in the later stages of life.

This final report in the life course series explores 'Living and Working Well'. It looks at the health and wellbeing of people from early adulthood where they start to experience financial independence with their first job; establishing families and family units; long term relationships and making life choices; through to mature adulthood where planning for older age and a healthy retirement takes priority.

Introduction

A life course approach to health is based on the understanding that multiple factors, which include biological, social, psychological, geographic, and economic, shape health over the life course. There are various interactions and mechanisms that affect people's lives and the life course approach helps to explain these. The health and wellbeing of individuals and populations across the whole life course is affected by a range of factors both within and outside the individual control. The Dahlgren and Whitehead wider determinants model (fig 1) describes the layers of influence on an individual's potential for health. It describes these factors as those that are fixed core non modifiable factors such as age, sex and genetics and a set of potentially modifiable factors expressed as a series of layers of influence, including personal lifestyle, the physical and social environment and wider socioeconomic, cultural, environmental and global conditions. The model has been useful in providing a framework for raising questions about the size of the contribution for each layer to health, the feasibility of changing specific factors and the complementary action that would be required to influence linked factors in other layers.

Figure 1 Dahlgren and Whitehead Wider Determinants Model.



This model also demonstrates the complex influences on health and identifies that no one individual or organisation can improve the health of the Rotherham population on their own. Improving health and wellbeing is a shared responsibility between all organisations and the people of Rotherham. People need to take some responsibility for their own health and wellbeing, whilst local partners and organisations contribute by developing services and environments that support and enable them to do this.

In order to significantly improve the health and wellbeing for Rotherham it requires collective action over a sustained period of time from across the Rotherham Together Partnership(RTP). The RTP meets to co-ordinate priorities across the borough and involves all key partners and partnership board reporting, e.g. Health & Wellbeing Board.

This report outlines the living well and working well life courses as identified by Sir Michael Marmot[1]. Health inequalities are unjust health differences that occur between social groups. They can result in differences in environmental and individual resources (e.g. the quality and availability of employment, housing, transport, access to services, and social and cultural resources). Marmot introduces the concept of universal proportionalism as the resourcing and delivering of universal services at a scale and intensity proportionate to the degree of need. Services are therefore universally available, not only for the most disadvantaged, and are able to respond to the level of presenting need.

Approaches to addressing health inequalities need to be sustained over a long period of time and in conjunction with partners and the Rotherham population themselves. Rotherham's Accountable Care Partnership (ACP) will enable a joined approach to addressing the boroughs inequalities. The ACP, will deliver the Local Integrated Health and Social Care Place Plan (IHSCPP).[2] The current IHSCPP was agreed in November 2016. Rotherham's IHSCPP details a joined up approach to delivering key initiatives that will achieve the Health and Wellbeing Strategies[3] key aims and meets the South Yorkshire Accountable Care System Plan.

The Accountable Care System within South Yorkshire and Bassetlaw, involves all NHS organisations together with local authorities to take appropriate collective responsibility for resources and population health, to transform the way care is delivered to the benefit of their populations. This will support the Rotherham Together Partnership (RTP) to address health inequalities in a sustained manner.

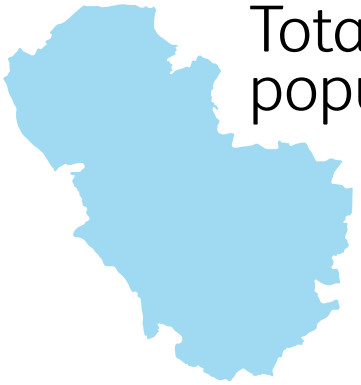
The Rotherham Economic Growth Plan 2015-2025[4] aims to make Rotherham a place where businesses will flourish and grow where the population is highly skilled and enterprising and where there is quality housing provision for all sections of the community. This plan will support the overall health inequalities issue and is part of the RTP whole system approach to sustained development of Rotherham as a successful and vibrant borough.

The plan identifies the need to create more and better quality jobs to increase its contribution to the national economy and provide residents with employment opportunities that enable them to thrive. The plan's themes include "skills for employment and progression" and "inclusion, wellbeing and employment".

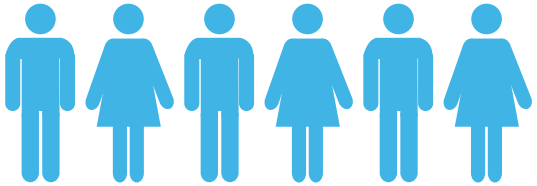
The inclusion, wellbeing and employment theme emphasises that, for the growth plan to be a success, support must be provided to people who are disadvantaged in the jobs market to help them enter and be successful at work. This will involve working with a range of partners, including Jobcentre Plus, to provide tailored support that meets the needs of individuals and businesses, enabling everyone to benefit from economic growth.

Acknowledgements

I would like to thank the Public Health Team, other council contributers and the wider partners who have contributed to this report. Special thanks also go to Gill Harrison and Jacqui Wiltschinsky who put the report together.

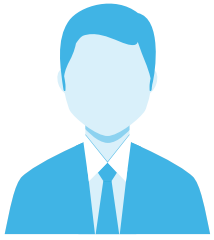


Total population **261,900**



161,200

Number of residents of working age (16-64)



22.7% working age population not in work and not looking for work

77.3%

working age population in work or looking for work

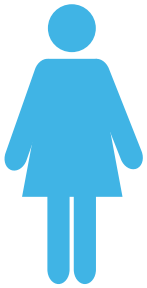
a man in Rotherham can expect to live to

77.9

having spent

18.1

years in poor Health



a woman in Rotherham can expect to live to

81.6

having spent

25.9

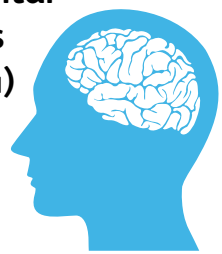
years in poor Health

32.6%

Residents aged over 16 classed as obese

9,445

Adults in contact with secondary mental health services (aged 18 to 74)



37,600

Residents aged over 18 currently smoking

Pregnant women smoking at time of delivery

17.1%

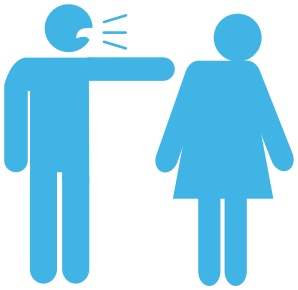
6,284 alcohol related hospital admissions

Annual flu immunisation uptake in at risk groups aged under 65 was

52.7%

725

New cancer cases diagnosed each year aged 25 to 69

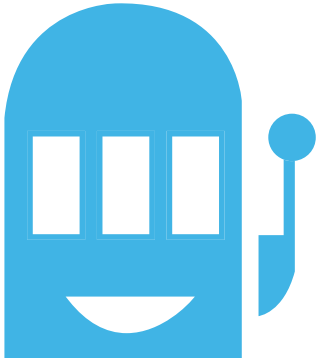


6,100

Domestic abuse incidents

1,196 Adults in contact with substance misuse services

447 Respiratory related deaths



9,610

Residents estimated at risk from their gambling behaviour

1,059 diagnosed

sexually transmitted infections in the 15 to 64 age group

666

CVD related deaths

Only 8.3% residents felt unhappy

Why is The Health and Wellbeing of the Working Age Population Important?

Living well is important for individuals and the population as a whole to ensure a good quality of life throughout the life course. Living a healthy life can increase life expectancy and making the right life choices can reduce the likelihood of premature death and suffering certain long term conditions. Lifestyle risk factors such as smoking and poor diet can lead to poor health and can be linked to deprivation.

Addressing individual lifestyle risk factors is important but so too is the acknowledgement that political, social, economic, environmental and cultural factors will shape the conditions in which people are born, grow, live, work and age. Creating a healthy population requires looking at the bigger picture. The gap in life expectancy and healthy life expectancy between people living in the most and least deprived areas in Rotherham is a concern. The things that make people healthy include; good work, education, housing, resources, physical environment and social connections as well as the absence of ill health or disease.

Working adults support the welfare state through income generation and paying taxes as well as contributing to civic society. It is therefore important to promote and protect both the physical and mental health of this sector of the population.

1 Mental Health, Wellbeing and Loneliness

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What it looks like now

Mental health is something everybody has. Mental health, as defined by the World Health Organisation, is;

> "…a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community."[5]

Good mental health therefore is fundamental to how an individual, communities and society functions. However, one in four adults experiences at least one diagnosable mental health problem in any given year. Mental health problems represent the largest single cause of disability in the UK. The cost to the economy is estimated at £105 billion a year, roughly the cost of the entire NHS[6].

An adult's mental health is influenced by a variety of protective and risk factors at individual, community and structural levels. For example being in a stable relationship tends to be a protective factor for both physical and mental health. Conversely being in an unhappy relationship can lead to a person having poorer mental health than a person who is not in a relationship at all[7].

Experiencing two or more adverse life events in adulthood is associated with mental health problems. Life events include job loss, illness, bereavement. Many adults may take on more caring responsibilities for a partner or family member who develops long term health problems. This can lead to poor mental wellbeing for the person doing the caring with people feeling unsupported and isolated[7].

Adults in Great Britain who are unemployed are between four and ten times more likely to develop anxiety and depression[8]. However not all work is conducive to good mental health. The workplace needs to be a healthy and supportive environment.

Mental health and physical health are strongly linked. Evidence (Disability Rights Commission, 2006) shows that people with severe mental health problems are at risk of dying, on average, 15 to 20 years earlier than other people[9].

All physical health problems will have a psychological dimension, this is particularly evident when people are learning to live with a long term condition. For some people this may mean a loss of income and earning potential, loneliness, isolation and functional impairment. For those people living with physical health problems, who then develop mental health problems, it can mean that they experience more complications[6].

The mental health of individuals is shaped by social inequalities. People living in more deprived areas tend to experience poorer mental health[1]. This includes an adult's access to community resources, like facilities for children, opportunities for exercise, the quality of the environment, including the quality of housing and any stigma or discrimination they experience. Taking action to improve the mental health of adults must take into consideration the social determinants of health, increasing the protective factors and reducing the risk factors. Taking such action requires a partnership approach.

The public perception of loneliness is often that it is an issue solely experienced by older people and research has tended to focus on this age group. However in a recent report commissioned by British

Red Cross and the Co-op (2016), 'Trapped in a bubble', loneliness is highlighted as an issue of public interest. The report concentrated on six target groups these included; people who had been recently bereaved, adults with no children living at home, individual with mobility limitations and those who have recently been divorced or separated. The survey they conducted found that 73% of those who stated they were always/often lonely fell within one of the six research target groups. The report emphasises that loneliness contributes to poorer physical and mental health, with people experiencing suicidal thoughts when they feel they have nothing to offer society.

The report reflects that some of the features of modern day society, such as work life balance have contributed to people's experience of loneliness. People interviewed for the report felt that working hours were longer and more anti-social which meant that there was less time to socialise with people and make social connections. However good work life balance can help people to feel less lonely with people having those social connections through work. Interviewees also reflected that the rise in digital technology has meant that people are not making social connections in person with more of this happening online.

The report confirms that life events can disrupt a person's social connections which can then lead to loneliness. It makes a strong case for preventative measures to combat loneliness particularly when it is known that people are experiencing these life transitions like children leaving home, bereavement and divorce and separation[10].

People living with mental health problems report that stigma and discrimination has an impact on their wellbeing. It can prevent them from seeking help, delay treatment, impair recovery, make them feel isolated and excluded from activities and can be a barrier to employment.

Across the UK:

- One in four adults experience at least one diagnosable mental health problem in any given year.
- Suicide is now the leading cause of death for men aged 15 – 49.
- People with severe and prolonged mental illness are at risk of dying, on average, 15 to 20 years earlier than other people, one of the greatest health inequalities in England.
- The overall costs to business of mental ill health is £34.9 billion. This is: £10.6 billion in sickness absence; £21.2 billion in reduced productivity when at work (this is often referred to as "presenteeism"); and £3.1 billion in replacing staff who leave their jobs for mental health reasons[11].

Figures for Rotherham show that:

- 10.8% of adults over 18 in Rotherham had depression in 2014/15 (England average 7.3%).
- In 2013 -15 there were 96 suicides in Rotherham (aged 10+). The suicide rate of 14.2 per 100,000 is higher than both the England rate (10.1) and the Yorkshire and Humber regional rate (10.7).
- For self-reported emotional wellbeing in 2015/16 Rotherham residents reported high levels of low satisfaction with life, low happiness and high anxiety. These rates were higher than the average for England and for the Yorkshire and Humber region as a whole.

