

CHIEF OFFICER'S REPORT

Lead Director:	Chris Edwards	Lead Officer:	n/a
Job Title:	CCG Chief Officer	Job Title:	n/a

Purpose

This report informs the Governing Body about national/local developments in the past month.

Voluntary Action Rotherham (VAR) Annual Report 2013/14

The report gives a brief snapshot of the work of VAR over the last year including detail of its growing membership base and pledges for 2014/15. (**Att 1**)

RAIDR (Reporting Analysis & Information Delivering Results)

This is a potentially important development. Y&H Commissioning Support Unit will deliver a step change improvement in the clinical, activity and financial intelligence available to the CCG and to GPs as commissioners and providers. The intention is to provide a web based series of dashboards of data covering activity, costs, frequent users, admission and re-admission risks, prescribing etc. Data will be from secondary care and GP systems. The system will be piloted in January and fully rolled out before June.

The system duplicates the system that has been successful for 3 CCGs in North East England for several years. Risks include ensuring governance protocols are consistent with Caldecott 2 and the risks that there will be so much information that it will be difficult to see the wood from the trees.

Yorkshire Ambulance Service - Memorandum of Understanding (MOU)

Rotherham CCG has signed the attached MOU along with the other Yorkshire & Humber CCGs using Yorkshire Ambulance 999 service. It establishes a framework for decision making between those CCGs using the service. (**Att 2**)

Update from the Commissioning Event held on 4th December 2014

The CCG held a commissioning event for GP members on 4th December. One workshop was on 'What should the CCG do when the money runs out? As Governing Body members are aware hospital activity is currently considerably above plan and this will be unaffordable in 15/16. If the CCG's preferred plan does not bring activity back into line we will have to consider 'least worst' alternative options to reduce activity. A list of options for restricting services has been produced based on what is being tried elsewhere. The next step is to carry out surveys of GP members, TRFT clinicians and patient groups before bringing options to the Governing Body in April or May. The purpose of the survey to clinicians to two fold, firstly to genuinely gather information on preferences for least worst options but also to make clear to clinicians that the CCGs view that getting Plan A to work is by far the best option.

Sexual Health Strategy

The attached strategy and implementation plan have been developed by a multi-agency group led by RMBC public health and chaired by Councillor Doyle. The draft strategy came to Strategic Clinical Executive in December who supported the aspirations of the strategy and fed back that to help implementation actions should be more specific for individual commissioning and provider organisations. The CCG is asked to **consider** the strategy before it is discussed at Health and Well Being Board on 21 January. (**Att 3**)

NHSE Changes to Regional & Area Responsibilities and Senior Appointments

We have received the attached letter from Richard Barker, NHS England Regional Director (North) updating us on recent appointments. (**Att 4**)

Communications Update

- The Yorkshire Post covered a story on Child Sexual Exploitation following an interview with the report author, Alexis Jay. The CCG were asked to comment on post abuse support services that have been put in place since the report was published.
- Leaflets, posters, adverts and other publicity materials have been distributed across Rotherham encouraging residents to think about their choice of health service when they feel ill. The materials encourage people to choose the right care, first time with a key focus on self-care and the Pharmacy First scheme.
- A new weekly GP e-bulletin has been developed for CCG members and staff to provide regular updates on organisational business. The bulletin replaces our monthly newsletter
- The December edition of the Healthwatch newsletter is attached. (**Att 5**)

Recommendation

The Governing Body is asked to **note** the Chief Officer's Report.



Voluntary Action Rotherham

**Annual Impact Report
2013/14**

Welcome



Annual Impact Report 2013/14

We hope that this report will give you a quick overview of our progress during the year and how we have supported the Voluntary and Community Sector in Rotherham through our work on:

- Information and Influence
- Strengthening and Supporting
- Efficiency and Effectiveness

The last year has been rewarding, challenging, exciting and at times, frustrating.

Throughout the year we have been inspired and encouraged by the creativity, resourcefulness and resilience of the Voluntary and Community Sector (VCS) in the Borough. We know that voluntary and community action is 'vital for health and inclusive communities'*

Our aim is to help you help the communities and people that you work with. In the difficult and challenging time that we continue to face, we are here to support you to be resilient along with the sector and the Borough as a whole.

In order to achieve this, we have to ensure that we are ourselves resilient.

Over the last year we have implemented a fundamental review of our governance structures, made changes to our Board composition and reviewed our operating systems. This will ensure that we are fit for purpose and driven by the values which underpin our work.

We continually streamline our services to make sure that you get the information you need, when you need it.

We represent and promote the sector and work with you and our partner agencies to develop innovative and

responsive ways to meet the needs of the people in Rotherham.

We know that the coming year will probably be even more challenging for VAR and the rest of the sector. We are confident and proud of the Voluntary and Community Sector in Rotherham. We are passionate about the VCS and the difference it makes to local people. Their needs, their energy and their commitment drive us in all that we do!



Our Annual report provides a very brief snap shot of the range of services and support that VAR provides and how we have delivered our work over the year. Please contact us, speak to VAR staff, join us as members, read our bulletins and website to find out about the full range of work we do.

As always we can only do this because of the continued support, hard work and dedication that come from a whole range of people. To VAR staff, all our volunteers, VAR board, VAR members, our partners and funders and most importantly everyone within the voluntary and community sector in Rotherham – thank you

*National Association of Voluntary and Community Action (NAVCA)



**Margaret
Oldfield,
VAR Chair**



**Janet
Wheatley,
VAR Chief
Executive**

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News and information straight
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Information and Influence

Communicating with our members and consortia working

We said that we would:

- Communicate relevant, high quality and timely information to the VCS
- Ensure the VCS has a co-ordinated voice to shape policy and practice
- Support the VCS to network, collaborate and work in partnership
- Promote the VCS and provide strategic representation and leadership

In 2013-14 we did this by:

Sending out 51 weekly VAR bulletins to a mailing list of over 590 organisations and 12 monthly VAR members bulletins to 655 members.

Both bulletins are crammed with up-to-date information about events, training, funding opportunities and feedback from partner meetings. Through our bulletins, you can be the first to hear about news and opportunities from the VCS.



Improving our use of social media – we are using Twitter and Facebook to communicate what we do.

In the last year we have almost doubled our Twitter followers and massively increased our Facebook 'likes'.

“ Thank You! to VAR for allowing Carers4Carers to have a FREE stall, without you we couldn't have been at the Rotherham Show. We made many new contacts, raised funds for our group, picked up quite a few carers in distress, or who need help.

”



Hosting events which allow our member organisations to attend and publicise their work to other VCS groups, partner agencies and members of the public.

These have included the VAR tent at the Rotherham Show. 24 groups took the opportunity to raise awareness of their work in the beautiful September weather at Clifton Park.

At our AGM in November, 12 groups were also able to share information about their work.

Holding 11 'An Audience With...' sessions attended by 100 different groups.

These included meetings with the SY Police and Crime Commissioner, Local MP's and CEO's of our main public sector partners plus sessions on the Rotherham Joint Strategic Needs Assessment (JSNA) How Parliament Works, Tendering and Local Giving.

The sessions give VCS groups the chance to speak directly to the main decision makers in Rotherham and for them to find out about the potential to work more closely with the VCS and shape the development of key policies and strategies.



Promoting the VCS and provided Strategic Leadership by representation at key strategic meetings.

Within Rotherham and at a local, regional and national level. We have held regular monthly briefings with all Chairs of the key VCS consortia and other VCS strategic representatives. Represented the VCS and VAR at a number of external events throughout the year.

