

HEALTH AND WELLBEING BOARD

Venue: Town Hall,
Moorgate Street,
Rotherham S60 2RB

Date: Wednesday, 29th February, 2012

Time: 1.00 p.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.
2. To determine any item which the Chairman is of the opinion should be considered as a matter of urgency.
3. Minutes of Previous Meeting (Pages 1 - 7)
4. Joint Health and Wellbeing Strategy (Pages 8 - 15)
5. JSNA
- presentation by Miles Crompton, Policy Officer
6. Health Summit
- presentation by John Radford, Director of Public Health
7. Health and Wellbeing Boards - Learning from Early Implementers (Pages 16 - 19)
- Kate Green, Scrutiny and Policy Officer
8. Health Scrutiny Work Programme (Pages 20 - 26)
- Kate Green, Scrutiny and Policy Officer
9. Rotherham NHS Stop Smoking Service Annual Report 2010-11 (Pages 27 - 41)
- Simon Lister, Service Manager, Rotherham NHS Stop Smoking Service
10. Premium Phone Lines in GP Practices (Pages 42 - 45)
- report by John Radford, Director of Public Health
11. Rotherham's Olympic Legacy Project (Pages 46 - 62)

12. Communications

13. Date of Next Meeting
- Wednesday, 11th April, 2012 at 1.00 p.m.

HEALTH AND WELLBEING BOARD
Wednesday, 18th January, 2012

Councillor Wyatt	IN THE CHAIR
David Barker	Communications, RMBC
Anne Charlesworth	Head of Alcohol & Drugs Strategy Team, NHS Rotherham
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor Doyle	Cabinet Member, Adult Social Care
Chris Edwards	NSHR/RCCG
Kate Green	Scrutiny and Policy Officer, RMBC
Caroline Hill	RDaSH
Martin Kimber	Chief Executive, RMBC
Councillor Lakin	Cabinet Member, Safeguarding Children and Adults
Shona McFarlane	Director of Health and Wellbeing, RMBC
Mike Pinkerton	Rotherham Foundation Trust
Dr. David Polkinghorn	CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children and Young Peoples' Services, RMBC
Alan Tolhurst	NHS South Yorkshire and Bassetlaw
Dr. David Tooth	Chair, Rotherham CCG
Janet Wheatley	VAR
Dawn Mitchell	Committee Services, RMBC
Councillor Jack	Observer

Apologies for absence were received from Christine Boswell, Matt Gladstone and Brian James.

S35. BRITISH HEART FOUNDATION

Prior to the start of the meeting, the Council had signed up to become a British Heart Foundation Heart Town.

Jo Ward (National Ambassador, Mending Broken Hearts Appeal), Lauren Mallinson (Fund Raising Volunteer Manager) and June Thomas (Lead Volunteer) introduced themselves to the meeting and gave a brief outline of their involvement with the initiative.

S36. MINUTES OF PREVIOUS MEETING

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

Arising from Minute No. S23, it was noted that the Armed Forces Community Covenant was to be signed by the Council and partners on 20th January, 2012.

Arising from Minute No. S24 (Mexborough Montague Hospital), it was reported that emergency light access to beds had ceased on 8th December, 2011. The beds were still open but their access had changed with emergencies now being via Doncaster and Bassetlaw hospital. There were lessons to be learnt in terms of the consultation.

S37. DRINKING ALCOHOL IN ROTHERHAM

Anne Charlesworth, Head of Alcohol and Drug Strategy Team, Public Health, gave the following powerpoint presentation:-

- Specialist Alcohol Commissioning Feedback highlighting the strengths in Rotherham
 - o Strong commissioning profile which had facilitated excellent engagement across primary care
 - o Integration across all substance misuse provision raising the skills and competencies of the workforce
 - o Embracing a clear recovery orientated vision at both strategic and delivery level
 - o Clear clinical pathways supported by regular and robust negotiations with partners
 - o A shared sense of responsibility had been fostered which had improved joint working
 - o Improving outcomes despite significant increases in demand
- Benchmark activity
- Latest initiatives
 - o Call it a Night website
 - o Picking up young people presenting at A&E and ensuring School Nursing follow up (or specialist services if aged 16-18 years)
 - o Alcohol Awareness Week
 - o Staff training
 - o Identifying alcohol use levels via Police Custody Suite
 - o Street Pastors
- Alcohol Services
 - o 1 of 4 areas undertaking National Payment by Result pilot for Department of Health
 - o Increased target to include 'problem' drinkers and more 'Tier 2' intervention
 - o Staff numbers reduced
 - o Primary Care Scheme now included all but 5 practices
 - o Lifeline continued to exceed targets to offer assessments and interventions
 - o Case management of high impact users of hospital and ambulance services
 - o Improved collaboration between hospital care and specialist services

Discussion ensued on the presentation:-

- Yorkshire and the Humber was the worst region in the country for young drinkers but the number had increased nationally
- Those that were presented at hospital were normally known to other services
- Evidence showed that the relative costs of alcohol and the amount of alcohol consumed at home had exceeded expectations. Scotland had brought in unit pricing and taxation which was a very good first step
- Need to refresh the commitment of all partners

- Research in the big cities had ascertained that young people found drinking alcohol enjoyable and enjoyed the sensation of getting drunk
- Key source of alcohol was from the home followed by purchase of an older person
- The definition of “binge” drinking was actually ½ of the weekly limit i.e. 7 units
- Need to be included in the JSNA and HWB Strategy
- The need for partners to review outcomes from the measures implemented and improve future targeting

Anne was thanked for her presentation.

Resolved:- That the CCG evaluate the effectiveness of existing actions to improve impact and report back to this Board thereon.

S38. ROTHERHAM COLD WEATHER PLAN

John Radford, Director of Public Health, submitted, for information, the winter planning arrangements for health and social care in Rotherham. It incorporated Rotherham’s response to the Cold Weather Plan, issued in October, 2011. The Affordable Warmth Strategy was currently being refreshed and had been incorporated into the document ensuring all plans were integrated.

It was noted that the Plan had also been considered by the Adults Board.

Resolved:- (1) That the Rotherham Winter Plan be endorsed.

(2) That the arrangements that had been put in place to cover winter pressures and extreme weather be noted.

(3) That the year round arrangements in place via the Affordable Warmth Strategy be noted.

S39. PIP BREAST IMPLANTS

The Chairman reported that the Cluster was in the process of producing a local statement which would cover the issues of concern of Rotherham women who may be affected.

There was 1 provider in the local area who currently was not giving clear advice to patients. However, any woman who had worries associated with their breast implant(s) should consult their GP.

S40. CHILDREN AND YOUNG PEOPLE'S PLAN 2010-13 PROGRESS REPORT

Joyce Thacker, Strategic Director of Children’s and Young Peoples Services, presented, for information, a progress update on activities identified in the Children and Young People’s Plan (CYPP) as published by the Children’s Trust Board in July, 2010.

The CYPP set the strategic priorities for the work of partners on the Trust Board and provided the framework for commissioning decisions as well as 9

areas of focus for priority action. 6 action plans had been published to accompany the Plan, however, the Trust Board had recently revised them and would be disestablished in light of changed statutory requirements and the need for more streamlined working practice across the Children and Young People's Partnership.

The CYPP identified 'four big things' that would be central to business of the Partnership – keeping children and young people safe, prevention and early intervention, tackling inequalities and transforming Rotherham learning.

The CYPTB Commissioning Plan would respond to the identified priority areas. The Commissioning Team had commenced a needs analysis, a summary of which was attached to the report submitted.

The areas of focus that fell outside the priorities were looked after children, understanding and responding to the needs of migrant communities, 14-19 and post-16 opportunities for young people with learning difficulties and disabilities. These were being monitored elsewhere.

Resolved:- (1) That the progress made against the key areas of focus identified in the Children and Young People's Plan be noted.

(2) That efforts be made to ensure that the Health and Wellbeing Strategy was aligned with the Children and Young People's Plan.

(3) That the governance arrangements, in particular for the areas of focus most closely linked to the health and wellbeing agenda, giving babies the best start in life, obesity and alcohol, be noted.

S41. NHS OPERATING FRAMEWORK

Chris Edwards, Chief Operating Officer, NHS Rotherham, presented, for information, a briefing on the Operating Framework for the NHS 2012/13, the first full year of the transition to the proposed new structure for the NHS and believed that its focus would help the NHS shift into implementation mode.

Rotherham's interpretation of how it would be operated in practice would be part of the 2012/13 Strategic Plan.

Resolved:- That the report be noted.

S42. NHS NATIONAL OUTCOMES

Chris Edwards, Chief Operating Officer, NHS Rotherham, directed Board Members to the stated website for early sight of the NHS Outcomes for 2012/13. How they were to be integrated into Rotherham would be included in the forthcoming Strategic Plan.

John Radford reported that Public Health had new Outcomes Indicators also, the majority of which would prove extremely difficult to measure. They did offer a different emphasis in terms of equality of care which was important in terms of people's perceptions but would be difficult to capture.

The Council's responsibility to Public Health Framework had yet to be published.

The Social Care Outcome Framework was published.

Resolved:- That the report be noted.

S43. HEALTH AND WELLBEING BOARD WORK PROGRAMME AND SUPPORT AND DEVELOPMENT PLAN

Shona McFarlane, Director of Health and Wellbeing, presented the draft work programme for the Board's first year of operation.

The Plan had been developed to address the challenges set out by the network of early implementers of Boards which had identified a number of challenges which Boards were facing.

The work programme was underpinned by a support and development plan which used the Good Governance Institutes Board Assurance Prompt toolkit to becoming an exemplar Board by December, 2012. It set out the key actions that needed to be delivered in the first 12 months of the Board focusing on ensuring that it was fit for purpose and could deliver its core functions:-

- Assess the needs of the population through the Joint Strategic Needs Assessment
- Agree and produce a Health and Wellbeing Strategy to address needs which commissioners would need to have regard of in developing commissioning plans for health care, social care and public health
- Promote joint commissioning
- Promote integrated provision, joining up social care, public health and NHS services with wider local authority services
- Involvement in the development of CCG commissioning plans
- Provide advice to the NHS Commissioning Board in authorising CCGs

The report set out:-

- Overarching crosscutting 'impact' performance measures
- Work Programme Year 1 (October, 2011-September, 2012)
- Development Excellence Plan
 - Purpose and Vision
 - Strategy
 - Leadership of the local healthcare economy
 - Governance
 - Information and intelligence
 - Expertise and skills

Discussion ensued on the document as follows:-

- o The team leading on the development of the HWB Strategy had asked for agreement to the attached Indicators for them to map the outcome measures and develop the Outcome-based Performance Indicator Framework that would support the health and wellbeing strategy
- o The impact measures were the minimum Indicator Sets (as recommended by the Department of Health etc.) which would underpin the work of Boards

- nationally
- The final draft of the JSNA was awaited which would then require discussion/approval of agencies to the amendments proposed
- the indicator suite contains a requirement for safety incidents in hospital to be reported- it was noted that Safety incidents were not just reported by hospitals
- How could meaningful public engagement be undertaken – discussion required before June, 2012
- The CCG will soon be presenting a Single Integrated Plan (SIP) which will be address the health needs of the population. In the meantime there should be a strategic co-ordinated approach and not organisations producing individual plans
- The need for clarity of the relationship between the Board and LSP

Resolved:- That the work programme and support and development plan be approved.

S44. EARLY IMPLEMENTER NATIONAL LEARNING SETS

Shona McFarlane, Director of Health and Wellbeing, presented a report on Accelerated Learning Sets, launched by the Government in November, 2011, to help emerging Health and Wellbeing Boards work together on the biggest challenges that faced them on their way to statutory running from April, 2013.

More than 90 out of 152 emerging HWBs from across England were represented in the 11 Learning Sets. The Sets were focussed on themes that early implementers had said were of most interest and importance to HWB members including:-

- Improving the health of the population (2 Sets)
- Bringing collaborative leadership to major service reconfiguration (2 Sets)
- Creating effective governance arrangements
- How do we ‘hard wire’ public engagement into the work of the Board
- Raising the bar on JSNA’s and joint health and wellbeing strategies
- Improving services through more effective joint working
- Making the best of collective resources

Each Learning Set included members from local government and NHS organisations with a nominated lead, policy lead and appointed facilitator.

Rotherham was represented on the Learning Sets by Shona who was Set Lead for “Brining collaborative leadership to major service reconfiguration”

Outputs from the Sets would be published in March but the Communities of Practice website was providing a virtual engagement mechanism in the meantime.

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

(2) That Board members be encouraged to join the Department of Health Communities of Practice website for further information, dialogue and debate.

S45. APPOINTMENT TO HEALTH AND WELLBEING BOARD

The Chairman reported receipt of 2 requests for representation on the HWBB.

Discussion ensued on the requests.

Resolved:- [1] That the Board consider the issue of a Reference Group of Special Interest to which a representative from South Yorkshire Fire and Rescue Service could be invited.

[2] That the Chamber of Commerce be invited to attend future meetings in the capacity of observer.

S46. COMMUNICATIONS

The Chairman drew attention to the fact that there were 22 Parish Councils in the Borough of Rotherham the majority of which would produce newsletters/bulletins, websites etc. that could be used as a means of communication.

Janet Wheatley, Voluntary Action Rotherham, reported that they also had a network that they send out to weekly that could be used.

S47. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 29th February, 2012, commencing at 1.00 p.m.

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Health and Wellbeing Board
2.	Date:	20th February, 2012
3.	Title:	Joint Health and Wellbeing Strategy
4.	Directorate:	Resources

5. Summary

The Department of Health have recently published draft guidance on developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

This report seeks to gain the commitment of partners to contribute towards the development of the Joint Health and Wellbeing Strategy for Rotherham. It sets out a timetable for developing the Strategy, through a number of stages, which are contained in the Health and Wellbeing Board work programme that was presented to the Board in January.

6. Recommendations

- **Regular meetings should be held with the Chair of the HWBB to support political leadership of this agenda.**
- **Lead officers will be the Strategic Director, Neighbourhoods and Adult Services, for the local authority and the Chief Operating Officer of the CCG.**
- **A small working group comprising officers from the local authority, Public Health and the Clinical Commissioning Group should meet regularly to align different activities.**

7. Background

HWBBs provide an opportunity to improve integrated working by bringing together partners who can make key decisions which affect health and social care, leading to more effective commissioning, improved local democratic accountability and better citizen engagement. Key tasks for the HWBB to facilitate include the publication of a local Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS).

