

CABINET MEMBER FOR HEALTH AND WELLBEING

**Venue: Town Hall,
Moorgate Street,
Rotherham.**

Date: Monday, 16th April, 2012

Time: 11.30 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006).
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Minutes of meeting (Pages 1 - 5)
4. Health and Wellbeing Board
5. Rotherham Healthy Schools Service (Pages 6 - 36)
- Kay Denton-Tarn, Healthy Schools Consultant to present
6. Warm Homes Warm Families Research (Pages 37 - 43)
- Jo Abbott, Public Health Consultant, to present
7. Rotherham Less Lonely Campaign (Pages 44 - 53)
- Lesley Dabell, Age UK Rotherham, to present

**CABINET MEMBER FOR HEALTH AND WELLBEING
12th March, 2012**

Present:- Councillor Wyatt (in the Chair); Councillors Buckley and Pitchley.

Apologies for absence were received from Councillors Jack and Steele.

D50. MINUTES OF THE PREVIOUS MEETING HELD ON 13TH FEBRUARY, 2012

Resolved:- That the minutes of the meeting held on 13th February, 2012, be approved as a correct record.

D51. HEALTH AND WELLBEING BOARD.

It was noted that there was to be a special meeting of the Board on Monday, 26th March, 2012, 9.30-11.30 a.m. to discuss the Health and Wellbeing Strategy.

D52. FITTER FOR WALKING PROJECT

Jim Shaw, Living Streets, was in attendance to inform Members of the national charity "that stood up for pedestrians. With our supporters we work to create safe, attractive and enjoyable streets where people want to walk".

Through the Fitter for Walking project, Living Streets worked with local communities to improve local environments and get more people out walking. Focussed on enabled communities, its work gave people the skills to improve their surroundings and the opportunity to achieve Living Streets award. The dedicated Project Co-ordinator worked closely with community groups with each community choosing which area they wanted to improve and how. Street audits took place leading to proposals to the local authority for street improvements.

In the South Yorkshire region, the project had been delivered successfully for the past 4 years in partnership with local authorities in Rotherham and Doncaster. The project had commenced in 2008 and was due to end this month but had been extended until April, 2012.

The project had been robustly evaluated by the British Heart Foundation who had recommended that it be rolled out nationally.

Jim was thanked for his attendance.

Resolved:- That the report be noted.

D53. VITAMIN D

Dr. John Radford, Joint Director of Public Health reported on a proposed prevention project plan to address the perceived increase in the Vitamin D deficiency rates across target communities in Rotherham.

It was estimated that 15% of adults may be Vitamin D insufficient in the UK,

rising to 94% for some UK Asian families. There had been no local data collected routinely in Rotherham, however, concerns had been raised by practitioners identifying the need for further investigation and action to be undertaken. In February, 2012, Vitamin D deficiency rates had been sought from Rotherham Hospital laboratories which had revealed, over a 15 month period, that of 625 babies, children or young people tested, 53% found to be significantly or mildly deficient.

NHS Rotherham's Pharmacy Team had developed a clear pathway to help diagnose and treat people. It was proposed to increase the education drive on Vitamin D deficiency and further promote the Healthy Start scheme to maximise take up of the scheme to address deficiency rates in pregnant women, new mothers and children under 5. It was planned to further extend the Healthy Start scheme to target communities to reduce the potential levels of Vitamin D deficiency in children and pregnant women/new mothers.

Maximising take up would be supported by the clarification of the promotional role of the Health Visiting and Maternity Services including the clarification of where Healthy Start vitamins were available. Further information would be provided to GPs to help them encourage families to collect their Healthy Start vitamins.

Resolved:- (1) That the Public Health priority of Vitamin D supplementation be noted.

(2) That the take up of the Healthy Start Scheme be promoted and maximised.

(3) That a review take place after 1 year of implementation.

(4) That ongoing financial investment in Vitamin supplementation from the Public Health budget be approved.

D54. BUSINESS REGULATION FEES AND CHARGES 2012/13

Alan Pogorzelec, Business Regulation Manager, submitted the proposed 2012/13 fees and charges for the chargeable services provided by Business Regulation.

The proposed level of increase was 5%, based on the rate of inflation as at November, 2011, as used by the Government.

It was proposed:-

Animal Health

The Council licensed riding, animal boarding and breeding establishments, pet shops, dangerous wild animals and performing animals primarily to ensure animal welfare conditions were met. Regulation for some premises incorporated inspection undertaken by a veterinary surgeon, the costs of which were charged in addition to the licence fees.

Bereavement Services

The fees charged by Dignity Funerals Ltd. for the services it provided were reviewed in April each year including benchmarking against comparable authorities within the region. A further report would follow in due course.

Food, Health and Safety

The Council registered premises for activities such as ear piercing, electrolysis, tattooing and acupuncture primarily to check and maintain appropriate health and safety standards.

The fees for the water samples were set to cover the fees charged by the Health Protection Agency.

Weights and Measures and Prescribed Poisons

Fees were charged for the testing and stamping (verification) of weights and measures used for trade and the sale by retain of certain strong chemicals prescribed by legislation as poisons.

The fee reflected the hourly cost based on the provision of a single Weights and Measure Inspector.

A full schedule of the proposed fees and charges were set out in the Appendix submitted.

Resolved:- That the proposed fees and charges – Business Regulation – for 2012/13, as set out in the Appendix submitted, be approved.

D55. INSTALLATION OF KERB SETS WITHIN RMBC MAINTAINED CEMETERIES

Alan Pogorzelec, Business Regulation Manager, submitted a proposed registration scheme allowing the installation of kerb set memorials.

In recent months the Council and Dignity Funerals Ltd. had received a number of enquiries from members of the public wishing to install kerb set memorials around the graves of family members. Such applications had been refused as the current Bereavement Services Rules and Regulations prohibited the installation of such in all Council maintained cemeteries.

However, the Council recognised the importance of customer choice and providing a range of memorial options to the bereaved was considered desirable. There was also clear demand given the number of applications received.

It was proposed that the Council permit the installation of kerb set memorials in all Council maintained cemeteries subject to the memorial being installed in accordance with the following conditions:-

- An application to install a kerb set memorial be made to the Cemeteries and Crematorium office, along with the payment of the appropriate fee
- Installation of the memorial must not commence until the application had been approved by Dignity Funerals Limited (on behalf of the Council)
- All work in relation to the installation of the memorial must be carried out by a registered Memorial Mason and in accordance with the relevant sections of the Memorial Masons Registration Scheme
- Permission to place a kerb set memorial would be for a period of 30 years

(permission may be renewed after this time),

- Any kerb set memorial installed in a cemetery must allow sufficient room for pedestrian access with or without mobility aids
- The size, design and specification of the memorial kerb set must be in keeping with the cemetery environment. Applications may be refused if the memorial could be considered to be offensive or otherwise controversial in any way
- The individual making the application remained responsible for the kerb set memorial for the duration of the permit (if the application was made by a stone mason on a customer's behalf, then responsibility for the upkeep of the memorial rest with the customer)
- Once installed, the memorial may not be amended in anyway without the prior approval of Dignity Funerals Limited (on behalf of the Council).

Each application to install a kerb set memorial would be assessed and determined on a case by case basis. What was acceptable in one cemetery may not be considered to be acceptable in another; likewise different sections of the same cemetery may require the consideration of different factors.

Should a kerb set memorial be installed that failed to comply with any of the conditions detailed above, the kerb set memorial may be removed by Dignity Funerals Limited (acting on behalf of the Council).

Resolved:- That the installation of kerb set memorials within Council maintained cemeteries be approved subject to the conditions set out above.

D56. STADIUM CHARGES 2012/13

The Leisure and Green Spaces Manager submitted the proposed annual review of fees and charges for Herringthorpe Stadium in 2012/13.

Where appropriate, charges had been increased by at least the rate of inflation; where charges had been increased by less than inflation rate/or remained the same, this was either due to incurring additional costs by increasing a price or Managers felt that a unit price increase would reduce overall income due to its impact on levels of business.

The proposed charge for hire of the track centre pitch was less than 2011/12 as usage and overall income levels had reduced following last year's increase. A reduction was also proposed for fitness activities to try and stimulate increased business.

Concession rate was not restricted to off-peak times as was the case in many other local authorities.

The proposed charges would come into effect from 1st April, 2012.

It was noted that the Cabinet Member for Lifelong Learning and Culture would consider the fees and charges for Cultural Services at her meeting on 13th March, 2012.

Resolved:- That the fees and charges for the Herringthorpe Stadium, as set

out in the appendix submitted, be approved.

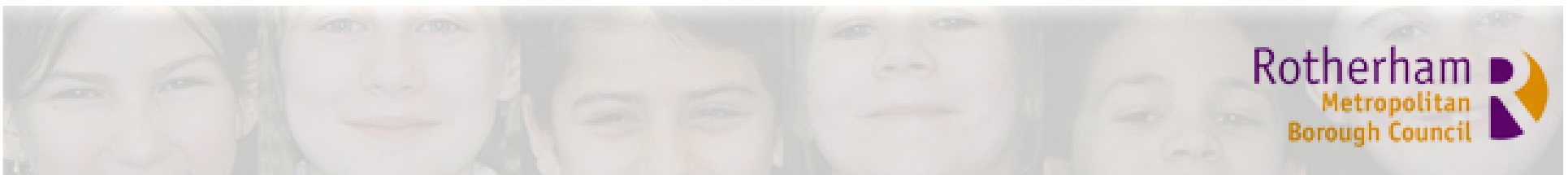


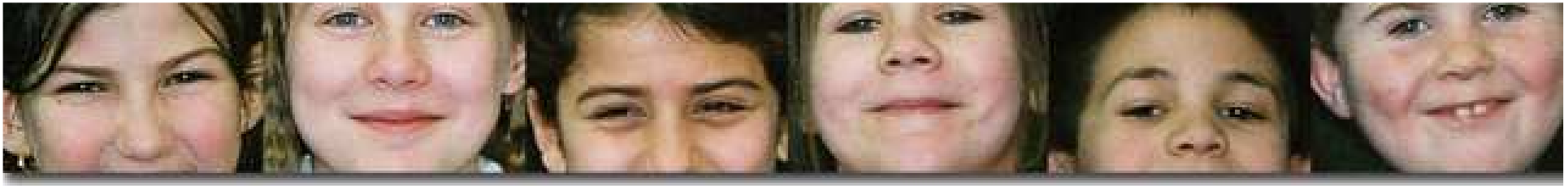
Healthy Schools

Rotherham



- Healthy Schools Beacon Status finalist
- Met Stretch Target - £681'548
- LA Centre of Excellence for Financial Capability
- South Yorkshire trainers for the National PSHE CPD Programme

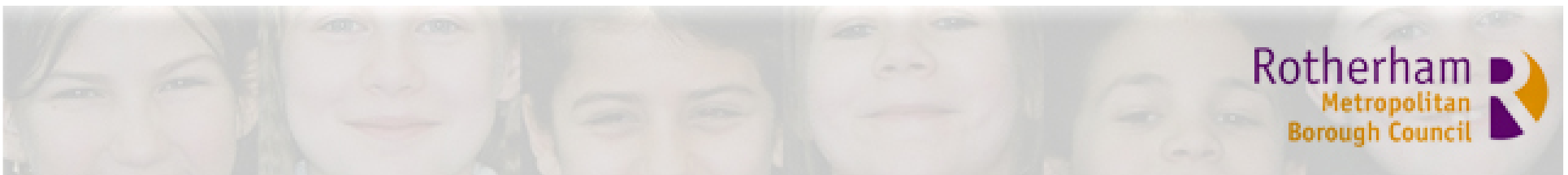




RHS initiative supports school improvement through a whole school approach to health and wellbeing, inclusion and achievement.