“

I always enjoy my annual visit to VAR to hold 'An Audience With' session with the sector. It's a great opportunity to share information and ideas , recognise all the excellent work that takes place and have a good discussion and debate. Thank you VAR for organising this.

”

Martin Kimber, RMBC CEO



Launching our new version of Rotherham GISMO.

The online directory of VCS groups was launched in Rotherham in August 2013 and VAR's new updated website in December. We now have 698 groups registered on GISMO and our website gets over 5,000 hits per month.



Continuing to support our consortia working.

Through the Children, Young People and Families Consortium, Food for People in Crisis Partnership and Adult Health and Social Care Consortium.

Each consortia has increased its membership over the last year and been able to provide specific support to members including specific training, awareness raising and information sessions, collaborative funding opportunities and improved partnership and collaborative working.

“

The voluntary sector is significantly more organised and works much stronger in collaboration than in other areas. It also has much stronger working relationships with its partners to engage with them and keep up to date with what is happening. The Children, Young People and Families Consortium acts as a conduit to make this happen.

”

SUPPORT SERVICES



We offer a comprehensive range of support services.

[FIND OUT MORE »](#)

Strengthen and Support

We said that we would

- Provide specialist high quality support services to meet VCS needs
- Support VCS needs for a skilled, professional workplace including volunteering
- Improve and maximise access to diversified income sources for the VCS
- Support increased efficiencies, evidence effectiveness of VCS organisations

In 2013-14 we did this by:

Supporting the needs of small community groups.

Through advice on volunteering, funding, managing and running their organisation.



I am delighted with the service I am receiving with my accounts, advice and lots more especially in a start up charity. I would heartily recommend them and their services. Exceptional quality and value for money!



Helping increase the effectiveness and efficiency of VCS organisations.

Through our support on project development, feasibility studies, training on pensions and specific work on risk assessment and risk management.



Providing a range of services, advice, help and support in the following areas:

- **Professional** accountancy, payroll, HR and financial management
- **Economical** and efficient DBS checking service
- Hire of **modern office and meeting space**
- **Training** on a wide variety of topics

Increasing and helping diversify the income for a number of VCS organisations.

Through funding advice, searches, bid-writing services and appeals for donations. In 2013/14, through our work in VAR and Spectrum Futures, we managed to successfully raise over £804,600 in funding for 30 organisations and we gave out £527,362 in grants.



Developing and managing a number of bespoke projects including:

- **Social Prescribing Service** linking GP referred patients with long term conditions to services and activities provided by the VCS
- **DREAM** supporting volunteering opportunities for adults (18+) with learning disabilities
- **British Council Active Citizens programme** an international social action project exploring how we are all “Globally connected, locally engaged”



“ Before I had help from Social Prescribing I couldn't go out for a meal, didn't know how to use/ book community transport, or go shopping anywhere. I had no social life. My support worker helped me to gain confidence to book my transport and came with me to really give the support I needed. I was very nervous but after 2 visits I could manage to buy a few items. This gave me the boost of confidence to go out alone and travel to different places. It's good to get out and about - all down to Social Prescribing and the help of my support worker. ”

“ Thank you so much. I appreciate all your help. Keep those volunteers for marketing coming!! You are very awesome to work with. On the ball. Love it. ”



Increasing volunteering opportunities and volunteering take up.

By dealing with over 2,000 volunteering enquiries, brokering over 1,220 placements, providing support and training to over 140 organisations. Undertaking specific work to increase the number of older and younger volunteers. Developing our Volunteer Ambassador programme and promoting volunteering through a series of targeted campaigns within the media.

ROOM
HIRE



Competitive rates available on
room hire.

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Efficiency and Effectiveness

We said that we would

- Ensure we are effectively managed and governed, responsive and accountable to our diverse membership base
- Maintain our independence, achieve financial sustainability and be innovative in responding to new needs and challenges
- Demonstrate our effectiveness, value for money and be committed to continuously improving the quality of our work
- Support and encourage partnership working on behalf of the VCS so that everyone in Rotherham can fulfil their potential

In 2013-14 we did this by:

Undertaking a fundamental review of our governance and risk management process.

This has resulted in us updating all our governing documents, risk assessment process and a new Board membership, structure and composition.



The independent review of governance has been vital to ensure that as an organisation we are fit for purpose to respond to the challenges ahead both for VAR and the sector.

Margaret Oldfield VAR Chair



Continuing to increase and be accountable to our membership base.

Including our ongoing commitment to membership visits. We have had 67 new members this year. This gives us a total of 655 members; an increase of over 500 in the last 5 years.



Undertaking our Annual Survey as part of a joint survey with other Rotherham Infrastructure Organisations.

We now have a wealth of data on what our users think about our work and what their needs are. We use this to review and shape our work and demonstrate our effectiveness. 86% of respondents said they felt well informed about our work – a figure which has been fairly consistent for the last 3 years. 84% of respondents said their support needs had been met.

Continuing our work with our VCS infrastructure partners as part of the Rotherham Infrastructure Network (RIN).

As a result, we have continued to streamline our delivery and referrals and provide joint support to the sector. We have also undergone a rigorous independent accreditation of our services.

In 2013/14 our collective work provided services to over 500 groups and raised £1.2 million in additional funding to the sector.



Using our Transforming Infrastructure project to support new areas of work.

On outcomes for streamlined and responsive services through a single point of contact, evidence based frameworks to demonstrate cost effectiveness, impact and value for money, new delivery partnerships with VCS organisations, businesses and the public sector and a re-aligned volunteering offer to meet the changing needs of individuals and organisations.



Through VAR and VCS representatives from our main Consortia ensuring that the VCS is represented.

And has an active involvement on all the main strategic decision making bodies and key boards within Rotherham and where appropriate at a regional and national level.

“ I personally think VAR have been the most helpful in influencing our community group by their weekly bulletins, their advice and access to funding streams, that have been very positive to us and had a positive outcome in many ways. ”

Developing and supporting new areas of service delivery and establishing bespoke projects.

Through our award winning Social Prescribing Scheme we have shown the potential for micro commissioning with VAR as the local VCS infrastructure organisation acting as the accountable body .

On-going quality and performance assessment and accreditation for our work.

In 2013/4 we were successful in the re-accreditation of our 1SO 9001 kitemark status.

“ There is a strong evidence base regarding infrastructure services in Rotherham. It remains an example of good practice nationally. ”

CRESR, Sheffield Hallam University

Gaining national recognition for our work on Social Prescribing.

Over the last year the 'Rotherham Model' has gained significant local and national attention including a visit from the Shadow Secretary for Health and winning the NHS England Excellence in participation Award.



BECOME A
MEMBER



Access support, free resources
and discounts.

