

HEALTH SELECT COMMISSION

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

Date: Thursday, 26th January, 2012

Time: 9.30 a.m.

A G E N D A

1. To determine whether the following items should be considered under the categories suggested in accordance with Part 1 of Schedule 12A (as amended March 2006) to the Local Government Act 1972
2. To determine any item the Chairman is of the opinion should be considered later in the agenda as a matter of urgency
3. Apologies for Absence
4. Declarations of Interest
5. Questions from members of the public and the press
6. Communications
7. Minutes of previous meeting (Pages 1 - 6)
8. Health and Wellbeing Board (Pages 7 - 15)
- minutes of meeting held on 7th December, 2011
9. RFT Quality Accounts (Pages 16 - 19)
- Hilary Fawcett, Quality and Standards
10. Health Inequalities Scrutiny Review - Draft Recommendations (Pages 20 - 29)
11. Scrutiny Work Programme (Pages 30 - 32)
12. Dates and Times of Future Meetings:-
 - Thursday, 8th March, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham
 - Thursday, 19th April, 2012 @ 9.30 a.m. at the Town Hall, Moorgate Street, Rotherham

HEALTH SELECT COMMISSION
Thursday, 8th December, 2011

Present:- Councillor Jack (in the Chair); Councillors Beaumont, Blair, Burton, Dalton, Hodgkiss, Kirk, Steele, Turner, Wootton and Wyatt.

Also in attendance were Victoria Farnsworth and Jonathan Evans (Speak Up) and Russell Wells (National Autistic Society).

Councillors G. A. Russell and Wyatt were in attendance at the invitation of the Chair.

Apologies for absence:- Apologies were received from Councillor Goulty and Jim Richardson (Aston-cum-Aughton Parish Council).

30. DECLARATIONS OF INTEREST

There were no declarations of interest made at the meeting.

31. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

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

32. COMMUNICATIONS

Councillor Wyatt, Cabinet Member for Health and Wellbeing, made reference to a couple of issues arising from the meeting of the Health and Wellbeing Board which took place on Wednesday, 7th December, 2011, which included inclusion in the terms of reference of scrutiny reviews which may benefit from a Health and Wellbeing dimension.

The Scrutiny Review into Diabetes was also considered and limited feedback was provided. There was some reference to screening, which was the best in the region, but concern was expressed about the tone of some of the wording used by the Foundation Trust.

33. MINUTES OF PREVIOUS MEETINGS

Resolved:- That the minutes of the previous meetings held on 15th September and 27th October, 2011 be signed as a true record.

34. HEALTH AND WELLBEING BOARD

Resolved:- That the minutes of the Health and Wellbeing Board held on 26th October, 2011, be noted.

35. HEALTH INEQUALITIES SUMMIT

Rebecca Atchinson from NHS Rotherham, gave a powerpoint presentation on the methodology used and the findings from community consultation and feedback from the Health Inequalities Summit held on 1st December, 2011:-

- Methodology.

- Triangulation of Methods.
- Partnership Engagement.
- Documentary Analysis.
- Community Consultation.
- Survey Questions.
- Focus Groups.
- Focus Group Discussion.
- Methods of Data Analysis.
- Survey Findings.
- Focus Group Findings.
- Look and Feel of Rotherham – Key Issues.
- Solutions Identified.
- Rotherham Communities – Key Issues.
- Solutions Identified.
- Skills for Life – Key Issues.
- Solutions Identified.
- Health – Key Issues.
- Solutions Identified.
- Cost of Living – Key Issues.
- Solutions Identified.
- Summary.

The findings of the consultation were presented to the Health Summit, which was attended by approximately forty people. A number of workshops took place where the views of the community were shared. The findings were still to be presented at various meetings which would then result in formalisation of the issues into an action plan.

A discussion and a question and answer session ensued and the following issues were raised and subsequently clarified:-

- Age range of the parents consulted.
- Supportive role for parents from the Speak Up Advocacy Project.
- The Summit's role in highlighting the health inequalities in Rotherham.
- Lifestyles in various communities across Rotherham and the mountainous task of educating vulnerable communities.
- Consideration of research and small scale projects that had previously been successful.
- Number of Communities of Interest and whether this had been extended to groups such as those affected by Autism.
- Avoidance of vulnerable groups falling through the gap and their views not being represented.
- Soft touch approach to consultation using a "Nudge" rather than a "Shove".
- Next steps and evaluation of the findings.
- The Select Commission's work programme and its support to the wider role of health inequalities.
- Engagement of partner agencies and the joint working arrangements.
- Inclusion of businesses in the focus groups.

Resolved:- That Rebecca Atchison be thanked for her informative presentation.