In Rotherham, plans are under way to produce the first JHWS by May 2012 in advance of the national timeline of April 2013, when Boards are due to take on their statutory responsibilities. Draft guidance has been published to enable Local Authorities and Clinical Commissioning Groups (CCG) to incorporate jointly agreed actions based on identified need into their planning.

A work programme was approved by the HWBB on 18 January, which sets out a timeline for the completion of specific tasks and decisions for the next twelve months. This work programme also provides milestones for self-assessment against specific criteria so that the board can improve its effectiveness.

A national *Commissioning Outcomes Framework* has also been published, by the Department of Health, to provide the basis on which success can be monitored against a set of national outcome measures.

8. Proposals and Details

In the context of the Health and Social Care Bill, HWBBs will be responsible for ensuring a number of key pieces of work are undertaken and monitored:

- DATA – Gathering information so that we have an accurate picture of our population and place?
- JSNA – Carrying out analysis about needs now and projected needs over the medium and long term.
- JHWS - Agreeing strategic priorities and top line outcomes for collectively addressing the needs of the population.
- COMMISSIONING PLANS – Ensuring that the commissioning plans of the local authority and CCG are aligned to achieve our specified outcomes.
- PERFORMANCE – agreeing a small number of outcome measures to monitor progress.

A timeline for the completion of these key tasks is set out in the work programme.

8.1 JSNA

At the heart of the HWBB's role to improve the effectiveness of commissioning, is the development of a JSNA. From April 2013 local authorities and clinical commissioning groups will be jointly and severally responsible for the production of a JSNA. This duty will be discharged by the HWBB.

JSNAs will be the means by which local leaders work together to understand and agree the needs, as well as 'assets' of local people and communities. Data, information and intelligence underpin JSNAs, but they themselves need to be more than a collection of data and evidence. JSNAs are an analysis and narrative of the evidence, presenting a picture of the local community and its health and social care needs. For this purpose local qualitative information such as user and carer views and experiences are just as important as quantitative data.

The Rotherham JSNA was refreshed during 2011 and presented to Cabinet Members in December. It was agreed that further work was required to this draft and a revised timescale for the completion of the JSNA (March 2012) was set. Some additional work has been carried out and a presentation will be made to the HWBB on 29 February to test out emerging themes.

To ensure that the final product is high quality and reflects the views of all commissioning organisations it is proposed that we should establish a small working group of officers from the local authority, public health and the clinical commissioning group who will work collaboratively on this and other pieces of work.

A final version of the JSNA should be completed and presented to HWBB in March. At this March meeting emerging themes should be agreed to inform the development of a draft JHWBS.

Rotherham Health Summit

A health summit, led by NHSR, took place in November last year and considered an enormous amount of intelligence on health inequalities based on community consultation, existing data and analysis from key stakeholders.

The conclusions from this summit will be used to inform the JSNA and a separate presentation on the agenda of the HWBB on 29 February will share initial areas for action.

Joint Health and Well Being Strategy

The JHWS should be seen as the agreement between the HWBB and the community to improve the health and well being of the population. The draft guidance describes a set of values that should underpin good health and wellbeing strategies:

- Setting shared priorities based on evidence of greatest need
- Setting out a clear rationale for the locally agreed priorities
- Not trying to solve everything, but taking a strategic overview of how to address the key issues identified in the JSNA, including tackling the worst inequalities
- Concentrate on an achievable amount – prioritisation is difficult but important to maximise resources and focus on issues where greatest outcomes can be achieved
- Addressing issues through joint working across the local system and also describing what individual services will do to tackle priorities
- Supporting increased choice and control by people who use services

It is suggested that the meeting of the HWBB in April is dedicated to agreeing strategic priorities and top line outcomes in advance of public consultation.

The meeting will need to be structured to demonstrate how themes emerging from the JSNA have led to the production of a set of the important issues. In turn, the role of the Board will be to work through these issues and agree priorities to maximise impact on health and wellbeing of the population. The priorities agreed at this meeting will lead to the production of the first draft JHWS for consultation and consideration in May.

The development of a local JHWS needs to be aligned to the authorisation process for the CCG that requires that a coherent local strategy is in place before authorisation begins. This process is due to begin in July 2012, consequently our proposed timeline for Rotherham is consistent with this process.

Outcomes Based Approach

HWBBs will need to reflect outcomes as set out in the Outcomes Frameworks (NHS, Public Health and Social Care) as well as the local priorities in their JHWS – however the draft guidance states that national outcomes should not overshadow, but inform, local priorities.

The national frameworks are designed to overlap, so they include indicators where a joint approach will be required from each organisation. The Department of Health Business Plan 2011-15 includes a set of 'Impact Indicators' that are designed to help the public to judge whether government's policies and reforms are having the right effect and show where the outcomes frameworks overlap.

Based on these, a set of outcomes and proposed measures have been designed for our local strategy, which have been endorsed by the HWBB (Table 1). This should set out some of the key strands of the JHWS, although alongside these outcome measures it will be important to develop local measures based on the analysis of data outlined above and agreed JHWS priorities.

Table 1. Outcome Measures

Outcome	Proposed measure
Improving population health and tackling health inequalities	<ul style="list-style-type: none"> • Differences in how long the best and worst off people can expect to live/to live without major health problems • Babies born at a healthy birth weight
Preventing people from dying prematurely	<ul style="list-style-type: none"> • Potential years of life lost from causes amendable to healthcare • Deaths from avoidable diseases
Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> • Quality of life for people with long-term conditions • Quality of life for people in social care
Preventing deterioration and helping people to recover from episodes of ill-health or following injury	<ul style="list-style-type: none"> • Hospital admission for things that should usually be treatable outside hospital • The proportion of people leaving hospital who end up back in hospital within 28 days
Ensuring people have a positive experience of care	<ul style="list-style-type: none"> • Peoples experience of GP services • Peoples experience of being in hospital • Satisfaction with social care services
Treating and caring for people in a safe environment and protecting them from avoidable harm	<ul style="list-style-type: none"> • The number of safety incidents reported by hospitals and the number of incidents that leave to serious harm

Public Consultation

Local authorities and CCGs have a duty to involve the local community and good practice would be to involve people who access or potentially could access services within the area. Ideally, public engagement should take place at different stages of the process, not just at the end. An active dialogue with the local community will provide information to supplement other evidence making the JSNA more reflective of local experience. For example, the consultation that was undertaken as part of the Health Summit should inform the JSNA.

There is also a requirement to involve local HealthWatch once established. HealthWatch will provide local people with the opportunity to get involved in the scrutiny of local services and to make reports and recommendations to individual commissioners and providers. This should complement the local authority's existing community engagement and, through its place on the HWBB, local HealthWatch can provide expertise and advice to the HWBBs involvement methods and activities.

It is proposed that consultation on the development of a local strategy is done in two phases.

- The first being the analysis of the data, asking the question “does this look like Rotherham to you?” based on the analysis produced by the first multi-agency task group. This should be undertaken once the JSNA has been presented to the HWBB in March and the outcome of which should then form part of the HWBB priority setting meeting in April.
- The second phase being the priority setting stage once the Board have considered what they want their priorities to be; asking the public “Do we have this right?” “Are we missing anything?”.

There needs to be an agreed process for consultation, which utilises existing networks and groups and draws on our experience of community engagement. It is proposed that the existing LINKs is used to carry out this consultation.

Alignment with Other Assessments and Plans

JSNAs should build on and align with other assessments to avoid duplication and develop a comprehensive local assessment of needs and assets. Similarly, JHWS will need to contain priorities that inform a number of local authority and CCG strategies and plans for local services.

The draft guidance suggests a number of local assessments which are used by other public sector organisations to inform service planning, and some HWBB members will have a statutory duty in relation to some of these assessments, so alignment is important to support these responsibilities. Assessments include (but are not limited to):

- Pharmaceutical Needs Assessment
- Local Economic Assessment
- Community Safety Strategic Assessment
- Local safeguarding Children's Board Annual Report
- Child Poverty Needs Assessment
- Housing Needs Assessment
- Adults Annual Safeguarding Report

The first stage of the process will require a review of all the associated assessments to ensure they are all aligned. A review of all local strategies and plans will also need to take place to assess what we currently have in place, whether they are fit for purpose and current.

This work will be undertaken by a small working group of officers from the local authority, public health and the clinical commissioning group.

9. Finance

There are no direct financial implications in relation to the content of this report, however, a high degree of collaborative working is required to provide adequate support to this agenda within existing, or less resources than we currently have.

Joint leadership from the local authority and the clinical commissioning group should help make best use of the resources across the relevant partner organisations and better coordinating the various pieces of work and associated action/steering groups.

10. Risks and Uncertainties

- Continuing with this wider agenda in silos will not have the required impact to achieve a strong joint strategy for the benefit of local people
- If the evidence resulting from the JSNA, ISNA and health summit are not pulled together and jointly inform the strategy there is an opportunity missed to coordinate and utilise the skills of everyone working on this wider agenda and shift resources to where we need them the most (through the strategy)
- To effectively inform commissioning plans of all agencies there needs to be 'buy-in' from everyone involved and each agency needs to see where they fit into the bigger picture

11. Policy and Performance Agenda Implications

The details in this report directly relate to the development of a local health and wellbeing strategy, which will be a requirement of the HWBB to publish from April 2013, although earlier implementation will ensure we are appropriately placed to tackle health issues locally.

12. Background Papers and Consultation

- Health and Social Care Bill 2011
- JSNAs and Joint Health and Wellbeing Strategies – draft guidance, January 2012
- Joint Strategic Needs Assessment 2011
- Integrated Single Needs Assessment
- Rotherham Health Summit – outcomes report

13 Contact details

Kate Green

Policy Officer

Resources Directorate

Kate.green@rotherham.gov.uk

14. Glossary of Terms

CCG	Clinical Commissioning Group
HWBB	Health and Wellbeing Board
ISNA	Integrated Single Needs Assessment
JHWS	Joint Health and Wellbeing Strategy
JSNA	Joint Strategic Needs Assessment
SLT	Strategic Leadership Team

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Health and Wellbeing Board
2.	Date:	29th February, 2012
3.	Title:	Health and Wellbeing Boards – Learning from the Early Implementers
4.	Directorate:	Resources

5. Summary

Local Government Improvement and Development (LGID) have published a document, 'New Partnerships, New Opportunities' which pulls together nine case studies of health and wellbeing board early implementer areas where preparations are generally well advanced.

This report provides a summary of the work undertaken by the case study areas and where we have used this learning to develop our own local health and wellbeing board. It also presents a number of potential development areas which members of the board may wish to consider to further develop the board locally.

6. Recommendations

That the Health and Wellbeing Board:

- **Notes the learning from the early implementer case studies, and where this has been applied to the development of the board locally**
- **Considers areas for further development of the board based on the examples presented**

7. Background

A review of health and wellbeing board (HWBB) early implementer areas has been undertaken by LGID and published in a document 'New Partnerships, New Opportunities' late 2011. The document pulls together nine case studies which have been drawn from an initial group of 25 councils that worked with the Department of Health to help shape the early implementer network. The case studies also represent a geographical spread, different size and types of council and political control, and a varied range of approaches to the task.

The review has shown that local areas are taking many different approaches to setting up HWBBs and that it is far too early to identify which will be most effective. The information is not presented as examples of good practice or models which are being recommended, but issues, themes, challenges, messages and solutions that are emerging from some early implementers which others may find helpful when shaping their own boards.

There are five stages outlined for developing a good HWBB, and this report presents where the learning has been implemented locally in developing our HWBB and potential areas for further development which board members may wish to consider.

- **Stage 1 Preparing for the board**

Based on learning from the case study examples, Rotherham has now agreed joint leads for this agenda; RMBC Strategic Director Neighbourhoods and Adult Services and Chief Operating Officer CCG. A multi-agency working group is also being established to support the Board in developing the key areas of work required, including JNSA and joint strategy.

- **Stage 2 Forming the board**

Early implementers reflect two main approaches in relation to their board membership; either commissioner-focused – where the board is mainly confined to the core roles identified in the Bill or a mixed-membership approach - where a number of others are involved in addition to the core roles.

Many areas have agreed to stick to the core statutory members in the first instance until the board takes on its statutory duties, when many will review their membership and it may be that Rotherham wishes to take this approach.

- **Stage 3 Work programmes, priorities and commissioning**

Rotherham has now agreed a work programme for the board, based on a good practice toolkit, and this is being implemented to inform agendas over the next 12 months. However, members of the board may wish to consider how they will manage the other business items alongside the more strategic items required; such as JSNA and priority setting, as well as continuing to develop relationships.

- **Stage 4 Developing joint strategic needs assessments and joint health and wellbeing strategies.**

A proposed timetable for further developing the local JSNA and JHWS has been put in place for the HWBB to consider. This includes an update to the existing JSNA to ensure the final product is of a high quality and accurately reflects the views of all commissioning organisations, priority setting based on the JSNA and public engagement to ensure we have this right.

- **Stage 5 Review, performance and looking forward**

The work programme previously presented to the Board sets out a timetable for the completion of specific tasks and decisions for the next 12 months. This plan includes milestones so that the board can self-assess against a set of specific criteria, which will ensure the board can continue to improve its effectiveness and ensure it is achieving what is expected of it under the statutory duties.

7.1 Further Development Areas

The case study areas demonstrate a number of examples where they have further developed their work in relation to their boards; these are presented below for Rotherham Board members to consider which areas they may wish to adopt or explore further.

- Holding stakeholder events on the topic of developing JSNAs and JHWS, which involve a range of people and organisations beyond the members of the board, have been demonstrated as useful in many areas
- adopting an asset-based approach to the JSNA which includes strengths as well as needs has also been shown as a useful development to the existing document
- It will be important to develop a shared understanding about what is meant by commissioning, including issues such as judging commissioning success in terms of outcomes and ensuring that commissioning covers health improvement and health inequalities, not just service provision
- Many areas are approaching their commissioning role by having a number of subgroups which will support the work of the board, such as for public health, learning disabilities, dementia and mental health, JSNA steering group and Prevention and Early Intervention boards
- Case studies have shown that it is important to have mechanisms in place to help members of the board understand each other's roles and to work together to develop shared vision, priorities and understanding – and potentially to clear up any myths and assumptions, including the cultural and language differences of each partner organisation
- Most areas are considering their existing LSP arrangements and their health and social care joint commissioning partnerships, and undertaking a full review with a view to understanding how the future strategic planning architecture would best meet local needs
- Many areas have taken the temporary measure of locating the board in the LSP structure, with a view to it becoming a council committee at a later stage

- Ensuring that the right governance and accountability structures are in place, including relations with children's trust and safeguarding boards will also need to be considered
- The potential for tension or conflict, such as the role of boards in contributing views to the NHS Commissioning Board for the readiness of CCGs for authorisation, the role of boards in providing a view to CCGs on whether their commissioning plans have had regard to the joint health and wellbeing strategy and directors of adult social services, children's services and public health having a formal membership of the board alongside elected members, have been addressed by the following mechanisms:
 - 1) No mechanism in place – deferred until board is legally established (many boards are taking this route)
 - 2) One member one vote, with the chair having a casting vote
 - 3) Votes restricted to core members of the board identified in the legislation
 - 4) Votes restricted to specified members of the board – always councillors and clinical commissioners, but with other variations
 - 5) Members with potential conflict of interest withdraw for certain items

8. Finance

There may be financial implications in relation to the further development of the local HWBB, particularly in relation to engagement of the public and stakeholders which will need to be considered by all key partners involved.