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New members 2013 - 2014

- Action for Blind People
- Affordable Community Massage
- Allotts Chartered Accountants
- Alzheimer's Society Sheffield
- Anchor
- Annie's Place
- Aspect
- Barnardos Volunteer Development, East Region
- Barnsley and District Citizens Advice Bureau
- Barnsley Independent Alzheimer's and Dementia Support
- Barnsley Shopability
- Barnsley Youth Choir



- Believe
- BE-Together
- Brainstrust
- Burns Court
- Caring Companions
- Catch 22
- Caudwell Children
- Cavendish Cancer Care
- Clifton Learning Partnership
- Community Education Connection Ltd
- Cortonwood Children's Centre
- CRI - Young Peoples Substance Misuse Service
- Dearne Valley Eco Vision
- Endeavour
- Family Action
- Friends of Davies Court
- Home Instead Senior Care (Rotherham)
- IMB South Yorkshire
- Interchange Sheffield CIC
- Kinship Foster Carers Group Rotherham
- Lets Get Crafty Club
- Lost in Transition
- Manvers Lake and Dearne Valley Trust
- Marie Curie Cancer Care
- Methodist Homes Aged
- New Oxford Road Wesleyan Reform Church
- OCD Action
- Paces Sheffield
- PDSA
- Prostate Cancer UK
- Ready Unlimited
- Rotherham Disability Network
- Rotherham District Scout Council

- Rotherham Ethnic Social Care Organisation
- Rotherham Network and Explorer Scouts
- Rotherham Teachers Student Academy
- SGOSS - Governors for Schools
- Sheffield and District Junior Football League
- Sheffield Out of School Network
- Sheffield Quaker Meeting House
- Spiral Counselling Practice
- St Pauls Church
- The Brian Tumour Charity
- The Children's Society
- The High Street Centre Lunch Club
- The Lifewise Centre
- The Parochial Church Council of the Ecclesiastical Parish of All Saints Rotherham
- Time for Youth
- Together for Mental Wellbeing
- Treeton Parish Council
- Whiston Cinema Club
- Who is Your Neighbour
- Yorkshire Cricket Board
- Youth Discovery Ventures
- Zest - Health for Life



FUTURE PLEDGES 2014/2015

- Continue to deliver high quality services, responsive to members, the wider VCS, local community and partner needs
- Support the local VCS to increase:
 - Individual and community engagement, resilience and self-help
 - High quality VCS service delivery, innovation and effectiveness
 - Targeted support to some of our more deprived communities and response to Welfare Reform Agenda
 - The resources to the Borough and maximising value for money
- Increase awareness of the Voluntary and Community Sector, promoting its work and providing relevant and timely information
- Provide organisational, strategic representation and leadership on behalf of, and for, the Voluntary and Community Sector in Rotherham
- Continue our work with our colleagues to develop a coordinated streamlined offer of services and support to frontline VCS organisations and our partner agencies

Community Achievement Awards 2013

Showcasing Rotherham's unsung heroes

Organised by VAR on behalf of the Rotherham Local Strategic Partnership (LSP), the tenth Community Achievement Awards celebrated the inspirational people and projects that made a considerable difference to the communities of Rotherham. From an impressive list of nominees the judges had the difficult task of shortlisting three in each category — Young Volunteer Under 25, Volunteer and Project.

The wide-reaching impact of Rotherham's Voluntary and Community Sector was recognised at the tenth annual Community Achievement Awards, where individual and group winners in three categories were announced in an emotional ceremony compered by Michael Kilby-Scott from Rother FM. Organised by Voluntary Action Rotherham on behalf of

“ I would like to thank you for a wonderful night at the awards, it was truly heart warming to see such fantastic projects taking place in Rotherham. ”

Rotherham Partnership, the Community Achievement Awards were staged at the Carlton Park Hotel.

Nathan Garner collected the award for Young Volunteer, sponsored by Morthyng Group Ltd and open to under 25's. Nathan volunteers at Swinton Lock Activity Centre, presenting training programmes and talks to groups on caring for the environment and local wildlife and the history of the canal, as well as being a crew member on the narrowboats on pleasure trips. Other

Young Volunteer finalists were Christopher Badger who volunteers with Open Minds Theatre Company supporting the annual Shakespeare Festival, selling programmes, raffle tickets and working front of house. The third finalist was Rachael Chesterton who volunteers at Lifeline Milton House Project, delivering one to one sessions with people who are concerned about their alcohol use. Carole Haywood, Manager of the Local Strategic Partnership presented the awards.





The 2013 Volunteer award, which was sponsored by Willmott Dixon Partnerships, was scooped by Linda Maxted, Neighbourhood Watch District Chair, for her 23 years dedicated service to the scheme in Rotherham. Other volunteers shortlisted for the final nominations included Marilyn Lawton who volunteers in the LASER Credit Union Ltd office supporting staff and clients. June Thomas was the other finalist. June is the Chair of the Rotherham fundraising branch of the British Heart Foundation as well as being a hardworking committee



member and supporter of events in her local community. The awards were presented by Cllr Mahroof Hussain MBE.

“ It was a lovely night and again the whole day was a reflection of the hard work I know you and VAR staff put into the organisation of both events. ”

In the Project category, sponsored by Irwin Mitchell, the winner was Two's Company, the Age UK Befriending



Service set up to provide one to one befriending support and companionship to older people in Rotherham who are affected by loneliness and isolation. Other finalists in the category were Model Village Community Group, a group based in Maltby East set up to make the area a more pleasant and safer place to live and Rotherham Explorer Scouts, which exists to actively



engage and support young people in their personal development. The awards were presented by Peter Broxham, Voluntary and Community Sector Trustee.

The evening was rounded off with a selection of songs from Rotherham Teachers Student Academy.

“ I had a wonderful uplifting evening. It does us good I think to reflect on all the good that goes on in our town. ”





Key Events 2013 - 2014

Review of the year

April – June 2013

- An Audience with...Chief Superintendent Jason Harwin
- TRIS Accreditation Panel Meet
- Disclosure and Barring Service Information Session
- SPS Small Grants Funding Workshop
- Volunteer Management Training: Getting it Right from the Start
- Real Time Information (RTI) Information Session
- Volunteer Centre visits Golf Clubs as part of Volunteers Week
- An Audience with...South Yorkshire Police and Crime Commissioner
- Risk Assessment and Risk Management Seminars
- An Audience with...Martin Kimber
- Volunteer Management Training: Volunteers and the Law



“ Just a very quick scruffy note to offer my very grateful thanks for an excellent days training –Volunteering and the Law. ”

July 2013 – September 2013

- Community Volunteer Ambassador Initiative Launched
- Volunteer Management Training: Making the most of your volunteers
- Local Giving.com Workshop
- ISO 9001 Reaccreditation Successful
- New Rotherham Gismo Website Goes live
- VAR Tent at Rotherham Show
- Getting 'Ahead of the Game' – HR, Payroll and Accountancy Training
- An Audience with...Director of Public Health, Dr John Radford
- An Audience with...Rotherham MP's
- British Heart Foundation Awareness Session
- Boston Castle Community First Fund Event
- TRIS Project Ends

“ Enjoyable session this morning - plus its always good to catch up with people. ”



October 2013 – December 2013

- Parliamentary Outreach Workshop
- Volunteer Management Training: Getting it Right from the Start
- An Audience with...Chris Bains, RDASH
- The CYP&F Consortium held its first Child Sexual Exploitation (CSE) Forum
- Volunteer Management Training: Volunteers and the Law
- Groups given space at VAR AGM to raise awareness
- VAR Annual General Meeting and Community Achievement Awards
- Launch of Food in Crisis Christmas Appeal
- New VAR Website Goes Live
- Meeting with Andy Burnham MP Shadow Secretary of Health re Social Prescribing
- Community Achievement Awards Celebration Event



“ Thanks for organising the welfare reform meeting today – I found it very useful and interesting.