(Above data for Rotherham is taken from Public Health England Profiles[12])

CASE STUDY

As part of the Early Help strategy's Link to Early help strategy focus on families, there is also a specific commitment to: 'work with our partners at the Department of Work and Pensions to provide employment support as part of a coordinated whole family plan that families are able to engage with.' The case study below demonstrates the effect this support can have on a family.

KC had moved away from the threat of domestic violence in her life but still had a range of problems affecting her life, debt and poor mental health was a continuous problem for her.

After contacting Employment Adviser Support she was shown how much better off financially she could be in work as well as all the other benefits of socialising, raised confidence etc. She was also given advice on job searching and the application process and volunteering was discussed as an option to get some up to date experience and a way of getting a work reference.

After a few months of jobsearch KC had a job interview but she didn't attend as she was feeling anxious and depressed due to escalating debts. Employment Adviser Support arranged for debt support for KC from Citizens Advice so that she could get her debts under control again.

She now works for a local hotel as a cleaner. She had 6 months in-work support to ensure any issues were ironed out.

KC really enjoyed the job although the down side was she never knew how long the working day would be. Sometimes it could be a 2pm finish sometimes it could be 5pm. Luckily she had good family support for her son. If she had to have paid for a childminder her debt may have increased again leading to more anxiety which could have effected her ability to hold down her job.

In this case, debt and poor mental health were the barriers stopping KC getting into work but, if she didn't have good family support the difficulties around child care could have also been a problem. All these things create barriers for families wanting to move into work.

What Rotherham's doing

In July 2016 the Rotherham Suicide Prevention and Self Harm Group launched a social marketing campaign aimed at men, their family and friends called 'Break the Silence'. The campaign encourages men who are thinking about suicide to seek help. The campaign also helps family and friends to spot the signs that the person may be thinking about suicide and get them to appropriate help. The campaign has been promoted at the Rotherham Show, to local workplaces, leisure centres, GP practices, sports clubs and groups. The campaign received further funding from Wickersley, Maltby and Hellaby wards with the message being produced on beermats which were distributed to all pubs and working men's clubs in these wards. In addition the Area Assembly covering these wards funded Mental Health First Aid and suicide prevention training which was accessed by people who lived or worked in the area. Follow up with participants from the suicide prevention courses has shown that over half of the people have already used their newly acquired knowledge and skills to support people in their community who were in distress.

Many frontline workers from Rotherham Council, NHS services, South Yorkshire Police and voluntary and community organisations have attended suicide prevention training in the last few years. Attendees of the courses have reported that they have used the knowledge and skills from the training to help someone who was thinking about suicide.

Mental Health First Aid (MHFA) training is an internationally recognised course. Mental Health First Aid teaches people how to identify, understand and help someone who may be experiencing a mental health issue. The Adult MHFA course has been delivered in Rotherham since 2007.

Between 2008 to 2012 Rotherham had a workplace mental health project, 'Mind your Own Business', which encouraged and supported local employers to look after the mental health of their employees and create mentally healthy workplaces. The Workplace Wellbeing Charter is continuing with this work with mental health being one of the health areas local businesses are encouraged to take action on.

Promoting the mental health and wellbeing of Rotherham people and preventing mental ill health is the responsibility of all. Working closely with partners across Rotherham the Better Mental Health for All strategy (2017-2025) aims to improve the mental health and wellbeing of Rotherham people by encouraging partners across the borough to work together using the strengths (assets) that individuals, communities and organisations have.

Our plans for the future

Delivery of the actions within the Better Mental Health for All Action Plan:

- Encouraging individuals, communities and organisations in Rotherham to use the Five Ways to Wellbeing to improve and maintain good mental health: Be Active, Connect, Give, Keep Learning and Take notice.
- Helping local employers to see the value of promoting good mental health within the workplace and then make changes to create mentally healthy working environments.
- Develop environments that support good mental health and look for opportunities to work with partners in Rotherham to tackle mental health stigma.
- Develop a strategic and coordinated approach to tackle loneliness across all partners.

2 Dealing with Drug and Alcohol Misuse

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What it looks like now

Drug Abuse

The World Health Organisation defines substance misuse as 'the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs'[13].

The effects of substance abuse, significantly contribute towards poor health, homelessness, family breakdowns and offending. The major cost to society from drug addiction is from drug related crime which is estimated to cost £13.9 billion per year nationally[14].

In 2016/17 there were 1617 adults and 26 young people known to treatment services for drug and/or alcohol misuse in Rotherham.

The young people who are accessing the services are often very vulnerable. In Rotherham 24% of young people in treatment are reported as being a 'child in need'. 26% state that they are affected by domestic abuse compared to 21% in treatment nationally . There are a number of specific issues facing girls, including increased citation of alcohol as a problematic substance, involvement in self-harm, being affected by domestic violence and involvement in sexual exploitation.

Alcohol Abuse

Alcohol abuse is considered the second biggest cause of preventable death in the UK. Routine use of alcohol and drinking above the recommended lower risk guidelines puts people at risk of developing chronic alcohol related diseases such as liver disease, diabetes, cardiovascular disease, and cancers of the breast and gastrointestinal tract. As with drug abuse, excessive alcohol consumption affects all sectors of society and can cause ill health, family breakdown, anti-social behaviour and crime, it is estimated to cost society £21 billion per year nationally (PHE data).

According to the Government Alcohol Strategy 2012: In a community of 100,000: Over 3,000 will be showing some signs of alcohol dependence (3%) and be classed as dependent drinkers. For Rotherham, based on the total population, (all ages) as at mid-2016 (ONS,2017[15]) 3% equates to around 7,850 (ONS,2017).

As quoted by Public Health England (PHE): "Drinking very large amounts of alcohol on a single occasion, increases the likelihood of experiencing acute alcohol related harms." This is classed as hazardous drinking (Home Office, 2012[16]).

For 2011-2014 combined 19.7% of adults in Rotherham (around 40,450 people) were binge-drinking (reported drinking over 6 units for females, over 8 units for males) on the heaviest drinking day in the past week (NHS Digital, 2016[17]).

Additionally, according to Low Risk Drinking guidelines (2016)[18] issued by the UK Chief Medical Officer "To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis'.

For 2011-2014 combined 30.1% of adults (61,800 people) in Rotherham reported drinking over 14 units of alcohol a week (NHS Digital, 2016)

What Rotherham's doing

Rotherham's Drug and Alcohol Adult Treatment Services provides:

- Single Point of Access
- Assessment of an individual's needs
- Medical treatment if required
- Assessment for rehabilitation placement / direct payments to support social needs
- One-to-one and group therapeutic support
- Relaxation and activity based groups (including auricular acupuncture)
- Signposting to Mutual Aid and other support such as Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and SMART Recovery
- Signposting and support to access advice around housing, training and employment
- Other health care orientated support around blood borne viruses including Hepatitis vaccination, Hepatitis C screening and referral into treatment for Hepatitis C treatment.

Both treatment and recovery teams are connected closely together enabling service users to access the appropriate treatment for them to meet their needs at any particular point in time and to support them in their journey through recovery.

The young people's substance misuse service works with health, social care, Child and Adolescent Mental Health Services and voluntary sector agencies to provide packages of care and support to young people and their families. This service provides similar treatment interventions as those provided by the adult services.

The team also provides support, advice and educational sessions to a wide range of professionals who are managing young people's substance misuse as part of a wider range of challenging behaviours or circumstances.

Rotherham works to improve the intelligence for young people and front line agencies on emerging drug and alcohol trends. This is done through the Young Persons Substance Misuse Education and Prevention and Intelligence Group, who strive to get key messages and warnings out to young people and adults throughout Rotherham.
A team of substance misuse housing specialists provide support to client's in their own homes for those most at risk of losing their accommodation through substance misuse. This team works closely with treatment and housing services.

Needle exchange schemes and harm minimisation advice is provided from several pharmacists in Rotherham to help reduce infections and the spread of blood borne infections.

Our plans for the future

The Rotherham's Substance Misuse service has been reviewed and re-commissioned under a new structure to start from 1st April 2018.

Part of the new tender requires the provider to produce a campaign to issue and train high risk groups on Naloxone use (emergency treatment for opiate overdoses), to help reduce opiate related Drug Related Deaths in Rotherham.

3 Tackling the issue of Domestic Abuse

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What it looks like now

Domestic abuse is defined as any incident or pattern of controlling, coercive or threatening behaviour or abuse between those aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. This encompasses, but is not limited to, physical, emotional, psychological, sexual and financial abuse. Domestic Abuse includes forced marriage, "honour" based violence, partner and ex-partner stalking and harassment.

Domestic abuse causes harm not only to the individual but also to other members of the family, community and wider society.
Victims of domestic abuse may suffer long term physical and mental health problems and are more likely to face economic consequences, unemployment and welfare dependency.

The impact of domestic abuse on children includes increased levels of vulnerability and higher risks to their welfare as a result of domestic abuse occurring in their household. 30% of domestic abuse starts in pregnancy.

South Yorkshire Police received 6,500 calls relating to domestic abuse during 2016, a rise of 5.7% in comparison to 2015 (6,152). Recorded domestic-related crime also rose by 28% locally in 15/16 and estimates suggest over 27,000 women and girls in the Rotherham area have suffered abuse in their lifetime.

The number of crimes has risen by 22% from 1,562 in 2014/15 to 1,900 in 2015/16. During 2016/17, there were 3,914 contacts made to the early help service and 'family relationships' are amongst the top three cited needs.
Domestic abuse is a feature for 70% of Rotherham children who are subject to a plan of protection, in line with national trends.

What Rotherham's doing

There are a number of programmes and interventions available across the borough for both victims/survivors and their families.

The most high risk cases of victims/survivors of domestic violence and any children involved are supported by the Independent Domestic Violence Advocate service (IDVA) through a Multi- Agency Risk Assessment Conference (MARAC). This deals with around 500 domestic abuse cases per annum. Public Health fund the current three IDVA workers and the Police and Crime Commissioner is funding two additional staff to bring Rotherham in line with recommendations from Safelives, a national charity dedicated to ending domestic abuse, for good.

Individuals are also offered support through 'Rotherham Rise' (a Rotherham Council Adult Care and Housing commissioned service) and 'Early help' within the Children's services.

Referrals can be made and support obtained from Rotherham Abuse Counselling Service which supports victims of domestic and sexual abuse.

The appointment of a Domestic Abuse Co-ordinator has led to a large increase in training and awareness, along with a new multi-agency Safer Rotherham Partnership 'Domestic Abuse' Strategy.

Our plans for the future

Rotherham has jointly commissioned a perpetrator programme ` with the other areas of South Yorkshire. With the main aims of:

- Reducing the harm caused to families by domestic abuse
- Challenge the acceptance of abusive behaviour, by using a neutral rather than a collusive or persecutory stance
- Change the behaviour of individual perpetrators of domestic abuse
- Prevent abusive behaviour in the future
- Reducing crime and anti-social behaviour.

Rotherham Council RMBC is working towards a one front door approach to Domestic Abuse to ensure continuity of support, avoid duplication and make the victim's referral process simpler.

The additional recruitment of two more IDVA's will increase support to high risk victims.

Wider delivery of Domestic Abuse training and awareness sessions will help promote a 'Make Every Contact Count' (MECC) approach, which is a key aim in the new Domestic Abuse Strategy.

Domestic Abuse awareness and training is also now to be included in the Public Health's 'Workplace, Health and Wellbeing Charter'.

4 Looking after Sexual Health

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What it looks like now

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 wellbeing, 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.

The rate for new diagnosis of all Sexually Transmitted Infections (STIs), excluding chlamydia diagnosis in 15-24 year olds, is 645 per 100,000 in Rotherham. This is higher than the rate across Yorkshire and Humber (613 per 100,000) but lower than the rate for England (795 per 100,000)[19].

Reinfection with an STI is a marker of persistent risky behaviour. In Rotherham, an estimated 4.2% of women and 4.7% of men presenting with a new STI during the five year period from 2011 to 2015 became reinfected with a new STI within 12 months. Nationally, during the same time period, an estimated 7.1% of women and 9.3% of men presenting with a new STI became reinfected with a new STI within 12 months[19].

Since chlamydia is often asymptomatic, a high detection rate reflects success at identifying infections that, if left untreated, may lead to serious reproductive health consequences. The chlamydia detection rate per 100,000 young people aged 15-24 years in Rotherham is 2,033. This is slightly lower than the rate across Yorkshire and Humber (2,072 per 100,000) but higher than the rate across England (1,882 per 100,000). Rotherham has also shown an improvement in detection rate as it was as low as 1,738, per 100,000 in 2015.