Involving whole school community: parents/ carers, governors, staff and pupils in improving H&WB and getting the most out of life.

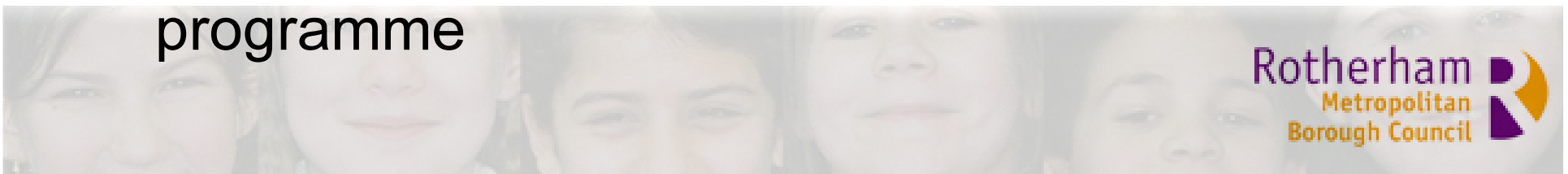
PSHCE is where the curriculum work of HS is explored: K&U enhanced, attitudes & values explored and skills practiced





Changing times...

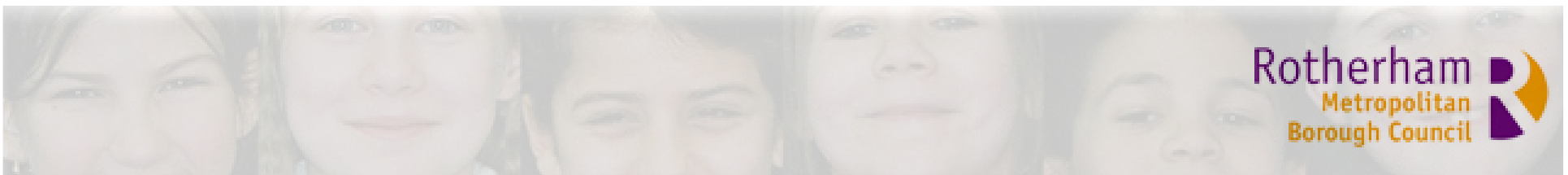
- 5 full time Consultants and 1 project officer & 6 additional attached staff
- Some HS National funding and local funding for TP and Substance misuse
- Nationally driven programme
- 1.4 full time consultants
- No national funding, local funding?
- Locally driven programme





Health & Education partnership

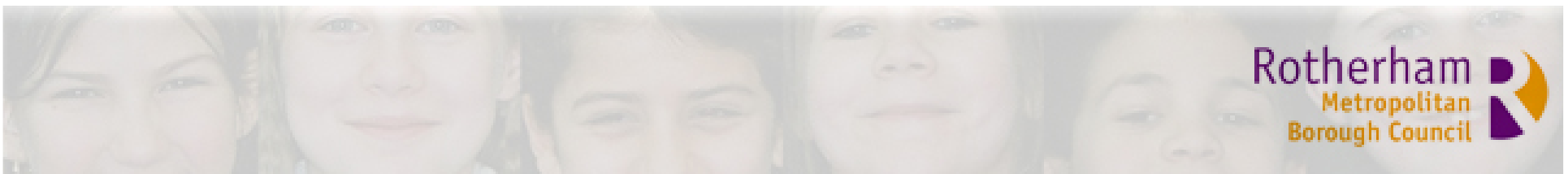
- National and local priorities:
 - *Obesity strategy*
 - *Drug & Alcohol strategy*
 - *Teenage pregnancy strategy*
 - *Prevention and Early Intervention (Early Help)*
 - *Financial Inclusion Strategy*
 - *Tobacco Alliance*





'Health' in all schools:

- Issues which impact on attainment, attendance and behaviour
- Relevant legislation awareness
(smoke free; food in schools; powers to search)
- Learning and teaching PSHE & Cit Curriculum
- Resource Development
- National Consultation PSHE
- Ofsted Inspections – SMSC; attendance and behaviour; anti bullying; whole school and subject inspections





National HS scheme:

(All contribute to ECM outcomes for C&YP)

Personal Social and Health Ed.

(including SRE and Drug Education)

- PSHE provides children and young people with the knowledge, understanding, skills and attitudes to make informed decisions about their lives.

Healthy Eating

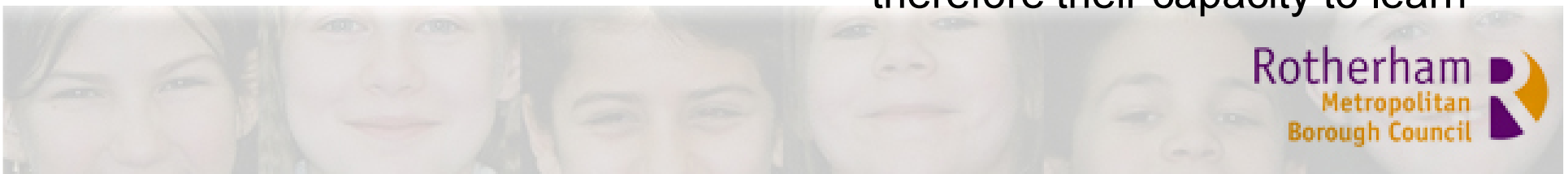
- Pupils have the confidence, skills and understanding to make healthy food choices.

Physical Activity

- understand how physical activity can help them to be more healthy, and how physical activity can improve and be a part of their every day life

Emotional Health and Well Being

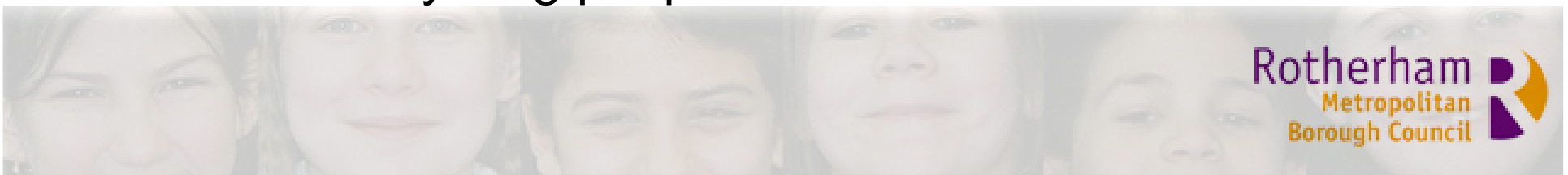
- helps children/young people to understand and express their feelings, and build their confidence and emotional resilience and therefore their capacity to learn





Whole School Review *(provision for H&WB)*

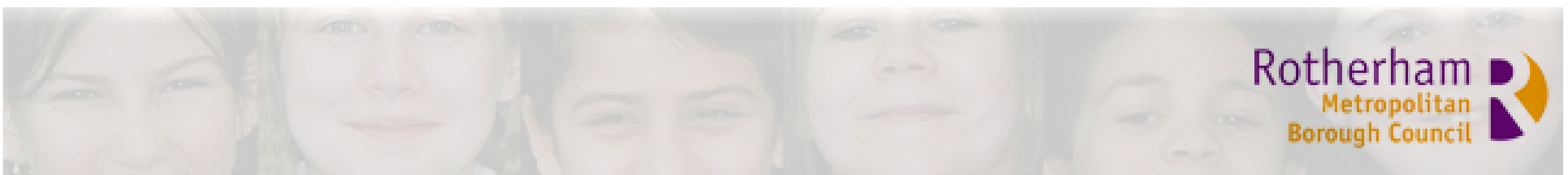
1. Leadership, management and managing change
2. Policy development
3. Learning and teaching, curriculum planning and resourcing
4. School culture and environment
5. Giving children and young people a voice
6. Provision of support services for children and young people
7. Staff continuing professional development (CPD) needs, health and wellbeing
8. Partnerships with parents/carers and local communities
9. Assessing, recording and reporting the achievement of children and young people.





Numbers working with us:

- All schools inc PRU's & Specials
- Re-Accreditation 77/122
- Healthy Foundations Programme





Partnership working:

Task groups:

Physical Activity

Emotional Health & Well Being

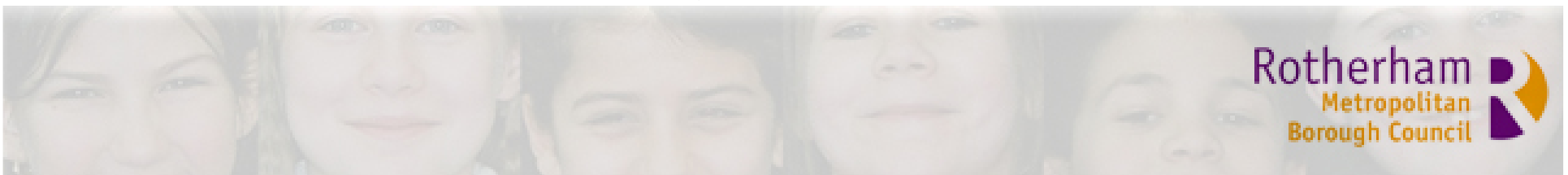
Healthy Eating

Substance Misuse

Relationships & Sexual Health Ed.

PSHE Leads (*Primary and secondary*)

Sustainability





RoSIP Mission:

All children making at least good progress

Healthy C&YP more likely to be ready to learn; school culture & environment partnerships with parents/carers/communities, pupil voice.

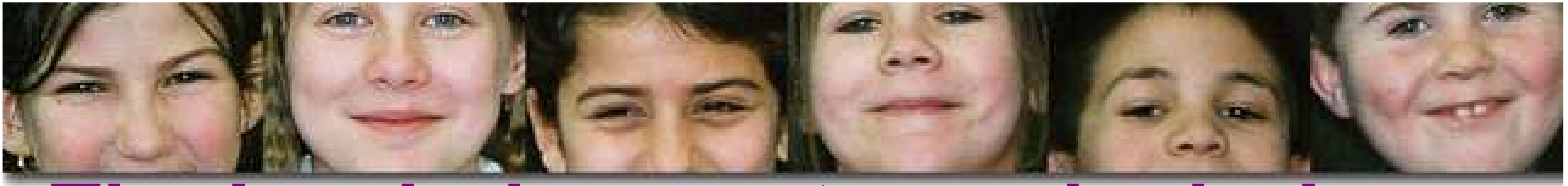
There will be no underperforming cohorts

Prevention and early intervention, referral to helping agencies.