”

January 2014 - March 2014

- RIN Annual Survey Goes Live
- Volunteer Management Training: Making the most of your volunteers
- YORtender Workshop
- Rotherham JSNA Consultation
- Hosted a group of international guests as part of the Active Citizens programme
- Rotherham Volunteer Centre 7th Birthday/ Advice Surgery
- Workplace Pension Reforms
- Jan Smirthwaite, PA to the CEO Celebrates 30 Years at VAR
- NHS England Excellence in Participation Award 2014
- Free Level 3 Managing Volunteers Information Session
- South Yorkshire High Sheriff Awards

“ GISMO is a great asset for the area and we must find a way to keep it going once [TRIS] has ended; it gives us a shop window to display what we can do and also allows us to find help when we need it. ”





INVESTOR IN PEOPLE



Rotherham Clinical Commissioning Group



LOTTERY FUNDED



Rotherham Public Health



The Spectrum, Coke Hill, Rotherham S60 2HX

Tel: 01709 829821 Fax: 01709 829822

Email: admin@varotherham.org.uk

Web: www.varotherham.org.uk

Chief Executive: Janet Wheatley Chair: Margaret Oldfield

Registered Charity Number: 1075995

Registered Company Number: 2222190

MEMORANDUM OF UNDERSTANDING

dated
24 November 2014
Between

The CCGs in Yorkshire & the Humber using the Yorkshire Ambulance 999 Service ('YAS')
(each individually a 'Party' and collectively 'the Parties')

This memorandum of understanding establishes a framework for decision making between those CCGs using the YAS 999 service. It also sets out an arrangement for the creation of a fund of money to be used on incidental expenditure pertinent to the management of the YAS 999 contract.

It is understood that:

1. Each party agrees to fund £20k per annum, each based on their own delegated budgetary authority, to be used as required by the YAS 999 Contract Management Board for an agreed range of purposes (audit fees, consultancy fees including expenses, booking of facilities for meetings, minor contract variations and initiatives and contribution to support the National Ambulance Commissioners Network). The YAS 999 contract management board (CMB) will keep sub regional collaboratives updated on the spend.
2. Sub regional lead CCG for their respective sub-region (ERY CCG for NYY&H, Sheffield CCG for South Yorkshire and Wakefield CCG for West Yorkshire) have the delegated authority to make decisions about the YAS 999 contract at CMB meetings. The sub regional leads will ensure appropriate consultation has taken place with the CCGs in their region prior to decisions affecting these CCGs being taken.
3. When 75% of CCGs (who are signatories to the 999 collaborative commissioning agreement) across the three sub regions (NYY&H CCGs, South Yorkshire CCGs and West Yorkshire CCGs) agree to a position it is adopted by all CCGs across the YAS footprint. The 75% 'rule' will be applicable decision making at the 999 Contract Management Board i.e. if 75% of CCGs are in agreement about a decision, then the decision will be carried by CMB. 75% agreement will be based on 1 CCG = 1 vote.
4. At a future date it may be necessary to consider setting up the YAS CMB as a joint committee should the current recommended collaborative arrangements not prove sufficiently workable.
5. This agreement will be reviewed by Y&H CCGs using YAS by end November 2015.

Signed: 

Name: Chris Edwards, Chief Officer

For: NHS Rotherham Clinical Commissioning Group

Sexual Health Strategy for Rotherham 2014 - 2016

1 Introduction

The National Strategy for Sexual Health and HIV (2001) defines sexual health as a key part of our identity as human beings. Good sexual health is an important part of physical and mental health and well-being and the consequences of poor sexual health can impact considerably on individuals and communities.

Poor sexual health is disproportionately experienced by some of the most vulnerable members of our local communities including young people, men who have sex with men (MSM), BME communities, those who misuse drugs and/or alcohol and people from our most deprived neighbourhoods. We must, therefore, ensure that measures are put into place to reduce sexual health inequalities and improve the sexual health of all the people of Rotherham.

Good sexual health includes developing skills and expectations to enjoy loving and age appropriate relationships. Child sexual exploitation (CSE) and abuse damages this development, and leads to increased risk of sexually transmitted infections (STIs), and unwanted pregnancy and of domestic violence and abuse in the future. The negative impacts upon educational attainment, health risk behaviours and mental health problems are also well evidenced.

The Health Working Group Report on Child Sexual Exploitation, January 2014, states that all those concerned with improving the health and welfare of their local population have a responsibility to tackle child sexual abuse.

As of 1st April 2013 every Local Authority has a legal duty to protect the public's health. The Director of Public Health is therefore responsible for ensuring that there are effective arrangements in place for preparing, planning and responding to health protection concerns including those in relation to the sexual health of the local population.

We aim to:

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

2 Background

The importance of improving sexual health is acknowledged by the inclusion of three key indicators in the Public Health Outcome Framework (2012):

- under 18 conceptions
- chlamydia diagnosis (15-24 year olds)
- presentation with HIV at a late stage of infection

The outcome indicators have been included as markers to give an overall picture of the level of sexual infection, unprotected sexual activity and general sexual health within a population. The Framework for Sexual Health Improvement in England (2013) acknowledges that effective commissioning of interventions and services is key to improving outcomes.

The new commissioning arrangements (in place from April 2013) have placed the lead responsibility for the commissioning of sexual health services and interventions within the Local Authority. Rotherham Clinical Commissioning Group (CCG) and NHS England commission certain sexual health services. It is vital that all commissioning organisations work closely together to ensure that services and interventions are comprehensive, high quality, seamless and offer value for money.

Under the new commissioning arrangements Rotherham Metropolitan Borough Council (RMBC) has been mandated to ensure that their local populations receive effective provision of contraception and open access to sexual health services. Furthermore, they are also mandated to ensure that there are plans in place to protect the health of the population, for example, in relation to a Sexually Transmitted Infection (STI) outbreak. In meeting these obligations the following key principles of best practice will be observed:

- use of an effective multiagency response to preventing and protecting children from child sexual exploitation and abuse
- prioritisation of the promotion of good sexual health
- the promotion of 'joined up' working under strong leadership
- a focus on outcomes
- addressing the wider determinants of sexual health
- the commissioning of high quality services with clarity about accountability
- addressing the needs of our more vulnerable groups in Rotherham
- ensuring that we have good quality data in relation to services and outcomes