Rotherham is classed as a low prevalence area for diagnosed HIV. The rate of diagnosis being 1.13 per 1,000 population aged 15-59 years. This compares to 2.26 per 1,000 in England. Early diagnosis of HIV is crucial in the management of the infection and late diagnosis is an important predictor of HIV related morbidity and short term mortality. In Rotherham, between 2013 and 2015 48% of HIV diagnoses were classed as late compared to 68.8% late diagnoses across England[19].

The highest number of unplanned pregnancies occur in the 20 to 34 year age group. Unplanned pregnancy can cause financial, housing and relationship pressures and have impacts on existing children. If a woman choses to have an abortion then the earlier abortions are performed the lower the risk of complications. Prompt access to abortion services, enabling provision earlier in pregnancy, is also an indicator of service quality. Across England 80% of NHS funded abortions occur under 10 weeks. In Rotherham 69.7% of NHS funded abortions occur under 10 weeks[19].

What Rotherham's doing

Local authorities are mandated to provide, or ensure the provision of, open access sexual health services for their populations. This includes testing and treatment for STIs (but not treatment of HIV which is the responsibility of NHS England), partner notification, HIV prevention and contraceptive services.

During 2015 Public Health consulted with a wide range of stakeholders in relation to what would be the best model for delivery of sexual health services in Rotherham. This then informed the procurement process during 2016 and on 1 April 2017 the Integrated Sexual Health Service (ISHS) opened its doors at Rotherham hospital. The new service brought together expertise in STI testing and treatment with a full contraceptive service offering a 'one stop shop' experience for Rotherham residents. The service also offers a range of community outreach initiatives to increase testing and treatment for STIs in partnership with a Yorkshire third sector provider, Mesmac.

Public Health have also commissioned a third sector provider for HIV prevention work in Rotherham. Plusme work with schools and colleges, providing teaching resources and training. They work with communities to raise awareness of HIV and ensure that national campaigns such as 'World AIDS Day' are promoted in Rotherham. Plusme also run a support group for people living with HIV enabling people to access the services they need.

Rotherham has an active Sexual Health Strategy Group which has representatives from a wide range of agencies including Rotherham Council Public Health, Rotherham Clinical Commissioning Group, the ISHS, Local Pharmaceutical Committee, as well as Healthwatch, Barnados, Plusme and Mesmac and new members are added as the work of the group evolves. Chaired by the Cabinet Member for Adult Social Care and Health the group produced a Sexual Health Strategy for Rotherham, 2015 to 2017 with an agreed action plan to improve sexual health in Rotherham. The second year action plan for 2017 highlighted a range of initiatives including the introduction of community testing for STIs and planned promotional activities for 'National Testing Week'.

Our plans for the future

The Rotherham Sexual Health Strategy Group are looking to refresh the strategy and Public Health will be working with a range of services and service users to shape the new strategy and associated action plan. The aim will be on a 'Rotherham Strategy for Rotherham People' with a focus on prevention.

One area which has been highlighted by the Strategy Group for future work is in relation to Rotherham women's prompt access to abortion services. Prompt access is a key indicator of a good quality service. Across England 80% of NHS funded abortions occur under 10 weeks whereas in Rotherham 69.7% of NHS funded abortions occur under 10 weeks. Understanding why women are not accessing the services earlier can inform what can be done differently to allow prompt access

5 Towards a smoke-free generation

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What it looks like now

Smoking prevalence for adult current smokers is 18.3% (Adult Population Survey (APS) 2016[20]) which is the lowest figure since numbers have been recorded. Also this trend is reflected in adults who are classed as working in routine and manual occupations whose rate is 26.5% (APS) 2016. This is the same percentage as the England average, this is to be celebrated given the demographics of Rotherham.

Smoking status at time of delivery rates are 17.1% (2016/17) compared to an England average of 10.7% and the highest rate of over 26%. Rotherham rates remain high but do show a downward trend as in 2009/10 the figure was 26.1%[21].

In addition Smokefree laws have been introduced to protect people from the harms of second-hand smoke. It is illegal for anyone to smoke in:

- an enclosed public place and within the workplace, including public transport and work vehicles (July 2007)
- private vehicles carrying children (from October 2015).

Additional initiatives introduced include all NHS services being Smokefree and the introduction of standardised packaging (2015)[22].

All of these factors have created a very different 'social norm' where now in Rotherham 55% of adults have never smoked and this has reduced the impact of second hand smoke on the general population.

Smoking prevalence is reducing, with the biggest drop amongst adults seen in 2016 in England. Public Health England has reported that the quitting success rate for the first half of 2017 is the highest for at least a decade. Also people are starting to use electronic cigarettes instead of tobacco as a way of helping them to give up.

However, smoking continues to be the leading cause of preventable deaths, in 2015, 16% of all deaths in people aged 35 or over in England (79,100 deaths) were estimated as being attributable to smoking. Smokers are almost twice as likely to have a heart attack as non-smokers. This is due to the narrowing of the arteries, reduced oxygen in the blood and increased likelihood of blood clots caused by cigarette smoke[23].

To stop smoking in pregnancy is the single most important modifiable risk factor to improve the health of a baby; it helps to prevent early births, small babies, stillbirth and Sudden Infant Death Syndrome.

Smoking rates are higher in poorer communities; the Department of Health reports that smoking accounts for almost half the difference in life expectancy between the richest and poorest in society[24]. As well as their health, the cost of smoking further impacts on more deprived areas, as in 2016, tobacco was 27% less affordable than it was in 2006 [25].

What Rotherham's doing

Rotherham's designated quit smoking service offers a universal service and a targeted approach, where the service works pro-actively in areas of greatest need. The majority of its quitters are from the routine and manual occupations. The service helped over a thousand people to quit last year.

Public Health commission a bespoke service which works alongside midwifery to support pregnant women to quit. Working with pregnant women and families creates an opportunity to improve the health of both the family and the baby.

Trading Standards within the Council work to prevent the sale of illicit tobacco, which is unregulated and offers even more health risks. Trading Standards work collaboratively with the police to help identify and convict potential illicit tobacco suppliers.

Public Health also works with key partners to try and reduce the impact of Tobacco on Rotherham residents. The Health and Wellbeing Board have chosen Tobacco as one of their priorities so an action plan will be developed to move this agenda forward.

Our plans for the future

To work towards a 'smokefree generation', eliminating smoking among the under 18s by 2025. Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. In general, among current and ex smokers aged 25 and over, men had started at a younger age than women. Around 38 % of men and 33 % of women had started smoking aged 15 or under[26].

One of the most effective ways to reduce the number of young people smoking is to reduce the number of adults who smoke. We know that children are heavily influenced by adult role models who smoke: in 2014, 82 % of pupils who regularly smoked reported having a family member who smoked[27].

Continuing to encourage adult smokers to quit must therefore remain an important part of reducing prevalence amongst the young, and achieving a smokefree generation. As 65 % of smokers say that they want to quit (Department of Health Analysis using Health Survey for England 2014 data) then support for them is essential.

The ethos of Smokefree areas will also be developed further to decrease the impact on smoking for the Rotherham's population and particularly children. Public Health is working with elected members, local schools and Regeneration and Environment, to develop a voluntary code of practise to establish Smokefree playgrounds.

The 'Making Every Contact Count' initiative will also support professionals to have sensitive conversations with their clients to encourage them to quit. The new Integrated Wellness Service (April 2018) will also offer a number of different ways to support people to stop smoking and continue to have a targeted approach.

Public Health will keep up to date with new developments and evidence based practice with the tobacco control agenda, including electronic cigarettes research.

6 Addressing Obesity

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What it looks like now

Adult obesity is classified by working out a person's Body Mass Index (BMI). BMI is a measure of weight relative to height. (This would prob look better in a table)

For most adults, a BMI of:

18.5 to 24.9
means a healthy weight

25 to 29.9
means you're overweight

30 to 39.9
means you're obese

40 or above
means you're severely obese

Living with obesity and overweight presents significant health issues. Adults who carry excess weight are more likely to develop serious physical health problems such as type 2 diabetes, heart disease, stroke and certain cancers therefore potentially reducing their life expectancy.

Psychological problems such as anxiety and depression, low self-confidence and self-esteem are commonly associated with adult obesity. Obese adults are also more likely to have children who are obese.

Obesity has severe cost implications for health and social care and the wider society.

NHS costs attributed to obesity are predicted to be £10 billion per year by 2050 (£352 million for social care). Wider societal costs predicated to be £49.9 billion per year (PHE, 2017[28]).

Nationally two thirds (65%) of adults are overweight or obese, with levels of obesity increasing significantly over the last twenty years (NHS Digital 2016[29]).

Levels amongst Rotherham adults are higher than the national average with 76% (2013-2015) of adults being overweight or obese (PHE 2017[30]) .

All groups in society are not equally affected. National data highlights these disparities with black and minority ethnic groups, those living in deprivation (most deprived decile 65.4%), older adults and people with disabilities (75.7%) are more likely to be obese (PHE 2017[31]).

CASE STUDY

A woman in her 40's who suffers from long term mental and physical health issues was referred to the Rotherham Health Trainer service by her GP as she had asked for support to lose weight.

Due to her mental health she had had a lot of time off work and had been signed off from work. She had lost her confidence and had become more isolated with no friends, problems with her family and was in a lot of pain due to fibromyalgia. She was also very self-conscious about her body image and was an emotional/ comfort eater.

The Health Trainer listened to her, chatted with her and they talked about taking small steps and setting some goals for change including looking for some specialist counselling to help her come to terms with things that had happened in the past.

After three sessions with the Health Trainer she had lost 4kg in weight, had an appointment for counselling and was very pleased with herself and her confidence was growing so much that she was coming up with her own resolutions with support.

The client was happy with health trainer's support and felt for the first time that someone had listened to her and starting putting her on the road to a better life. It was the first time she could see herself achieving her goals and she was starting to feel more positive. She was having more good days in her words.

What Rotherham's doing

Weight management services have been delivered in Rotherham since 2008. The services support obese and overweight adults to lose weight and maintain weight loss.

The weight management services provide assistance and techniques to adults including psychological support, increasing physical activity levels, improving diets and behaviour change.

The services deliver support to adult's dependant on their clinical need. Adults meeting clinical criteria are also supported to access bariatric surgery commissioned separately.

Since 2015 over 2,624 adults have accessed support to lose weight in Rotherham. Of these. 2,369 have lost weight and 832 have sustained their weight loss over a six month period.

Obesity features in a range of initiatives currently being delivered in Rotherham. The Workplace Wellbeing Charter encourages all businesses it engages with to operate minimum standards on healthy eating and physical activity. A role out of MECC aims to empower front line staff to initiate conversations with their clients or customers about changing lifestyle behaviours. NHS Health Checks are offered to all eligible Rotherham residents aged 40-74 BMI is recorded and healthy weight advice is offered.

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Our plans for the future

Weight management services in Rotherham are changing. The Council has commissioned a new integrated wellness service from April 2018 which will provide a person centred approach, via a single point of access that links within a wider wellness network. The individual services to be included are:

- NHS Health Checks Programme
- Alcohol screening
- Smoking Cessation Service
- Single point of access (for weight management)
- Adult Weight Management Service
- Health Trainer Service.

This service will work jointly with the Rotherham Clinical Commissioning Group to provide a seamless pathway to allow adults to continue to access appropriate clinical advice and bariatric surgery.

Whilst weight loss services will continue to be in place in Rotherham, the local authority focus needs to continue and develop three pillars highlighted by Public Health England as key to supporting people to lose weight and maintain weight loss. These pillars are at the population, community and individual level.

Stakeholders and partners need to work together to use opportunities to influence action and encourage a whole systems approach. Examples include working with planners to consider the obesogenic environment in new applications, promotion of green spaces and active transport, continued promotion of physical activity and training frontline staff to have the confidence to talk to clients about their weight as part of the MECC programme.

7 Physical Activity

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What it looks like now

Leading a physically active lifestyle is important for maintaining physical and mental health and it can improve people's quality of life. There is a large amount of evidence to suggest that regular activity reduces incidence of many chronic conditions (PHE, 2016[32]). Physical activity contributes to a wide range of health benefits and regular physical activity can have protective health outcomes irrespective of whether individuals achieve weight loss. Further protective factors for physical activity relate to strength, balance and flexibility, all areas which are important for maintaining our body's health as we age (Taylor, 2014[33]).

Being inactive can have a big impact on health, one in six adults in the UK die as a result of being inactive. The positive is that this is easily fixed with a small amount of regular activity making a big difference and this is particularly the case for those who are least active (Sport England 2016[34]).