All teachers delivering at least good learning

Learning and teaching, curriculum planning and resourcing, CPD, pupil voice, assessment, recording and reporting

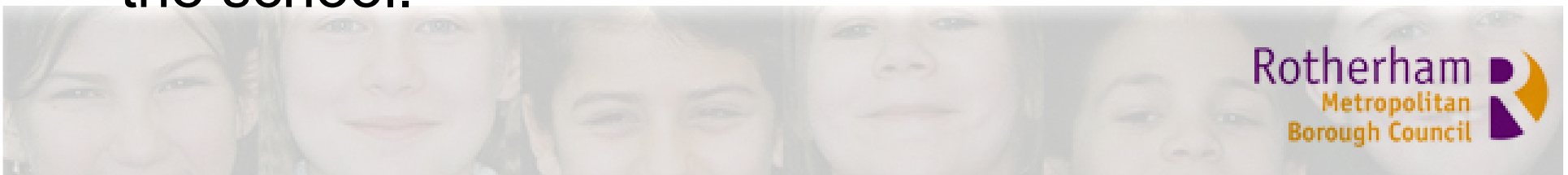
All schools will move to the next level of successful performance. All



The key judgements made during school Ofsted inspections

Inspectors must judge the quality of education provided in the school – its overall effectiveness – **taking account of four other key judgements:**

- **achievement** of pupils at the school
- quality of **teaching** in the school
- **behaviour and safety** of pupils at the school
- quality of the **leadership** in and management of the school.

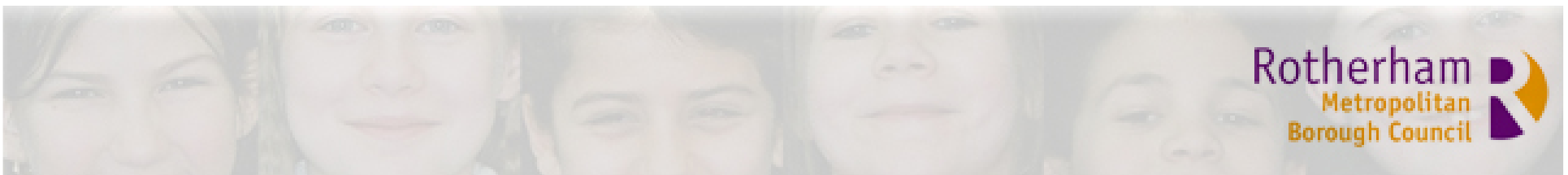




Links to Ofsted inspections

Behaviour and safety of pupils:

- ‘pupils ability to assess and manage risk appropriately and keep themselves safe’
- ‘Pupils attendance and punctuality at schools’
- ‘Pupils behaviour towards and respect for, others.. inc. freedom from bullying’



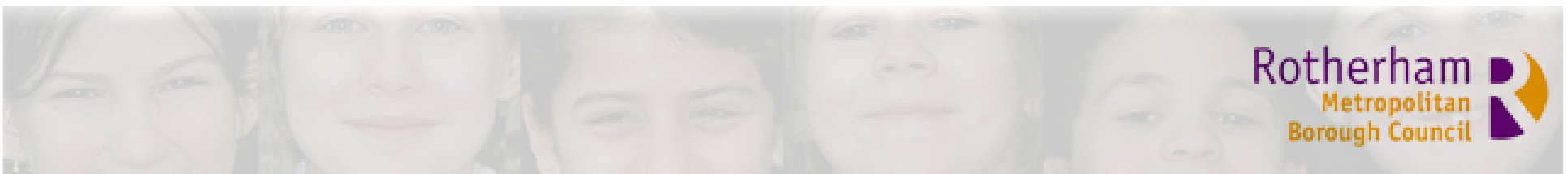


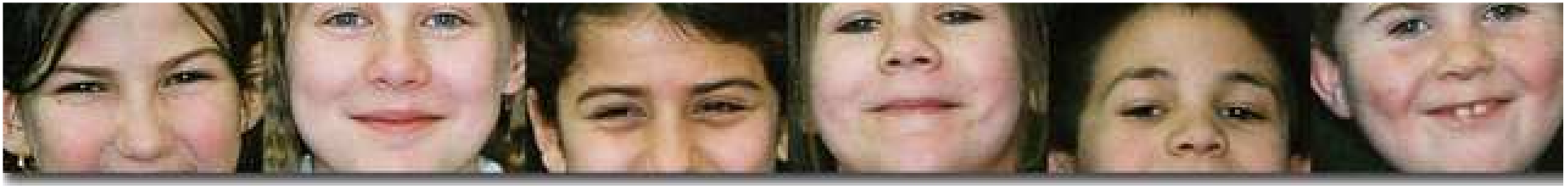
In reporting, inspectors **must** also consider:

- the **spiritual, moral, social and cultural** development of the pupils at the school
- the **extent** to which the **education** provided by the school **meets the needs of the range of pupils** at the school.....

(e.g. lesbian, gay and bisexual, transgender pupils)

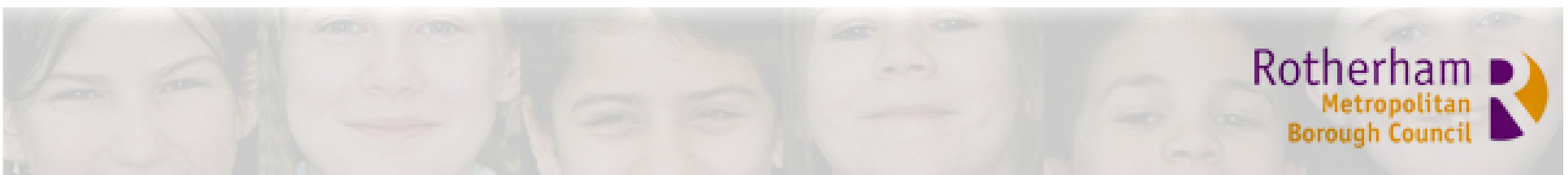
Equality Act 2010





Range of evidence should consider....

- **‘Views expressed by pupils on... safety, harassment, racism, bullying inc. cyber-bullying, homophobic bullying’**
- **‘Extent to which pupils are able to understand and respond to risk e.g. substance misuse, knives and gangs, water safety, fire safety, road/rail safety’**



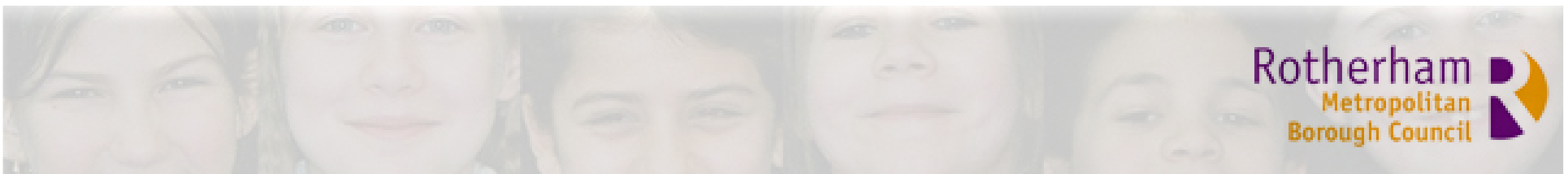


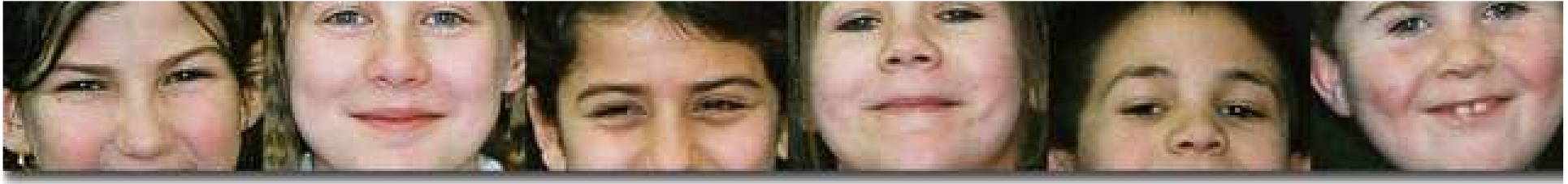
Subject inspections:

– **PSHEe**

– **Citizenship**

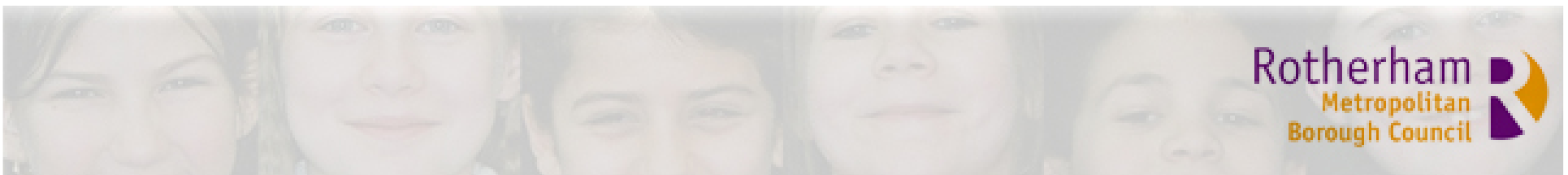
“..pupils’ attainment in relation to national standards ..”

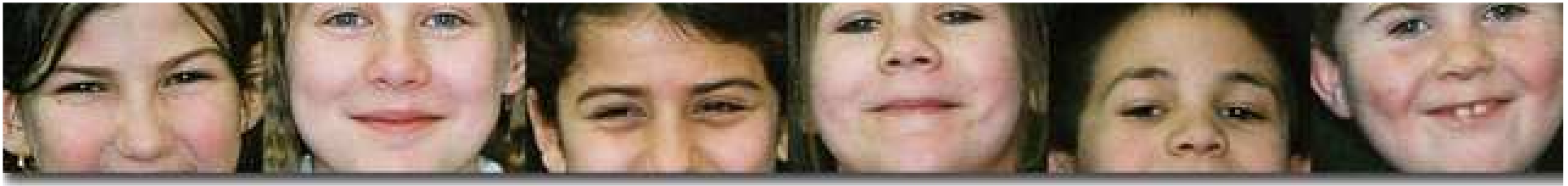




Examples of the impact of two RHS projects

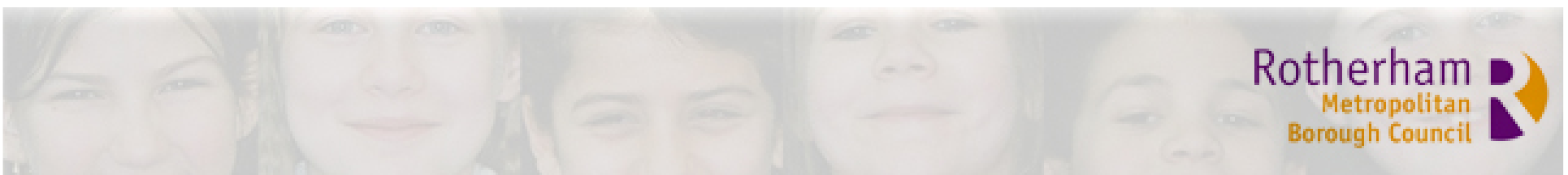
Positive Playgrounds Initiative
& Drug Lifestory





Aims of the Positive Playground initiative:

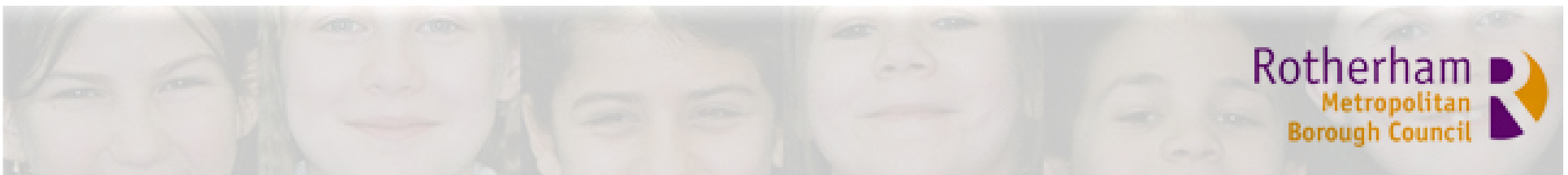
- To improve the **health** of the children
(contribute towards reduction in obesity)
- To **reduce incidents** of bullying and antisocial behaviour – **promote inclusion.**
- To help children play together and **develop appropriate moral and social behaviour.**
- To assist in **levels of concentration** in class.