36. PUBLIC HEALTH IN THE LOCAL AUTHORITY CONTEXT

Giles Ratcliffe and Gilly Brenner, Specialty Registrars, gave a presentation on behalf of Dr. John Radford, Director of Public Health for NHS Rotherham and Rotherham RMBC on the new arrangements for Public Health. Giles and Gilly were on placement in the Public Health Department at NHS Rotherham.

The presentation drew specific attention to:-

- Health and Social Care Bill.
- New Arrangements.
- Public Outcomes Framework.
- Public Health in the Local Authority.
- Implications for the Council.

A discussion and a question and answer session ensued and the following issues were raised and subsequently clarified:-

- Simplistic format of the new arrangements.
- Sustainability and the funding transfers to the Local Authority.
- Transfer of responsibility to the Local Authority and the challenging times ahead.
- Moves towards an early Shadow Forum.
- Opportunities to tackle some of the issues raised and the closer partnership working.
- Unresolved funding allocations.

Resolved:- That Gilly Brenner and Giles Ratcliffe be thanked for their informative presentation.

37. BREASTFEEDING REVIEW - UPDATE AND ACTION PLAN

Rebecca Atchinson, Public Health Specialist, NHS Rotherham, reported on the progress of the breastfeeding agenda and gave a presentation which focused on:-

- Background.
- Breastfeeding Performance.
- Infant Feeding Support.
- UNICEF UK Baby Friendly Initiative.
- Peer Support.
- Increase Mother-to-Mother Support in Community.
- Promotional Events and Resources.
- Promoting Breastfeeding.
- Breastfeeding Friendly Public Places.
- Negative Press.
- Breastfeeding Friendly Rotherham.
- Next Steps.

Kate Green, Scrutiny Adviser, reported on the work that had taken place since

the Scrutiny Review of Breastfeeding was completed in March, 2010.

The Select Commission were asked if they wanted to add two/three key recommendations to build on the previous work that could be taken forward.

A discussion and a question and answer session ensued and the following issues were raised and subsequently clarified:-

- Lack of publicity and awareness raising about locations for breastfeeding and accredited facilities.
- Barriers to breastfeeding and the need to arrange a press release to publicise this widely.
- Inclusion of Riverside House in the list of Breastfeeding Friendly Rotherham premises.
- Support to mothers who experience difficulties with breastfeeding.
- Breastfeeding Friendly public places awards.

Resolved:- (1) That breastfeeding be recognised as a continued priority area for action.

(2) That consideration be given to where support could be made available to aid continued progress and the achievement of UNICEF Stage 2 in the Spring 2012.

(3) That an annual update be submitted from Health leads.

(4) That discussion take place with Barnsley and Rotherham Chamber of Commerce to encourage Rotherham businesses to become Breastfeeding Friendly.

(5) That all Local Authority premises and those that had been identified as Breastfeeding Friendly accredited facilities should have notices clearly on display.

38. CONSULTATION - AVASTIN

Consideration was given to a report presented by Sue Smith and Helen Hawley from NHS Rotherham, as the Clinical Commissioning Group was considering adopting off-label Avastin as the first line treatment of wet age-related macular degeneration (wet AMD) instead of the currently licensed first line treatment recommended by NICE which was Lucentis®.

Public Health had reviewed the evidence base which indicated that both options were similarly safe and effective. However, before making any decision, a consultation was being undertaken with relevant stakeholders including patients, public, clinicians and managers to establish the feasibility of commissioning a service based on Avastin.

The Health Select Commission was invited to comment on the consultation process and offer its view on the option that the Clinical Commissioning Group was considering.

Wet Aged-related Macular Degeneration (AMD) was the most common cause of visual loss in people over the age of sixty years and had approximately

26,000 new cases in the UK each year. Rotherham's Wet Age-related Macular Degeneration (AMD) Service was established in October, 2008 and each week received between four and six new referrals.

Avastin continued to be widely used off-label world-wide to treat a number of eye conditions, including wet AMD. In the United States, practice pattern reports from the American Academy of Ophthalmology and the American Association of Retinal Specialists suggested that most patients received Avastin rather than Lucentis® for the treatment of wet AMD.

In August, 2008 National Institute Clinical Evidence (NICE) issued guidance on Lucentis®, recommending it as a possible treatment for people with wet AMD. Avastin was not considered as it was not licensed for the treatment of eye conditions, but for certain cancers. NICE were currently reviewing Avastin.

Avastin and Lucentis® were both monoclonal antibodies that acted as anti-VEGF and were developed by Genentech which was now a wholly owned subsidiary of Roche. The older drug, Avastin, had been in use for longer which allowed more time for long term side effects to manifest themselves and it was reassuring that they had not done so. The newer drug, Lucentis®, had been through a more systematic process of testing within the licensing process.