9. Risks and Uncertainties

Many uncertainties remain in relation to the wider health and wellbeing agenda, and there will be no clear, statutory guidance issued until the Bill receives royal ascent. However, there is a real opportunity to utilise the learning of the early implementers in ensuring an effective HWBB is developed locally.

10. Background Papers and Consultation

'New Partnerships, New Opportunities' LGID (2011)

11. Contact

Kate Green
Policy and Scrutiny Officer
Resources Directorate
Contact: kate.green@rotherham.gov.uk

1.	Meeting:	Health and Wellbeing Board
2.	Date:	29th February, 2012
3.	Title:	Health Scrutiny Work Programme
4.	Directorate:	Resources

5. Summary

The health scrutiny work programme for January to July 2012 has now been agreed by the Health Select Commission and Overview and Scrutiny Management Board. It is being presented to the Health and Wellbeing Board for information and to flag up areas of work where partners may need to be involved.

6. Recommendations

That the Health and Wellbeing Board:

- **Notes the overall Health Scrutiny work programme**
- **Notes the areas of work in the plan which will require partner involvement and cooperation**

7. Background

The health scrutiny work programme has been put together by scrutiny members, in consultation with RMBC Strategic Leadership Team and other partners where appropriate (appendix A).

The programme is being presented to the HWBB for information as it has been agreed for this to happen for all future health scrutiny plans. This will ensure that the programme links with the wider health and wellbeing agenda and that all partners are aware of the areas of work being looked at by scrutiny and are able to feed into this where appropriate. The programme has been agreed up until July 2012, although it is noted as being a flexible programme to enable items to be prioritised if felt appropriate, it will also allow for further items to be added where necessary.

There are two items in the programme which the Health Select Commission would particularly like to flag up with the HWBB:

1) The scrutiny review of continuing healthcare – the scoping document for this review is attached as appendix B to this report for information, as there will be a requirement for NHS partners to be involved in this review

2) The Health Select Commission would like to hold a session at their April meeting (19 April, 9.30am) on the HWBB, including a progress update, work plan and partnership arrangements and Cllr Wyatt has agreed to attend.

The Chair and Vice-chair of the Health Select Commission would like to invite other representatives of the HWBB to attend this meeting if possible to join in a discussion about the board and to consider how scrutiny can compliment the board's work programme, as well as to build relationships, particularly between scrutiny members and the Clinical Commissioning Group.

8. Finance

There are no direct financial implications resulting from the content of this report.

9. Risks and Uncertainties

It is noted that the health and wellbeing agenda is changing rapidly and there are still many uncertainties, which is why the health scrutiny work plan will need to remain flexible to be able to take on and look at new issues as they arise.

Scrutiny members are also aware of the new partnerships, particularly in relation to the Clinical Commissioning Group, and are keen to build strong working relationships with these key partners.

10. Background Papers and Consultation

Health Select Commission work programme – January – July 2012 (Appendix A)

11. Contact

Kate Green
Policy and Scrutiny Officer
Resources Directorate
Contact: kate.green@rotherham.gov.uk

Health Select Commission – work programme (March – July 2012)

Date	Item	Purpose	Intended Outcome/s
26 January 2012	RFT Quality Accounts	For RFT to update on 2011/12 accounts and present proposals for 2012/13 accounts for comment	For scrutiny members to be informed of the quality accounts and submit a formal response
	Continuing Healthcare Review	A sub-group of the commission to undertake a review to understand the CHC systems in place locally since the implementation of the national framework and how successful this has been, and to gather information on patient experience	To make recommendations based on gathered information
8 March 2012	Presentation on smoking cessation and illicit tobacco control, inc. stop smoking service annual report	For Members to be informed in relation to smoking cessation services in Rotherham, what the current figures were and issues around illicit tobacco and safeguarding	To consider how scrutiny may be able to support this agenda, and make recommendations e.g. community champion role of elected members and/or consider potential review into a specific issue (if appropriate/needed)
	Health Inequalities review – BMI>50	Final report and recommendations presented to the commission and to discuss the CfPS model for undertaking reviews (which was tested by this review)	For approval prior to submitting to Overview and Scrutiny Management Board and HWBB
	RDaSH Quality Accounts	Legal requirement for RDaSH to consult with scrutiny	For scrutiny members to be informed of the quality accounts and submit a formal response

19 April 2012	Health and Wellbeing Board session, inc. update on progress, work programme and partnership arrangements	For scrutiny to have a joint discussion with board members around progress and what the board looks like for Rotherham - based on key questions developed by the Centre for Public Scrutiny (Achieving an effective HWBB)	For scrutiny members to be informed of progress and measures being put in place to achieve an effective HWBB Will also ensure the scrutiny work programme is in line with the HWBB work programme and that issues will be referred to them as appropriate
	Presentation on JSNA, following consultation with the public and HWBB (in line with the HWBB work programme)	To be informed of the JSNA	Consider alignment of the scrutiny work programme with the key issues highlighted by the JSNA To be informed of the issues so that members are able to judge the appropriateness of the strategy once published
31 May 2012	Commissioning for local Healthwatch	HealthWatch working group are using the CfPS 10 questions to ask when developing the commissioning arrangements which will form part of the process and be presented to HWBB in April.	Following agreement by HWBB, scrutiny members to be informed of the commissioning approach (having already built the questions into the earlier development stages this will ensure members are involved in the process from the beginning) For scrutiny members to consider options for how scrutiny and HealthWatch will align and support each other
	Continuing Healthcare Review – final report	Final report and recommendations presented to the commission	To approve prior to going to Overview and Scrutiny Management Board and being implemented

12 July 2012	Electronic Patient Records – single agenda item spotlight review	To look at how electronic patient records are currently used in Rotherham and gather information in relation to the return on investment and patient views of EPR	To make recommendations based on gathered information
	Autism Review	For a sub-group of the commission to undertake a review of autism in Rotherham (picking up on previous work undertaken by the old Children’s Scrutiny panel) To consider diagnosis in Rotherham, compared with other areas and what support pathways were in place	To make recommendations based on gathered information

Suggested items which are not yet allocated to a meeting date:

- Excess Medication
- Use of volunteers – social care/RFT
- Care of the elderly – to consider potential visits to hospital

Scrutiny Review of Continuing Healthcare

Review Group – made up of a sub-group of Health and Improving Lives Scrutiny

Members and co-optees:

Cllr Brian Steele – Chair

Cllr Hilda Jack

Cllr Dominic Beck

Cllr Lyndsay Pitchley

Ann Clough – co-optee

Russell Wells – co-optee

Scope of Review

- To gather benchmarking information against South Yorkshire authorities, national comparator groups, and Yorkshire and Humber to establish the Rotherham position overall
- To review the current arrangements in relation to the national framework, and identify areas of improvement / non-compliance
- To examine the current role of the CHC Panel and how decisions are taken
- To examine the length of time from first contact to customer receiving their assessment decision
- To examine the customer experience, building on anecdotal concerns in relation to experience of the CHC process
- To develop conclusions and recommendations based on the evidence that is collected

It is the intension for the scrutiny review to compliment the operational review currently being undertaken by RMBC and NHS colleagues.

To achieve these objectives the following actions will be undertaken by the review group and supporting officers:

- Desk-top review of relevant reports, publications and gathering data and information from other local authorities/comparator groups to provide benchmarking
- Comparison of Department of Health published figures
- Use of the LINK to help gather views and experiences of local people, and writing to local groups for their views, including:
 - Age Concern
 - Help the Aged
 - Alzheimer's Society
 - Older People's Forum
 - SY Centre for Independent Living
 - Scope
 - Speak Up
 - Headway
 - Stroke Association
 - MS Society
- Meeting with representatives of Adult Social Services
- Meeting with relevant representatives NHS Rotherham and/or CCG (if appropriate)

- Meeting with representatives of the Continuing Healthcare Panel

Proposed Timeline

15 February

- An Initial scoping meeting with RMBC Director of Health and Wellbeing and Cllr John Doyle

29 February

- Scope of the review to be presented to the Health and Wellbeing Board

February – March

- Desk-based information gathering and research
- LINKs to undertake consultation with local people, with support of RMBC officers
- Write to other PCTs to request information on their CHC spend

16 & 30 March 1-3pm

- Two meetings where witnesses will be called:
 - Adult social services
 - PCT/ CCG (including CHC Panel representatives)

13 April 1-3pm

- Review group reflection meeting to:
 - Consider outcomes of information gathering/interviews etc
 - Agree recommendations

31 May 11.30 – 1pm (following Health Select commission meeting)

- Review group meeting to consider draft report prior to being presented at Select Commission
- To invite Chair/Vice-Chair of Improving Lives Select Commission to comment on draft report

12 July

- Final report back to Health Select Commission



Rotherham NHS Stop Smoking Service Annual Report 2010-11

Simon Lister
Service Manager

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Rotherham NHS Stop Smoking Service Mission Statement

To provide high quality and value for money stop smoking services to people who live or work in Rotherham.

Introduction

Smoking remains the largest cause of preventable illness and premature death in the UK, in Rotherham smoking results in about 500 premature deaths per year. Stop smoking interventions are proven to be both effective and cost effective ways of reducing illness and preventing premature deaths.

Aim of report

The aim of the report is to highlight the achievements of Rotherham NHS Stop Smoking Service (RSSS) over the last year and to consider the challenges currently facing the service.

RSSS is specialist service that provides support for anyone who lives or works in Rotherham. The service provides one to one, drop-in, group and telephone support. Sessions are delivered in a number of venues across Rotherham (including the Quit Stop in the town centre) during the day, evenings and Saturday mornings. The service also provides:

- A dedicated service for pregnant women and their partners
- A dedicated service within secondary care which includes the Stop Smoking Centre in the Rotherham Hospital foyer
- Training and support for a large network of intermediate advisors working predominantly in primary care.
- Brief intervention and very brief intervention training for staff across the health community
- Promotional work
- Data management for all specialist and Locally Enhanced Service providers

Service Objectives

Rotherham NHS Stop Smoking service is commissioned by NHS Rotherham. The service specification contains a number of very challenging objectives including:

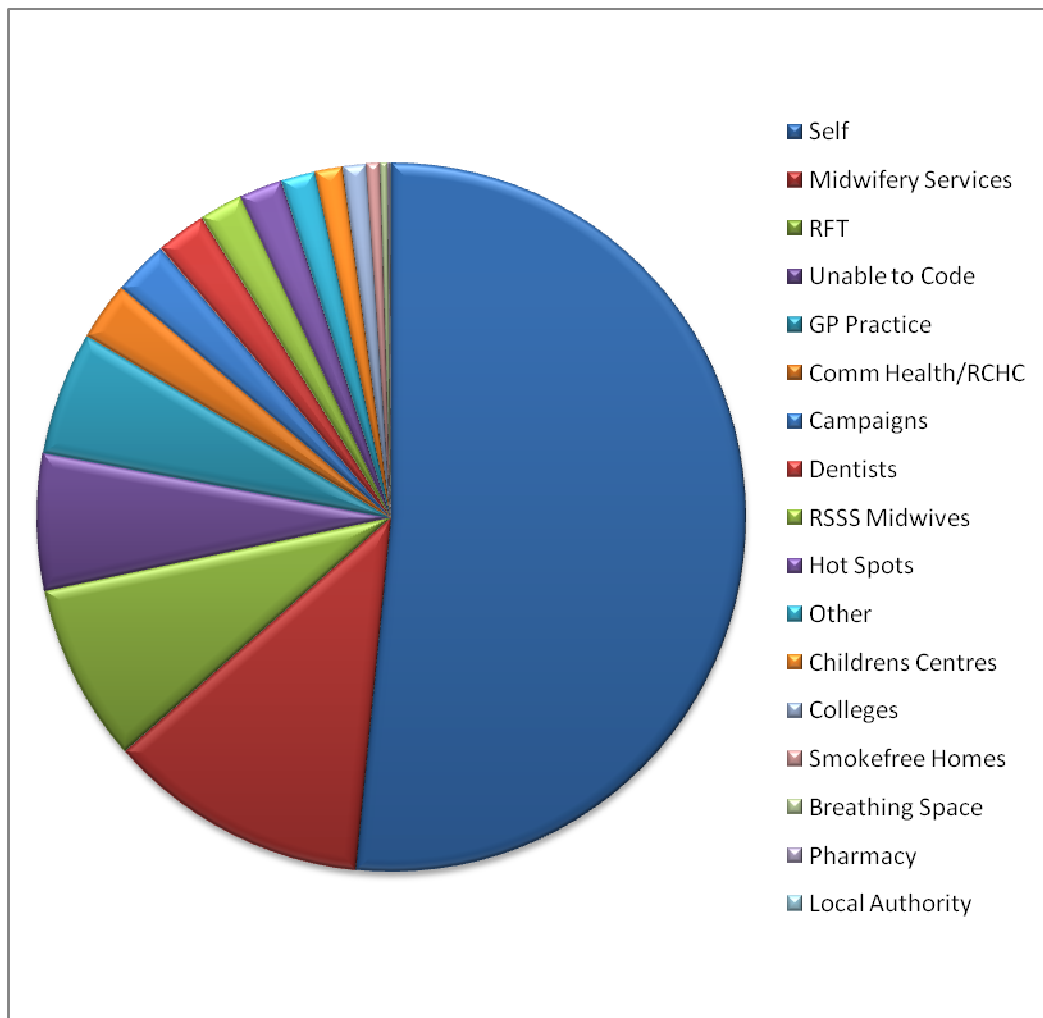
- Meet the specific 4-week quitter target (1,850/annum)
- Meet the specific pregnant women 4-week quitter target (160/annum)
- Achieve an average of 50% conversion rate
- Achieve 85% CO verification rate of clients who quit
- Support the achievement of the LES target (1,000/annum)
- Contribute to the reduction of health inequalities by targeting specific groups e.g. routine and manual groups, pregnant smokers, young people, Black Ethnic and Minority groups (BME), patients suffering with mental health and deprived communities.