Research in to attainment links:

- Research shows physically active children achieve **higher SATs results** than their counterparts
- Physical activity undertaken early in the day keeps energy and **concentration levels high** for up to 5 hours.
- *Exeter University 2000*

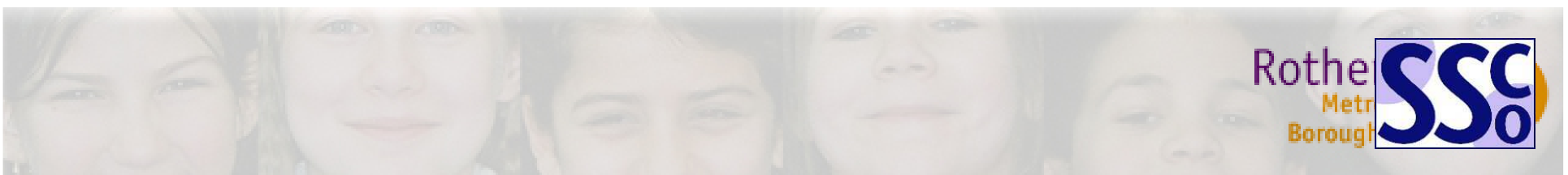




Research indicates that physical activity also has educational benefits which include enhancing academic performance.

QCA case studies

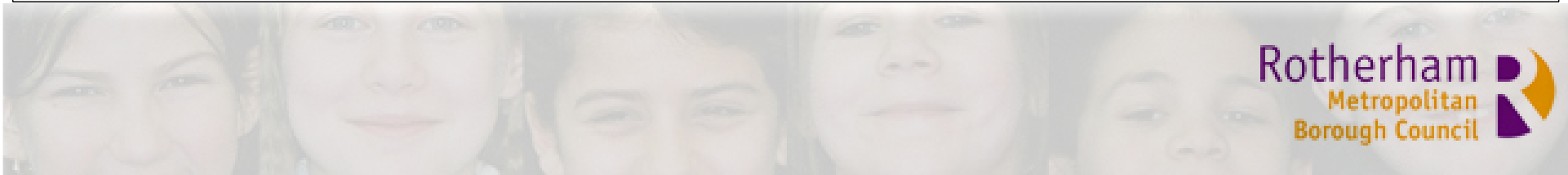
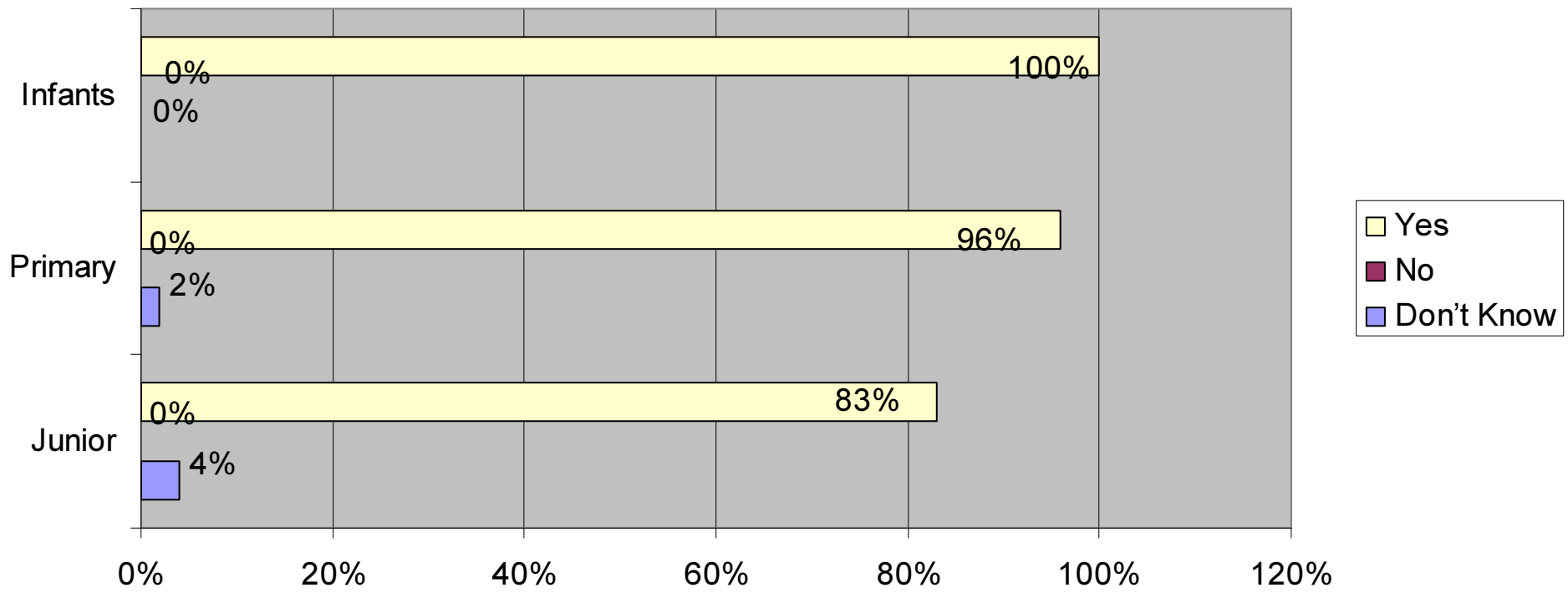
‘Challenging pupils involved in organised activities demonstrated more positive behaviour. Incidents of misbehaviour fell by 75% in total. Teachers were amazed by the effect that playground activities had on pupils’ attitudes to learning after lunchtimes.’

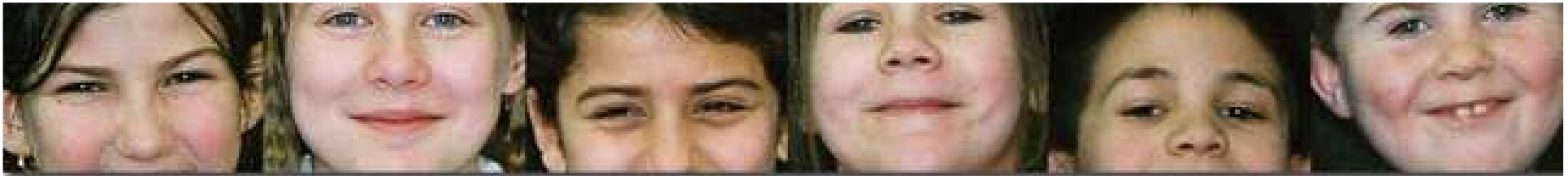




Pupils Enjoyment / Wellbeing Improved

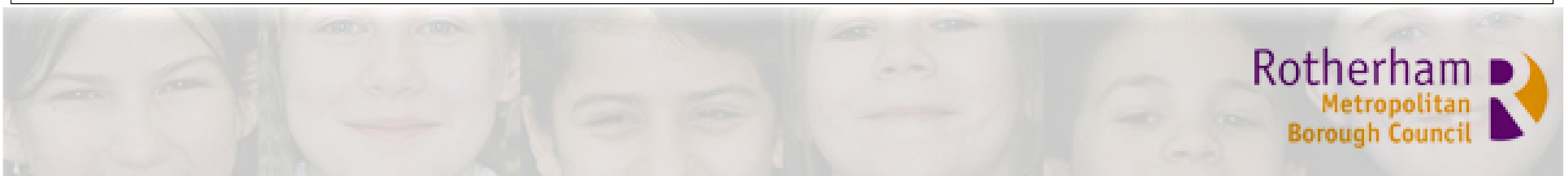
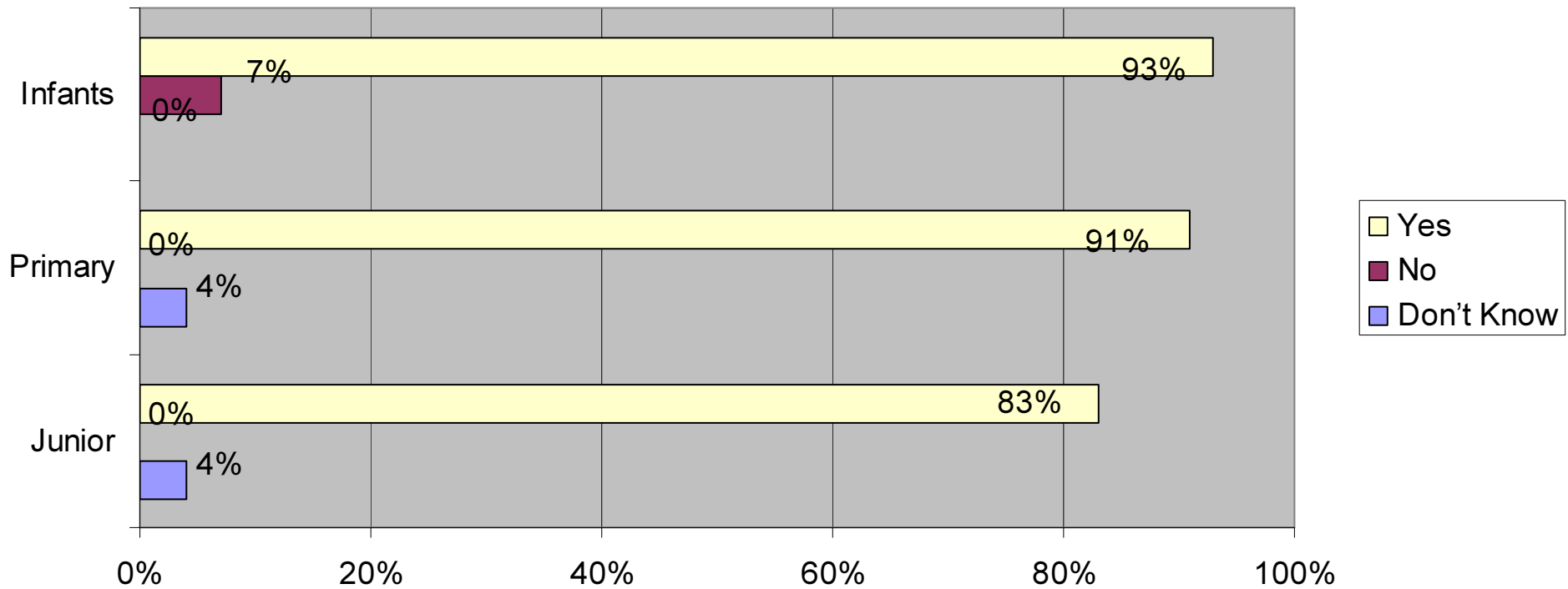
Overall Schools Percentage