At NHS Rotherham, there were general processes and agreements via Medicine Management Committee that covered G.P.s for using off-label drugs. If Avastin was chosen as a first choice treatment, the liability would be considered as part of a service specification and NHS Rotherham through Medicine Management Committee for approval.

An evidence review (safety and effectiveness), which included most recent comparative clinical and current practice in the UK, was presented at NHS Rotherham's Commissioning Executive and Medicines Management Committee.

NHS Rotherham was currently undertaking a consultation process to investigate both clinicians and patients' views of the use of Avastin as the first choice for the treatment of wet AMD. The Commissioning Executive and the Medicine Management Committee at NHS Rotherham were fully supportive of a move towards Avastin as the first choice treatment for wet AMD. There had been agreement that NHS Rotherham was able to indemnify the provider against any potential litigation from treating patients with an off-label drug.

Clinicians delivering the wet AMD service at Rotherham Foundation Trust (RFT) were supportive of the use of Avastin for the treatment of wet AMD as long as a number of conditions were met.

However, they currently felt that they were not at an appropriate stage in discussions to consult with their patients. Therefore, there was a need to establish patient opinion on the use of Avastin via other routes.

The options/recommendations resulting from the consultation would help dictate the next steps in commissioning decisions.

Discussion ensued on the comparative costs, benefits and improvements to patients' lives and the long term side effects of both drugs.

Members present were supporting of the use of Avastin as a first choice and were supportive of further consultation through the route of Area Assemblies.

Resolved:- (1) That the finds of the evidence review be noted.

(2) That the process of consultation include the Area Assemblies.

(3) That the option being considered by fed back to this Select Commission in due course.

39. DATES AND TIMES OF FUTURE MEETINGS:-

Resolved:- That meetings be held during 2011/12 on the following dates commencing at 9.30 a.m. in the Town Hall:-

26th January, 2012

8th March, 2012

19th April, 2012

HEALTH AND WELLBEING BOARD
Wednesday, 7th December, 2011

Present:-

Councillor Wyatt	In the Chair
Christine Boswell	RDaSH
Brian Chapple	Rotherham United Football Club
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Paul Douglas	Rotherham United Football Club
Councillor Doyle	Cabinet Member for Adult Social Care
Chris Edwards	NSHR/RCCG
Kate Green	Scrutiny and Policy Officer, RMBC
Matt Gladstone	Director, Commissioning, Policy and Partnerships
Tracy Holmes	Communications, RMBC
Brian James	Rotherham Foundation Trust
Councillor Lakin	Cabinet Member for Safeguarding Children and Adults
Jo Pollard	NHS Doncaster
Chris Stainforth	NHS Doncaster
Joyce Thacker	Strategic Director, Children and Young Peoples' Services
Alan Tolhurst	NHS South Yorkshire and Bassetlaw
David Tooth	Chair, Rotherham CCG
Janet Wheatley	Voluntary Action Rotherham
Dawn Mitchell	Committee Services, RMBC

An apology for absence was received from Helen Watts (NHS Rotherham) .

S23. MINUTES OF PREVIOUS MEETING

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

Arising from Minute No. S15 (Armed Forces Community Covenant), Brian James, Rotherham Foundation Trust, reported that Juliet Greenwood, Chief Nurse, had been appointed as lead for the organisation and was the main contact with the armed forces. Information had been received and was being pursued.

It was noted that Dr. Nagpal Hoysal was the lead from NHS Rotherham and Christine Majer from the Local Authority. At present Councillor Hussain, Cabinet Member for Community Development, Equality and Young Peoples' Issues was the lead Member but, once signed off, would transfer to Councillor Doyle, Cabinet Member for Adult Social Care.

It was reported that veterans and serving officers who had been provided with psychological support by the NHS and MoD up to the present time would no longer receive such support after 6 months when some would still be in need of support.

Christine Boswell, RDaSH, reported that Carol Hurst would be their lead for this issue and would make her aware of the above issue.

S24. MEXBOROUGH MONTAGUE HOSPITAL

Jo Pollard, Programme Director, and Chris Staniforth, Chief Operating Officer, NHS Doncaster, gave the following powerpoint presentation on the proposals to change some services currently provided at Mexborough Montague and Tickhill Road Hospitals and provide more care closer to home:-

Why do we need to make these changes?

- More care can now be provided outside hospital
- NHS landscape and role of hospitals is changing
- What patients tell us
- New technology
- Improve quality and experience

Our Principles – Services must be

- Safe
- Effective
- Affordable
- Value for money
- Sustainable
- Integrated
- Local where possible

Government's four tests – Any service change must have

- Support of local GPs
- Patient and public engagement
- Clinical evidence
- Consistent patient choice

What about the money?