3 Local statistics

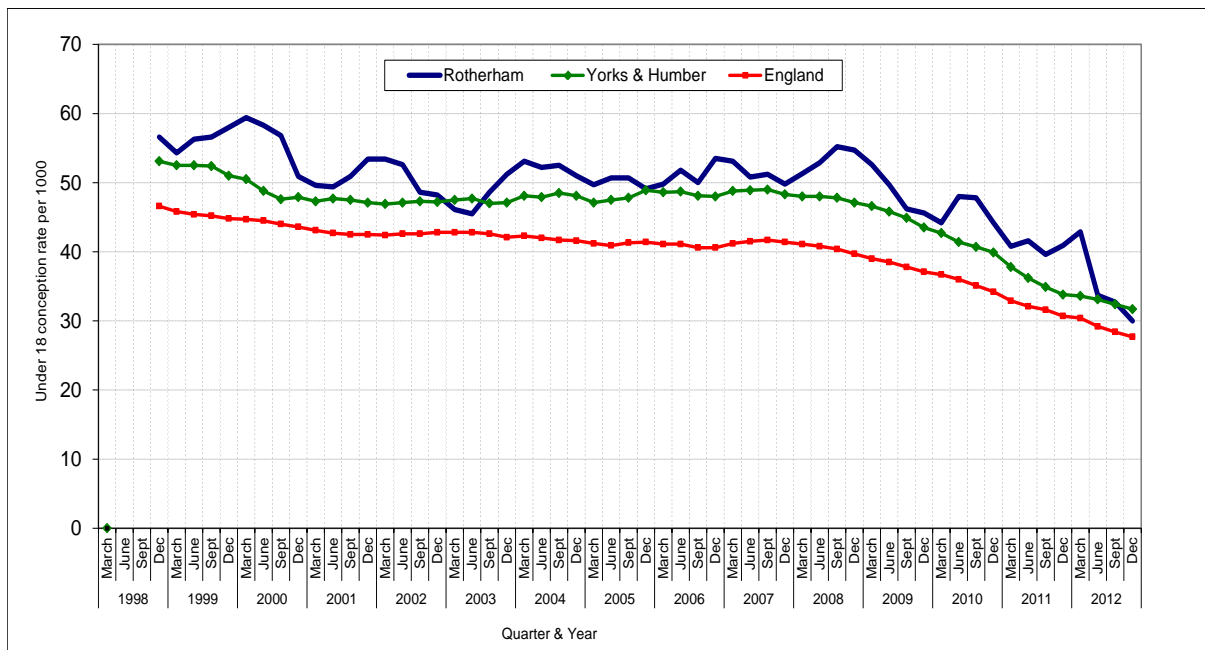
TO BE UPDATED AS WE NOW HAVE MORE RECENT DATA PUBLISHED 2014

Teenage pregnancy

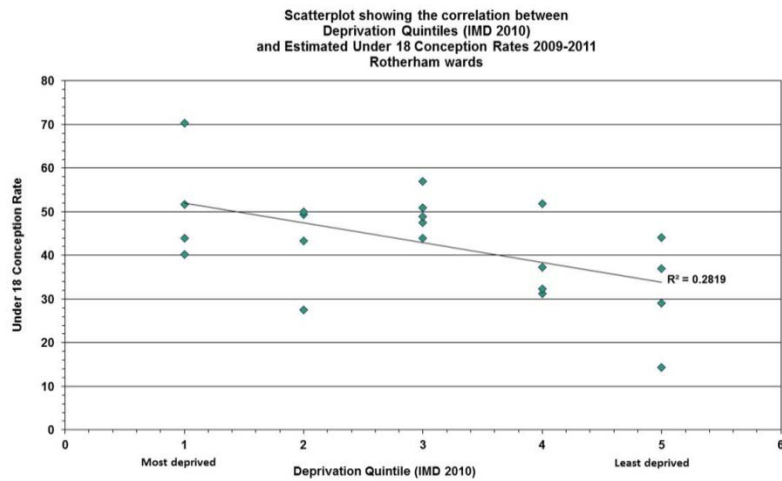
Continuing to reduce under 18 pregnancies is a high priority as highlighted by the inclusion of this as an indicator in the Public Outcomes Framework.

Teenage pregnancy in Rotherham has fallen over the past few years due, in part, to increasing take up of Long Acting Reversible Contraception (LARC). Rotherham's under 18 conception rate has fallen to its lowest in the period 1998-2012 at 30.0 conceptions per 1,000 females aged 15-17. This represents a 26.7% decrease over the 2011 rate of 40.9. The number of conceptions has decreased from 201 to 144, a decrease of 28.4%. Rotherham's 2012 rate is the lowest rate in South Yorkshire and is close to the England rate of 27.7 (and to Rotherham's 2010 target of 28.3). The rate for under 16 conceptions has also fallen from 9.4 to 6.8 conceptions per 1,000, bringing Rotherham statistically in line with the rest of England.

U18 Conception Rates by Quarter 1998 – 2012
Rotherham compared to Yorkshire & Humber and England
(rolling 4 quarterly average)



In Rotherham (as with the rest of the country) there is a clear relationship between conception rate and deprivation and interventions have been targeted to work with deprived young people to address risk and raise self-esteem and aspiration.



4 A Life Course Approach

In order for people to stay healthy, know how to protect their sexual health and how to access appropriate services and interventions when they need them, everyone needs age appropriate education, information and support.

For all young people it is important that they receive high quality education about sex and relationships. Focusing especially on our young people is crucial as early established behaviour patterns can affect health throughout life. For our young people aged 16 to 19, who we know tend to have significantly higher rates of poor sexual health than older people, we need to prioritise prevention.

- we want all children and young people to know how to ask for help and to be able to access confidential advice and support about wellbeing, relationships and sexual health
- we want all our young people to have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex.
- we want all our young people and children to understand consent and issues around abusive relationships
- we want all our young people to make informed and responsible decisions, understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex
- we want them to have rapid and easy access to appropriate services
- we want all our young people, whatever their sexuality, to have their sexual health needs met

We need a comprehensive Sexual Health Service and School Nursing Service in Rotherham providing support to the school curriculum. We need a School Nursing Service providing contraceptive advice and/or referrals to sexual health services and supporting schools in their delivery of puberty education.

We need all Rotherham schools to be engaged with services and to provide consistent and robust Sex and Relationship Education. This needs to address what is appropriate sexual behaviour and where to seek help or advice as well as what the risks are of becoming pregnant or contracting an STI. We need Head Teachers and Governing bodies to fully support sexual health initiatives within their schools.

We need a fully integrated Sexual Health Service to be provided at main clinic sites and at youth clinics across the Borough providing open access, non

judgemental services for all young people.

We need General Practitioners (GPs) across the borough to be 'young person friendly' and provide a range of sexual health and contraceptive services to any young person requesting them.

We need pharmacies in Rotherham to provide, free of charge to the end user, Emergency Hormonal Contraception to young women who need this service and to signpost into other services when necessary.

For all our adults we need them to have access to high quality services and information. For our older residents we want them to remain healthy as they age.

- we want all Rotherham residents to understand the range of choices of contraception and where to access them
- we want people with additional needs to be identified and appropriately supported
- we want all Rotherham residents to have information and support to access testing and early diagnosis to prevent the transmission of HIV and STIs
- we want people of all ages to understand the risks of unprotected sex and how they can protect themselves
- we want older people with diagnosed HIV to access any health and social care services they need
- we want people with other physical problems that may affect their sexual health to access the support they need

We need a fully integrated open access Sexual Health Service, providing a full range of contraceptive and STI testing/treatment services for all Rotherham residents.

We need GPs across the Borough to offer a comprehensive sexual health service to their patients including a range of contraception and STI testing working in collaboration with the commissioned specialist services.

We need all our health professionals to be fully engaged with our third sector services.

We need robust care pathways to be adopted across all services to reflect complex needs.

5 Prevention

Sexual health promotion and prevention aims to help people to make informed and responsible choices in their lives. Effective sexual health promotion programmes can help to address the prejudice, stigma and discrimination that can be linked to sexual ill health. Such programmes can help to tackle the factors that can influence sexual health outcomes.

Prevention must be our priority, even within our treatment services.

- We want to have a sexual health culture in Rotherham that prioritises prevention and supports behaviour change
- We want to make sure that the people of Rotherham are motivated to practice safer sex
- We want to increase awareness of sexual health among local healthcare professional as part of our 'Making Every Contact Count' initiative.

We need all health professionals in all our commissioned services to prioritise prevention and encourage and support behaviour change.

We need a 'culture' of prevention to be embedded within all services, not just our specialised commissioned ones. We need all professionals to 'Make Every Contact Count' and be aware of how they can play a part in ensuring good sexual health for all Rotherham people.

We need all services, agencies, health professionals, workplaces, schools and colleges to encourage practices that promote good sexual health.

6 Safeguarding

The Sexual Offences Act 2003 provides that the age of consent is 16 and that sexual activity involving children under 16 is unlawful. The age of consent also reflects the fact that children aged under 16 are vulnerable to exploitation and abuse.