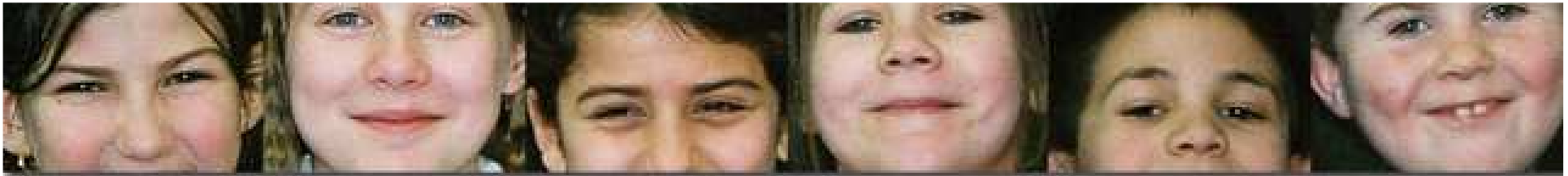




The playgrounds have become more inclusive

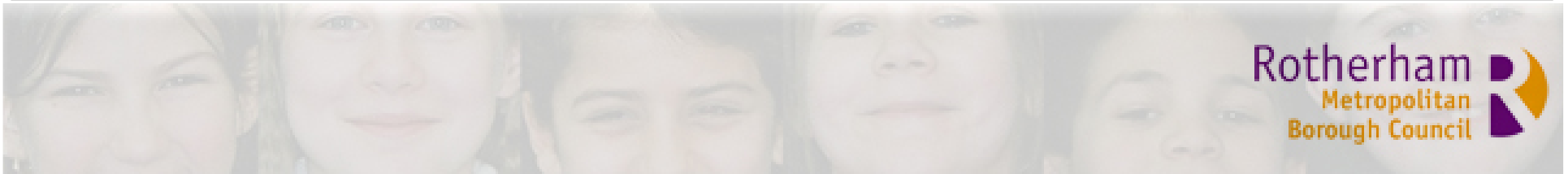
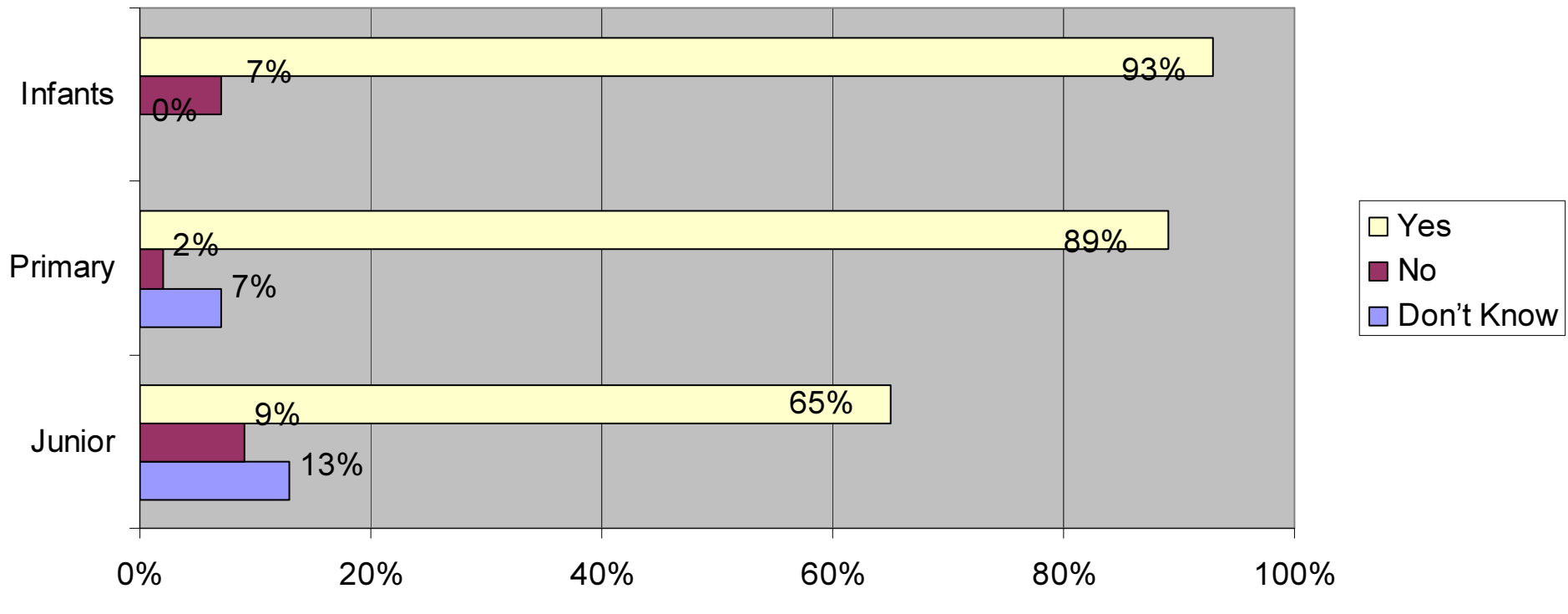
Overall Schools Percentage





Incidents of Bad Behaviour Reduced

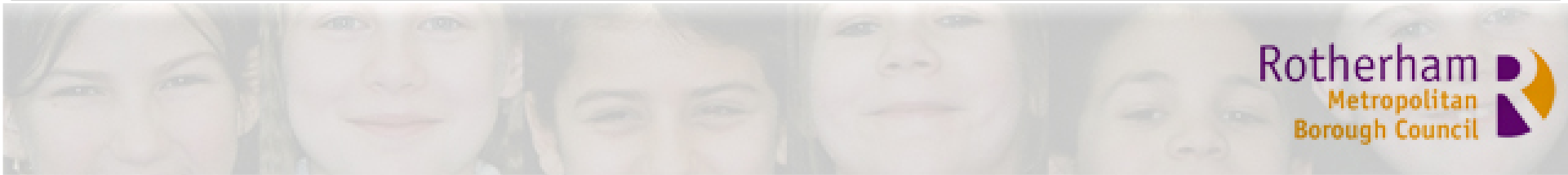
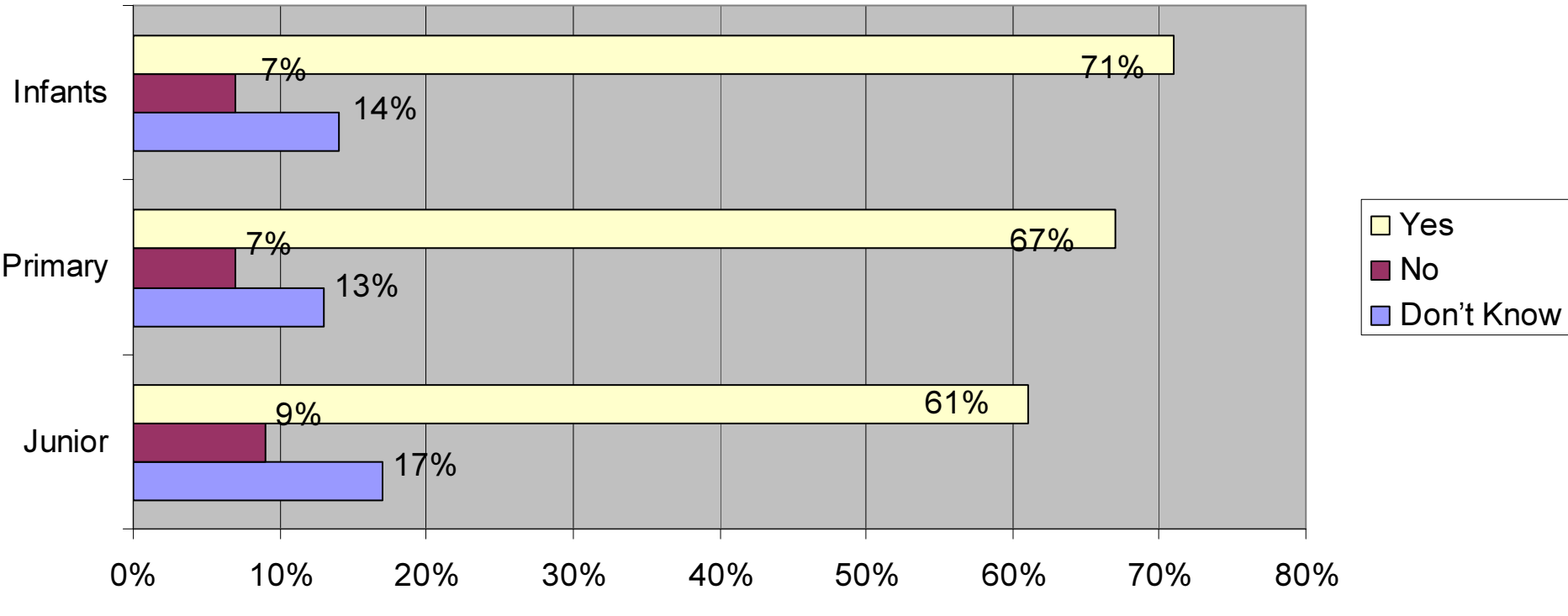
Overall Schools Percentage