- No reduction in investment – just used differently
- New Rehabilitation Centre with £4.9M costs at Montague Hospital
- DBHFT build and equip the new Rehabilitation Centre including an application to the Fred and Anne Green Legacy
- Maintain the current investment of £2.8M on acute care
- £1.4M will be invested in additional home support services
- £400,000 will be invested in intermediate care and step down services
- £300,000 will be invested in community stroke services
- £500,000 will be invested in other community services and palliative care

Our Proposals 1 – A redesign programme to

- Reduce the time patients spend in hospital by providing high quality care for patients who do not need a hospital bed, at home or in a community setting

Our Proposals 2

- Reduce the time patients spend on an acute hospital ward by developing a new 58 bed state-of-the-art rehabilitation centre at Montague Hospital which would improve outcomes for patients by enabling an intensive 24/7 model of care to be delivered

Our Proposals 3

- Stop admitting to Montague Hospital those patients who were currently brought by 'blue light' ambulance for urgent care
- Take urgent care patients directly to Doncaster Royal Infirmary or another district general hospital near to where they live such as Barnsley and Rotherham

Why do we need to make changes?

- People are living longer so we need to help them stay as fit as possible so they can enjoy a fulfilled life
- Keeping elderly and frail patients in hospital beyond their urgent care period results in them losing many every day skills and this can quickly result in a loss of independence
- Centralising rehabilitation services at Montague Hospital would maximise the benefit of having a large pool of skilled therapists who would be able to provide a 7 day a week service
- More patients would be cared for at a single location instead of therapists spending valuable time travelling between hospital sites to see patients
- Patients who need urgent care should be treated at a facility that has a full range of support services
- An enhanced new role for Montague would enable the hospital to continue to flourish and secure its future at the heart of the Doncaster community

The Service redesign would

- Cut the time that patients stay on a ward in a busy hospital by faster access to specialist inpatient and community based rehabilitation services that would help speed up their recovery
- Improve health outcomes by helping patients get quickly back into everyday life
- Provide more social care support and services that provide 'intermediate' care for people who do not need a hospital bed but were not quite ready to return home
- Pilot a new assessment unit designed to speed up the discharge of people from hospital into the next stage of their care
- Provide more home support services
- Community based 'outreach' services to provide more care at home for people who have had a stroke to help prevent them from having another 1
- Create a new centre of excellence for rehabilitation at Montague Hospital bringing together a wide range of skilled clinical staff on 1 site
- Enable the closure of Ash, Elm and Rowan Wards at Tickhill Road Hospital and their service transfer to Montague

The change would also enable the local NHS to

- Do more surgery at Montague Hospital, cutting the time that patients had to wait for an operation
- Double the number and type of endoscopy procedures at Montague Hospital

Beds

- 160 (out of 872) beds affected by the proposals
- Reduction in Doncaster beds of 73

15 to Rotherham/Barnsley
 50 beds or equivalent in community
 8 achieved by reduced length of stay

What happens next?

- Public consultation finishes on 19th December, 2011
- All the responses would then be considered by senior NHS staff and summarised in a report
- The report would make recommendations and explain how your views had been taken into account
- Presented to the Board of NHS South Yorkshire and Bassetlaw in early 2012 for members to discuss and make a decision on whether the proposals should be implemented
- The date of the Board meeting would be publicised. The Board's decision would be publicised in the local media and published on NHS websites

Discussion ensued on the presentation with the following issues raised/clarified:-

- The Dental Access Service was a South Yorkshire resource for anyone to use. Presently it was delivered from Mexborough Montague, however, it would move from the Hospital site and move to 1 of the Health Centres in Mexborough
- The pilot phases would be based at the Tickhill Road site
- The need to invest in community services and social care services
- 2 of the physicians were retiring and, under the Royal College Guidance, unless a stand alone unit provided back up services, they could not recruit; Mexborough Montague did not have a back up service
- Rotherham Foundation Trust had been working with NHS Doncaster and in general supported the proposals and could absorb the anticipated impact
- RDASH had also been working closely with NHS Doncaster around the proposed changes and linkage between the specialist unit at the Hospital and community based rehabilitation was critical. It was felt that the proposals helped to sustain the Hospital's future and gave it a clear role removing areas of concern around clinical evidence and developed the rehabilitation hub for that area

Chris and Jo were thanked for their presentation.

Resolved:- That a report on the proposals for the Dental Access Service be submitted to a future meeting.

S25. ROTHERHAM COMMUNITY STADIUM

Paul Douglas, Chief Operating Officer, and Brian Chapple, Rotherham United Football Club, were in attendance at the meeting to give a brief outline of the work of the Rotherham United Community Trust, the new Stadium and

examples of health facilities within stadia.