It is important that any young person under 16 who is sexually active should have confidence to attend sexual health services and have early access to professional advice, support and treatment in order to safeguard their physical health by the prevention of pregnancy and STIs. It is also important that all sexual health service providers are aware of child protection and safeguarding issues and the possibility of abuse and/or exploitation.

- We want all our providers of sexual health services to have robust guidelines and referral pathways in place for risk assessment and management of child sexual abuse, including child sexual exploitation
- We want all our young people to have equitable access to confidential sexual health services including emergency contraception and abortion
- We want all our providers of sexual health services to be aware of the child protection procedures in Rotherham and to work proactively and collaboratively to protect our vulnerable young people

We need robust referral pathways and consistent approaches to identifying risk and vulnerability to CSE to be adopted by all services.

We need services to offer the best support for young people who are at risk from sexual abuse and/or exploitation. We also need services to support parents and we need to adopt interventions, based on evidence of best practice, in relation to preventing potential perpetrators from abusing/exploiting vulnerable young people.

7 Health Improvement

Prevention is key to good sexual health and there are some issues where additional focus is needed to improve outcomes.

In the prevention of unwanted teenage pregnancies (under 18 years) there is strong evidence to suggest that high quality education about relationships and sex and access to, and correct use of, effective contraception is key. In Rotherham there is a clear relationship between teenage conception rate and deprivation and interventions have been targeted to work with young people from the most deprived areas to address risk and raise self-esteem.

Increased use of the highly effective LARC methods to prevent unwanted pregnancy could potentially lead to a perception that a condom is unnecessary. The best way for sexually active people of any age to avoid an STI is to use a condom when they have sex. Promotion of, and access to, all methods of contraception is important.

Our most vulnerable young people often lead chaotic lifestyles, are often found in the care system and/or have special educational needs. Interventions need to be targeted effectively.

- We want young people in Rotherham to receive appropriate information and education to enable them to make informed decisions
- We want young people in Rotherham to have access to the full range of contraceptive methods
- We want young people in Rotherham to have the appropriate support to ensure that they have ambitions, stay engaged, reach high levels of educational attainment and have the best start in life

We need all services and professionals working with young people to give consistent messages in relation to prevention of unwanted pregnancy and STIs.

We need a wide range of services offering sexual health advice, information and treatment and a full range of contraceptive services to be available across the Borough in a variety of settings to ensure we engage with all our young people.

We need to develop specialised services to work with hard to reach, vulnerable groups such as the Roma community and young people in care, and adopt specific, evidence based, targeted interventions.

We need to reinforce the 'social norm' of aspiration in all sections of society and create services which support everyone to succeed.

8 Health Protection

The Health and Social Care Act (2012) places the overall responsibility for Infection Prevention and Control with The Director Public Health. The legislation enables Public Health Local Authority to intervene and take action to protect the health of the population.

- Protecting the public from infection relies on maintaining rates of testing and early treatment to prevent spread. Those who are infected must be confident that they will be treated well when getting tested and treated. Researchers looking at barriers to getting tested and treated for STIs have identified a number of recurrent themes, which include not being able to afford testing or treatment
- Concerns about the confidentiality
- Concerns about stigma
- Feeling that the services were not appropriate because of cultural or language barriers

The strategic responsibility of the Local Authority includes prevention, surveillance, planning and response to local incidents and outbreaks.

- We want the RMBC and all partners to support preventive actions to protect the health of the population
- We want all sexual health incidents and outbreaks to be dealt with effectively at the most appropriate level
- We want the development of local plans and capacity to monitor and manage acute incidents to help prevent the transmission of sexually transmitted infections and to foster improvements in sexual health

We need comprehensive Health Protection plans to be agreed and in place. We need reporting systems and care pathways to be used effectively and monitored.

We need our services to make early diagnosis their priority and encourage people to take up opportunities for testing. We need to promote testing for STIs in a positive way to reduce stigma and make it more acceptable.

We need to ensure services are free at the point of use to ensure that lack of money does not become a barrier to accessing services.

We need to ensure that services respect confidentiality and provide for the diverse cultural and linguistic needs of our population.

9 Improving Outcomes Through Effective Commissioning

Evidence demonstrates that spending on sexual health interventions and services is cost effective and has a marked effect on other healthcare costs. Preventing unwanted pregnancies and reducing levels of sexual ill health in the population also impacts on social care budgets, benefits, housing and the overall economy of Rotherham. Good sexual health has a clear role to play in improving health and reducing health inequalities.

The new commissioning arrangements for sexual health services have been in force since 1st April 2013. RMBC is mandated to commission for comprehensive sexual health services which includes contraception, STI testing and treatment, Chlamydia screening as part of the screening programme and HIV testing. Rotherham CCG commissions abortion services, sterilisation, psychosexual counselling and Gynaecology (including any use of contraception for non-contraceptive purposes). The third commissioner of Rotherham's sexual health services is NHS England which is responsible for commissioning HIV treatment and care, cervical screening and the Sexual Assault Referral Centre (SARC). It is vital for commissioners to work closely together to ensure that the care and treatment the people of Rotherham receive is of high quality and is not fragmented.

A key principle of sexual health services is that they are open access, confidential and free of charge for the user. There are strong public health reasons why this should continue.

- We want our commissioners to work in partnership with all key players to develop a joint commitment to improving sexual health in Rotherham
- We want challenging but achievable outcome measures for our services using robust data and needs assessment
- We want to ensure value for money from our services and interventions and we want them to be developed and delivered to tackle the wider determinants of sexual health in Rotherham and we want them to be targeted at groups who may be vulnerable and at risk from poor sexual health
- We want our interventions and services to be commissioned from high quality providers who have appropriately trained staff meeting recognised national professional guidelines

We need a joint commissioning strategy agreed at a local level and all commissioners to have consistent, agreed outcome measures with providers.

We need robust data to be collected by all providers and an information sharing system to be in place with commissioners.

We need our providers to provide good quality, value for money services. We need them to work within their agreed budgets and to target their evidence based services appropriately.

We need all providers of sexual health services to evidence levels of competence/training and to ensure continual professional development of all their staff.

Framework for Delivery

Strategic Priorities	Actions	Responsibility (lead in bold)
<p>Prevention and early diagnosis of STIs and sexual ill health</p> <ul style="list-style-type: none"> • increase in awareness of sexual health among local healthcare professionals as part of the 'Making Every Contact Count' initiative • all children and young people to know how to ask for help and to be able to access confidential advice and support about wellbeing, relationships and sexual health • all young people to have the confidence and emotional resilience to understand the benefits of loving, healthy relationships and delaying sex • all young people to understand consent and issues around abusive relationships • all young people to make informed and responsible decisions, understand issues around consent and the benefits of stable relationships and are aware of the risks of unprotected sex • older people with diagnosed HIV to access any health and social care services they need • people with other physical problems that may affect their sexual health to access the support they need • young people to receive appropriate information and education to enable them to make informed decisions • young people to have the appropriate support to ensure they have ambitions, stay engaged, reach high levels of educational attainment and have the best start in life 	<p>Ensure that sexual health is included in the MECC training package – produce action plan for delivery including timelines</p> <p>Map the provision of Sex and Relationship Education across Rotherham schools.</p> <p>Ensure all young people in schools have access to good quality SRE - target schools where this is not in place – produce action plan including timelines</p> <p>Ensure the delivery of good quality SRE and HIV prevention in all educational settings – review activity – produce action plan to target young people not in education and LAC</p> <p>Review support for vulnerable individuals and groups to access services/testing – produce action plan for delivery including timelines</p> <p>Review and rewrite the Sexual Health Policy for LAC and Children leaving care with particular reference to CSE</p>	<p>RMBC PH</p> <p>School Improvement Service/Head Teachers/Governing Bodies</p> <p>School Improvement Service/Head Teachers/Governing Bodies/ IYSS</p> <p>RMBCPH /CCG//The Gate</p> <p>RMBC PH/LAC team</p>

<p>Reduction in unintended conceptions and repeat abortions</p> <ul style="list-style-type: none"> • have a sexual health culture in Rotherham that prioritises prevention and supports behaviour change • make sure that the people of Rotherham are motivated to practice safer sex • young people to have access to the full range of contraceptive methods • all young people to have easy access to confidential sexual health services including emergency contraception and abortion 	<p>Collect abortion data from all commissioned services and analyse the data for trends</p> <p>Review youth clinics provision – produce action plan including timescale</p> <p>Review and assess the current Hardwear scheme and relaunch</p> <p>Deliver EHC in the community (pharmacy) to age 14-16, including CSE referral pathway</p>	<p>CCG/RMBC PH</p> <p>RFT/RMBC IYSS</p> <p>RFT/RMBC IYSS</p> <p>Pharmacy/RMBC IYSS</p>

<p>Commissioning and delivery for good sexual health taking a life course approach</p> <ul style="list-style-type: none"> • young people to have rapid and easy access to appropriate services • all young people, whatever their sexuality, to have their sexual health needs met • all Rotherham residents to understand the range of choices of contraception and where to access them • people with additional needs to be identified and appropriately supported • all Rotherham residents to have information and support to access testing and early diagnosis to prevent the spread of HIV and STIs • people of all ages to understand the risks of unprotected sex and how they can protect themselves • all our providers of sexual health services to have guidelines and referral pathways in place for risk assessment and management of child sexual abuse and/or exploitation • ensure value for money from our services and interventions and for them to be developed and delivered to tackle the wider determinants of sexual health in Rotherham and to be targeted at groups who may be vulnerable and at risk from poor sexual health 	<p>Review the service level agreements of the School Nursing Service</p> <p>Ensure the provision of support for consistent and robust Sex and Relationship Education across Rotherham schools – produce action plan including timescales</p> <p>Review pharmacy EHC service specifications in relation to 14-16 and roll out variation</p> <p>Develop robust care pathways and referral algorithms ensure that all services include the CSE pathway– produce action plan including timescales</p> <p>Ensure all providers of services to young people undertake CSE training appropriate to their level of intervention</p>	<p>RMBC PH</p> <p>School Nursing/School Improvement Service/Governing Bodies</p> <p>RMBC PH</p> <p>RFT/CCG/RMBC PH</p> <p>All commissioners/providers</p>

	<p>Ensure delivery of good quality, value for money services delivered within agreed budgets – quarterly reviews submitted</p> <p>Review targeted services for vulnerable individuals and groups to access services/testing ensure CSE pathways are embedded in these services– produce action plan for delivery including timelines</p>	<p>All providers</p>
<p>Commissioning and delivery of high quality, open access, integrated sexual health services</p> <ul style="list-style-type: none"> all providers of sexual health services to be aware of the child protection CSE procedures in Rotherham and to work collaboratively to protect our vulnerable young people commissioners to work in partnership with all key players to develop a joint commitment to improving sexual health in Rotherham challenging but achievable outcome measures for our services using robust data and needs assessment interventions and services to be commissioned from high quality providers who have appropriately trained staff meeting recognised national professional 	<p>Develop a joint commissioning strategy</p> <p>Conduct a sexual health needs assessment to inform commissioning</p> <p>Conduct a CSE needs analysis to inform commissioning</p> <p>Review service specifications for Integrated Sexual Health Services and Primary Care sexual health services</p>	<p>All commissioners (RMBC PH to lead) RMBC PH</p> <p>RMBC PH</p> <p>RMBC PH</p>

<p>guidelines</p> <ul style="list-style-type: none"> • Ensure that commissioned providers have a commitment to training for staff to ensure that there are enough well trained staff locally 	<p>Review service specifications for termination services</p> <p>Review service specifications for support services from the third sector</p> <p>Deliver an integrated sexual health service at main clinic and outreach sites – produce action plan including timescales for integration</p> <p>Ensure all service specifications include CSE training appropriate for the level of intervention provided by the service</p>	<p>CCG</p> <p>RMBC PH</p> <p>RFT</p> <p>All commissioners</p>
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Via Email

To: Health & Wellbeing Board Chairs
Local Authority CEs
CCG Accountable Officers
MPs
Local Healthwatch
Trust/FT CEOs
CSU MDs

North Regional Team
NHS England
6th Floor
Quarry House
Quarry Hill
Leeds
LS2 7UE

17 December 2014

Dear Colleague

Changes to NHS England regional and area responsibilities and senior appointments

I wrote to you on 28 November, to let you know about the appointments to the Directors of Commissioning Operations (DCO) roles in NHS England in the North which are as follows:

- Moira Dumma - Yorkshire and the Humber
- Graham Urwin - Lancashire and Greater Manchester
- Clare Duggan - Cheshire and Merseyside

We are yet to appoint to the DCO role for the North East but anticipate doing so over the next few weeks, in the meantime Mike Prentice has agreed to undertake this role on an interim basis, in addition to his Medical Director responsibilities – see attached.

I wanted to let you know that on 5th January 2015, the DCO designates will take over from the existing Area Directors.

This will include assuming formal accountability for all of their responsibilities.

DCOs have also started to recruit to their senior teams – the new appointments across the North are attached. This also includes the new post of Regional Director of Specialised Commissioning, to which I am pleased to announce that I have appointed Alison Tonge. DCOs and I will start to manage the transitions in our teams from 5 January onwards.

However, Areas and Regions will remain as planning footprints and the formal unit of governance whilst the new geographies and integrated team arrangements develop in shadow form. DCOs will work with you as key stakeholders so that you can help to influence our new working arrangements, which we will confirm before the end of March.

I hope that this update helps clarify how we will manage the transition. Current Area Directors and the newly appointed Directors of Commissioning Operations will be happy to discuss these arrangements with you. We look forward to continuing to work with you to improve the health and lives of people in the North.

Yours Sincerely



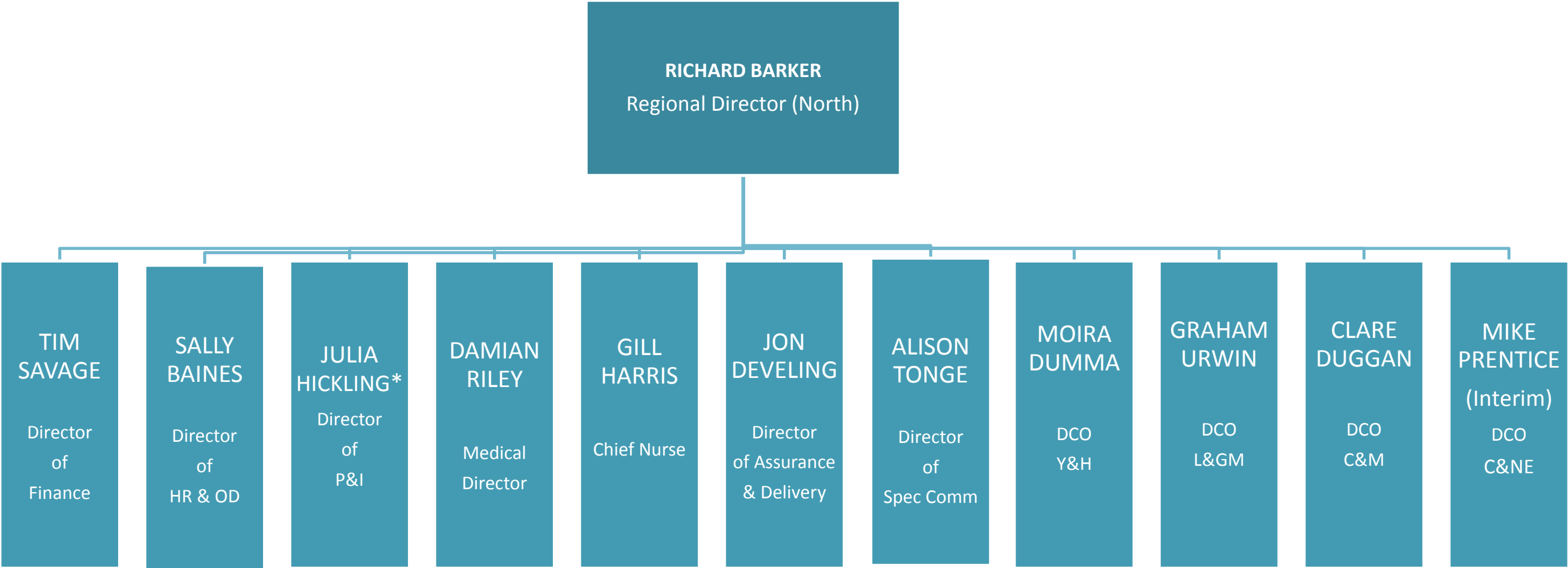
Richard Barker

Regional Director (North)
NHS England

cc

Area Directors, DCOs designate, Regional Directors (North)
Barbara Hakin

North Region and Sub-Region Directors



*Currently on secondment as Programme Director of Operational Information, NHS England (NSC)

North Region and Sub-Region VSMs				
NORTH RICHARD BARKER REGIONAL DIRECTOR (NORTH)	CHESHIRE & MERSEYSIDE CLARE DUGGAN DIRECTOR OF COMMISSIONING OPERATIONS	CUMBRIA & THE NORTH EAST MIKE PRENTICE (Interim) DIRECTOR OF COMMISSIONING OPERATIONS	LANCASHIRE & GREATER MANCHESTER GRAHAM URWIN DIRECTOR OF COMMISSIONING OPERATIONS	YORKSHIRE & THE HUMBER MOIRA DUMMA DIRECTOR OF COMMISSIONING OPERATIONS
DAMIAN RILEY REGIONAL MEDICAL DIRECTOR	KIERAN MURPHY MEDICAL DIRECTOR	MIKE PRENTICE MEDICAL DIRECTOR	RAJ PATEL MEDICAL DIRECTOR	tbc MEDICAL DIRECTOR
GILL HARRIS CHIEF NURSE	TINA LONG DIRECTOR OF NURSING	BEV REILLY DIRECTOR OF NURSING	TRISH BENNETT DIRECTOR OF NURSING	MARGARET KITCHING DIRECTOR OF NURSING
TIM SAVAGE REGIONAL DIRECTOR OF FINANCE	PHIL WADESON DIRECTOR OF FINANCE	AUDREY PICKSTOCK DIRECTOR OF FINANCE	IAN CURRELL DIRECTOR OF FINANCE	JON SWIFT DIRECTOR OF FINANCE
JON DEVELING REGIONAL DIRECTOR OF ASSURANCE & DELIVERY	ANDREW CRAWSHAW DIRECTOR OF DELIVERY	ALISON SLATER DIRECTOR OF DELIVERY	JANE HIGGS DIRECTOR OF DELIVERY	BRIAN HUGHES LOCALITY DIRECTOR
JULIA JICKLING* REGIONAL DIRECTOR OF P&I	TONY LEO DIRECTOR OF COMMISSIONING	CHRISTINE KEEN DIRECTOR OF COMMISSIONING STRATEGY	ROB BELLINGHAM DIRECTOR OF COMMISSIONING	ALISON KNOWLES LOCALITY DIRECTOR
SALLY BAINES REGIONAL DIRECTOR OF HR & OD				JULIE WARREN - NORTH LOCALITY DIRECTOR
Regional Specialised Commissioning				
ALISON TONGE REGIONAL DIRECTOR OF SPEC COMM	ROBERT CORNALL REGIONAL SPEC COMM FINANCE DIRECTOR	ALISON RYLANDS REGIONAL SPEC COMM CLINICAL DIRECTOR		

*Currently on secondment as Programme Director of Operational Information, NHS England (NSC)




Welcome to the Healthwatch Rotherham Newsletter


December 2014


Successes This Month


Rotherham Healthwatch arranged for Yorkshire Ambulance Service to attend the Rotherham Impairment Group. The Group had raised comments to Healthwatch Rotherham about the experiences they had.


The Yorkshire Ambulance Service learned a lot through talking to the members and attending the meeting. Following the meeting the following impacts have occurred:

- 

Designed a learning resource for ambulance staff to reduce harm from patients falling. This includes specific information about visual impairment and a reference to sighted guiding - ie walking slightly ahead of the person, rather than behind.
- 

On the back of a conversation with one of the Rotherham Impairment Group members with a guide dog about what would happen to her dog in an emergency Yorkshire Ambulance Service contacted Guide Dogs for the Blind for advice and guidance. Guide Dogs for the Blind ran a workshop for Yorkshire Ambulance Service staff. This is going to be the start of some work with them to develop best practice guidance for guide dogs on emergency vehicles.
- Other success are:
- 

Escalated an issue regarding domiciliary dental care as it appears that no clear or transparent criteria is used by practices to determine who does or doesn't get to receive the service.
- 

Following an issue raised with the Rotherham NHS Foundation Trust, the Hospital is developing local ward based "learning disability champions". The purpose of the champion is to be the principle point of contact for patients with learning disabilities and or Autism, their families and staff. The champion will take responsibility for making sure that the hospital communication booklet is used appropriately. Training of the champions began in November.
- 

Within the learning disability champion role, communication is key. The role will include aiding communication with visually impaired and hearing impaired.

From The Chair



I would like to welcome Catherine Porter to the Board of directors.

On behalf of everyone at Healthwatch Rotherham, I would like to wish you all a merry Christmas.

Congratulations to Rebecca Parkin who won young Volunteer Rotherham's Voluntary and Community Sector.

Work has started on a new children's Healthwatch strategy, with Healthwatch Rotherham.

I would also like to welcome our new team of Enter and View representatives (Andy, Tish and Val), who have completed Enter and View training and had a successful interview.

Naveen



If you have any comments about health and social care services in Rotherham, please let us know.

What do you:
want?
like?
dislike?

It is important that we use evidence based information and reliable data to demonstrate the needs of the community and to identify trends.

It is therefore important that we have as many people's views so we can build up a picture of what is actually happening in Rotherham.

A big part of our role is to make contact with residents, users of local health and social care services, faith groups, patient groups and community and voluntary organisations.

If you want to link up with us contact Steve or Sharon on info@healthwatchrotherham.org.uk or call 01709 717130

Work in Progress

A report on Adult Mental Health and Older People's Liaison Service. The report is to focus on outcomes for the service however overall comments about the draft business plan and ideas on service delivery will be included.



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