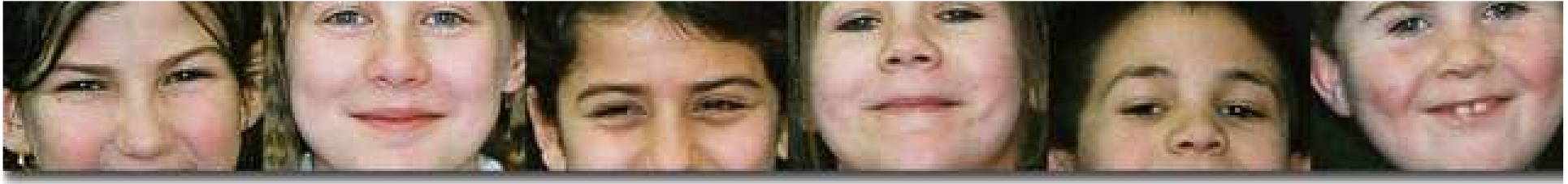




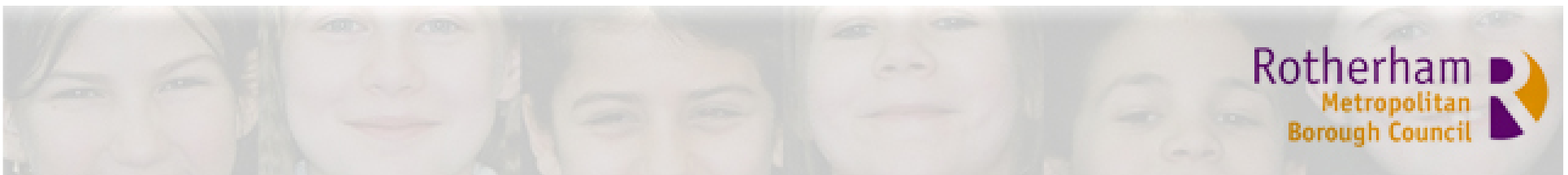
Incidents of Bullying Reduced

Overall Schools Percentage





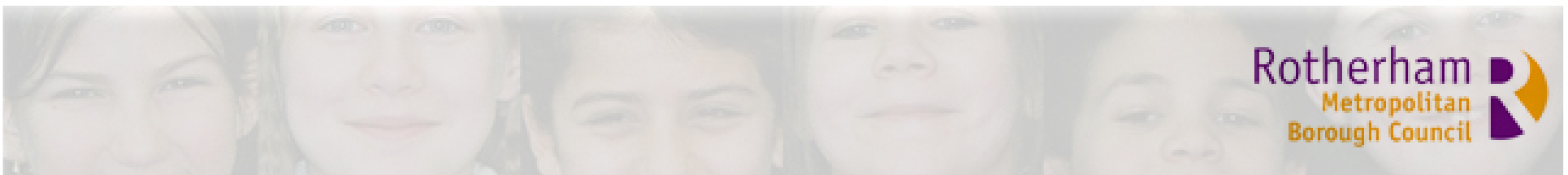
- When OFSTED came – Inspectors were very impressed. Social skills, leadership skills, confidence etc.
- Inclusion is much more obvious.
- Certainly an improvement in poor behaviour.
- More children physically active.
- The relationship between Lunch Time Supervisors and the school has vastly improved (more positive).





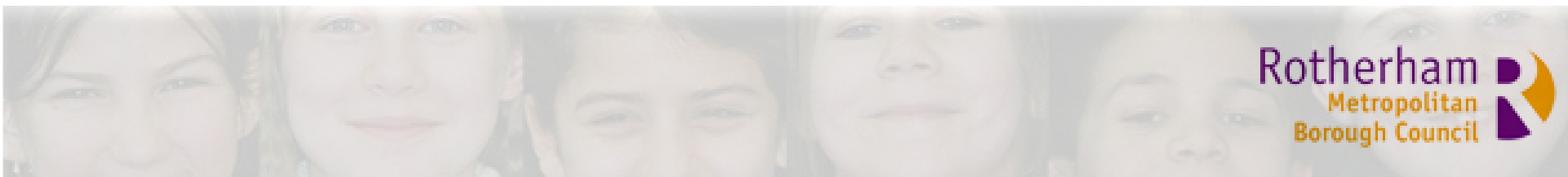
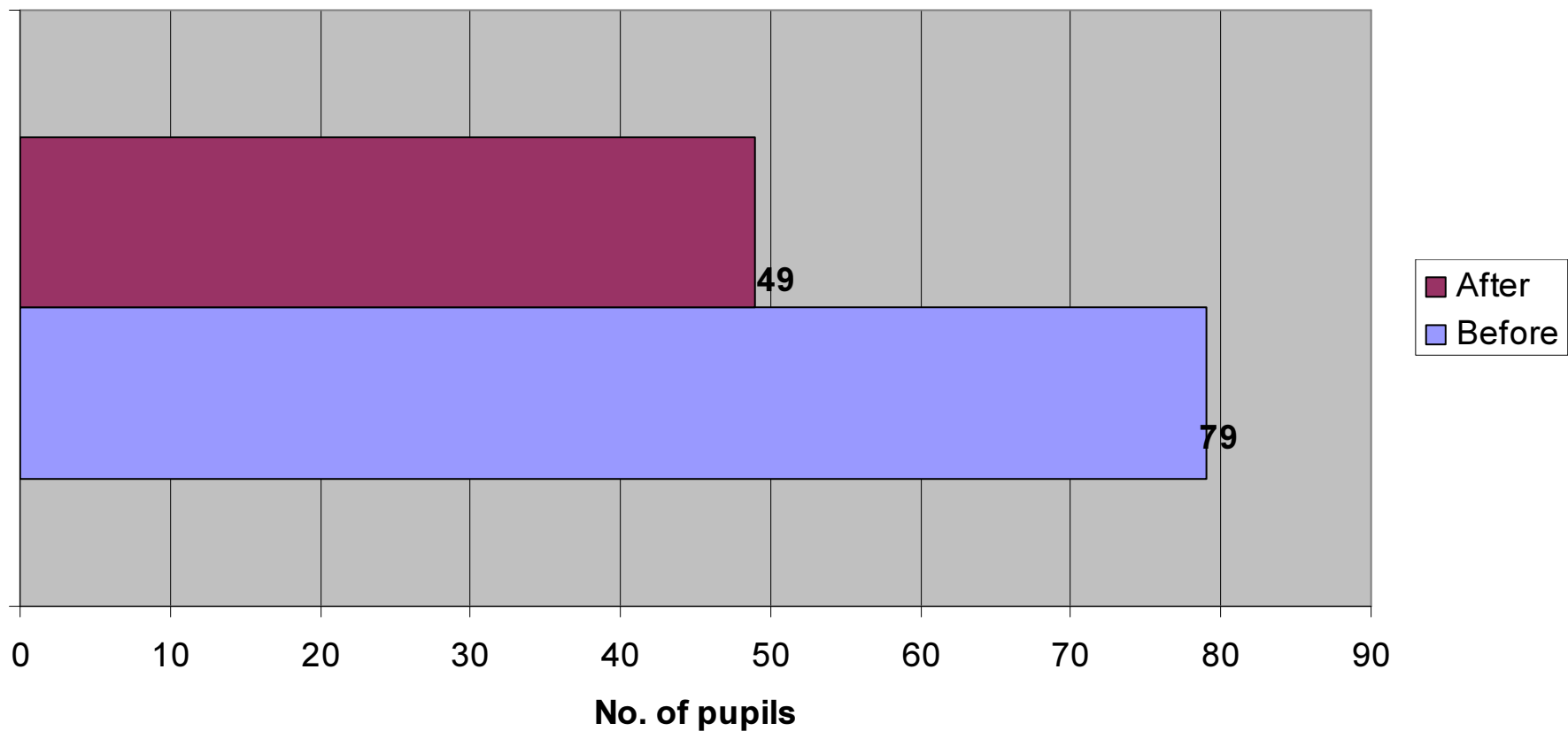
Substance Misuse Lifestory

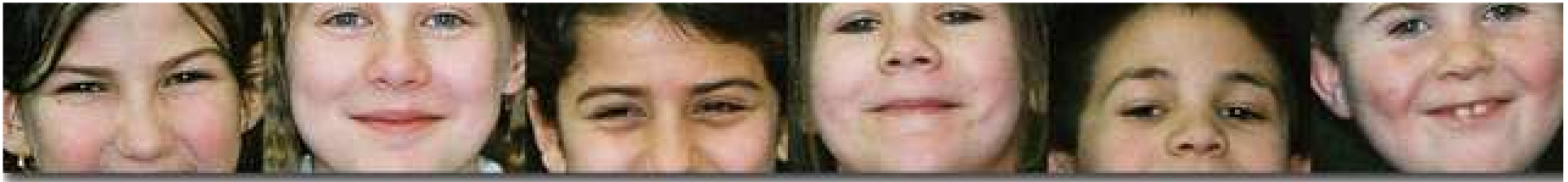
**The impact on 1800 young
people over one year in
Rotherham:**



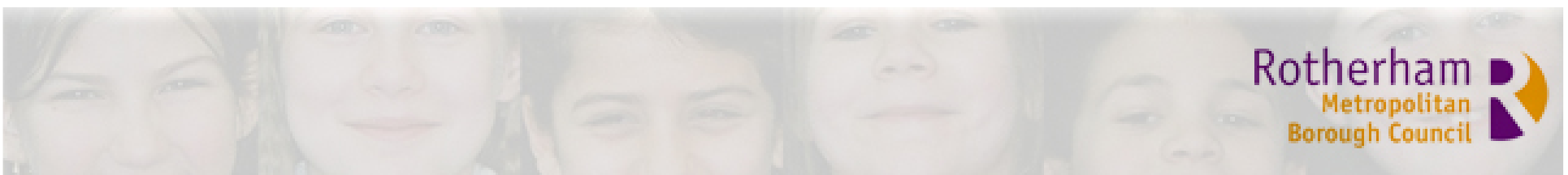
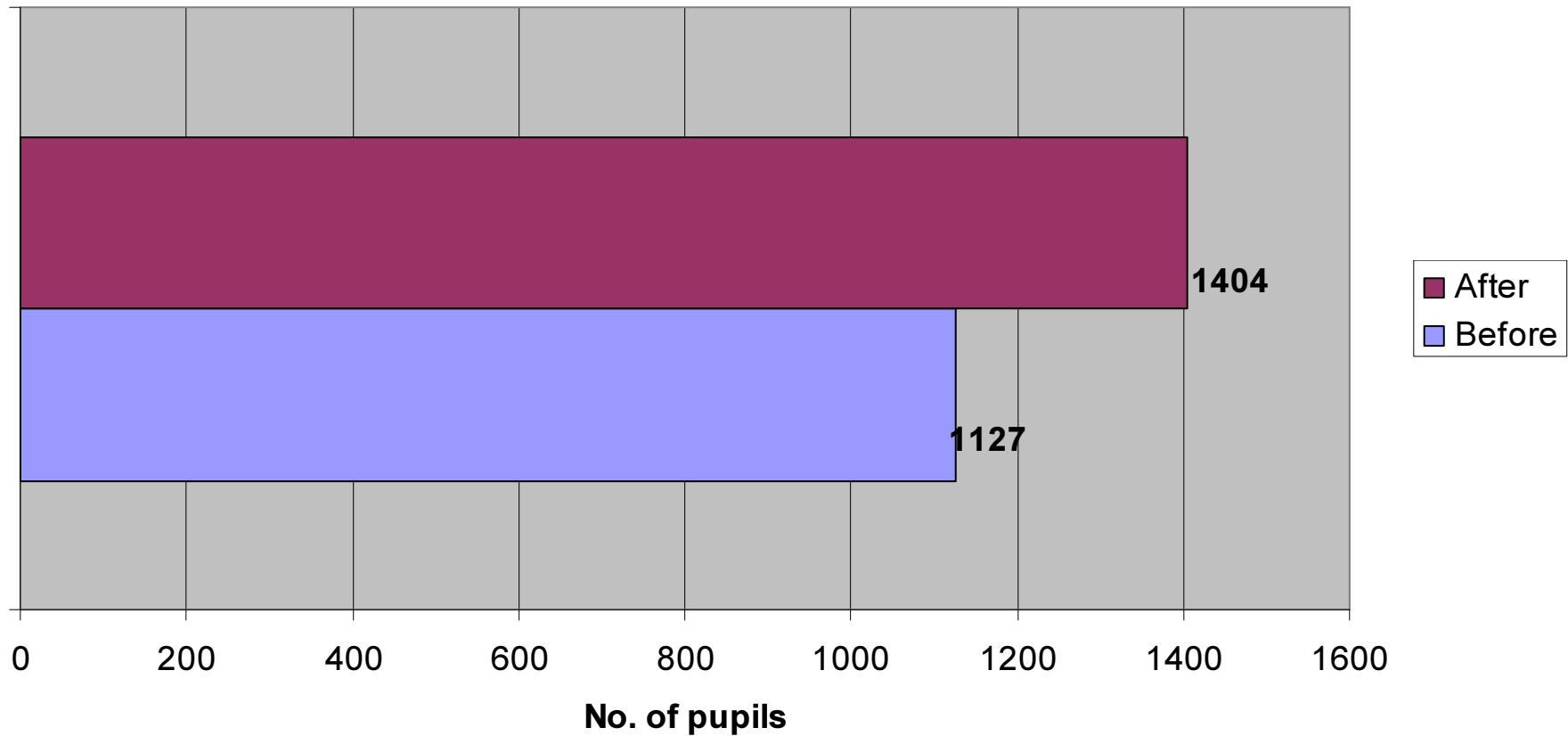