Rotherham United Community Trust – formed in 1997

Mission Statement – “to utilise the brand of Rotherham United Football Club and the power of sport to positively influence and enhance the diverse lifestyles of the people of Rotherham”

- Education
 - Classrooms currently in temporary facilities – developed in partnership with public and private partners
 - 51 apprenticeships working out of the GOALZ Centre – commended for the retention rates
 - Working across the Borough on issues such as anti-bullying and anti-truancy
- Participation
 - Working in number of primary schools across the Borough delivering coaching where it might not otherwise be delivered
 - Players actively delivering mentoring
- Cohesion
 - Full-time officer
 - Just received “Kick It Out” Equality Standard, the industry standard for football. This had only been awarded to 30 clubs out of 90 and Rotherham was the only Club at its tier to receive the Award
- Volunteering
 - 1 of only 8 Clubs in the football world invited to pilot the National Citizen Service Programme and awarded the Leader of Best Practice nationally for the work the Club had led on
 - Currently there were 51 volunteers
- Disability
 - The Disability Officer ran regular sessions for those with additional needs through the partnership with RMBC, ILS and Voluntary Sector Consortium
 - “Aiming High” project engaged over 40 young disabled people every week. Afterschool coaching delivered
 - Healthy Hearts Programme set up to deliver multi-sport, diet and nutrition sessions for disabled adults
- Heritage
 - Call to Goal – an inter-generational project run last year looking back at the 1940-50’s that was now being rolled out as an educational package
 - A further 2 heritage projects currently taking place which would be turned into education projects
 - Official Historian had been appointed who was very knowledgeable about the Football Club and was working closely with the Heritage Project Officers. There would be lots of examples in the new Stadium
- Health
 - Wake Up Shake Up – Sessions took place prior to the school day promoting the importance of eating a good breakfast and giving children

- aged 7-11 years the opportunity to take part in some light exercise
- Extra Time delivered in 4 care homes
- Allotment project

It was stressed that the Trust had not been established due to the new Stadium but had been working for a number of years without any facilities delivering outreach work; the new Stadium would only improve and enhance its work. It had taken a long time to get to the present situation with the Stadium but the Chairman had been clear that it had a role to play in the community.

Numerous meetings had taken place with organisations to explore and maximise the opportunities the Stadium could bring. Those discussions now needed to be confirmed to help shape the design of the space.

The Trust had carried out a massive amount of work in the communities; the challenge for the future was to capitalise on it and link it to use of the facilities.

Discussion ensued with the following points raised/clarified:-

- Consideration had been given to use of the Stadium to music events etc. but felt that there was sufficient facilities in the area as well as engineering design issues
- National Time for Change Campaign – tackling anti-stigma in mental health and the connection with sport. Some work was currently carried out with Doncaster Rovers
- Linking in with Mental Health Charity “Breakthrough” – display of artwork produced by those suffering with mental health. Sheffield United were part of the scheme

Paul and Brian were thanked for their presentation.

S26. SPORT ENGLAND

The Chairman submitted Sport England information from their Our Active People Survey which provided local level data on sporting participation.

The mini sport profile gave key sporting data for the local authority area, the costs of inactivity and maps modelled on participation data and obesity data showing any direct correlation. The Active People Survey and Local Sport Profiles were valuable tools when developing or refreshing the Joint Strategic Needs Assessment.

Sport for England’s existing work through Places People Play would bring the sporting legacy to life, delivering better facilities, more volunteers and greater access to a variety of sport across the whole country. More information on Places People Play could be found at www.sportengland.org.

The Local Sport Profile showed:-

- 19.9% of adults in Rotherham took part in sport and active recreation – national average 22%. 53.6% of adults did no sport or active recreation at all
- 3.7% adult residents were regular sports volunteers – national average

- 4.5%
- 21.1% were members of sports clubs – national average 23.9%
- The health costs of inactivity in Rotherham was at least £4.4M per year
- Sport contributes economically to the community with 55 businesses trading in sporting goods or services
- Youngsters who were active had numeracy scores, on average 8% higher than non-participants

Sport England's team of local experts, resources, tools, networks and investment were available to local authorities to help:-

- Achieve efficiencies and improve the effectiveness of service
- Evaluate and plan what sporting provision needed and where to meet a wide variety of local needs
- Establish partnerships with local sporting organisations to make investment go further
- Capitalise on opportunities to work with national governing bodies who were investing public money in communities
- Identify opportunities to bring the Olympics and Paralympics to life for communities through their Places People Play mass participation legacy programme
- Provide opportunities for young people to take part in the school Games and Sportivate

Resolved:- That the report be noted.

S27. DIABETES SCRUTINY REVIEW

Kate Green, Scrutiny Officer, presented the Scrutiny Review report on the diagnosis and management of Diabetes in Rotherham.