Physical activity is about "moving more" and living a more active lifestyle both at home and at work. The focus is to encourage more regular activity and for physical activity to be built into society and our everyday lives. It is recognised that many people live sedentary lifestyles and sit for long periods which has a detrimental impact on their health (PHE, 2014[35]).

Walking is considered an easy and low cost way to be physically active. It is something that can be built into people's everyday life and can help adults meet the daily and weekly targets. Adults are advised that they should walk 10,000 steps a day to stay healthy (NHS Choices, 2017[36]).

The Chief Medical Officer advises that adults aged 19-64 should aim to do at least 150 minutes of moderate aerobic activity such as cycling or brisk walking (100 steps a minute) every week, and strength exercises on two or more days a week that work all the major muscles (legs, hips, back, abdomen, chest, shoulders and arms) to stay healthy (CMO, 2011[37]).

Nationally physical activity is reviewed by the 'Active Lives Survey' which is updated every six months.

The most recent Active Lives survey identifies three groups:

Active (at least 150 minutes a week)

Fairly active (30-149 minutes a week)

Inactive (less than 30 minutes a week)

Locally, we have a less active population when compared to the England average;

	Inactive	Fairly active	Active
England	25.6%	13.8%	60.6%
Rotherham	31.9%	13.6%	54.8%

Ref: Active Lives 2017.

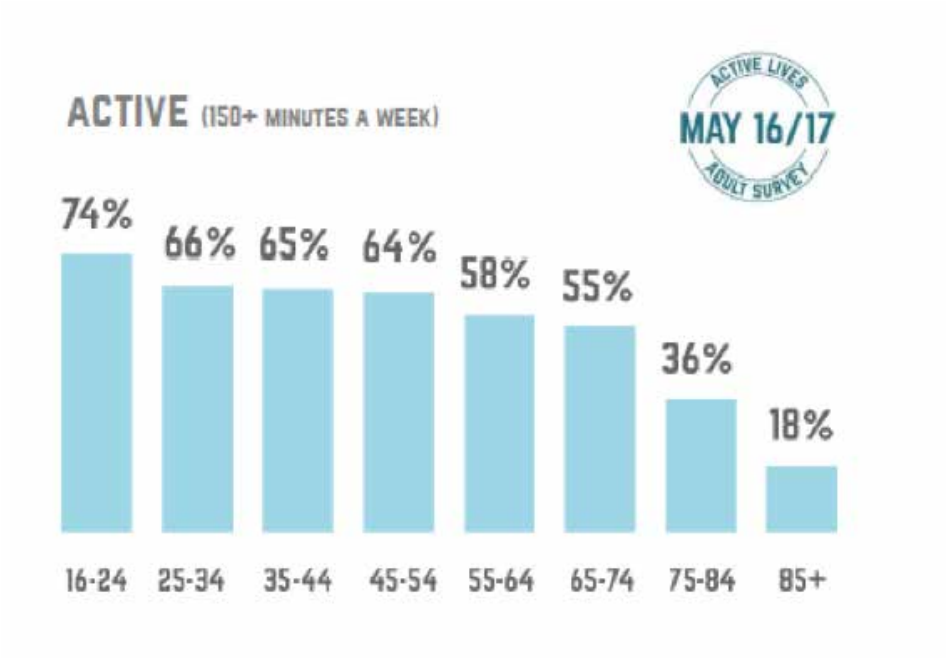
The number of inactive adults in Rotherham derived from the survey is 67,600.

Less than half of Rotherham adults (45.4%) walk for at least 10 minutes, five times per week, which is lower than the England average at 50.6%. Similarly only 74.6% of Rotherham adults walk for at least 10 minutes at least once per week compared to 80.6% in England (PHE, 2017, 2014/15 dataset[38]).

Rotherham is 70% rural and has a good amount of high quality green space identified in the 2017 green space assessment spread across the Borough (Rotherham Council , 2010, 2017[39]). However the utilisation of this space for health reasons is relatively low at 13.5% compared to the England average at 17.9% (PHE, 2017, Mar 2015 – Feb 2016 dataset[38]).

The most recent National data from the Active Lives survey show that there are significant disparities between different socio-economic groups, gender, disability and impairments, and age.

The graph below shows that there are stepped decreases in activity rates during adulthood. The key points are at 25 and 55. These timeframes seem to link to life changes e.g. at 25 these could include; leaving full time education, increased responsibilities through leaving home or becoming a parent. At 55 these could include early retirement, grandparent support or onset of ill health. It is important that we consider these points when developing strategies to target inactive adults.



The active lives survey also identifies the following as more likely to be inactive[40]:

- Disabled people are almost twice as likely to be inactive as non-disabled people
- 27% of women are inactive, compared to only around 24% of men
- 37% of those who are long term unemployed or have never worked are inactive and the most likely group to be inactive.

We also know that people with long term health conditions are much more likely to be inactive than people without a long term health condition.

What Rotherham's doing

Rotherham has focused on inactive groups and communities as well as developing opportunities for people to be active.

Rotherham Council has provided additional funding to increase walking with local communities. The 'Walk 2 Rotherham' project is funded by the Council and delivered by Places for People Leisure. This project began in October 2017 and encourages walking to schools, businesses and within local communities, through delivering a range of led walks, activities and campaigns. There will be a series of challenges and rewards developed and promoted throughout the three year project, to encourage more Rotherham people to walk regularly. Activity can be followed on @walkrotherham

Other local walking groups and places to find walks in Rotherham include:

- Casual ramblers – lists countryside, waterside, woodland and urban walks[41]
- Rotherham Council highlight doorstep walks on the Council pages[42]
- Walking for health[43].

Public Health England has developed tools and national campaigns to help adults assess their physical activity levels and encourage them to be more active.

These include:

One You

The "One You" campaign[44] focuses on several health behaviours and getting adults "moving" encouraging people to be more physically active. The website provides information on why and how adults can be more active. This is being promoted to Rotherham adults across the borough.

Active 10

The Active 10 campaign[45] utilises an app which encourages adults to complete 10 brisk minutes walking everyday to gain maximum health benefits from brisk walking.

A brisk 10 minute walk every day can make a difference to health. Each 10 minute burst of exercise is known as an "Active 10".

Brisk walking is simply walking faster than usual, at a pace. It is suggested that one 10 minute brisk walk a day is done at first then this can be gradually build up to more.

Use of stepometers and devices that measure the number of steps taken help encourage daily activity.

Couch to 5K

Couch to 5K[46] is a specially designed programme which helps build an individual's running ability by building over a period of nine weeks. The nine week plan sets out a three times a week interval training programme (walking and running). Over the weeks your running time increases gradually (and walking decreases) so that by week 9 you will be running (without walking) for half an hour, which equals an approximate distance of 5K. Couch to 5k can be completed independently, with friends or as part of a group. There are many apps available to help people start and complete the programme.

The Rotherham Harriers running group have been supporting people to start running in the 'Couch to 5K' running groups[47]. These groups are aimed at increasing fitness and building a running plan using the NHS Choice Couch to 5k. In 2017 the Harriers supported 72 people in the running groups with 32 people going on to complete the 5K challenge.

Our plans for the future

A new cultural strategy is being developed which will cover culture, sport, physical activity and green spaces. There will be a clear vision and drive to work in partnership to maximise all the opportunities to be physically active in Rotherham.

The One You and Active 10 programmes will be further promoted especially to inactive groups and settings for example, to women within sedentary workplaces. This will be aligned to the Workplace Well Being Charter.

The Rotherham Get Active website, which provides information on physical activity opportunities across Rotherham, will be promoted.

The use of green space for physical activity will be promoted, developing park runs, walking and cycling routes.

A pilot will be introduced using PHE's Physical Activity Clinical Pad to encourage more GPs to prescribe physical activity as part of their primary care consultations.

8 Long Term Conditions

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What it looks like now

Living with one or more diagnosed long term health conditions affects people's lives in a range of ways, resulting in them being more likely to be unemployed, socially isolated and financially challenged[48].

Rotherham has 26,763 people aged 16-64 with a long term health problem or disability, this equates to 16.4% of all working age people in Rotherham, compared with 12.7% of working age people in England, (Rotherham JSNA, 2017[49]).

However the number of people aged 16-64 with a limiting long term illness has reduced by 6.8% from 28,724 in 2001 to 26,763 in 2011.

CASE STUDY

Cancer Pathway

MT was left with only a quarter of his thigh muscle intact following an operation to remove a slow growing cancer. He was told that he might not be able to walk unaided again and he had lost confidence in his ability to get out and about. Being a very active man prior to his operation he was keen to improve and restore his confidence and so his GP referred him into the Active for Health programme.

After ten months MT felt more positive about himself and felt that his wellbeing had improved. He found it easier to walk and had more confidence in his walking ability. He had started gardening again and was enjoying socialising with the Active for Health Group.

What Rotherham's doing

ACTIVE FOR HEALTH

The Active for Health research project uses a partnership approach with Public Health, Rotherham CCG, healthcare services, Sheffield Hallam University and Sports & Leisure providers to test the role that physical activity can play in rehabilitation and recovery. Community based physical activity provision has been integrated into seven healthcare pathways as a rehabilitation exit offer, which enables patients to manage their long term condition(s) (LTCs) by keeping active. The conditions include;

- Cardiac and Heart Failure
- Stroke
- COPD
- Cancer
- Lower back pain
- Falls and fractures.

The Active for Health research programme began in November 2015 and will continue until the end of 2018. Early findings show that participants are seeing improvements in their health condition, quality of life and confidence after completing the 12 week free condition specific physical activity sessions. Over 70% of patients continue to be active after the 12 week programme to continue to improve their health and have fun. Working age patients are also finding that they are able to return to work, which is a real social and financial boost.

CASE STUDY

Lower Back Pathway

SE was referred to the Active for Health programme after suffering from sciatica twice. Before joining the programme he was not daring to exercise too hard in case the sciatica was triggered again.

After eleven months on the programme SE was feeling fitter and more active than he had for years. He was inspired to exercise every day and lead a more healthy lifestyle. He started to take on other personal challenges outside the programme which he accomplished without it resulting in pain and medication.

A strong supporter of the Active for Health programme, SE has now become a 'buddy' and welcomes and encourages new starters. He feels that motivating and reassuring others to attend could make a real difference to their lives.

HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

The Healthier You: NHS Diabetes Prevention Programme (NHS DPP)

This programme started in Rotherham in September 2017. Primary care identify adults who are at risk of becoming diabetic and they are then offered a nine month community based behaviour change programme to help them change their eating and exercise behaviours, to help them lose weight and thus reducing their personal diabetes risk.

NHS HEALTH CHECK
Helping you prevent
diabetes
heart disease
kidney disease
stroke & dementia

Local Authorities are responsible for ensuring that NHS Health Checks are offered to residents. The NHS Health Check is a health check up for adults aged 40-74. It is designed to spot early signs of heart disease, type 2 diabetes, stroke, kidney disease and dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check can detect potential health problems before they do real damage. The professionals can then provide personised advice to help individuals lower their risk. They can also refer onto behaviour change services as appropriate. Between 2013 and 2017 there have been 28,193 people in Rotherham who have received an NHS Health Check.

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Social Prescribing

Rotherham's nationally acclaimed Social Prescribing Scheme provides social activity in partnership with the voluntary sector to patients with a range of health conditions. The original programme addresses social isolation and poverty and sits alongside clinical interventions, helping people add quality time to their lives by maximising community assets.

NHS Rotherham CCG initially focused social prescribing to support people with long term physical health problems at risk of hospital admission and found that it reduced the use of services in this cohort. In 2015 this programme was expanded to mental health patients within Rotherham, many of whom were of working age. The approach to mental health social prescribing is to support and improve the sustainable discharge from secondary care of those who have become dependent on the help they receive from mental health services, long after their mental health illness has stabilised. The scheme focuses on quality of life, and the wide issues with which traditional mental health provision does not focus on but can significantly inhibit a return to normal life. The early findings are showing that the programme is helping patients with mental health problems lead healthier and happier lives.

A living with and beyond cancer

A Living with and beyond cancer project (LWABC) has been developed to deliver a Macmillan's ambition "to ensure that people diagnosed with cancer are living as healthy and active a life as possible during and after treatment". The funding has been used to employ additional Cancer Support Workers to increase the use of Holistic Needs Assessments. In 2018 there will be a new advocacy service to support patients living with and beyond cancer. This will be complemented by education for clinicians and health and wellbeing events for patients. Over the next three years Rotherham will see these services established and there is a long term sustainability plan for supporting continuation beyond the cessation of the Macmillan funding.

Our plans for the future

The development of the Accountable Care Partnership has enabled Rotherham to identify joint commissioning posts for health and social care. The development of these posts will help provide joined up solutions and reduce duplication.