The service specification for 2010-11 contained significant financial penalties should the service not meet the 4-week quitter, pregnant women 4-week quitter and conversion rate targets. These penalties have subsequently been removed.

Performance Data

Referral source (N= 6,572 RSSS only)

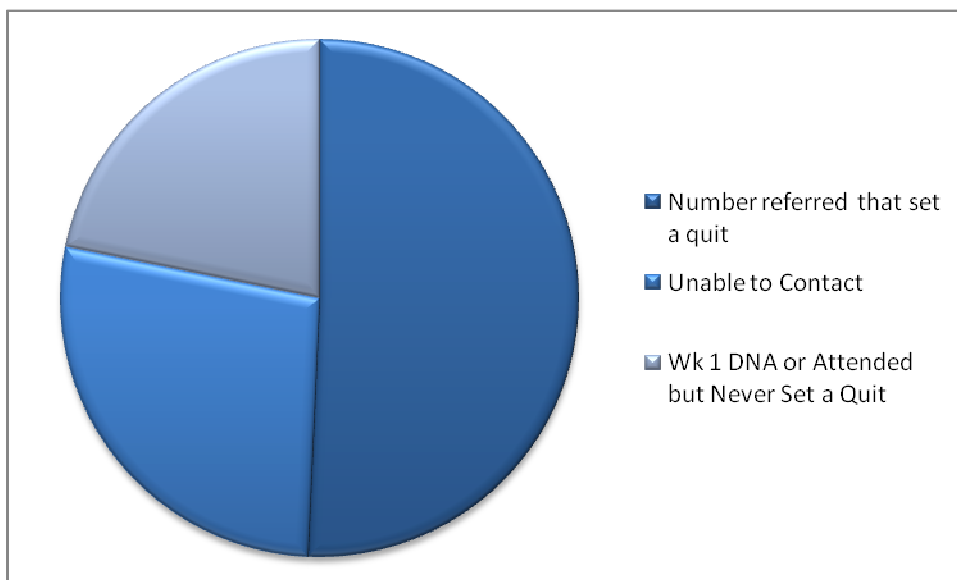
The single largest referral source by far is 'self' followed by the midwifery service and the Rotherham NHS Foundation Trust (TRFT). The midwifery service has an opt-out referral system whereby all smoking pregnant women are referred unless they specifically ask not to be. Although GP practices account for the fourth largest source of referrals, previous audits have demonstrated a very large variance in referral rates between practices. Referrals from pharmacies and RCHS remain disappointing



Ratio of referrals to quitters

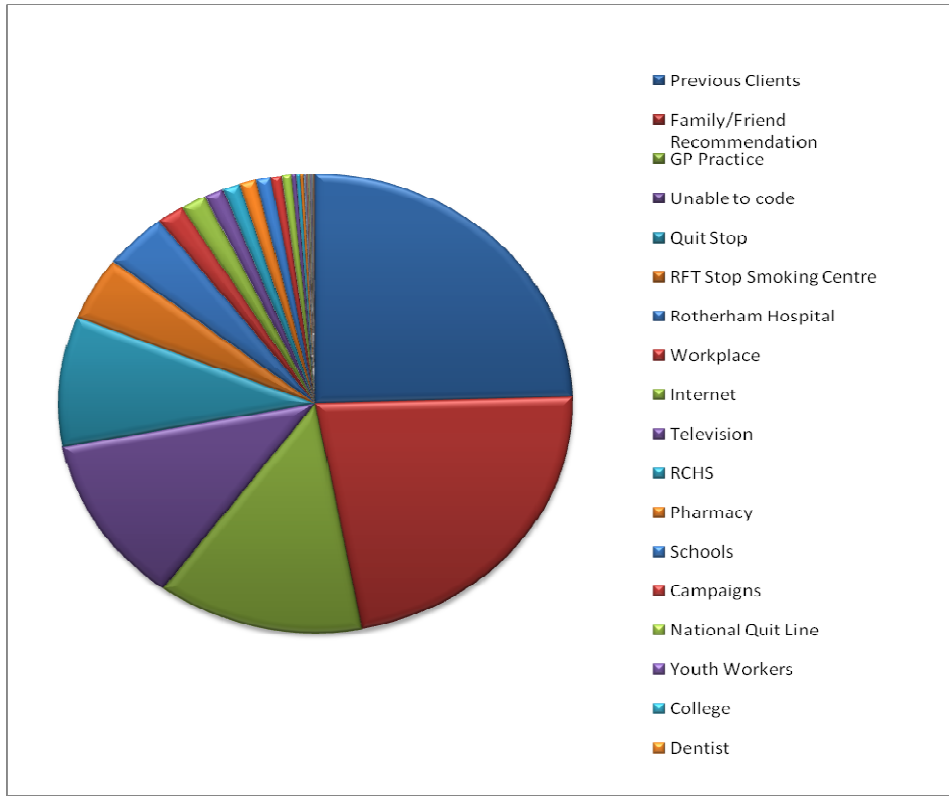
Of the 6,572 referrals received by RSSS, only about half (3,333) attended and set a quit date. RSSS was unable to contact 1,807 and a further 1,432 were contacted but did not attend or attended but did not set a quit date. RSSS needs to develop interventions to increase the ratio of quitters to referrals.

Since last year much progress has been made with this issue. RSSS has introduced digital pen technology and trained 28 out of 44 LES advisors to input data directly onto quitmanager (the services database). This has released some administration time (previously data was collected on paper forms and manually inputted onto the database) to facilitate the implementation of an improved referral management system. RSSS has also been working with the provider of quitmanager to develop a sophisticated referral management system and has developed a number of resources (letters and leaflets) to mail out to clients. It is intended that clients will also receive text message appointment reminders and it is anticipated that the system will be implemented early in the New Year.

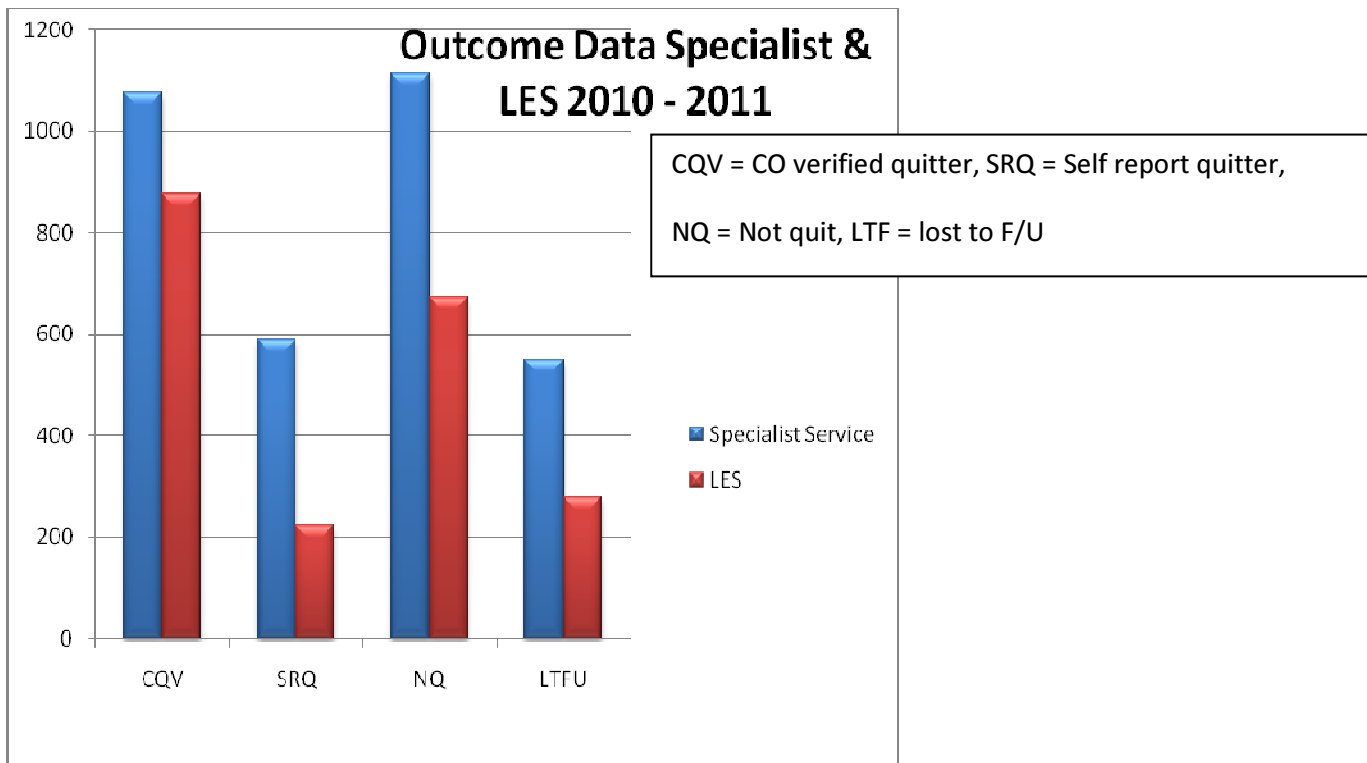


Self referral awareness source (RSSS only)

The main awareness source for self referrals are previous clients and friend and family, which accounted for nearly half of all awareness source. RSSS has recently introduced a 'member get member' scheme to maximise the number of referrals from this route. Clients finding the service simply by walking past the Quit Stop and the Stop Smoking Centre in the RFT make a significant contribution to the total number of self referrals, the two 'shops' therefore represent an important part of service marketing. GP's make up the bulk of awareness source for the remainder of self referrals with some from RSSS internet and direct marketing campaigns.



Outcome data (all outcomes by specialist and LES)



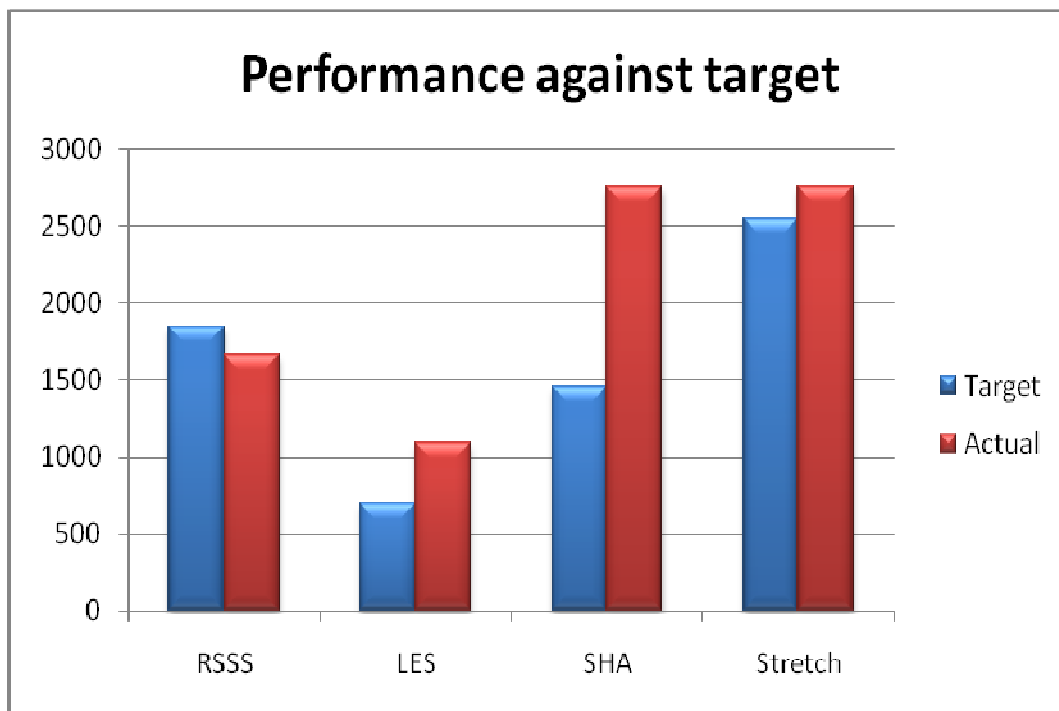
Overall quit rates in 2010-11 for RSSS and the LES were 50% and 53.4% respectively. RSSS quit rate has improved from 46.6 % in the previous year, the LES quit rate had decreased slightly from 57.7% in the previous year.

RSSS has a higher ratio of self report quitters than the LES 35% and 20% respectively. The probable explanation for this is that RSSS provides a dedicated telephone service whereas the LES provides face to face support only.

In 2009-10 RSSS had significantly higher 'Lost to Follow-up' rates (22% against 7%) than the LES. To address this RSSS introduced an initiative whereby follow-up was conducted by the out of hour's telephone service. In 2010-11 RSSS reduced it's lost to follow-up rates to 16.5% whereas the LES lost to follow-up rate increased to 13.3%.

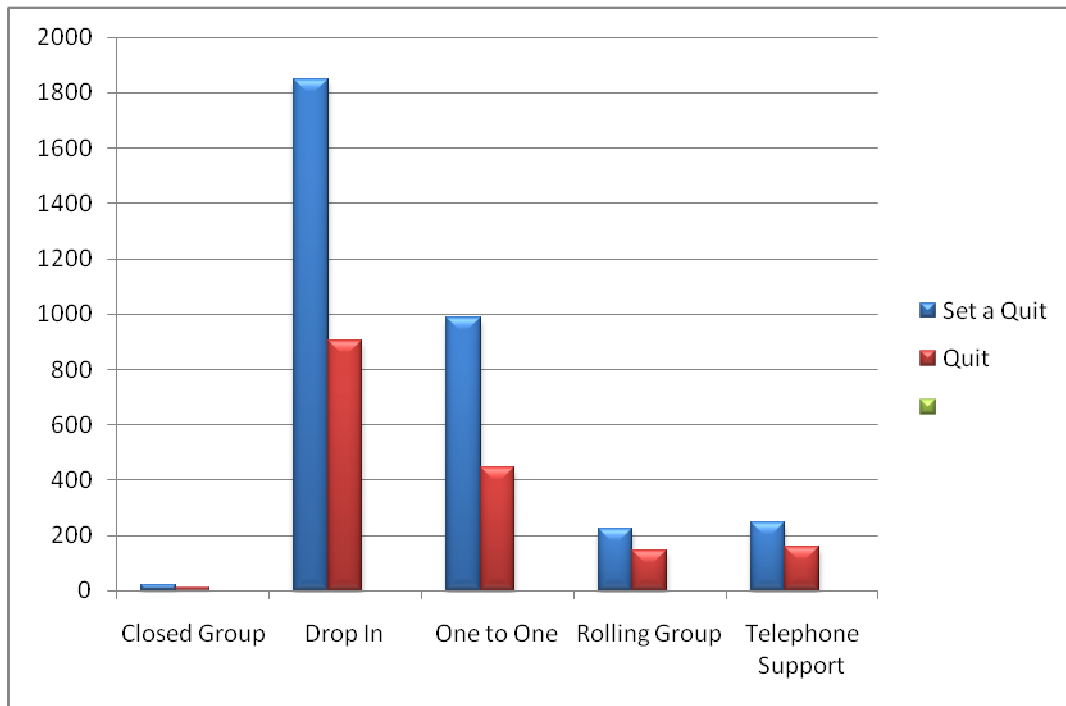
Performance against target

RSSS failed to meet the local 4 week quitter target in 2010-11(1662 actual, against 1850 target). However RSSS was in dispute with NHSR for much of the year regarding this target. During 2010-11 RSSS advisor staff establishment reduced by nearly one third due to temporary contracts coming to an end and staff not being replaced. At the same time NHSR expected RSSS to deliver the outturn of the previous year when all the additional staff were in post. The LES exceeded its target delivering 1089 quitters against a target of 700. Taken together the Specialist service and LES exceeded both the Strategic Health Authority and local stretch 4 week quitter targets.