It was noted that the report had been considered by the Cabinet. The Cabinet had agreed that any future health-related Reviews be considered by the Board to ensure feedback to the relevant organisation and inclusion in the Health and Wellbeing Strategy. The Board would then be responsible for the implication and monitoring of the Review recommendations.

There were approximately 11,600 people diagnosed with Diabetes in Rotherham with around 4,000 undiagnosed cases highlighting the need for awareness raising and education in relation to early symptoms in high risk groups. Obesity and unhealthy lifestyles were prevalent in Rotherham along with high levels of deprivation. Raising awareness of the risk factors and focusing on prevention was needed to reduce the rise in Diabetes.

John Radford reported that NHS Rotherham had worked quite closely with Scrutiny to produce the report which aligned with the work that the CCG and NHS Rotherham were doing around prevention work.

The report set out in broad terms the framework being pursued in Rotherham to prevent and identify Diabetes through health checks and then improving the service for those diagnosed. Dr. Nagpal Hoysal was working across the system to try and support patients in the community and follow their treatment.

There was discussion in relation to scrutiny review recommendations and the need for all organisations to be involved in the development of these to ensure a collaborative approach. However, it was noted that the Board had not been in existence when the Review had taken place, therefore the agreement above for scrutiny review scopes to come to the Board prior to them taking place would ensure this happens in future.

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

(2) That the Board consider the recommendations and ensure inclusion in the joint Health and Wellbeing Strategy once in place, along with subsequent commissioning plans.

(3) That the process for future reviews be mapped out to demonstrate how scrutiny would work with the CCG and NHS organisations.

S28. FOOD BANK/AWARENESS WORK

Janet Wheatley, VAR, gave a verbal report on a meeting that had recently taken place regarding the above. This had been as a result of enquiries received relating to people who were in crisis and could not access food.

A group of organisations had met – homeless charities, Salvation Army, Food Bank, NHS and the Council. It soon became apparent that it was a much bigger issue than envisaged and was not just food for people in crisis but food for vulnerable people particularly children, young people and the elderly, issues around eat or heat, healthy cooking skills and growing your own food.

Information was to be sent out to service providers on how people in crisis could access food and also ascertain from providers what was available. An Expression of Interest had also been submitted to the Big Lottery to develop a project around growing and selling produce, linking in with the Rotherham United Football Trust etc. The proposal had been accepted at the first stage and an application form now had to be completed. 18 partners were involved in the project and, even if the application was not successful, it was hoped to be the basis of some further work.

A further meeting was to be held the following day.

Agreed:- That a further report be submitted to a future meeting.

S29. WINTER PLAN

John Radford, NHS Rotherham, reported that the Winter Plan arrangements for Rotherham were in place across partners to ensure all had measures in place to protect the town during the winter.

There were already reported cases of flu in Rotherham and 1 unconfirmed flu related death. The number of flu vaccinations was lower than last year particularly in the at risk groups and pregnant women.

Rotherham Foundation Trust had 1 of the highest staff vaccination rates in the region which was a great achievement.

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S30. INTEGRATED STRATEGIC NEEDS ASSESSMENT

This item was withdrawn.

S31. TERMS OF REFERENCE/MEMBERSHIP

In accordance with Minute No. S14, the revised Terms of Reference were submitted for consideration incorporating the suggested comments made at the previous meeting.

In light of the previous agenda item, Diabetes Review, the Chairman suggested that an additional bullet point be added under 2.2 Operating Principles as follows:-

(I) Health and Wellbeing Scrutiny Reviews - scoping of /progress of

Agreed:- That the revised Terms of Reference be agreed.

S32. COMMUNICATIONS

Flu vaccinations – publicity

Health Inequalities Summit – initial findings very well received by the 3 local Members of Parliament

S33. FUTURE AGENDA ITEMS

NHS Operating Framework
Drinking of Alcohol in Rotherham
Health Inequalities Summit
NHS Outcomes Framework
JSNA/Working Programme 2012/13
Targeting Resources in Deprived Areas
HealthWatch
Communications Support for the Board

S34. DATE OF NEXT MEETING

Agreed:- That a further meeting be held on Wednesday, 18th January, 2012, at Oak House, Bramley.