There are external evaluations being completed on Active for Health, Social Prescribing, and Living with and Beyond Cancer. These evaluations will be shared with stakeholders and will help in future commissioning decisions.

9 Environments and Health

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While it is certainly true that the decisions we make as individuals do affect our health, it is also true that environments make a significant contribution. Individual decisions are always made in the context of economic, social and physical environments that can have a far greater impact than medical care on how long and how well people live. These include where people live (living in suitable quality housing), their neighbourhoods (such as access to schools and transport networks) exposure to crime, access to green spaces, air quality and other factors that affect our daily lives, including our health.

As individuals we cannot always control these factors and their influence on the choices we make and the lifestyle we lead. Therefore the consequences of spatial planning, housing, employment, transport, leisure or food systems policies can include lifelong effects on the health of whole communities[50].

Air Quality

What it looks like now

Air pollution presents a serious risk to the public's health. A joined up approach to tackling this threat can have significant benefits, particularly for our most vulnerable residents. It can also reduce the health burden and costs to the NHS[51]. The annual health cost to society of the impacts of particulate matter alone in the UK is estimated to be around £16 billion[52].

Air pollution is a mixture of particles and gases that can have an adverse effect on human health. Although air pollution has improved over recent decades, there are still significant public health challenges mainly related to Particulate Matter (PM2.5 and PM10.0) and nitrogen dioxide (NO2) in ambient air. Air pollution is associated with a number of adverse health impacts and is recognised as a contributing factor in the onset of heart disease and cancer and particularly affects the most vulnerable in society: children and older people, and those with heart and lung conditions[53].

Across much of the borough, air quality is good, but Rotherham, along with most urban areas in England, has areas of elevated air pollution which have been declared as Air Quality Management Areas[54].

There is often a strong correlation with inequalities, because areas with poor air quality are often associated with the less affluent areas[55 56].

What Rotherham's doing

Rotherham Council now has nine designated air quality management areas (AQMAs) in which approximately 30,000 people reside. These are areas which do not meet the European Union limit for Air Quality. The Council has installed a new portable monitoring device for PM2.5 monitoring of fine particulate pollution in two of these areas. Some of the latest low emission buses operate through Rotherham's Air Quality Management Areas.

Within the Sheffield City Region (SCR), the South Yorkshire Air Quality and Climate Group (of which Rotherham has actively contributed) has led on a number of initiatives over the last few years. These include:

- the 'South Yorkshire ECO Stars Scheme' working with HGV fleet operators to reduce emissions. Electric Vehicle Infrastructure rollout (Charging points)
- Hydrogen Fuel Cell vehicles (the first public hydrogen filling station is at the Advanced Manufacturing Park in Rotherham)
- working closely with South Yorkshire Passenger Transport Executive, Sheffield City Region partners and bus companies on a range of other air quality issues.

''Delivering Air Quality Good Practice Planning Guidance'' informs our local initiatives to reduce the impact of emissions by working with developers on air quality measures which can be incorporated into design and planning stages, e.g. electric vehicle charging points.

Our plans for the future

Working collectively through the Rotherham Air Quality Steering Group to improve air quality through behavioural, strategic and infrastructural changes so that the level of pollutants (nitrogen dioxide and fine particulates PM2.5 and PM10) are in line with national air quality objectives and support the principles of sustainable development. This will enable local partners to further integrate programmes of related work, such as active travel, reducing fuel costs, reduction in greenhouse gas emissions, reduction in noise and improving the council's vehicle fleet.

Clean Air Zones (CAZs) are now part of the Government's National Air Quality Plan which aims to reduce the levels of pollutants within specified areas. This is primarily by encouraging fleet and vehicle change to higher emission standards through a number of avenues.

As part of the national extension of Clean Air Zones to around 25 towns and cities, Rotherham Council has agreed to produce a joint Clean Air Zone feasibility study in conjunction with Sheffield City Council to identify the classes of vehicles that might be affected by any future Clean Air Zone.

Housing

What it looks like now

The quality of the built environment, particularly housing, is an important determinant of health and wellbeing.

The supply of housing locally and nationally is not keeping up with demand. This has a direct impact on people's ability to access housing that is affordable and meets their needs, which in turn causes many people to remain in housing impacting on their overall physical and mental health.

Housing conditions (space, location and disrepair), issues affecting affordability (including changes affecting housing benefit) and insecurity of tenure are known to be contributing factors in the development of mental health conditions.

Increasing the supply of good quality housing that meets a range of needs can enable people to live healthy, independent lifestyles for longer and reduce reliance on health care provision over the longer term by providing;

- access to good quality, warm and safe housing
- a better range of housing (size, type, location)
- affordable housing options to meet aspirations or reduce poverty
- flexible and adaptable homes which accommodate different life stages.

Fuel Poverty

In 2014, 10.5% of Rotherham's households were living in fuel poverty with figures being highest within the private rented sector (compared to 9% in 2013, 9.8% in 2012 & 10.1% in 2011) which is slightly above the national average of 10.2%. Area based energy efficiency schemes and improvements to council stock have contributed towards ensuring that fuel poverty levels do not increase further.

Although energy efficiency improvements contribute towards reducing fuel poverty, the cost of energy prices also impacts significantly on fuel poverty levels. Over the year the cost of fixed rate energy tariffs and variable deals has risen, exceeding what had been offered over the previous three years. This is a contributing factor in Rotherham's fuel poverty level increasing and may increase further as a result of recent energy price increases.

Housing in Rotherham is a mixed picture, with 20% living in social housing and around 12% in the private rented sector. The private rented sector has doubled in the last 10 years and continues to increase, while home ownership continued to decrease, particular among younger generations.

Rotherham Council's housing stock receives ongoing investment and meets the Decent Homes Standard but issues around poor quality and condition of housing in the private rented sector have been identified.

What Rotherham's doing

The Council has launched a new tenancy support service to supports tenants struggling to pay their rent. The service offers advice on money management building up the financial capacity of individuals to enable them to make sound financial decisions; and offers access to trusted financial services; which enable people to become more resilient to financial pressures in the future. This includes working with tenants to set up bank accounts or review energy providers and ensure they are getting the best deal.

Pre-tenancy interviews and workshops are now compulsory for any new applicant to the housing register. This is to ensure applicants receive all the support they need in order to secure and sustain a long term tenancy with the Council.

Rotherham Council has an ambitious growth programme in place and is delivering new homes, which will;

- Provide more choice
- Give people access to housing that better suits their needs
- Help people to live independently for longer
- Improve affordability, thermal efficiency through design, and in turn reduce fuel poverty
- New homes will also free up existing stock.

Housing growth also brings economic, environmental and social benefits to communities which in turn make for a healthier Rotherham.

There have already been over 100 strategic new build acquisitions added into Council stock including specialist homes and bungalows, with plans for many more in the pipeline. Substantial financial support is provided via Housing Revenue Account funding but the growth programme has also been successful in accessing external funding through various Government programmes to support the Council ambitions.

In order to deliver these ambitions, Rotherham Council must have a clear understanding of what housing need looks like and what it means to meet need at a local level. Housing need profiles are being developed which will help provide a snapshot of housing, identify what the key issues are and make recommendations on how to address them at a very local level.

There have also been ongoing successes in the private sector, including;

- The private sector loft and cavity wall programme, which was rolled out following funding from the Department of Energy and Climate Change (DECC) Fuel Poverty Fund, enabled 242 private householders to receive improved home insulation totalling 249 individual measures during 2016-27
- The External Wall Insulation programme has assisted Rotherham Council in carrying out insulation improvements on over 700 council owned households to improve thermal efficiency
- Rotherham's Home Improvement Agency (Yorkshire Housing - Stay Put) and Handyperson service assists vulnerable people to remain independent by providing reliable, trustworthy advice and practical assistance with repairs, improvement and adaptations. During 2016/17, the Home Improvement Agency has helped 50 older and vulnerable homeowners beat fuel poverty and stay warm through the provision of a £100,000 grant.

Our plans for the future

The Council will continue to invest in its existing stock to ensure it meets energy efficiency standards and remains affordable. They will also identify opportunities to remodel under utilised housing in order to meet changing needs and will introduce a range of housing products that offer wider choice. The programme will deliver over 30 new specialist homes and increased extra care provision.

The Housing and Neighbourhoods Service is increasing staff resources to ensure tenants receive the right support and that teams can maximise opportunities to access additional funding and increase housing supply.

The production of a new housing strategy will commence in 2018 and will set out the strategic approach to meeting housing need which will include accessible and specialist provision. The Rotherham Partnership structure will deliver benefits through wider partnership arrangements.

The Council will also continue to promote opportunities and share information with private owners in order to improve standards across the private sector:

- Energy Company Obligation (ECO) housing improvement schemes offer opportunities for properties, that meet specific criteria, to access funding to improve thermal efficiency
- Minimum Energy Efficiency Standard (MEES) – particularly focussed in selective licensing designated areas, where the Energy Performance Certificate (EPC) rating is either F or G, to ensure that existing and future tenants are able to only choose private tenancies of a minimum energy efficiency standard
- Through the continuing support for the Home Improvement Agency
- Home Energy Conservation Act – a report is published every two years which shows how the Council considers energy conservation measures that are practicable, cost effective and likely to result in significant improvement in the energy efficiency of the residential accommodation across the borough.

Green Spaces

What it looks like now

'Green spaces' are natural or semi-natural areas partially or completely covered by vegetation that occur in or near urban areas. They include parks, woodlands and allotments, which provide habitat for wildlife and can be used for recreation[57].

Whether green spaces are considered 'good quality', relies on their design and maintenance. Green spaces that are well designed and maintained attract more visitors. Neighbourhoods with attractive green areas or vegetation are viewed as safer, which makes them more 'walkable' and more likely to be used by the community at large[58].

Areas with more accessible green space are associated with better mental and physical health. The risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness' and there is evidence that exposure to nature could be used as part of the treatment for some conditions[59].

As well as direct health benefits, there can be additional financial savings from green spaces, benefits can include air pollution, noise pollution, flooding mitigation, shaded areas reducing the risk of heat stroke and exhaustion and social cohesion[60].

Rotherham is 70% rural and has a good amount of high quality green space identified in the 2017 green space assessment across the borough.

What Rotherham's doing

Clifton Park in Rotherham has been voted by the public to be one of the best parks in England for the last two years.

In the 2017 public survey, over 90% of people scored Rotherham's green spaces as being good or very good.

Rotherham has invested in a Walk for Health programme which is delivered by Places for People Leisure.

Rotherham Walking Festival in the Dearne Valley was run by the Dearne Valley Ramblers in October 2017. The week-long festival included a series of local walks. It attracted over 500 people and celebrated some of the fantastic walks that are available in the local area.

Park run

Park run[61] organise free, weekly, 5km timed runs around the world. They are inclusive physical activity opportunities that are open to everyone, free, safe and easy to take part in. People register online and then turn up at one of the venues. People are encouraged to run or walk 5km in local parks.

Rotherham has two Park runs that take place every Saturday at 9am. At Clifton Park there are between 61 – 130 runners each week and at Rother Valley Country Park there are between 177 and 365 participants each week.

The Rotherham park runs popularity continue to grow and they are regularly attended by local people, forming part of their weekly exercise routine.

Our plans for the future

There will be further walking developments in 2018 and these will be linked to the workplace wellbeing agenda, encouraging adults to be more active during the workday.

The role of green space for physical activity will be further promoted.

Rotherham Council's Culture, Sport and Leisure team are developing a new Strategy to make the most of the assets within Rotherham. This will include Parks, Green Spaces, theatres and events and it will be completed in 2018. This will be an opportunity to transform the roles of the Parks and Green Spaces alongside Rotherham's other community assets.

Active Travel

What it looks like now

Active Travel is the term used for walking or cycling as a means of transport in order to get to a particular destination such as work, the shops or to visit friends. It does not cover walking and cycling done purely for pleasure, for health reasons, or simply walking the dog. Active travel can be for complete journeys or parts of a journey[62].

However it is recognised that if more people are travelling actively, it has a range of positive outcomes. These include improved health, reduced traffic congestion, reduced air pollution and financial savings[62].

Rotherham Council was part of a South Yorkshire Councils Partnership who submitted a bid for a major investment for a sub-regional sustainable transport programme. The Partnership was awarded £30 million from the Local Sustainable Transport Fund (LSTF) to deliver carbon-friendly economic growth by widening labour markets, increasing business productivity and facilitating sustainable commuting over 15 years (2011 – 2026). Investments include bus priority; "Jobconnector" bus services; cycle routes; upgrade of tram stops; rail-based Park and Ride; promotion of electric vehicle use; infrastructure to unlock urban regeneration; training, marketing and travel planning[63].

What Rotherham's doing

Regeneration and Environment lead and commission a range of Active Travel Projects funded by the LSTF which include the following;

Rotherham Mobile Cycle Hub

The cycle hub visits town centres, businesses and organisations throughout Rotherham and offers; bike hire of pedal and electric bikes for up to three months. They also provide essential accessories such as a helmet, lights and pumps. Dr Bike Check up offer a minor repair service, to keep bikes road ready. Adult and Family Cycle Training in group and one to one sessions are also offered. This project is targeted at adults working at businesses and organisations in Rotherham and students at colleges in Rotherham. All the services are free of charge.

Active Travel in Schools

This project encourages pupils to cycle and walk to school though a range of classroom and outdoor activities. This project is mainly targeted at primary schools though some secondary schools will also participate in activities.

Love to Ride

This project encourages cycling through workplace challenges, friendly competition between workplaces and rewards.

Walk 2 Rotherham

This project encourages walking to schools, businesses and in local communities, through a range of activities and campaigns.

Bikeability

Since the national Bikeability standard replaced cycling proficiency, the Department for Transport has funded training for children in Rotherham schools. This helps children and young people to learn to ride and be safe on the roads, it also includes basic maintenance tasks making sure that bikes continue to be in a useable condition.

Our plans for the future

Rotherham Council is looking to map all the walking and cycling activities and develop a walking and cycling group to support work to improve healthy, sport and transport outcomes.

In March 2018 a free bike hire event is to be held at Rother Valley Country Park and a family cycle event is planned for Rotherham Show in September 2018 with bike try out arenas and a range of other activities.

10 Cancer Screening

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What it looks like now

Reducing the risk of Cancer is important to 'Living Well' for longer. Improving lifestyle behaviours such as stopping smoking, reducing alcohol intake and supporting people to achieve a healthy weight helps to prevent cancer.

Early detection is key to improving health outcomes, minimising complicated treatments and survival rates. National screening programmes aim to either detect cancer before it becomes symptomatic, or identify and treat changes in cells which can develop into cancer. For example, more than 90% of women diagnosed with the earliest stage of breast cancer survive for at least five years. This figure reduces to around 15% for women diagnosed at a late stage. Nationally around 5% of all cancers are detected through screening. There are three national evidence based cancer screening programmes for breast, cervical and bowel cancer (Office for National Statistics (ONS)).

Cancer is the leading cause of all deaths in Rotherham and accounted for almost 27% of deaths locally in 2015 (Office for National Statistics (ONS)). Furthermore, for the 3 years 2013-2015 combined Rotherham experienced a premature mortality rate (deaths under 75 years of age) for cancer of 3.6%, higher than the Yorkshire and Humber Region and 10.7% higher than England (Public Health England (PHE) via data from ONS).

In Rotherham, breast, cervical and bowel cancer account for 44 % of all cancers (20 year prevalence to end of 2010, National Cancer Registration and Analysis System (NCRAS)) and 15% of all cancer deaths (2015, ONS) each year. Bowel cancer is the second largest cause of cancer death after lung cancer (2015, ONS). Numbers of new cases of female bowel cancer have fluctuated over time but are 22% higher in 2014 than in 2001 (PHE Cancer Analysis System).

What Rotherham's doing

NHS England is responsible for commissioning screening programmes and has developed a two year plan with partners to improve uptake. NHS England and the Screening and Immunisation Team (Public Health England) are therefore working closely with partner agencies to increase Rotherham's screening levels and to promote awareness and early detection of cancer to improve the uptake and screening coverage in the borough.

It is very difficult to measure cancer screening uptake in some specific local population groups, such as people with disabilities or mental health problems, but research shows that these groups are less likely to attend for screening.

The Screening and Immunisation Team (SIT) work with Cancer Research UK and the PHE Communications and Engagement team to promote the cervical cancer screening programme in Rotherham. The comms and engagement team continue to target education sessions for people with learning disabilities to encourage them to engage in the screening programme.

Our plans for the future

The National Breast Cancer Screening Programme currently invites all women aged 50 to 70 years for breast screening every three years. The screening programme is in the process of piloting an expansion to include all women aged between 47 to 73 years. Breast cancer screening coverage in Rotherham was 79.5 % in 2016, higher than England (75.5 %) and the Yorkshire and Humber Region (75.7 %).

To reduce the borough's health inequalities gap, all organisations will renew their focus on improving access to the screening programmes for the vulnerable and hard to reach groups within Rotherham. The SIT improvement plan for Rotherham will be updated in March 2018 with input from all local stakeholders. The plan will identify the key priorities and how work can be strengthened to support the vulnerable and hard to reach groups.

11 Immunisation

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What it looks like now

Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease, complications and possible early death among individuals and to protect the population's health through both individual and herd immunity (this means that individuals who cannot be vaccinated will still benefit from the routine vaccination programme).

The majority of the Vaccination and Immunisation Programmes offered and delivered in Rotherham show good overall uptake and Rotherham continues to meet the national Public Health Outcomes Framework (PHOF) targets for all of the national childhood immunisation programmes.

Although performing well for the majority of the flu programme, there was an additional focus in 2017 on all ''at risk'' cohorts, such as, those over the age of 65, those with long term conditions or pregnant women.

What Rotherham's doing

Each year Public Health England and the Department of Health deliver a co-ordinated and evidence based approach to reduce the impact of flu in the population. This includes public communications to promote the uptake of flu vaccination and other aspects of combating flu such as hand hygiene and ensuring that all eligible people are offered vaccination.

In Rotherham, the Screening and Immunisation Team (SIT) work with a wide range of stakeholders to ensure that the delivery mechanisms are in place. In 2016/17, the uptake in at risk groups aged under 65 was 52.7%; this is a good increase when compared with the same period last year 47.4% (although below the goal level of 55%).This is in line with national and local trends, however, Rotherham and South Yorkshire still remain relatively high performers when compared nationally.

Our plans for the future

Future changes to the programme of work include vaccination of the morbidly obese (defined as BMI of 40 and above), and children aged 4-5 years will be offered flu vaccination in reception class, rather than through their general practice. As part of the phased roll out of the children's programme, this year children in school year 4s will also be offered the vaccination. There will be an increased focus on all 'at risk' cohorts, carers and pregnant women.

12 Making Every Contact Count (MECC)

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What it looks like now

Making Every Contact Count (MECC) is an approach to behaviour change that utilises the thousands of day-to-day conversations that take place within organisations such as Rotherham Council or the NHS to support individuals in making positive changes to their physical and mental health and wellbeing. It includes conversations between members of staff, and also with members of the public. MECC enables consistent and concise healthy lifestyle information to be given if and when the opportunity arises, and enables people to engage in conversations about their health on a much larger scale than has been done previously.

MECC is not new to Rotherham, a programme ran in 2013. MECC was re-launched nationally and in Rotherham in 2016 under the banner of 'Healthy Chats'. The Rotherham Health & Wellbeing Board is committed to working with partners to deliver MECC which is a priority within its Health and Wellbeing Strategy. MECC is a key component of the Rotherham Integrated Health & Social Care Place Plan.

What Rotherham's doing

A programme of train-the-trainer MECC trainin has been developed by Public Health Rotherham alongside a digital training package that can be rolled-out to all front line workers. The training will enable workers to have the knowledge, skills and confidence to raise lifestyle issues in a sensitive way, when the opportunity arises.

The roll-out of Healthy Chat training began in September 2017. Initial areas of focus for the Council included Children's Centre Staff and Health Visitors (The Rotherham Foundation Trust), and Culture and Leisure Services including libraries, museums and theatres, and leisure providers.

Our plans for the future

MECC will be embedded within the Rotherham Workplace Charter, encouraging all businesses to consider training both champions for their own organisation and any public facing staff.

The roll-out of Healthy Chat training will continue with key areas of focus including South Yorkshire Fire and Rescue; the Voluntary & Community Sector; TRFT and RDaSH staff.

For MECC to be successful both frontline staff and communities need to take ownership. The vision for Rotherham is that people throughout the borough, on every high street, from hairdressers to those working in the hospitality sector, will use MECC to help enable individuals to make lifestyle and behaviour changes.

13 Work and Health

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What it looks like now

'The relationship between employment and health is close, enduring and multi-dimensional. Being without work is rarely good for one's health, but while 'good work' is linked to positive health outcomes, jobs that are insecure, low-paid and that fail to protect employees from stress and danger make people ill' (Professor Sir Michael Marmot, 2010).

There is increasing evidence to show that businesses/organisations that choose to invest in workplace health and wellbeing will see the following benefits:

- Increased performance and productivity
- Reduction in sickness absence
- Improved staff retention (cost saving in having to recruit and train replacement staff)
- Better employee engagement.

Workforce, skills and employment

A higher proportion of people in Rotherham are employed within lower skilled occupations at 18.3% compared to 17.2% nationally. A lower proportion are employed within the most highly skilled occupations at 34.1% compared to 44.3% nationally.

Of the working age population in Rotherham, 11.7% have no qualifications, well above the national rate of 7.8%. The percentage qualified at the highest levels (NVQ4+ or degree level and above) is just 25.2%, below the regional average and well below the 37.9% national average.

The employment rate of people qualified to NVQ4+ in Rotherham stands at 84% compared to just 27% of those who have no qualifications. The projections are for the majority of new jobs to be created in the coming years to be in sectors requiring higher skill levels[64].

The median average weekly earnings (gross full-time) of Rotherham residents in 2016 was £485, which is well below the national average of £545.

Average full-time earnings for women in Rotherham are 74.4% of men's (compared to 82.5% nationally) and the gap in employment rate between women and men in Rotherham is 12.6% (10.4% nationally)[65].

The Black and Minority Ethnic (BME) employment rate is 54.8%, significantly below the overall rate for the borough of 67.5%, this is almost entirely due to the low rate for BME women of 35.4%, compared to 60.5% for all women.

Around 20,250 people in Rotherham are unemployed or long term sick; one in eight of the working age population[64].

Rotherham has 22,764 people on Disability Living Allowance or Personal Independence Payment (8.7% of the population compared with 5.5% in England) and there are 13,040 people claiming long term sickness benefits (8.1% of all aged 16-64 compared with 5.8% in England.

The number of people claiming Incapacity Benefit or Employment Support Allowance has been falling for some time from 15,400 (9.7%) in 2003 to 13,170 (8.2%) in 2017 and the long term trend is likely to continue, given the emphasis of welfare reform to move long term sick people into work or to seek work[66].

The Need for a Healthy Workforce

Two new reports indicate the need for a healthy workforce.

1. **Thriving at Work: the Stevenson/Farmer review of mental health and employers**
   (Government commissioned review, October 2017)

Thriving at Work sets out what employers can do to better support all employees, including those with mental health problems to remain in and thrive through work.

It includes a detailed analysis that explores the significant cost of poor mental health to UK businesses and the economy as a whole. Poor mental health costs employers between £33 billion and £42 billion a year, with an annual cost to the UK economy of between £74 billion and £99 billion.

The report quantifies how investing in supporting mental health at work is good for business and productivity. The most important recommendation is that all employers, regardless of size or industry, should adopt six 'mental health core standards' that lay basic foundations for an approach to workplace mental health. It also details how large employers and the public sector can develop these standards further through a set of 'mental health enhanced standards'. The report also makes a series of recommendations to government and other bodies.

2. **Good work: the Taylor review of modern working practices**
   (government commissioned review, July 2017)

The Review settled upon the 'QuInnE' model of job quality, developed by the Institute of Employment Research and others as part of a pan-European research programme. This outlines six high level indicators of quality;

- Wages
- Employment quality
- Education and training
- Working conditions
- Work life balance
- Consultative participation & collective representation.

Both reports make clear that in order to achieve positive outcomes from a workplace

health and wellbeing programme, employers need to do more than just meet their legal obligations and develop a culture of partnership working and staff engagement across all departments. There is an increased chance of success in a health and wellbeing programme if it is supported by senior management and has the involvement of all levels throughout the organisation.

What Rotherham's doing

Workplace Wellbeing Charter

The Workplace Wellbeing Charter is endorsed by Public Health England and delivered locally by Rotherham Council. This is a national framework that provides a clear set of standards for businesses and organisations to work towards achieving. Businesses and organisations who sign up to this charter are encouraged to achieve eight standards which include the following;

- Leadership
- Absence management
- Health and safety
- Healthy eating
- Physical activity
- Mental health
- Smoking and
- Alcohol and substance misuse.

Business and organisations that have achieved or are working toward the charter have benefited from improved productivity, reduced sickness absence, better staff retention as well as contributing to the long term public health aim of reducing premature deaths, particularly those related to lifestyle choices. For instance, in Rotherham many businesses and organisations now have dedicated Health and Wellbeing areas where staff can obtain information or be sign posted to relevant services. Within Rotherham Council there is a team of volunteer health champions which includes volunteers from across the Council. Also, Greencore foods saw a reduction in sickness rate for Musculoskeletal (MSK) conditions and mental ill health of around 24% in the first year after doing the charter. Another local business, Grupobimbo, have introduced free counselling sessions for staff that have mental ill health problems. They have also introduced initiatives around healthy food and free fruit for all staff. They have introduced physical activity challenges that all employees can get involved in at whatever level they choose.

Rotherham Council offer to businesses include;

- All local businesses and organisations are offered support to enable them to meet the standards to achieve the Workplace Wellbeing Charter
- Currently 60 businesses and organisations are registered with the Council to work towards the Charter
- An explanation is offered to businesses and organisations regarding the potential benefits to them about looking after their employees' (both paid and unpaid staff) health and wellbeing
- Training sessions around subjects relevant to the standards in the charter are also offered.

CASE STUDY

Greencore prepared foods was the first business in Rotherham to be accredited with the Wellbeing Charter Award. Based at Kiveton Park they employ in excess of 1200 staff.

They have worked closely with Public Health on all aspects of the Charter. They have mental health awareness training in their mandatory induction training, they have had alcohol awareness briefings in the staff restaurant and organise various social activities that will help to increase physical activity in the workforce including encouraging all employees to walk 'The Greencore Mile' on site. They are also planning a 10,000 steps a day over 100 days initiative with the aim of getting fit for the start of summer.

The company offer a range of healthy meals in the staff canteen and work with Weight Watchers to offer one month free membership for the first 50 employees who lose a minimum of 3.5Kilos in month one. They then offer a free healthy meal from the canteen for each kilo lost until the participants reach their target.Free counselling and Physiotherapy services are now available on site to all staff who may benefit from them.

In the first year Greencore saw a 21% improvement in days lost due to musculoskeletal conditions and a 34.5% improvement in days lost due to mental ill health. Short term sickness has reduced form 4.5% to 3%, along with reductions in long term sickness. They have increased the number of phased returns to work which means that staff are able to return to work quicker. Staff feel that they are well supported at work and that the company genuinely wants to look after their health and wellbeing. One member of staff in particular spoke about being treated as a human being not just a number.

Greencore are committed to continuing their work and will be looking at introducing Workplace Health and Wellbeing Champions in 2018.

Our plans for the future

- To offer businesses and organisations training for Workplace Health and Wellbeing champions.
- To offer basic training around mental health awareness.
- To implement MECC.
- Awareness training around Domestic abuse is going to be offered to businesses.

There are also two new Sheffield City Region (SCR) programmes planned for 2018, these are the Health Led Trial and the Early Intervention Pilot described below.

Health Led Employment Trial

The SCR Health Led Employment trial will introduce a new work health support service consisting of employment specialists (employment advisors) working to Individual Placement Support principles located within local healthcare settings (e.g. GP practices, Improving Access to Psychological Therapies (IAPT) teams, Musculoskeletal (MSK) teams, community hubs). This is only one of two trials in the country, the other being in the West Midlands.

Referrals come primarily from the health system (e.g. GP practices) and individuals can also self-refer. Participation is entirely voluntary and has no implications for an individual's entitlement to benefits. To ensure robust learning, the Individual Placement Support employment trial will be a randomised control trial with 50% of referrals going onto the IPS trial and 50% being supported by existing mainstream employment and health support. This means that all individuals who volunteer for the IPS trial will receive some form of voluntary employment and health support.

The aim is to provide an innovative and evidence based form of voluntary health aligned employment support to individuals with mild to moderate mental health and or musculoskeletal (MSK) conditions who are either unemployed and seeking work or who are in work but are struggling or off sick. The program will offer 12 months personalised support focused on what individuals need to help them find or stay in work.

Early Intervention Pilot

The early intervention pilot will aim to increase access to sustained employment and progression opportunities for people at high risk of long-term unemployment. It will provide early intensive support to key target groups in the borough as identified by local stakeholder data.

The local authority has particular challenges in relation to low skill levels and ill health. These are particular problems for Rotherham and act as barriers to good quality, sustainable employment for many local people. There are key vulnerable groups to prioritise;

- Individuals living in deprived neighbourhoods
- Care leavers
- Adults with Learning Disabilities
- People with "multiple needs" which encompass:
  - Mental health
  - Homelessness and unstable accommodation
  - Substance misuse
  - Domestic violence
  - Anti-Social Behaviour and ex-offenders.

Rotherham Jobcentre Plus (JCP) report the need to address additional groups who, although small in number, require an integrated support package to prevent them becoming long term unemployed. These include;

- Ex-offenders
- People on the autism spectrum
- Refugees
- People with English as a second language
- People with a history of insecure and fragmented employment.

These groups may also be likely to be living in deprived areas, experiencing poor mental health or unstable accommodation. There is acknowledgement that there are overlapping features in all the groups identified.

Rotherham has high numbers of people who are economically inactive or claiming benefits due to ill-health, with a substantial proportion having mental health problems. It is anticipated that the most appropriate provision for people with mild to moderate mental health conditions and musculoskeletal conditions would be the health-led trial. The employment pilot is currently paused nationally but is expected to go live early 2018.

Local Integration Board

The Local Integration Board (LIB) will oversee the long term delivery and performance of the Health Led Trial and Early Intervention Pilot, bringing the relevant partners together to develop a more integrated approach, tackling any barriers to implementation and resolving issues relating to specific cases as required.

14 Recommendations

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Key Recommendations of the Report

Work and health in partnership

To help more people back into work with stronger health and employment connectivity with links to emotional wellbeing. Continue to deliver the Workplace Wellbeing Charter for those in work a systematic approach to MECC.

MECC

MECC – working with partners to deliver MECC (Healthy Chats) which is a key component of the Rotherham Integrated Health and Social Care Strategy.

Mental health

Public Health to lead on the implementation of the Better Mental Health For All Strategy, with a specific focus in year one on Suicide Prevention and Five Ways to Wellbeing.

Physical activity

Public Health will work with the Team Rotherham Partnership to increase physical activity across Rotherham using opportunities such as our award winning parks (green spaces), promoting active travel and working with planning departments to develop obesogenic environments.

Continue to deliver on South Yorkshire and Bassetlaw wider partnership to deliver on the health and social care plan.

APPENDIX: Update from Last Years Annual Report

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The following table provides a summary of the 'Rotherham ambitions' that fell under the 8 overarching recommendations highlighted within the 2016 Annual Report.

Overarching Recommendation	Progress
1. All services should encourage lifestyle behaviour change in older people where appropriate, particularly in the most disadvantaged communities. This could be achieved through taking a systematic approach to Making Every Contact Counts (MECC).	Public Health has led a systematic approach to a Making Every Contact Count (MECC). This includes a digital programme of online training, half day train the trainer programme, Public health staff trained to roll out across the Council and wider stakeholders. Roll out has begun focussing on training local authority services including; Libraries, leisure Centres, Housing providers, and Adult Social Care.
2. Rotherham Health and Wellbeing board considers implementing the WHO 'Age Friendly Cities and Communities' and become the first area in South Yorkshire to achieve this accreditation, learning from other UK cities that have already begun this work. This would be complementary to the Borough's aspiration to be young people and dementia friendly.	The ambition to be a Healthy Community has been shared with the Older People Network and all stakeholders. There is also an Older People Strategy under development which is considering the role and impact of older people in Rotherham.
3. The social inclusion of older people in Rotherham needs to be at the heart of policy and delivery across the Rotherham Partnership, addressing issues such as maintaining independence, income and participation, mental health, loneliness & isolation. To achieve this goal, older people must experience proactive involvement and participation in life and society as a whole.	A group is looking at what the council and wider partners is currently doing to combat loneliness and isolation. This includes mapping, defining the issue, creating an action plan using an asset based approach and developing tools to evaluate impact. Rotherham also launched the "I age well" website (June 2017) to provide further information to residents and their families so that small changes could be made to increase individuals independence and improve their quality of life.

Overarching Recommendation	Progress
4. All partners to deliver against the aspirations and commitments within the Rotherham Integrated Health & Social Care Place Plan, and to continue to strive for the highest quality services for older people. This is to include an increased focus on prevention, early identification and self-management, with clear pathways for lifestyle behaviour change for older people that support individuals to make changes when the time is right for them.	The Rotherham Place Plan has now been finalised and there is an increased focus on prevention, early intervention and self care. The procurement of the Wellness service ensured that there will be an increased level of information on health and wellbeing available to different levels of support to help people make changes at the time that is right for them. This will be going live in April 2018. Joint application to Sport England's Active Ageing fund was unsuccessful.

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REFERENCES

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[1] Marmot, M (2010) Fair Society. Healthy Lives. The Marmot Review

[2] Rotherham's Integrated Health and Social Care Place Plan.
http://www.rotherhamccg.nhs.uk/Downloads/our%20plan/Rotherham%20%20Place%20Plan%20draft%20-%20%20Novembe%202016.pdf

[3] Rotherham's Health and Wellbeing Strategy 2015-18.
http://www.rotherham.gov.uk/hwp/downloads/file/4/rotherham_borough_joint_health_and_wellbeing_strategy_2012-15

[4] Rotherham Economic Growth Plan http://www.rotherham.gov.uk/downloads/file/2710/rotherham_economic_growth_plan_2015-25

[5] World Health Organisation, 2014 accessed online at http://www.who.int/features/factfiles/mental_health/en

[6] A report from the independent Mental Health Task Force to the NHS in England, February 2016, The Five Year Forward View For Mental Health, The Mental Health Task Force

[7] Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation accessed online at http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

[8] Lelliott citied in Better Mental Health For All: A public health approach to mental health improvement available at:
http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf

[9] Disability Rights Commission (2006) Equal Treatment: Closing the Gap: a Formal investigation intp Physical Health Inequalities Experienced by People with Learning Difficulties and/or Mental Health Problems. Part 1 of the DRC's Formal Investigation, London: Disability Rights Commission

[10] British Red Cross and Coop (2016), Trapped in a bubble An investigation into triggers for loneliness in the UK available at:
http://www.redcross.org.uk/~/media/BritishRedCross/Documents/What%20we%20do/UK%20services/Co_Op_Trapped_in_a_bubble_report_AW.pdf

[11] M Parsonage and G Saini (2017); Mental Health at work: The business costs ten years on, Sainsbury Centre for Mental Health accessed online at:
https://www.centreformentalhealth.org.uk/mental-health-at-work-report

[12] Public Health England fingertip profile for Mental Health accessed online at:
http://fingertips.phe.org.uk/profile-group/mental-health/profile/mh-jsna/data#page/9/gid/1938132922/pat/6/par/E12000003/ati/102/are/E08000018/iid/91141/age/246/sex/4

[13] http://www.who.int/topics/substance_abuse/en/

[14] www.nta.nhs.uk/uploads/whyinvest2final.pdf

[15] ONS (2017) Mid-2016 Population Estimates for UK, England and Wales, Scotland and Northern Ireland. Office for National Statistics. Crown Copyright.
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[16] ONS (2017) Mid-2016 Population Estimates for UK, England and Wales, Scotland and Northern Ireland. Office for National Statistics. Crown Copyright. [online] Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland

[17] NHS Digital (2016) Health Survey for England, 2015 [online] Available at: https://digital.nhs.uk/catalogue/PUB22610

[18] Department of Health (2016) UK Chief Medical Officer's Low Risk Drinking guidelines, August 2016 [online] Available at: https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking

[19] Public Health England fingertip profile for Sexual Health accessed online at:
https://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/grid/8000057/pat/6/par/E12000003/ati/102/are/E08000018

[20] Adult Population Survey, 2016

[21] Public Health fingertip profile for Tobacco Control accessed online at https://fingertips.phe.org.uk/profile/tobacco-control/data#/0

[22] https://www.legislation.gov.uk/ukdsi/2015/9780111129876

[23] https://healthierlives.phe.org.uk/topic/mortality/health-intervention/heart_disease_and_stroke#are/E08000018/par/E92000001

[24] https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england

[25] https://beta.parliament.uk/search?q=tobacco+control+policy

[26] https://digital.nhs.uk/catalogue/PUB22610

[27] https://digital.nhs.uk/catalogue/PUB17879

[28] PHE, 2017 see https://www.gov.uk/government/publications/health-matters-obesity-and-the-food-environment/health-matters-obesity-and-the-food-environment--2

[29] NHS Digital 2016 see https://digital.nhs.uk/catalogue/PUB20562

[30] PHE 2017 see:
https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000042/pat/6/par/E12000003/ati/102/are/E08000018/iid/93088/age/168/sex/4

[31] PHE 2017 see:
http://fingertips.phe.org.uk/public-health-outcomes-framework#page/7/gid/1000042/pat/6/par/E12000003/ati/101/are/E08000018/iid/90640/age/164/sex/4

[32] PHE, 2016: https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day

[33] Taylor D. Postgrad Med J 2014;90:26–32.

[34] www.sportengland.org/media/11411/tackling-inactivity-approach-and-investment-guide.pdf

[35] PHE, 2014 https://www.gov.uk/government/publications/everybody-active-every-day-a-framework-to-embed-physical-activity-into-daily-life

[36] NHS Choices, 2017https://www.nhs.uk/Livewell/getting-started-guides/Pages/getting-started-walking.aspx

[37] https://www.gov.uk/government/publications/start-active-stay-active-infographics-on-physical-activity

[38] PHE fingertips https://fingertips.phe.org.uk/profile/physical-activity

[39] RMBC (2010) Rotherham Green Space Strategy. RMBC website. http://www.rotherham.gov.uk/localplanexamination/downloads/file/838/rmbc062a_green_space_assessment_feb_2017_part_1

[40] Active People Lives 2016/17, Sport England, 2017

[41] http://casualramblers.co.uk/syorks/rotherham/

[42] http://www.rotherham.gov.uk/homepage/217/doorstep_walks

[43] https://www.walkingforhealth.org.uk/walkfinder/yorkshire-and-humber/rotherham-steps-health

[44] https://www.nhs.uk/oneyou/moving

[45] https://www.nhs.uk/oneyou/active10/home

[46] https://www.nhs.uk/LiveWell/c25k/Pages/couch-to-5k.aspx

[47] http://www.rotherhamharriers.org/beginners.php

[48] https://www.england.nhs.uk/wp-content/uploads/2014/09/ltc-infographic.pdf

[49] Rotherham JSNA, 2017

[50] Health in All Policies, PHE/LGA, 2016

[51] A Breath of Fresh Air, UK Health Alliance on Climate Change, 2016.

[52] Defra. Abatement cost guidance for valuing changes in air quality, May 2013.

[53] The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom. The Committee on the Medical Effects of Air Pollutants (COMEAP), 2010 accessed online at https://www.gov.uk/government/publications/comeap-mortality-effects-of-long-term-exposure-to-particulate-air-pollution-in-the-uk

[54] http://8.242.194.203/cgi-bin/ROTH/apub.stncolmap2.cgi?page=ShowHome&areaid=RI&gsize=450x370&stnshow=true&stngroup=0x04&backgroundimg=images/blank.gif&mappostop=0&mapposleft=0&infocgi=apub.infostn2.cgi&macropath=stn&infoframe=_blank&lefthtmlpage=&apptag=colorstn&nrdec=1&subs=0002&year=now&maxage=50000&gkey=AIzaSyBF-Ob8flZILC2tcHARIUQ_9EYHPuSMwcs

[55] Environmental equity, air quality, socioeconomic status and respiratory health, 2010

[56] Air quality and social deprivation in the UK: an environmental inequalities analysis, 2006

[57] Conedera, M, et al., 2015, Urban Forestry & Urban Greening, 14, 139-147

[58] Sallis, J, et al, 2016, The Lancet, 15, 1284-2

[59] The Houses of Parliament, Parliamentary Office of Science& Technology, POSTnote 538 October 2016

[60] The Houses of Parliament, Parliamentary Office of Science & Technology, POSTnote 529 June 2016, Public Health England, 2014, Health equity briefing 8, Faculty of Public Health, 2010, Great Outdoors: how our natural health service uses greenspace to improve wellbeing: Briefing Statement

[61] http://www.parkrun.org.uk/

[62] https://www.nice.org.uk/guidance/ph41/chapter/1-recommendations

[63] http://www.syltp.org.uk/lstf.aspx

[64] Annual Population Survey, ONS 2016/17

[65] Annual Survey of Hours and Earnings, ONS 2016

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Rotherham Metropolitan Borough Council

NHS Rotherham Clinical Commissioning Group

1.	**Meeting:**	**Health and Wellbeing Board**
2.	**Date:**	**16th May, 2018**
3.	**Title:**	**Rotherham Intermediate Care Centre**

4. Summary

The purpose of this report is to provide the Health and Wellbeing Board with a strategic overview of the proposals relating to the reconfiguration of the Rotherham Intermediate Care Centre (RICC), a day rehabilitation service provided by the Council and The Rotherham Foundation Trust (TRFT).

5. Recommendations

It is recommended that the Health and Wellbeing Board;

- **note the content of the report and endorse the approach taken**

6. Introduction/Background

6.1 RICC Day Rehabilitation Service (Phase 1 and Phase 2)

The service provides rehabilitation sessions to adults 60 years and over in a day setting. There are two elements within the day rehabilitation service. The first comprises of the physical rehabilitation service in order to improve safety, function and independence and the second includes the community integration service in order to maintain the physical health and well-being achieved through ongoing exercises and access to community services. Both services (Phase 1 and Phase 2) are delivered at the Rotherham Intermediate Care Centre.

6.2 Physical Rehabilitation Service (Phase 1)

The physical rehabilitation service provides holistic physiotherapy and occupational therapy assessment leading to a treatment/rehabilitation plan being developed. The emphasis of this phase is to increase and optimise customer's physical function and ability to live safely at home. This is a 6 week exercise programme that addresses the physical needs of the customer. The service can only be accessed on 2 days per week, either on a Monday and Wednesday or a Tuesday and Thursday.

6.3 Community Integration Service (Phase 2)

The Community Integration Service concentrates on the person's health and well-being and assists them to consider options available, through existing community opportunities, once their treatment/rehabilitation plan at the physical rehabilitation phase has been fully completed.

If the customer has been referred from the physical rehabilitation phase (Phase 1), then the aim is to maintain the physical well-being achieved through ongoing exercises and to enhance this with purposeful activity and access to community services to prevent social isolation and promote good mental health.

Opening Hours – The service operates Monday to Thursday between the hours of 10.00 am to 4.00 pm. Customers arrive at the centre from around 9.30 am (depending on availability of community transport) and leave at around 3.00 pm.

Accommodation - The RICC building accommodates both Phase 1 and Phase 2 services; the service also acts as a central hub to provide office accommodation for all intermediate care therapists (beds, community and day rehabilitation facilities). However, use of RICC by the intermediate care therapists has declined over the past 12 months due to improved IT access within Lord Hardy and Davies Court. The service operates from a large health building of which the Council pay rent to the NHS. There are a number of issues with the security of the building overnight and weekends and there is underutilised space that remains either unoccupied or rarely used within the centre. The centre is also based in the centre of Rotherham and excluded from the community.

Transport - Transport is provided via the Council's in-house adults transport consisting of the use of around six vehicles at any one time to transport customers from their home address to the Centre (including return journeys) for those living in the Rotherham area or those registered by a Rotherham GP. The practicalities of this operation are not sustainable or cost effective. This also creates dependency for customers who may be able to self-travel or access services more locally. Customers currently contribute towards their travel cots (in accordance with the Council's charging policy).

Meals Provision - A two course meal is offered and provided to all Phase 1 and Phase 2 customers on Mondays to Thursdays every week. Customers contribute £4.84 per meal (in accordance with the Council's charging policy).

7. Analysis of Key Issues and Risks

7.1 The proposal to move away from a building base provision of rehabilitation is in line with the Integrated Care Partnership's vision through the Rotherham Place Plan. The importance of prevention, early intervention, rehabilitation and reablement to maximise independence, increase quality of life, support people to live in the community for longer and reduce reliance on support from the health and social care economy is paramount. The shift to community rehabilitation supports the ability to ensure that individualised care planning takes place to maintain people's independence for longer at home.

At present there are a number of inter-related issues which result in the delivery of a service from a building base which is not easily accessible for some customers and is limited in the number of days per week it operates. This then results in the use of transport (adult care and community transport) of which routes have to be re-configured every six weeks due to a change of customer base.

The building which is occupied at Badsley Moor Lane is one of several buildings on a health site, owned by NHS Prop Co. The site is underutilised and costly with several buildings having to be secured and attracting some anti-social behaviour.

The existing model is delivered within a building based setting and could be maximised through a delivery of an integrated community based offer which would be provided from customers' homes, through a recovery/rehabilitation and reablement model. The current provision is a traditional model, which is not replicated elsewhere

(based on benchmarking data) and does not provide value for money due to the high cost per customer.

There are new models emerging to support social isolation, community cohesion and wellbeing principles including self-management, which provide a more innovative approach to Phase 2 of RICC. This includes services such as social prescribing and community connectors employed by RMBC.

The model does not fit with the Rotherham Place (Integrated Care Partnership) vision for a more streamlined pathway of provision to prevent, reduce and delay care and support needs through an increased focus on an integrated intermediate care/ reablement pathway home.

The service is partly funded through the BCF under a Section 75 Agreement with the CCG. Any reconfiguration of the service would require agreement through the appropriate governance arrangements for the BCF. Savings need to be agreed with the CCG in terms of proportionality across the funding partners (CCG and the Council).

The service is provided by both adult social care and health (TRFT) staff; consultation would therefore be required with Health (TRFT) as changes may impact on their staff as well as RMBC staff.

The review of RICC needs to coincide with the wider review of intermediate care/reablement in particular community bed base provision.

7.2 Future Reconfiguration

The proposed option is to decommission RICC as a building based rehabilitation service and re provide within the community. This moves the approach closer to Rotherham's vision of 'Home is Best' where reablement/rehabilitation is provided in a person's own home based on a recovery model. It is the intention for support staff, therapists and admin to be redeployed across the pathway with a focus on recovery at home. Reablement provision supports customers to live life as independently as possible, through an outcome-focused, personalised approach, whereby the person using the service sets their own goals and is supported by a reablement team to achieve them over a limited period. It focuses on what people can do, rather than what they can't, and aims to reduce or minimise the need for on-going support after reablement. This is in line with the current competencies of the RICC staff team.

The current reablement model is being reconfigured with a pilot underway to integrate health and social care provision by including occupational therapy resource. This is having a positive impact on staff skill mix (sharing of knowledge and skill throughout the team) and the ability to assess the reablement needs of more complex customers appropriately. Feedback from the service is that physiotherapy input would also be valuable in the model.

This would leave a small number (4) staff members that provide maintenance and catering provision at risk. See HR section of this report.

Initial consultation with TRFT indicates that the service could be provided at a similar level of service that is currently offered but in a more person centred method, closer to the person's home, and making more use of locally available resources.

8. Patient, Public and Stakeholder Involvement

8.1 The intention is to consult with staff and customers through a formal 30 day consultation process once the report has been through the appropriate governance.

9. Equality Impact Assessment

9.1 A draft equality impact assessment has been completed. This will be updated as consultation commences to reflect feedback.

10. Financial Implications

10.1 The total cost of the service as currently provided, including transport, is £553,655. CCG funding of £240,844 is provided through the Better Care Fund and £47,869 is funded from the intermediate care therapy pooled budget, leaving a net annual cost of £264,942 met by the Council.

If it was agreed to decommission the service, this is the maximum annual saving which would accrue to the Council. However, further analysis would need to be done around the operational details of the service being reconfigured to move from a building based service to one provided within the community, in order to assess the exact financial savings.

In particular this includes savings from transport which are closely linked to the review of Learning Disabilities and thus the timescales for delivery of these savings will be determined by how quickly the 2 projects progress.

11. Human Resource Implications:

11.1 The proposal will need more detailed work to assess the impact on staff and appropriate consultation with staff and trade unions will need to be undertaken. There is a total of 20 staff members attached to the Phase 1 and Phase 2 RICC service who would be affected by any future decision making process employed by RMBC and TRFT. The Council currently employs a total of 17 staff members at RICC for Phase 1 and Phase 2 and the remaining 3 staff members are employed by TRFT.

12. Approval History:

RMBC Directorate Leadership Team – 20th March 2018
RMBC Strategic Leadership Team – 10th April 2018
BCF Operational Group – 4th April 2018
BCF Executive Group – 12th April 2018
CCG Operational Executive Group – 13th April 2018
CCG Strategic Executive Group – 18th April 2018

Claire Smith, Head of Adults Commissioning, Rotherham CCG/MBC

Email: claire.smith@rotherhamccg.nhs.uk

Karen Smith, Strategic Commissioning Manager, Adults, Rotherham MBC/CCG

Email:karen-nas.smith@rotherham.gov.uk