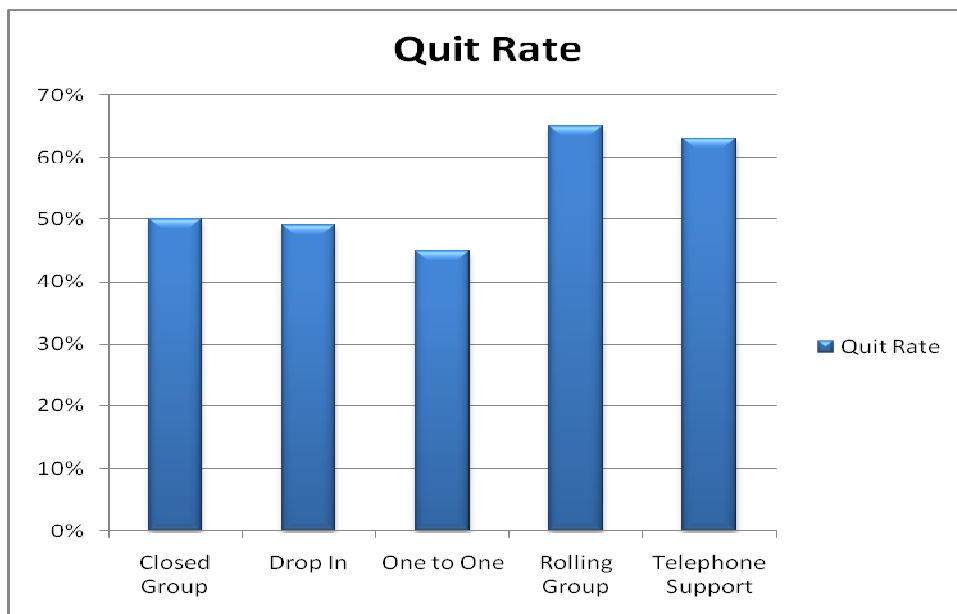
Quitters by Intervention Type (RSSS only)

The greatest number of quitters attended either drop-in or one to one sessions



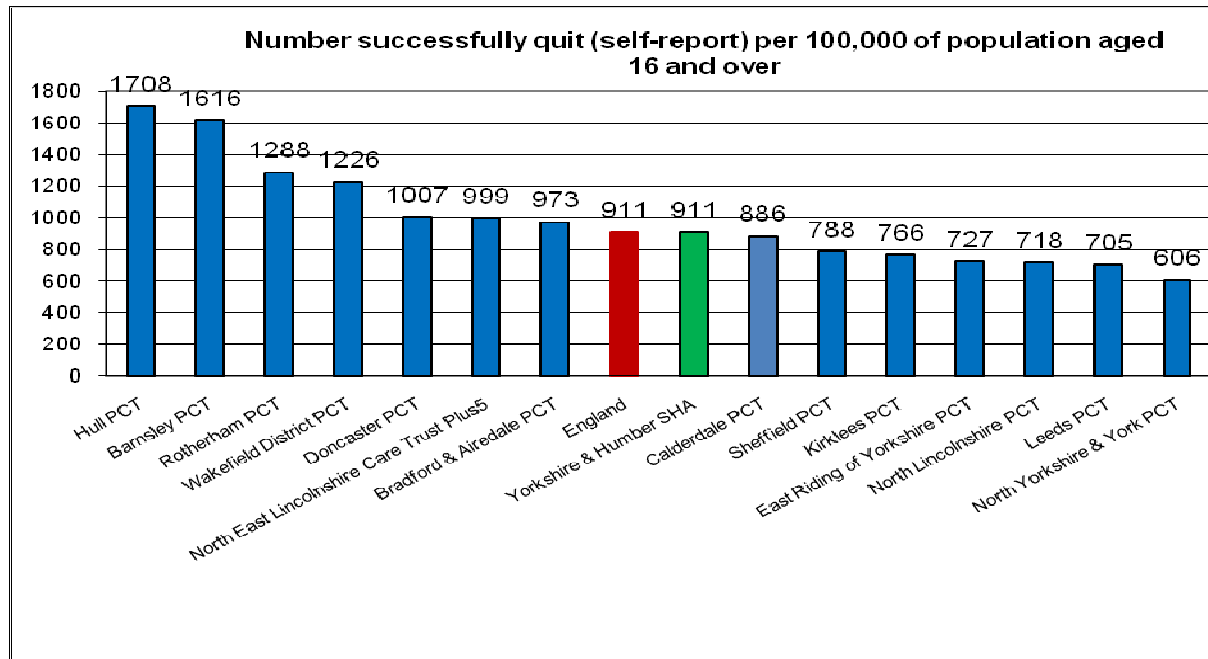
Quit rate by intervention type (RSSS only)

The greatest quit rate was achieved from rolling groups or telephone support, the lowest from one to one sessions.



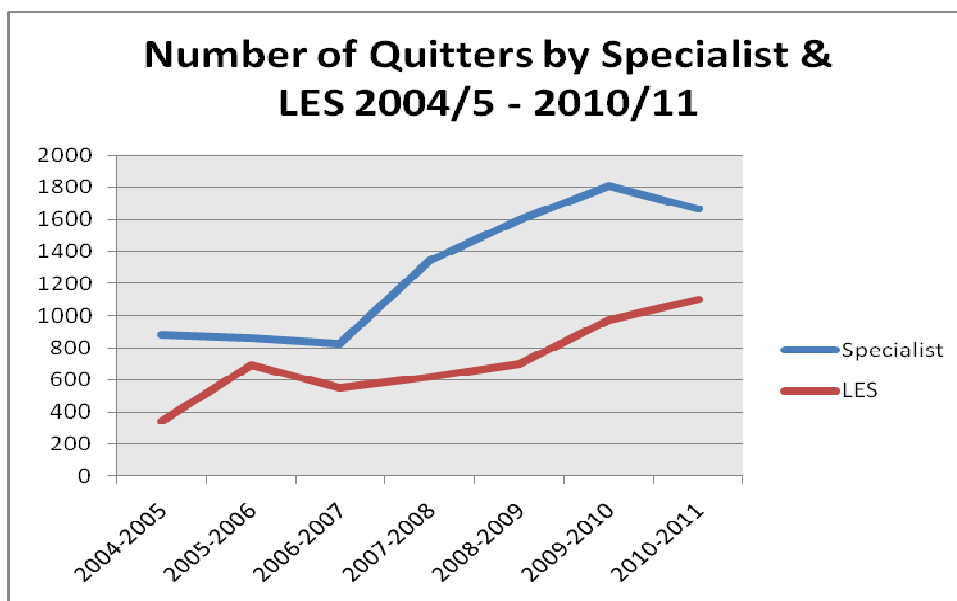
Number successfully quit (self-report) per 100,000 of population aged 16 and over, by PCT 2010-11

The chart below shows comparative quitter data by PCT across the region for 2010-11 (includes both RSSS and LES activity). Rotherham compares very favourably with other PCT's in the region in terms of quitters per 100,000 of population, delivering well over the England and regional averages.

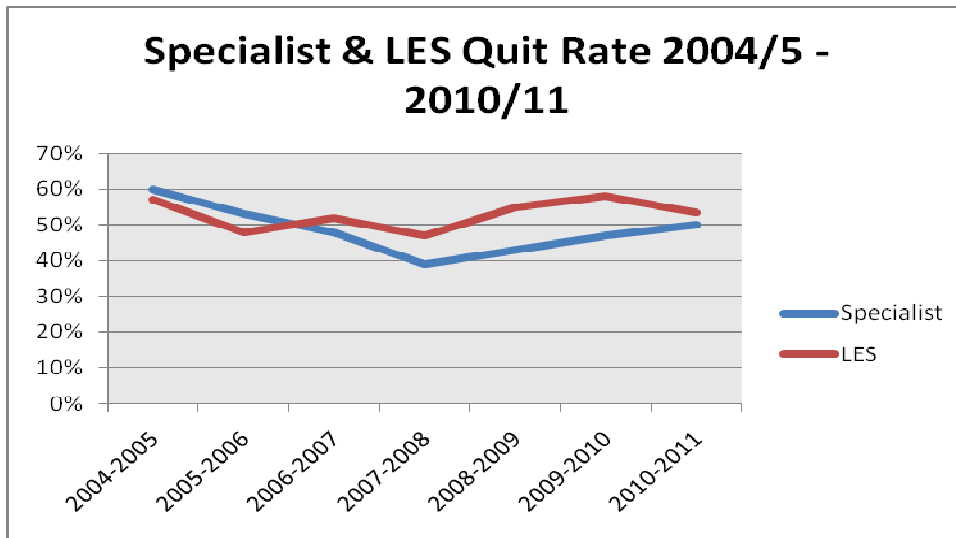


Number of Quitters Over Time by Specialist and LES

Between 2005-10 the number of RSSS quitters per year more than doubled but activity has dipped in the last year, at the same time LES quitter activity per year has nearly trebled.



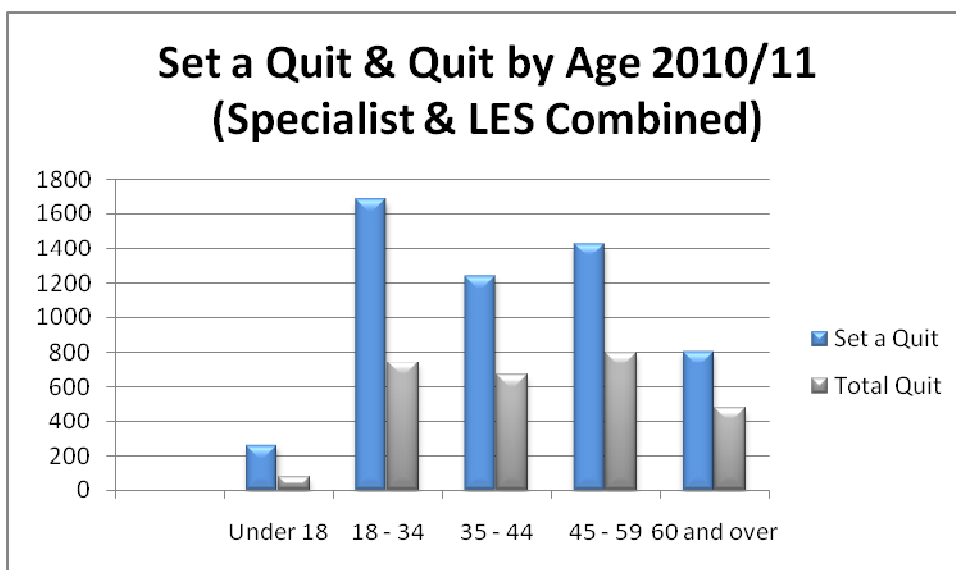
Specialist and LES Quit Rate Over Time by Specialist and LES



In 2010-11 the quit rate for the specialist service was slightly lower than that of the LES (50% compared to 53%). This represents an improvement for RSSS of nearly 4% on the previous year, the LES quit rate reduced slightly over the same period. The specialist service previously had quit rates of 60% but this has declined over recent years, however the quit rate has improved since its low point in 2007-8. It is noteworthy that the reduction in quit rate has occurred at the same time as the dramatic increase in the absolute number of quitters delivered by the Specialist Service. This has been associated with interventions aimed at increasing access to meet increasing quitter targets.

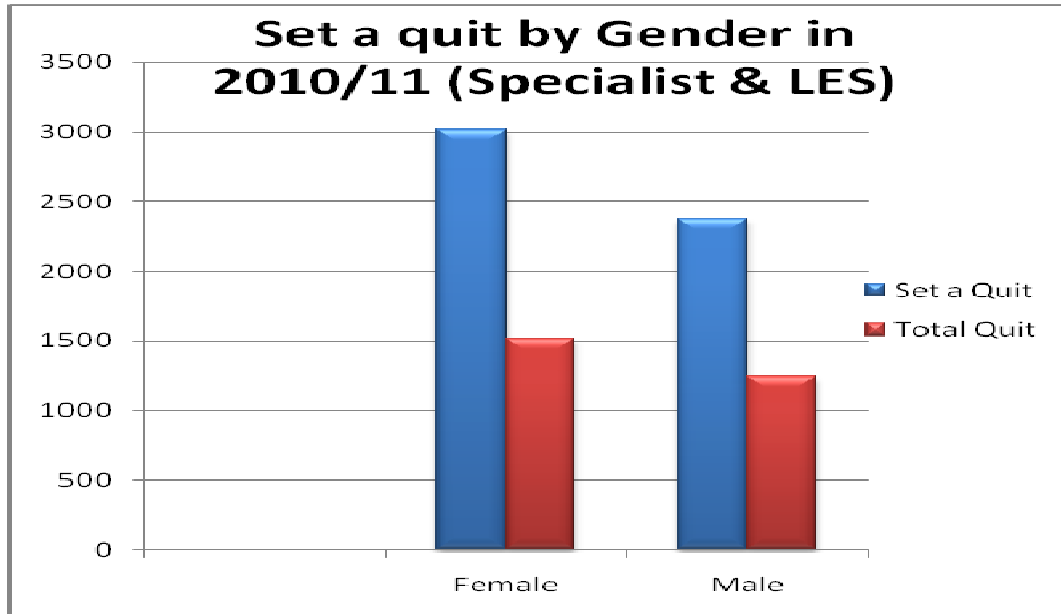
Set a quit and quit by Age in 2009/10 (Specialist and LES combined)

A similar number of clients quit across age groups 18-59, however quit rates were lower in the 18-34 age group. Not surprisingly few clients aged under 18 quit and the quit rate in this group was very low (see graph below).