Quality Accounts 2012/13

O&S meeting 19.01.2012

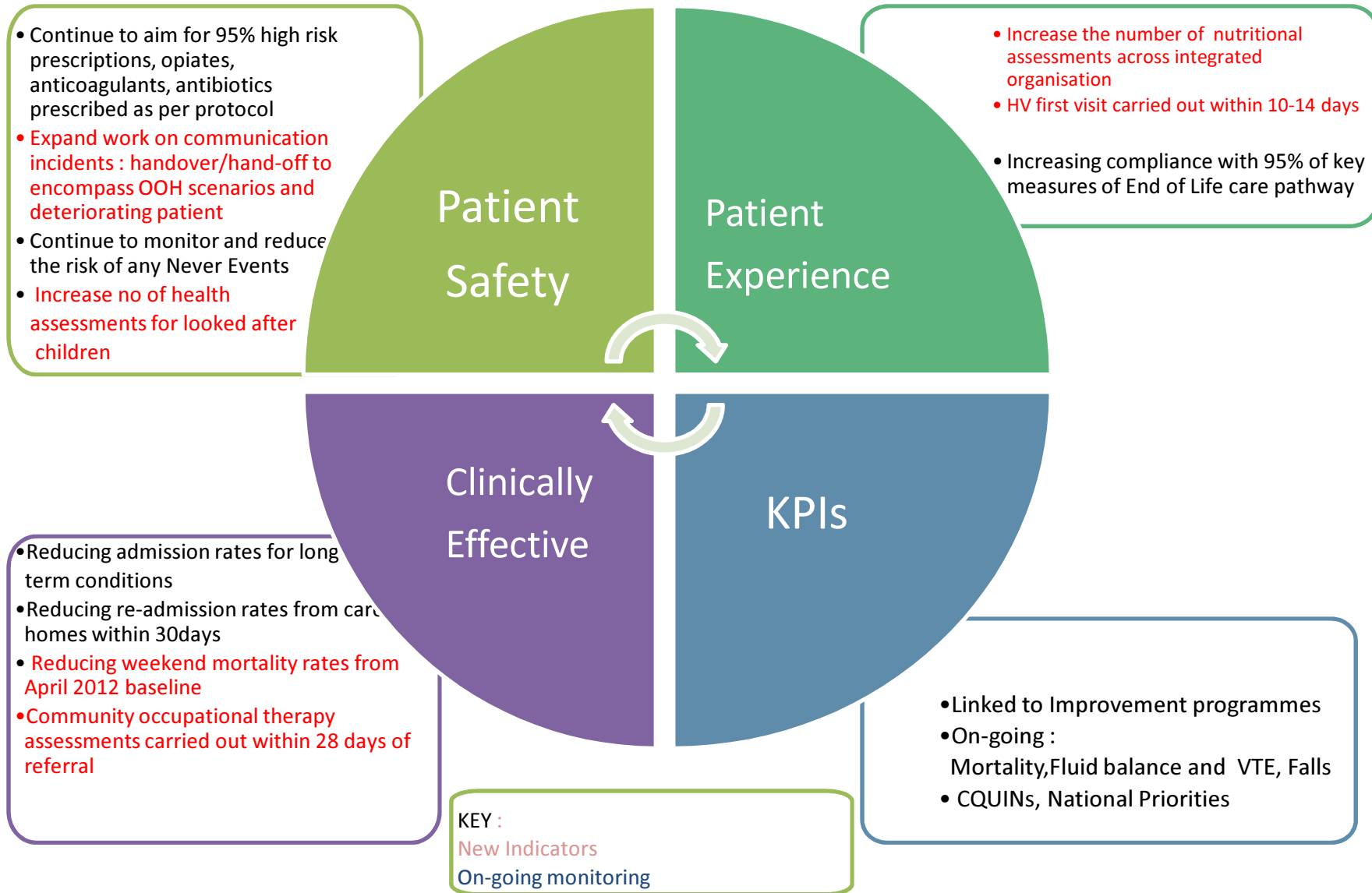
Your views.....

Quality Accounts 2011/12

Selecting our priorities: Method

- Consultation process LiNKs, O&S, Public
- Evidence based
- Risk based
- Linked to CQUINs
- Quality Committee prioritisation process

Quality Accounts Improvements 2012/13



What we would like to know

- Any Questions?
- Do you agree with the topic selection?
- Can you provide written agreement and identification of indicator by 17th February

Health Inequalities Scrutiny Review

Obesity: BMI > 50

Cllr Brian Steele, Chair of Review Group
& Kate Green, Scrutiny Officer

Overview

- Part of a project with the Centre for Public Scrutiny (CfPS)
- Funded by the Department of Health to look at the rate of return on investment of Scrutiny i.e. what is the value of Scrutiny?
- Rotherham's review looked at the quality of life and services provided for people with a BMI over 50

Review question:

How can we improve coordination between services so as to improve the quality of life and care of people with a BMI>50 and who are housebound and unable to get out of their home unaided, and what would be the 'Return on Investment' of service coordination and improving their quality of life and care?

What we did?

- Review group of 4 elected members and 1 scrutiny co-optee
- Expert Advisor from the CfPS providing up to 5 days support
- A 2 hr Stakeholder session to help scope the review and gather information from professionals
- Interviews with professionals
- Interview with 1 individual within the community
- Questionnaires gathering information from professionals

What we found out...