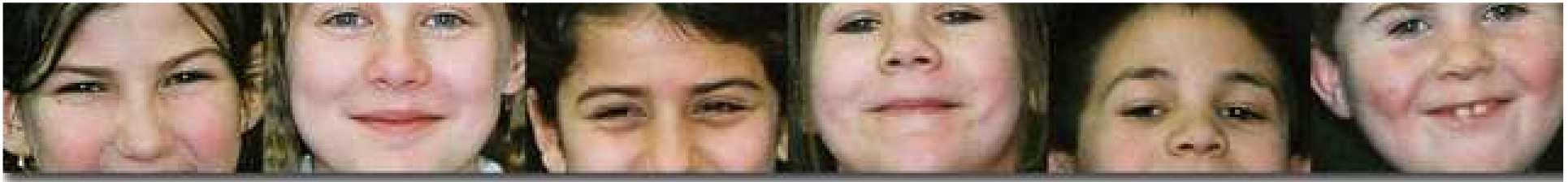
Young people probably or definitely likely to take drugs



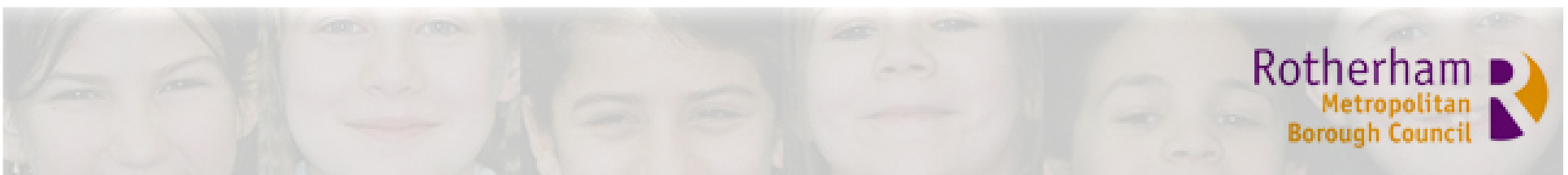
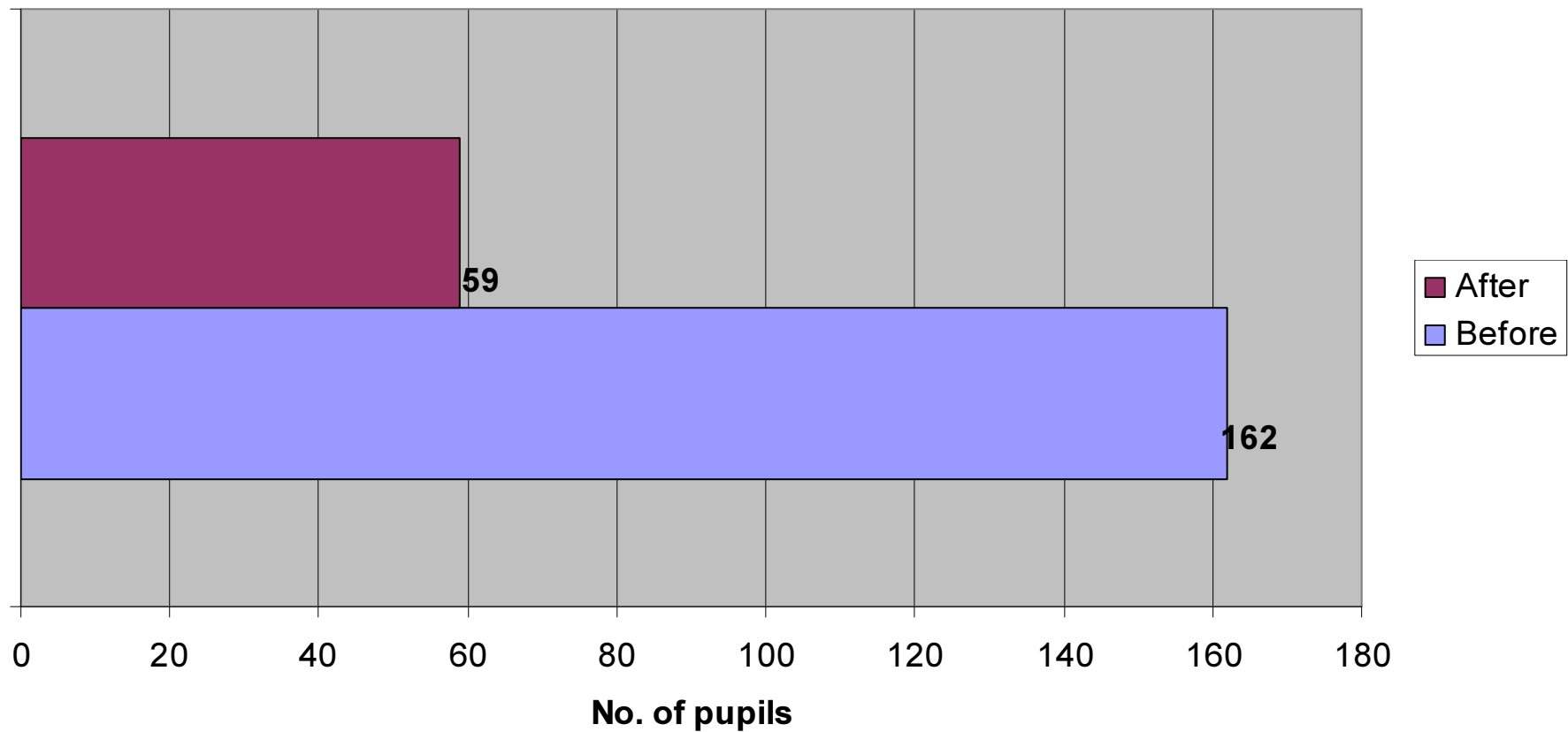


Young people stating they would 'never' take drugs





Young people 'not sure' if they would take drugs in the future



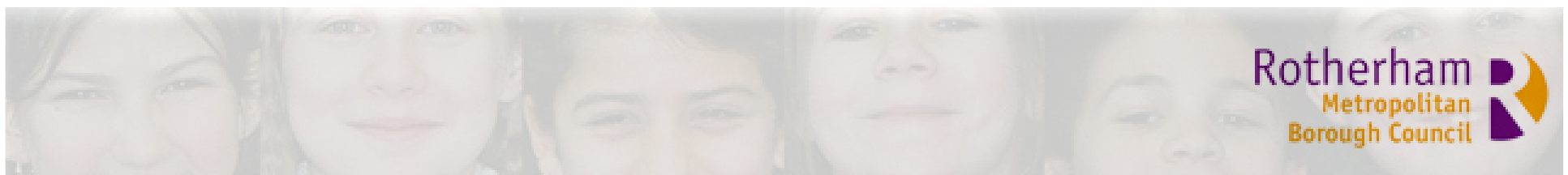


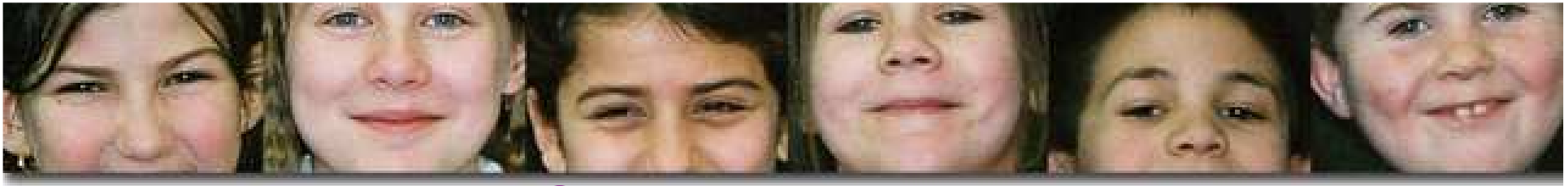
Longer term effects

2&3 years after students had heard the Lifestory Project when asked:

Did your memories of the experience of an ex-drug user stop you from taking illegal drugs?

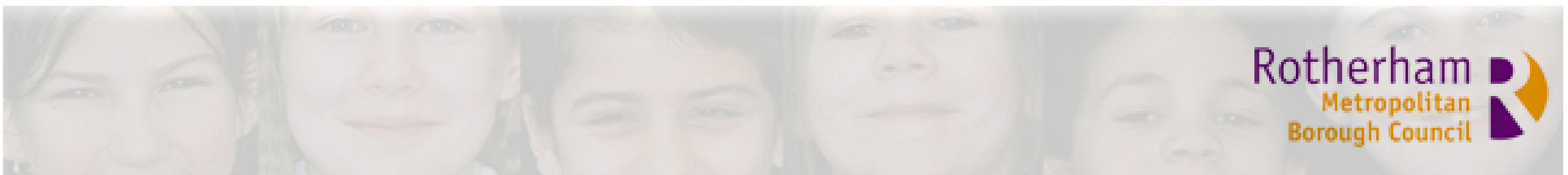
58% of students who had found themselves in drug using situations had been influenced NOT to participate in drug taking as a result of experiencing the Lifestory Project





Future....? *funding?*

- HS Accreditation and Re-Accreditation
- Schools choose a focus and measure impact
- PSHE support for Leads in schools
- EHWB conference Autumn term.
- LGBT work- homophobic bullying
- Celebration Event
- Sexual exploitation work
- Substance misuse work – updated guidance/ policy
- RSHE work – updated guidance/ policy
- Smoke Free resource for Primary schools
- Continual Professional Development
- Website development
- Rotherham Heart Town
- Positive Playground Support
- Drug Lifestyle?