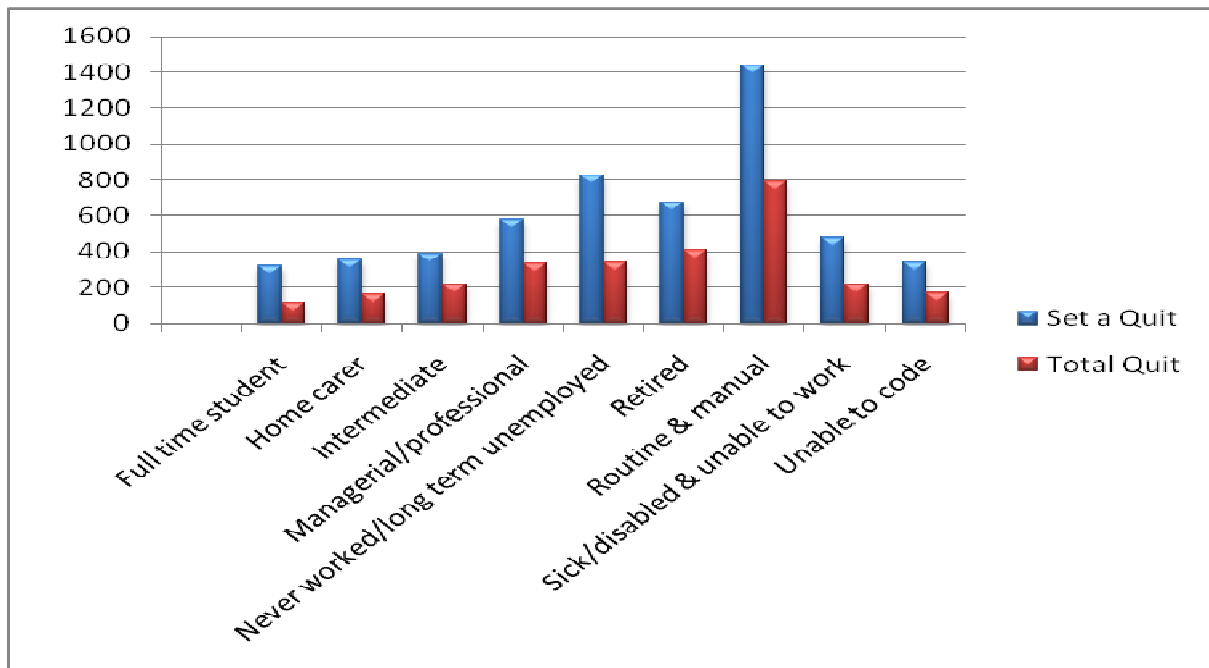
Set a quit and quit by Gender in 2009/10 (Specialist and LES)

Significantly more women attend stop smoking services and quit compared to men but men have a slightly higher quit rate. The differences in attendance and quit rates due to gender remain unchanged from last year. The targeting of pregnant women with 3 WTE staff could at least partially explain why there are more women quitters.



Set a Quit and Quit by Occupation

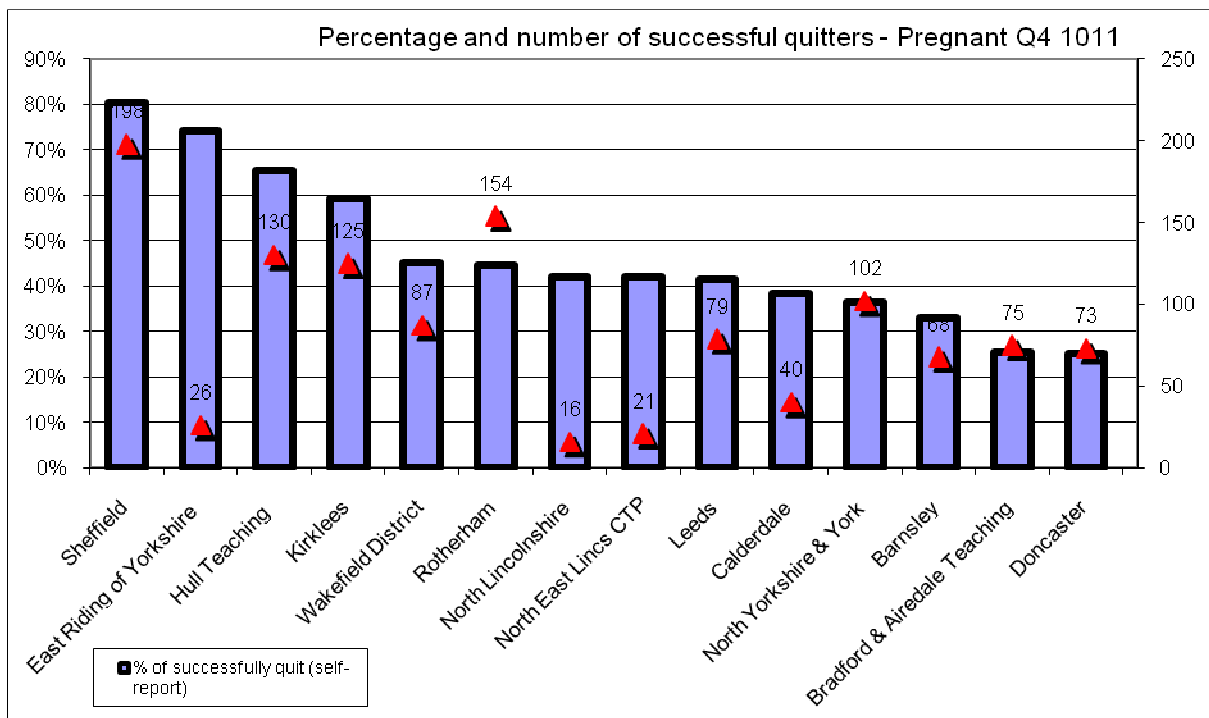
Routine and manual workers (R&M) are a key target group for stop smoking services. The above graph would suggest that R&M smokers are being effectively targeted within Rotherham.



Pregnant Women

In 2010-11 RSSS delivered 161 pregnant women quitters against a target of 160, increasing from 143 quitters in the previous year. It is worth noting that RSSS delivered the second highest number of pregnancy quitters in the region (Sheffield recorded the highest), a significant achievement for a service covering an area the size of Rotherham (the discrepancy in graph below and total number of pregnant women quitters was due to delays in reporting).

RSSS has continued to work closely with NHS Rotherham and TRFT maternity services to deliver the Rotherham smoking in pregnancy pathway. The pathway is the first in the country to integrate RSSS within maternity services such that all pregnant smokers are seen by the RSSS specialist midwife whilst attending their maternity outpatient appointment.



Primary Care and the Locally Enhanced Service

RSSS provides support for staff in primary care (mainly GP practices and pharmacies) to deliver stop smoking interventions including the Locally Enhanced Service (LES).

The LES delivered 1089/2751 (40%) of the total quitters in 2010-11, compared to 975/2783 (35%) in the previous year.

In 2010-11 there were 34 GP practices, 32 pharmacies and 5 dental surgeries delivering the LES. However there was a large variance in performance between providers, providers did not always have a service level agreement with NHSR and access to stop smoking services was not equal across the borough. Therefore RSSS has worked closely with NHSR to improve the co-ordination of RSSS and LES

delivery and to improve the performance management of the LES, this work is ongoing.

Quit-Stop

The Quit-Stop is located at 16 Bridgegate in Rotherham town centre. The Quit-Stop is open Monday to Saturday, one to one appointments and drop-in sessions are available. It delivered 715/1662 (43%) of all Rotherham NHS Stop Smoking service's quitters and therefore represents a very important part of the service. The quit rate was 47%.

Community Sessions

During 2010-11 RSSS delivered between 8-12 daytime and 5-8 evening sessions per week. The sessions were typically delivered in health centres and GP practices but some were delivered in pharmacies and even public houses. Over the course of the year most of these sessions were delivered as groups. Taken together the community sessions supported 810 clients to set a quit and 445 to quit, giving a quit rate of 55%.

Rotherham Hospital

RSSS provides support for patients, visitors and staff via the Stop Smoking Centre, located in the Health Information area within the recently redeveloped main concourse of Rotherham Hospital. The facilities in the health Information area are much improved from the previous unit and include a private consultation room. The centre opening times are coterminous with the outpatient department opening times. In 2010-11 the centre in the hospital supported 315 clients to set a quit date, 134 quit giving a quit rate of 43%.

Telephone Service

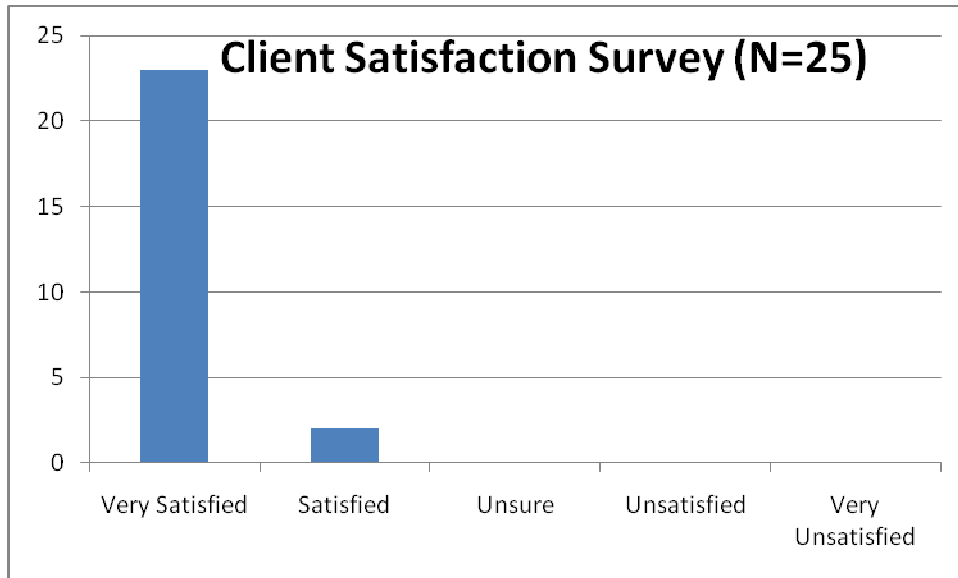
RSSS introduced an out of hours, pro-active telephone support service in January 2010, operating Monday to Thursday 5-8pm. The service is the first and only of its kind in the region and has proven very successful. In 2010-11, it supported 269 clients to set a quit date, of these 169 quit, giving a quit rate of 63%. The CO validation rate for the telephone service is 24%, hence some work is needed to increase the number of clients attending at the 4 week quit point and blowing into a CO monitor.

Patient and Public Engagement

Stop Smoking Services, unlike all other NHS services are constantly under pressure to recruit clients in order to meet very challenging quitter targets. RSSS developed a comprehensive marketing plan which included a combination of stakeholder activation and various forms of direct marketing, including internet, face to face and the Quit-stop window campaigns. RSSS also contributed significantly to the

development of the NHSR website and since the reorganisation of service structures in 2011 RSSS has developed content within the TRFT internet and intranet sites.

Levels of client satisfaction with RSSS are consistently very high with 100% of clients within a survey reporting they are very satisfied or satisfied with the service they received.



Staff Training and Development

RSSS strongly believes in staff development. In addition to the corporate Personal Development Review process RSSS has adopted the regional Tobacco Control Office continuing professional development pack for all specialist and advisor staff. In the last year all RSSS advisor and specialist staff also completed Stage 1 training with the NHS Centre for Smoking Cessation Training and RSSS was compliant with local mandatory training standards.

Challenges and Aspirations

2010-11 was a very challenging year for RSSS. During the year the service lost nearly a third of its advisor and half of its administration establishment due to temporary contracts coming to an end and staff not being replaced. At the same time the 4 week quitter target was increased from 1550 to 1850. These changes led to a review of the service structure with consequent changes to roles and responsibilities and a review of service provision.

Looking ahead 2011-12 will be another very challenging year for RSSS, the main challenge again for the service will be to meet the performance and quality targets

set out in the service specification but with a reduced establishment. This will mean the service will need to find ways of significantly increasing productivity.

Aspirations

1. Meet all performance and quality targets.
2. Maximise the functionality of the 'quitmanager' database and mobile technology.
3. Improve referral management and follow-up systems.
4. Continue to review options for service delivery linked to target achievement (this will include increasing the ratio of group sessions to one to one and drop-in).
5. Maintain the improvement in the co-ordination and performance management of the LES.
6. Continue to support staff learning and development.
7. Work with the GP pathway lead to include referral to stop smoking services in all chronic disease pathways.

REPORT TO HEALTH AND WELLBEING BOARD

1.	Meeting:	Health and Wellbeing Board
2.	Date:	29th February, 2011
3.	Title:	Use of 084 Telephone Numbers in Rotherham General Practices
4.	Programme Area:	NHS General Practice

5. Summary

In December 2009 the Secretary of State issued the "Directions to NHS bodies concerning the cost of telephone calls 2009". These directions mandated that regardless of the telephone number being called people should not pay more to call an NHS body than they would to make an equivalent call to a local telephone number. The directions did not expressly disallow the use of any particular telephone number ranges. This Direction came into force for all NHS bodies in December 2010 and were put into GP GMS and PMS contractual regulation in April 2010 with a 12 month implementation period April 2011.

A recent review of Rotherham General Practice telephone numbers was carried out and it identified that many were using 0845 and 0844 telephone numbers. Calls to these numbers from a fixed line are charged at no more than a call to local number. However all calls irrespective of the caller's provider or call plan should be at the local rate and as such the continued use of 084 telephone numbers by General Practices disadvantages some patients who cannot afford land lines and should be withdrawn.

Arrangements for the management of GP contracts are expected to transfer to the NHS Commissioning Board with the passage of the Health and Social Care Bill. Transitional arrangements see these responsibilities sitting with the South Yorkshire and Bassetlaw Cluster.