- Total number of individuals in this 'cohort' is unknown
- There is a varied degree of coordination between services and organisations
- Individuals are often only found out about in an emergency situation
- Information and data is difficult to share, but would be a huge benefit to ambulance/fire service etc
- No data sharing protocol specific to this group
- Individuals often cannot be discharged from hospital due to inappropriate access/equipment at home – resulting in increased bed days
- Awareness of these issues is good across agencies, but services are not centrally coordinated
- Professionals may not always be aware of the range of services on offer locally, which would be of benefit to individuals

Recommendations

Divided into 3 main themes:

1. Service Improvement

2. Securing Commitment

3. Prevention

1. Service Improvement

Main recommendation: To establish a negotiation session between relevant strategic officers/organisations to create an action plan to implement the recommendations of the review, including timescales, lead roles and reporting mechanisms and to report back to the Health Select Commission.

4 objectives for this group to consider:

- a) Develop a one-page tick-box form to obtain consent from individuals to share information and ensure professionals receive appropriate training on how to use this
- b) Develop protocols for joint working and local data-sharing specific to this group of people
- c) Briefings for professionals to raise awareness of the range of services available locally for this target group of people
- d) Consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information

2. Securing Commitment

- To recommend that Cabinet and the Health and Wellbeing Board takes a lead in securing commitment to action on the recommendations and receive monitoring of implementation reports through an appropriate forum, for example; the NHSR led obesity group
- Report to go to Improving Lives to raise awareness across other agendas

3. Prevention

- To agree a joined-up approach to tackling obesity in Rotherham through the Health and Wellbeing Board, acknowledging that treatment and prevention need to work together (i.e. treatment of overweight, should be seen as bariatric ‘prevention’) and ensuring this features as a high priority in the joint Health and Wellbeing Strategy

Next Steps

- Discuss and agree recommendations today
- Final report to be presented to Select Commission in March
- Once approved by Cabinet, to be taken to the Health and Wellbeing Board

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS
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1.	Meeting:	Health Select Commission
2.	Date:	26th January, 2012
3.	Title:	Work Programme Update
4.	Directorate:	Chief Executive's All wards

5. Summary

The report updates Members on the progress of the work programme for the Health Select Commission for the 2011/12 municipal year and asks for views on its work.

6. Recommendations

That members

- a. Discuss the work programme as attached and give consideration to priority areas for future scrutiny**
- b. Give its comments on the discussion points outlined under Proposals and Details**

7. Proposals and Details

As outlined in the Council's Constitution, the remit of the Health Select Commission is to:

- Be the Council's designated scrutiny body for any issue relating to health and the public health agenda
- Look at the partnership and commissioning arrangements in relation to health and wellbeing and their governance arrangements
- Ensure health improvements and the promotion of wellbeing for adults and children of Rotherham
- To scrutinise and help develop measures to address health inequalities
- To scrutinise food law and environmental health
- To consider issues referred to it by the Local Involvement Network (LINK) or successor body (HealthWatch once in place)

Each select commission has planned its work programme in line with its remit and Corporate Priorities; Health's work programme is attached as Appendix A. Its main focus is the scrutiny of the health reform agenda and tackling health inequalities in Rotherham.

The Select Commission is asked for its comments on the programme.

In addition, mindful that the new overview and scrutiny structures have been recently introduced; as part of its initial evaluation the Management Board is seeking feedback on the following discussion points:

- Do you think that the select commissions are focussing on the 'right' issues in the 'right' way? If not, what needs to change
- Reviews: your views on the approach and process
- Views on work programme – do we have the 'right' balance? Is it achievable? If not, what needs to change?
- What can we do differently or better within current resources?

8. Finance

There are no financial implications arising directly from this report. However, recommendations arising from the Select Commission may have financial implications should they be implemented.

9. Risks and Uncertainties

The work programme is flexible and issues may be referred to the Select Commission which are not known about at this stage. The work programme therefore, must be realistic in terms of its capacity to properly examine issues that come before it. If additional items are added, the Select Commission may have to re-prioritise which issues it wishes to scrutinise.

Members should note that the Coalition Government Localism and Health Reform agenda may have further implications for the commission's work programme.

10. Policy and Performance Agenda Implications

Having a strong overview and scrutiny function which is focused on holding the providers and commissioners of health services to account for poor performance or poor practice will enhance the health of Rotherham people and work towards tackling health inequalities. The work programme is currently aligned to the key priorities outlined in the Corporate Plan.

11. Background Papers and Consultation

This report has been brought at the request of Cllr Glyn Whelbourn.

Contact Name:

Kate Green, Policy and Scrutiny Officer
Email: kate.green@rotherhamgov.uk
Tel: 01709 822789