**WARM HOMES WARM FAMILIES
PROJECT**

Dr. Anna Cronin de Chavez

PREVIOUS WORK



Sleeping infant, Iceland,
-20 °C



Sleeping infant, Sierra Leone, +27 °C

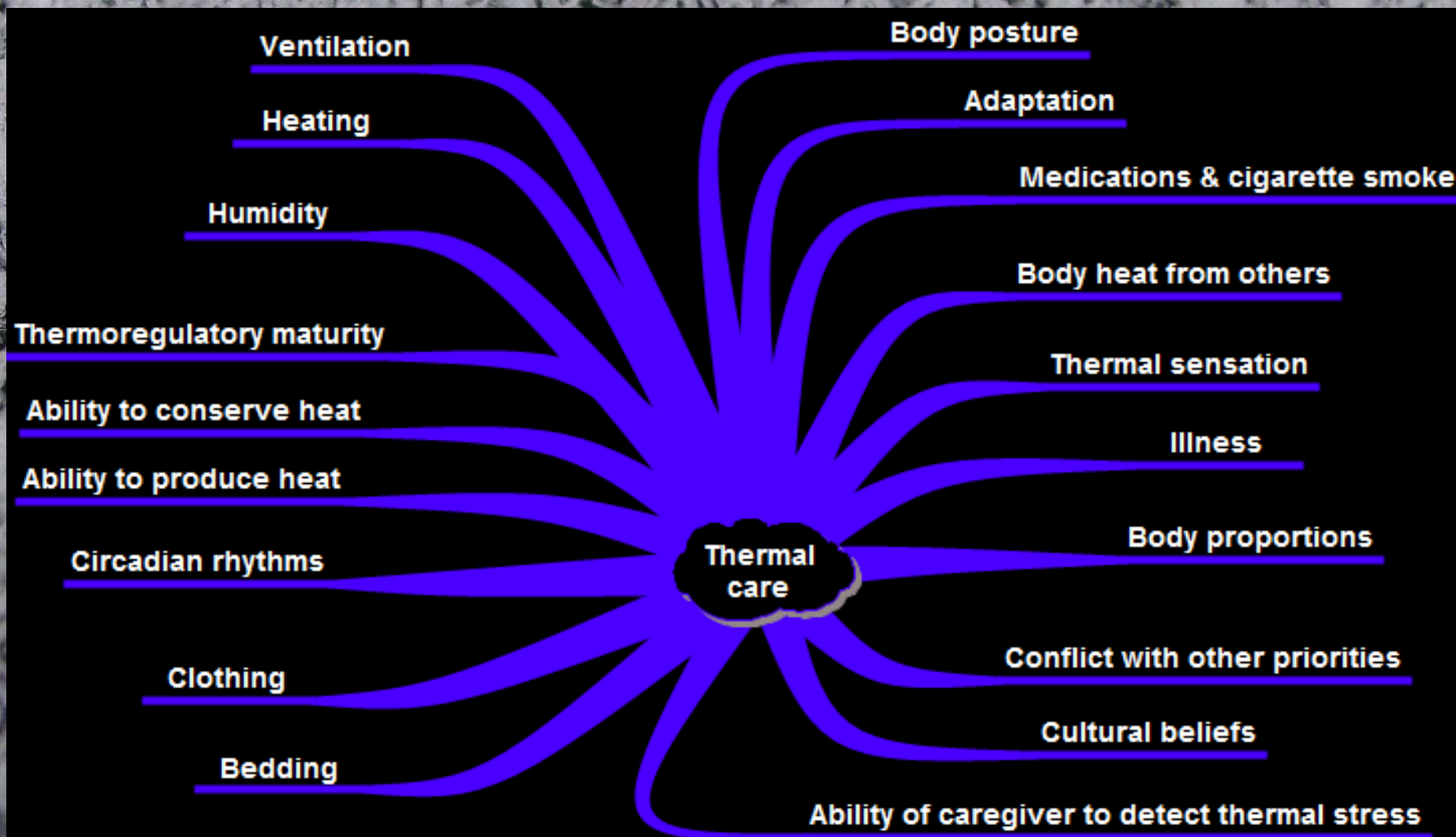
➡ Physiology , environment, beliefs and behaviour

COLD HOMES AND IMPACT ON CHILD HEALTH

- Neonatal hypothermia
- Asthma
- Respiratory infections
- Child growth and development
- Sickle cell disease and thalassaemia
- Sudden Infant Death Syndrome
- Coronary Heart Disease
- Mental health
- Education



ISSUES AROUND FUEL POVERTY AND CHILD HEALTH



RESEARCH PLANS

- In-depth interviews with 20 families where at least one child diagnosed with asthma

- In-depth interviews with 15 voluntary and private sector staff

- Focus groups

- Reference and advisory groups

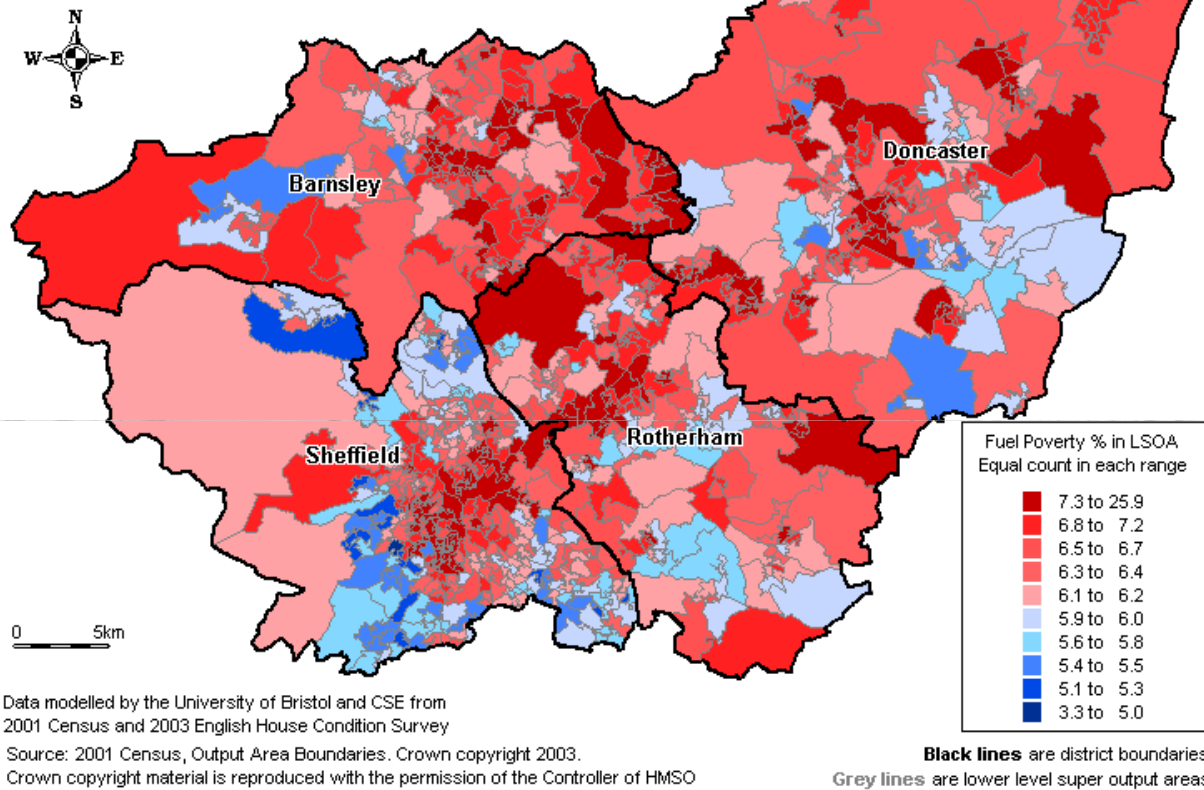
- Recruitment

- Ethics



FUTURE PLANS

Fuel Poverty in South Yorkshire



- Doncaster
- Research bids including Rotherham
- Collaboration with Northumbria University
- Yorkshire-wide research including Rotherham

THANK YOU!

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Rotherham Less Lonely: April 2012



Introductions

Lesley Dabell - Chief Executive of Age UK Rotherham

Carole Haywood - Local Strategic Partnership
Manager, Rotherham LSP



Loneliness in Older Age: How big is the problem?

- 10% of older people are always or intensely lonely = 4, 000 + in Rotherham
- 38% are sometimes lonely = 17, 000 in Rotherham
- Almost 50% of older people are affected by loneliness = 21, 000 in Rotherham



Loneliness in Older Age: Why does it matter?

Impact on older people

- Has health impacts comparable to life long smoking
- Close links to depression and deprivation as well as e.g. dementia
- Also linked to physical health problems such as CVD, excess drinking.
- Loneliness and poor physical health interact – vicious cycle



Loneliness in Older Age: Why does it matter?

Impact on public services

- Loneliness costs us money
- Exacerbates and creates health conditions
- Decreases ability to live independently
- Leads to 'inappropriate' use of services as no other alternative service to address the issue e.g. AUKR Hospital Aftercare, District Nurses, GPs, Police



Loneliness in Older Age: What can we do about it?

Good news – amenable to low level and relatively low cost interventions

- Effective in combatting vulnerability and reducing need for health and social care services
- Volunteers and VCS organisations have a large part to play – but remember ‘low cost’ not ‘no cost’



Action in progress: Example = Age UK Rotherham

- **Championing** this issue for past 2 years, lead partner in Campaign
- **Services** supported by NHSR grants and fundraising:
 - **Linkline** – daily telephone call by volunteers
 - **Two's Company** – volunteer befriending service
 - Trips and events
 - **Phase 2:** Friendsline/ Linked up? Men in Sheds?



The Rotherham Less Lonely Campaign

Supported by Rotherham's Local Strategic Partnership partners to develop the Campaign to:

- Raise awareness of the issue and its impacts
- Help to generate a whole community response e.g. through local events, corporate volunteering and fundraising
- Make it intergenerational – involve schools/colleges and young people



Health and Well Being Board

- LGA report outlines why local authorities needs to take this issue seriously
- It recommends that loneliness in older age is considered as part of local Health and Well Being and Ageing Well Strategies.





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References:

Analysis of Older People in Rotherham, RMBC, 2006; JSNA, 2008, New Horizons, 2009; Age Concern UK Enquiry into Mental Health and Wellbeing in Later Life, 2007; Depression in Later Life Project, YHIP, 2009; Don't Stop me now, Audit Commission 2008; Under Pressure, Audit Commission, 2010; Age UK Rotherham Audit of Hospital Aftercare Service Pilot 2010; Age UK Agenda for Later Life 2011; Campaign Against Loneliness, **"Safeguarding the Convoy – a call to action from the Campaign to End Loneliness" , 2012.**