6. Recommendations

This is an important issue for the people of Rotherham in allowing them access to NHS Primary care. We recognise that this is not core Health and Wellbeing Board Business but would ask that South Yorkshire Cluster Board colleagues take up this issue with Rotherham General Practices to ensure compliance with the Regulations.

7. Proposals and Details

In December 2008, the Department of Health (DH), England, published a consultation on *The use of 084 telephone numbers in the NHS*. The DH published their response to the consultation on 14 September 2009, which concluded that the use of phone numbers that charge the public or patients a premium rate to contact the NHS were to be banned in England. However, 084 numbers could continue to be used if call charges were no more expensive than those of the equivalent local calls.

This response was put into policy in December 2009 when the Secretary of State issued the "Directions to NHS bodies concerning the cost of telephone calls 2009". This Direction required all NHS bodies to review their arrangements for telephone services by December 2010 and consider if people would pay more to call them than they would to a geographical number. A geographic number is one from a landline to a landline in the same STD code area.

The Initial Response in Rotherham

In response to the Direction a review of all Rotherham General Practice telephone numbers was carried out during 2010 and it was identified that many were using 0845 and 0844 telephone numbers..

When the review was completed and all of the 0844 and 0845 numbers were compared against the BT call rate charge all of the Practices were using telephone numbers that charged at a comparable rate to calling a geographic number from a land line and that they were all in compliance with the Direction.

Many other PCTs assessing their Practices against this Direction reached a similar conclusion to NHS Rotherham with regard to the use of 0844/0845 numbers and the numbers were widely retained across England. Locally both NHS Sheffield and NHS Barnsley adopted the same position.

Further Information and its Implications

Subsequent to the review and decision regarding the use of 084 numbers, further DH advice has identified that all calls irrespective of the caller's provider or call plan should be at the local rate.

Telephone service suppliers cannot give a guarantee that calls to 084 numbers are charged at a local rate because:

- *There is a proportion of the charge set by, and retained by, the callers telecoms provider.*
- *While a patients phone provider may choose to include calls to 0844/0845 numbers as part of a call package it was only BT who were obliged to do this for their land line customers.*

The initial position taken by NHS Rotherham allowing the use 084 telephone numbers was revised in 2012 requesting all practices to cease use of these numbers and comply with the regulations.

A revised position on the use of 084 telephone numbers has been adopted by other NHS bodies since their initial decision in 2010. Locally, NHS Sheffield has changed its position and they implemented a programme to try ensure compliance with the Directions during the summer of 2011.

Due to the way in which 0844/0845 numbers are charged, as described above, it is not possible for practices to retain using them if they are to achieve full compliance with the Direction.

8. Finance

Marginal loss of income to Rotherham General Practices.

9. Risks and Uncertainties

GP's are independent contractors and the the BMA GP Committee has taken the view that it would not be reasonable to expect practices to terminate long term contracts prematurely. Where a contract ends they would expect GP practices to comply with the regulation. Where it is not possible to terminate a contract then the BMA advice was that practices must consider introducing a system which if a caller asked to be called back this was carried out at their (the practices) expense. This is in line with DH guidance.

Use of these systems frequently include the rental cost of telephone equipment and potentially practices may revert to systems with poorer call handling capability.

10. Policy and Performance Agenda Implications

None

11. Background Papers

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionfromthesecretaryofstate/DH_110480

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_110479.pdf

http://www.bma.org.uk/images/084guidancejuly2011_tcm41-207983.pdf

12. Contact

Dr John Radford DPH
Oak House, Moorhead Way, Bramley, Rotherham, S66 1YY
Telephone: 01709 302160
Fax: 01709 302175
Email: john.radford@rotherham.nhs.uk
Web: www.rotherham.nhs.uk

ROTHERHAM BOROUGH COUNCIL - REPORT TO MEMBERS
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1.	Meeting:	Health and Wellbeing Board
2.	Date:	29th February 2012
3.	Title:	Rotherham's Olympic Legacy Project
4.	Directorate:	Resources Commissioning, Policy & Performance

5. Summary

The 2012 London Olympic Games will create an enthusiasm never seen before across the UK, bringing excitement and a reason for celebration. We want the people of our borough to be part of that and recognise that the games could influence their lives for years to come.

Working with Members and partners Rotherham Metropolitan Borough Council will deliver a programme of Olympic associated events and activities that will encourage people to live healthier lives, will see more of our residents joining clubs, volunteering and learning to coach and becoming more involved in social and cultural events.

This report will highlight progress to date in respect of;

- Forging an Olympic partnership with the London Borough of Barking & Dagenham
- Planning and initiating a wide range of Olympic focussed events during 2012

6. Recommendations

The Health and Wellbeing Board are asked to;

- **Review and approve the outline joint events calendar (Appendix 1)**
- **Agree the next steps in respect of Rotherham's Olympic Legacy Project**
- **Suggest any links that may be drawn with existing health and wellbeing projects**
- **Consider the sustainability of the Rotherham's Olympic Legacy Project**

7. Proposals and details

A project team made up of officers from both Rotherham Metropolitan Borough Council and partners have been working closely with the Leader, Cllr Rushforth and Cllr Wyatt to co-ordinate Rotherham's approach to the Olympics 2012.

Encouraging progress has been made in recent months and further information on planning can be found below.

7.1 Partnership working with the London Borough of Barking & Dagenham

Following discussions between the London Borough of Barking & Dagenham's Leader and Chief Executive with Cllr Roger Stone it was agreed that a partnership would be beneficial to both authorities in inspiring our communities during the Olympic year and beyond. This relationship was also encouraged Yorkshire Gold / Welcome to Yorkshire.

The London Borough of Barking and Dagenham is one of six host London boroughs which include Hackney, Newham, Greenwich, Tower Hamlets and Waltham Forest, with the London Borough of Newham forging a relationship with Barnsley Metropolitan Borough Council.

Informal partnership working arrangements have been in place for a few months now and this has enabled us to develop a detailed outline joint events calendar (Appendix 1), this will be outlined further in section 7.2

A draft memorandum of understanding (Appendix 2) has been developed by ourselves that formalises partnership working arrangements and focuses on aims, shared responsibilities and the partnerships structure. This is currently with colleagues at London Borough of Barking and Dagenham and they are in the process of reviewing and amending this prior to final sign off by both authorities.

It is anticipated that the memorandum of understanding, which has been approved by the Leader, will be finalised and signed off by the 20th of February 2012.

7.2 Outline Joint Events Calendar

Working with partners including; NHS Rotherham, Rotherham United, Rugby Clubs, Sports Clubs, DC Leisure, Schools and Colleges, South Yorkshire Sports Partnership, Chamber of Commerce and the London Borough of Barking and Dagenham a detailed outline events calendar has been developed, please see appendix 1.

The calendar of events is in the process of being finalised with named lead officers currently being identified to ensure the event is delivered on time and too budget.

Many of the events will offer RMBC residents the opportunity to get involved in either sports related or cultural events either in Rotherham or Barking & Dagenham.

Rotherham's leg of the "Torch Relay" will form a pivotal point in the events calendar, the Torch will pas through the borough on the morning of the 26th of June 2012. The Torch Relay will be seen as a "celebratory" day with members of the public being encouraged to line the route in both the Town Centre and Clifton Park. Many events

are currently being planned to celebrate this momentous day including a Mini Olympics at Clifton Park.

There are a number of projects/events that as yet have not been included in the calendar as they are being explored further or are in the early stages of planning, these include;

- Walk for Health (in Rotherham)
- Rugby Events – including hospitality at a Titans Game and arranging a Junior Competition
- Youth Exchange between Rotherham Metropolitan Borough Council and London Borough of Barking and Dagenham
- Look at utilising and increasing the promotion of outward bounds property
- History of Olympics Lessons to be delivered by Rotherham United
- Linking to launch of Community Stadium – October 2012

London Borough of Barking and Dagenham are also exploring a number of events that may provide collaborative opportunities.

As well as promoting new events and projects existing initiatives will also be promoted on Rotherham's Olympic Legacy webpages (currently in development), these will include;

- British Heart Foundation Heart Town
- Gallery Town
- Rotherham's Olympians and Beyond – Clifton Park Museum Exhibition
- Bike to Work Programme
- Cycle Maps
- Walking Maps
- Summer Reading Challenge
- Children's Festival
- Rother Valley Country Park
- Volunteering Opportunities

7.3 London 2012 Inspire Programme

Rotherham Metropolitan Borough Council's approach to the Olympics has been recognised by London 2012's Inspire programme.

A revised application, which included our events programme, was submitted in mid January and we received confirmation that we had been awarded the coveted Inspire mark in late January.

As a successful applicant we will be able to use the Inspire mark on our marketing, subject to licence.

7.4 Next Steps

Next steps for the project team include;

- Finalise Memorandum of Understanding / partnership agreement with the London Borough of Barking & Dagenham
- Finalise joint events calendar and further explore potential projects/events
- Initiate media activity to include promotion of partnership working with the London Borough of Barking & Dagenham and promotion of all relevant events
- Replace existing Olympic webpages with new pages that highlight events and related projects
Rotherham's 2012 Legacy
http://www.rotherham.gov.uk/info/885/sports-development/1380/rotherhams_2012_legacy/1

8. Finance

All events and projects where possible will be delivered within current budget capabilities, however where funding is an issue external funding streams will be researched.

9. Risks and Uncertainties

Promoting the Olympics and the associated projects/initiatives that Rotherham Metropolitan Borough Council and partners are undertaking over the coming months is extremely important in encouraging healthy lifestyles and cultural experiences. Not taking advantage of this unique juncture in time would be a missed opportunity to harness the enthusiasm the Olympics are inevitably going to create and the impact it could have on our communities for years to come.

10. Policy and Performance Agenda Implications

Joint health and wellbeing strategy, currently being developed.
Rotherham Health Inequalities Action Plan, yet to be approved.

11. Background Papers and Consultation

N/A

12. Contact

Matt Gladstone
Director
Commissioning, Policy & Performance
Matthew.gladstone@rotherham.gov.uk
01709 822791

Laura Brown
Corporate Improvement Officer
Commissioning, Policy & Performance
Laura.brown@rotherham.gov.uk
01709 823816

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Outline of Projects/Events

Colour Key: Collaborative event hosted by London Borough of Barking and Dagenham
 Collaborative event hosted by Rotherham Metropolitan Borough Council
 Rotherham Metropolitan Borough Council / London Borough of Barking and Dagenham event only

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
JANUARY 2012				
Sat 28 th	Dagenham & Redbridge FC vs. Rotherham United FC.	Allocation of free tickets by Dagenham and Redbridge FC to school/community groups.	LBBB EVENT Ideal situation is that children and guardians from both areas will meet at event and be seated together. Potential for Councillors and Officers from both authorities to meet, soft partnership launch.	Alex Jeremy / Danny Caine - LBBB Laura Brown Corporate Improvement Officer 01709 823816 Laura.brown@rotherham.gov.uk
Mon 30 th	Sports Hall Athletics (Secondary Schools)		RMBC EVENT Discussions have taken place but different formats and timescales do not lend themselves to a joint event but exploring ways in which results could be shared, pairing schools from both areas etc.	David Walker School Games Organiser Wickersley 01709 731213 dwalker@wickersley.net Elaine B - LBBB
FEBRUARY 2012				
Tues 14 th	Young Peoples Voice & Influence Conference	Event to be held at MyPlace Olympic Theme	RMBC EVENT A group of young people from Rotherham will be brought together at this event that will link with young people from LBBB in the future.	Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk Eric Stein - LBBB
Tues 21 st	Sports Hall Athletics (Secondary Schools)		RMBC EVENT ONLY	Louise White Schools Game Organiser Rawmarsh 07826 525554 rsl.White@rgfl.org
Tues 28 th	Sports Hall Athletics (Primary Schools)		RMBC EVENT ONLY	David Walker School Games Organiser Wickersley 01709 731213

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
Wed 29 th	Sports Hall Athletics (Primary Schools)		RMBC EVENT ONLY	dwalker@wickersley.net Louise White Schools Game Organiser Rawmarsh 07826 525554 rcsl.White@rgfl.org
MARCH 2012				
Sat 17 th	Water Polo Tournament	Becontree Heath Leisure Centre.	LBBB EVENT Potential for Rotherham team to be represented.	Geoff Wade - LBBB Katy Butterfield Swimming Co-ordinator DC Leisure 01709 722555 katybutterfield@dcleisure.co.uk
TBC	School's Disability Gala	TBC	LBBB EVENT ONLY	Emma Gillon – LBBB
TBC	Women's Day	Crèche will be provided.	LBBB EVENT ONLY	Danielle Robson – LBBB
Tue 27 th	Opening of Mayesbrook Handball Arena	Possible children's multi-sports to mark the event.	LBBB EVENT Further details TBC, potential to invite school children from Rotherham to attend?	? - LBBB Laura Brown Corporate Improvement Officer 01709 823816 Laura.brown@rotherham.gov.uk
APRIL 2012				
Sat Apr – June	BMX Saturday Masterclasses	Marcus Broomfield BMX Olympic Champion will deliver 10 weeks worth of "BMX Saturday Masterclasses" at Winterhill BMX track. The events include tricks and tips, diet and exercise, bike safety etc. Being delivered by the Youth	RMBC EVENT ONLY	Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk Rachel Barraclough (01709) 334939 Mobile 07876138671 rachel.barraclough@rotherham.gov.uk

APPENDIX 1

LBBD and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
		Service detached team who have linked up with Groundwork, Area Assemblies and Rotherham North SNT for this piece of work.		
Tues 17 th April – Monday 18 th June	Schools Torch Relay	Schools are creating a Rotherham Torch which is due to leave Thrybergh on 17 April and will pass through every school in the authority ending up at Magna on 18 June to open the Children's Festival.	RMBC EVENT ONLY	Fiona Radford SES Business Manager 01709 740226 fiona.radford@rotherham.gov.uk Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk
MAY 2012				
Tues 17 th April – Monday 18 th June	Schools Torch Relay	Schools are creating a Rotherham Torch which is due to leave Thrybergh on 17 April and will pass through every school in the authority ending up at Magna on 18 June to open the Children's Festival.	RMBC EVENT ONLY	Fiona Radford SES Business Manager 01709 740226 fiona.radford@rotherham.gov.uk Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk
JUNE 2012				
Mon 4 th June – Thu 5 th July	Big Dance Programme	Dance groups and schools from Rotherham to participate through targeted sessions, activities and performances. B&D community groups to go to Rotherham to prepare. 'Mums Can Dance' project too.	LBBD EVENT	? - LBBD Lizzy Alageswaran Principal Officer Community Arts 01709 823636 lizzy.alageswaran@rotherham.gov.uk
Sat 9 th – Sun 10 th	Family Sports Day	TBC	LBBD EVENT ONLY	? - LBBD
Tues 17 th	Schools Torch	Schools are creating a	RMBC EVENT ONLY	Fiona Radford

