**NHS Rotherham**

**Clinical Commissioning Group Committee (CCGC) 2 May 2012**

Non-recurrent funding allocation to Rotherham Metropolitan Borough Council

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**Purpose:**

To feedback to the Committee on use of allocations made in spring 2012.

**Recommendations:**

The CCGC receive the update on the non-recurrent funding for Rotherham MBC and the intention to align the Public Health "ring fence" to these initiatives in 2012/13 where evidence of benefit is identified.

Note that these proposals both support and develop Rotherham’s approach to addressing Health Inequalities.

**Background and schemes:**

The Marmot review of Health Inequalities stressed the importance of social inclusion, access to opportunities for exercise and to green spaces for the most disadvantaged groups in tackling inequality. All Councils in England are facing unprecedented pressure on these services in the present economic climate. Maintaining and aligning these services is an essential element in tackling the causes of and factors that contribute to social isolation and lack of opportunity for exercise in those with long term conditions. Services assisted will support the CCG’s initiatives to tackle long term conditions in the communities.

**Active Leisure - Green Spaces (including allotments), Play Space and Sports Development. (£200k)**

Frontline delivery of physical activity initiatives, demonstrating a clear plan which includes, sustainability, exit and progression pathways, a needs base and clear methods of monitoring and evaluating activity.

**What the schemes will do**

3 themes supported by the funding are Green Spaces (including allotments), Play Space and Sports Development. Programmes will be further developed to address ongoing sustainability through charging and the recruitment and use of volunteers to sustain the work (there are local models which demonstrate this). These proposals fit with the national and local strategies for physical activity and public health including Marmot, Everybody Active (increasing participation rates 16+), Places to be Active (utilising green spaces), and contribute directly to reducing inequalities: the development of safer stronger communities, reducing anti social behaviour and increasing skills, employment and economic prosperity.
The Health benefits
The evidence demonstrates that people who are physically active reduce their risk of developing diseases such as coronary heart disease, stroke and type II diabetes by 50% and the risk of premature death by 20% - 30%.

Reporting
A report on outcomes (participation rates) will be submitted to the Clinical Commissioning Group and Health and Wellbeing Board In January 2013.

Community activity initiatives in the 11 most deprived areas of Rotherham age 50+. (£200k)
Frontline delivery of physical and community activity initiatives in the 11 most deprived areas of Rotherham. This will compliment the voluntary sector investment by the CCG to deliver opportunities for active chronic disease and condition self management including dementia.

What the scheme will do
The initiative will develop community assets including existing clubs and facilities to develop wider participation particularly for those who are vulnerable or elderly.

Health benefits
The difference in health between the lonely and the most socially active can be as great as that between smokers and non-smokers and the obese and those of normal weight.

Reporting
A report on outcomes (participation rates) will be submitted to the Clinical Commissioning Group and Health and Wellbeing Board In January 2013.

Smoking Cessation Awareness campaigns. (£120k)
Stronger integration and strengthening of smoking cessation awareness campaigns and promotion of self help groups. This will include support for trading Standards to deliver the tobacco control strategy aims of reducing illicit tobacco use.
An innovative approach to promote “successful advocates” as a means of driving behavioural change.

What the scheme will do
Working with the local stop smoking service and other providers of stop smoking support we will seek to identify successful quitters who are willing to work within their communities to promote stop smoking support.
An awareness campaign about the dangers of cheap and illicit tobacco, working closely with Trading Standards. The campaign will adapt the existing North of England Illicit Tobacco Programme creative for a local audience and direct any intelligence to RMBC’s trading standards team to follow up.
Enhanced profile and support for Trading Standards around illicit tobacco use.

Health benefits
Tobacco is the leading preventable cause of death in the UK, with nearly 500 preventable deaths each year in Rotherham as a result of smoking. It is also one of the biggest causes of health inequalities in the UK, with smokers from a high social class having a lower life expectancy than a non-smoker from the lowest social class (Gruer L et al. BMJ 2009;338:bmj.b480).
Illicit tobacco is particularly prevalent in disadvantaged communities, and South Yorkshire is a ‘hotspot’ for illicit tobacco due to high levels of smoking and low levels of income. Illicit tobacco is not the ‘Robin Hood’ crime as is often suggested, with the only victim being the taxman; tobacco is frequently smuggled by large criminal gangs and
brings antisocial behaviour and criminality into our neighbourhoods. These proposals aim to increase the number of people stopping smoking and staying stopped, thereby contributing to a reduction in health inequalities and savings to the NHS.

**Reporting**
This will be through the Rotherham Tobacco Control Alliance and an annual report to the CCG in January 2013

**Healthy School activity (£220k)**
Enhance and support the work of the Healthy Schools team

**What the scheme will do**
To increase PEP talk project activity (aiming to tell the story (using ‘real’ young girls) of how unplanned pregnancy affects the life of an individual and the lives of those around them) in schools where Teenage Pregnancy rates are high/hotspots
To develop further Relationship Sex and Health Education Activity that focuses on boys and young men’s roles and responsibilities in relationships including contraceptive use. This should recognise for some young men this leads to positive parenting intervention. The development of a peer-led intervention(s) for stop smoking in schools – it is the one aspect of NICE guidance that we don’t really do yet. We can pilot something, rather than try to implement it across all schools. See quick reference guide [http://www.nice.org.uk/nicemedia/live/12827/47584/47584.pdf](http://www.nice.org.uk/nicemedia/live/12827/47584/47584.pdf)
Develop a targeted health approach to improving the health of Looked After Children (LAC) by enhancing school support in this area.
To increase the delivery of healthy eating training delivery by Rotherham Nutrition and Dietetics Team in all Rotherham Primary Schools.
To continue to work with schools to improve the uptake for Schools Meals and free school meals.
To increase school-led interventions aimed at reducing rates of Obesity at Year 6.
To develop and deliver a substance (mis)use education pack for all Rotherham Primary Schools
To support the specialist drugs and alcohol service (Know the Score) to deliver interventions (including education and support) in all Rotherham secondary schools.
To further develop interventions aimed and training support aimed at improving emotional health and well being with a focus on LAC.

**Health Benefits**
Recognising the integral relationship between health and education outcomes, the use of both universal and targeted healthy schools interventions that address the key health indicators e.g. Teenage Pregnancy, Childhood Obesity and improving the emotional health and well-being of children and young people will enable children young people maximise their capabilities and lead fulfilled lives. A combination of targeted and whole schools approached will contribute to addressing the health inequalities agenda

**Reporting**
A report on activity will be submitted to the Clinical Commissioning Group and Health and Wellbeing Board In January 2013.

**Analysis of Risks:**
Without support these services to support the most disadvantaged groups will be threatened in the current economic climate.

In all cases Rotherham Metropolitan Borough Council is aware that the funding is non recurrent. Schemes will not be funded by the CCG.
### Return on Investment:

Creating and developing healthy and sustainable communities is one of the six core objectives recommended by Marmot ([http://www.instituteofhealthequity.org/Content/FileManager/pdf/economic-analysis-fshl.pdf](http://www.instituteofhealthequity.org/Content/FileManager/pdf/economic-analysis-fshl.pdf))

### Analysis of Key Issues:

Developing and sustaining these schemes with the current pressure on public sector funding.

### Patient, Public and Stakeholder Involvement:

None

### Equality Impact:

These initiatives are designed to support the most disadvantaged in our communities

### Financial Implications:

2011/12 non recurrent funding allocation to RMBC.

Approved by: Keely Firth Rotherham CCG and Andrew Bedford RMBC

### Human Resource Implications:

None for the CCG

Approved by:

### Procurement:

Not applicable

Approved by:

### Key Words:

Non recurrent, funding allocation, health inequalities, Marmot Review.

### Further Sources of Information:


2011 Director of Public Health Rotherham Annual Report.