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
April – Monday 18 th June	Relay	Rotherham Torch which is due to leave Thrybergh on 17 April and will pass through every school in the authority ending up at Magna on 18 June to open the Children's Festival.		<p>SES Business Manager 01709 740226 fiona.radford@rotherham.gov.uk</p> <p>Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk</p>
Tues 26 th 07:36 - 9:29	Torch Relay	<p>Various plans currently in the planning stage.</p> <p>Liaising with various groups who could animate the town centre when torch relay passes through and also liaising with sports co-ordinators regarding an event in Clifton Park on 26th June.</p>	RMBC EVENT ONLY	<p>Marie Hayes Events and Promotions Manager 01709336883 marie.hayes@rotherham.gov.uk</p> <p>Laura Brown Corporate Improvement Officer 01709 823816 Laura.brown@rotherham.gov.uk</p> <p>Alex Jeremy - LBBB</p>
Tues 26 th	Mini Olympics Event	<p>Collaboration project with Children's Festival (?), School Sport Partnerships & Rotherham Utd Community Sports Trust. Looking at 26th June when torch is in Rotherham for a multi sport 'mini Olympic day'.</p>	RMBC EVENT	<p>Louise White Schools Game Organiser Rawmarsh 07826 525554 rcsl.White@rgfl.org</p> <p>Elaine B - LBBB</p>
Tues 26 th	Young People's Street Party	"Street Party" to be hosted in the grounds of Dalton Youth Centre.	RMBC EVENT ONLY	<p>Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk</p>
TBC	Junior Football Competition	To be hosted at Dagenham United FC.	LBBB EVENT	<p>Susan Masey - LBBB</p> <p>Jamie Noble</p>

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
				Head of Community Rotherham United 07943 611112 jamie.noble@rotherhamunited.net
TBC	Over 50s Games	TBC	LBBB EVENT Mini Olympic approach. Open invite for Rotherham representatives to attend.	Danielle Robson - LBBB Chris Siddall Team Leader Leisure and Green Spaces 01709 822478 chris.siddall@rotherham.gov.uk
TBC	Triathlon and Bad 5 (B&D fun run)	TBC	LBBB EVENT Potential for a number of places to be reserved for Rotherham representatives.	Emma Gillon - LBBB Joanne Edley Events and Promotions Manager Rother Valley Country Park JoanneEdley@RVCP.co.uk 0114 2471452 ext 1
JULY 2012				
Mon 4 th June – Thu 5 th July	Big Dance Programme	Dance groups and schools from Rotherham to participate through targeted sessions, activities and performances. B&D community groups to go to Rotherham to prepare. 'Mums Can Dance' project too.	LBBB EVENT	Michael McCormack - LBBB Lizzy Alageswaran Principal Officer Community Arts 01709 823636 lizzy.alageswaran@rotherham.gov.uk Laura Brown Corporate Improvement Officer 01709 823816 Laura.brown@rotherham.gov.uk
Sat 14 th	Big Dance Event	Town Centre Dance Event	RMBC EVENT Potential linkages to be explored ASAP, Lizzy liaising with relevant colleagues in LBBB. Could we include a "Dance Off" between ICE & Diversity?	

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
Fri 20 th	Rotherham Wide Fun Olympics – Clifton Park	<p>The Central Youth Work Team is holding a Rotherham wide fun Olympics in Clifton Park supported by Rotherham United and a variety of voluntary organisations.</p> <p>Taking place will be:-</p> <ul style="list-style-type: none"> • Skate Rink from YMCA White Rose • Inflatable Human Table Football. • Wellie Throwing • Football • Rounder's • Volley Ball • Plus team games <p>The events will take place from 3pm to 9pm and will end with a community BBQ</p>	RMBC EVENT ONLY	<p>Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk</p> <p>Rachel Barraclough (01709) 334939 Mobile 07876138671 rachel.barraclough@rotherham.gov.uk</p>
Sun 22 nd	Dagenham Town Show Parade	<p>Invitation for Rotherham to enter a float in the parade.</p> <p>This would tie in with the celebration of the Olympic Torch passing through the borough (Day 65).</p>	LBBB EVENT	<p>? - LBBB</p> <p>Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk</p> <p>Laura Brown Corporate Improvement Officer 01709 823816 Laura.brown@rotherham.gov.uk</p>
Sun 22 nd	Dagenham Town Show Sports Day	Central Park	LBBB EVENT	<p>? - LBBB</p> <p>Louise White</p>

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
				Schools Game Organiser Rawmarsh 07826 525554 rsl.White@rgfl.org
Fri 27 th July – Sun 12 th August	The Condom Olympics	Sexual health education and awareness campaign to prevent sexually transmitted infections and unwanted pregnancy	RMBC EVENT Could be rolled out/delivered in LBBB?	Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk
TBC	Swimming Gala	To be hosted at Becontree Heath Leisure Centre.	LBBB EVENT Open invitation to Rotherham representatives.	Geoff Wade - LBBB Katy Butterfield Swimming Co-ordinator DC Leisure 01709 722555 katybutterfield@dcleisure.co.uk
AUGUST 2012				
Fri 27 th Jul – Sun 12 th Aug	The Condom Olympics	Sexual health education & awareness campaign	RMBC EVENT Could be rolled out/delivered in LBBB?	Christine Brodhurst-Brown Youth Services Manager 01709 822485 christine.brodhurst-brown@rotherham.gov.uk
Thu 30 th – Fri 31 st	Joint Summer Games Event	Two one day events to be held at Herringthorpe Stadium and the other potentially at Maltby Leisure centre. Event will be made up of Olympic events and part Paralympic events. The second day will be in the pool with events such as diving, water polo and swimming.	RMBC EVENT Opportunity to invite young people from LBBB to take part.	Chris Siddall Team Leader Leisure and Green Spaces 01709 822478 chris.siddall@rotherham.gov.uk Emma Gillon - LBBB

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Date	Event	Event Details	Collaboration Details	Lead Officer(s)
		<p>Will be promoted as part of the Children’s Festival.</p> <p>Age range 5 – 16yrs, 5 – 7yrs must be accompanied by an adult.</p>		
SEPTEMBER 2012				
OCTOBER 2012				
TBC	'Older People’s Day'	TBC	<p>LBBB EVENT Open invitation to Rotherham representatives.</p>	<p>? - LBBB</p> <p>Chris Siddall Team Leader Leisure and Green Spaces 01709 822478 chris.siddall@rotherham.gov.uk</p>
NOVEMBER 2012				
DECEMBER 2012				
TBC	International Day for Disabled People	TBC	<p>LBBB EVENT Open invitation to Rotherham representatives.</p>	<p>? - LBBB</p> <p>Chris Siddall Team Leader Leisure and Green Spaces 01709 822478 chris.siddall@rotherham.gov.uk</p>

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Olympic Events Calendar 2012

Colour Key: **LBBB Event** / **RMBC Event**

<u>JANUARY 2012</u>	<u>FEBRUARY 2012</u>	<u>MARCH 2012</u>	<u>APRIL 2012</u>
<p>Sat 28th - Dagenham & Redbridge FC vs. Rotherham United FC</p> <p>Mon 30th - Sports Hall Athletics Secondary Schools</p>	<p>Tue 14th - Young Peoples Voice & Influence Conference</p> <p>Tue 21st - Sports Hall Athletics Secondary Schools</p> <p>Tue 28th - Sports Hall Athletics Secondary Schools</p> <p>Wed 29th - Sports Hall Athletics Primary Schools</p>	<p>Sat 17th - Water Polo Tournament</p> <p>TBC - School's Disability Gala</p> <p>TBC - Women's Day</p> <p>Sat 27th - Opening of Mayesbrook Park</p>	<p style="text-align: center;">April – June 2012 BMX Saturday Masterclasses</p> <hr/> <p style="text-align: center;">17th April – 18th June 2012 Schools Torch Relay</p>
<u>MAY 2012</u>	<u>JUNE 2012</u>	<u>JULY 2012</u>	<u>AUGUST 2012</u>
<p style="text-align: center;">17th April – 18th June 2012 Schools Torch Relay</p>	<p>Tue 26th – Torch Relay Mini Olympics Event Young People's Street Party</p> <p>TBC - Junior Football Competition</p> <p>TBC - Over 50s Games</p> <p>TBC - Triathlon and Bad 5 (B&D fun run)</p> <p>TBC – Family Sports Day</p> <p style="text-align: center;">4th June- 5th July 2012 Big Dance Programme</p>	<p>Sat 14th – Big Dance Event</p> <p>Fri 20th – Rotherham Wide Fun Olympics</p> <p>Sun 22nd - Dagenham Town Show Parade and Sports Day</p> <p>TBC – Swimming Gala</p> <p style="text-align: center;">27th July – 12th August 2012 The Condom Olympics</p>	<p>Thu 30th – Joint Summer Games</p> <p>Fri 31st Event</p>
<p>April – June 2012 BMX Saturday Masterclasses</p>			
<u>SEPTEMBER 2012</u>	<u>OCTOBER 2012</u>	<u>NOVEMBER 2012</u>	<u>DECEMBER 2012</u>
	<p>TBC – Older People's Day</p>		<p>TBC – International Day for Disabled People</p>

APPENDIX 1

LBBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

Events not currently listed on the ‘Calendar of Events’

The events outlined below are still in the relatively early stages of discussion. As a result, they have not been included in the outline events calendar.

LBBB	RMBC
<p>1. <u>Community and Sport</u></p> <ul style="list-style-type: none"> - BMX track meet hosted by BAD BMX - Netball Rally – New Campell Netball Club - Bowls match – Short mat and Crown Green - Community and Disability Community Games - London Youth Games Select vs. Rotherham Select <p>2. <u>Arts and Culture</u></p> <ul style="list-style-type: none"> - Exhibit Exchange – local artists to showcase their work in the partner borough. Arts Development team to send invites to appropriate clubs in Rotherham. <p>3. <u>Volunteers</u></p> <ul style="list-style-type: none"> - LBBB will be inviting volunteers from Rotherham to help run and support a number of the events outlined above. This would provide residents Rotherham residents with an opportunity to work alongside some of our Olympic volunteers and gain further experience. 	<p>1. Walk for Health (in Rotherham) – funded through the More Active More Often Project (Sport England)</p> <p>2. Rugby Events/Games</p> <p>3. Youth Exchange</p> <p>4. Utilise/promote outward bounds property/ies – Exchange?</p> <p>5. History of Olympics Lessons to be delivered by Rotherham Utd Need to explore funding opportunities, heritage lottery fund? (£1500)</p>

Projects/initiatives that will be promoted during the Olympic Year

APPENDIX 1

LBB and Rotherham Metropolitan Council – Combined Calendar of Potential Projects and Events

LBB	RMBC
	<ol style="list-style-type: none">1. British Heart Foundation Heart Town2. Gallery Town3. Rotherham's Olympians and Beyond – Clifton Park Museum Exhibition4. Bike to Work Programme5. Cycle Maps6. Walking Maps7. Summer Reading Challenge8. Children's Festival9. Rother Valley Country Park10. Volunteering Opportunities11. Youth Service - The Summer Holiday Projects

**Links between Rotherham and Barking and Dagenham
Olympics and Paralympics 2012**

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING BETWEEN:

- (1) Rotherham Metropolitan Borough Council
- (2) London Borough of Barking and Dagenham

Definition of Terms

The Partnership:

Is a partnership of agencies that have shared aims and objectives, for the benefit of people in the Borough of Rotherham and the London Borough of Barking and Dagenham.

Strategic Partners:

- (1) Rotherham Metropolitan Borough Council and the London Borough of Barking and Dagenham.

(hereafter referred to as the Partners).

1. Purpose

This Memorandum of Understanding sets out the relationship between the Partners who have chosen to work together to meet shared aims and objectives and which are parties to this agreement. The Memorandum of Understanding will also identify the agreed responsibilities and commitments of each Partner.

2. Aims

- 2.1 The partnership will develop links and explore ways of benefiting from the potential legacy of the games, through sport, culture, business, tourism and education.
- 2.2 Partners will share challenges, experiences and good practice.
- 2.3 The Partners will aim to promote a range of activities and events including healthy lifestyles activities; culture, community and education initiatives; business, commerce and enterprise initiatives, fundraising and encouraging volunteers.
- 2.4 The Partners will aim to create opportunities to maximise experiences available for children and young people through a range of activities and opportunities.
- 2.5 The Partners will share the vision of the Olympics as a national event, not solely based on the capital, promoting the Olympic and encouraging participation in educational, physical and cultural activity.
- 2.6 The Partners will explore and promote a range of collaborative working opportunities focussing on healthy living and health improvements.
- 2.7 The Partners will seek to explore additional regional collaboration opportunities.
- 2.8 The Partners will seek to create a genuine legacy from the London Olympics by seeking to make this partnership a long term arrangement.
- 2.9 The Partners will operate at both strategic and operational levels in order to achieve the identified aims.

**Links between Rotherham and Barking and Dagenham
Olympics and Paralympics 2012**

MEMORANDUM OF UNDERSTANDING

3. Partners

These are shared responsibilities between both of the Partners

The Partners agree to:

- 3.1 Work co-operatively with each other to achieve the aims identified in section 2.
- 3.2 Explore a range of collaborative working opportunities to support delivery.
- 3.3 Provide resources as available and appropriate for the furtherance of the Partnership.

4. Partnership Structure

- 4.1 Strategic Group – The business of the Partnership shall be overseen by a Strategic Group made up of selected officers and elected members of Rotherham Metropolitan Borough Council and the London Borough of Barking and Dagenham.
- 4.2 Project Team – Officers of Rotherham Metropolitan Borough Council, London Borough of Barking and Dagenham and key Partners will work together in the furtherance of the aims of the Partnership.
- 4.3 Working groups will be established within both authorities as and when required to assist in the delivery of the work programme.

5. Review and termination

- 5.1 The Memorandum of Understanding will be reviewed one year from commencement and annually thereafter should it continue.
- 5.2 The Memorandum of Understanding is an expression of shared aims and commitments. The Memorandum of Understanding is not a legally binding document and as such, any party can terminate their participation in the Partnership at any time.

6. Signatures

Signed on behalf of Rotherham Metropolitan Borough Council

Signature:

Date:

Print Name:

Position:

Signed on behalf of London Borough of Barking and Dagenham

Signature:

Date:

Print Name:

Position: