

## CABINET MEMBER FOR HEALTH AND WELLBEING

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

Date: Monday, 8th October, 2012

Time: 11.30 a.m.

### A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Minutes of the previous meeting held on 17th September, 2012 (Pages 1 - 4)
4. Health and Wellbeing Board
5. Seasonal Flu Vaccination Programme (Pages 5 - 9)

**(The Chairman authorised consideration of the following 2 items to enable the appropriate arrangements to be made.)**

6. Conference  
- LGA Health and Wellbeing Simulator: Engaging and Representing Children and Young People  
London  
13<sup>th</sup> November, 2012
7. Health and Wellbeing Members Group (Pages 10 - 12)  
- notes of meeting held on 1<sup>st</sup> October, 2012
8. Exclusion of the Press and Public  
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs of any particular individual (including the Council)).

9. Rotherham Healthwatch Service Specification for Consultation (Pages 13 - 33)
10. Date and time of the next meeting -
  - Monday, 3rd December, 2012, to start at 11.30 am in the Rotherham Town Hall.

**CABINET MEMBER FOR HEALTH AND WELLBEING**  
**Monday, 17th September, 2012**

Present:- Councillor Wyatt (in the Chair); Councillors Buckley and Pitchley (Policy Advisors) and Councillor Dalton (Health Select Commission).

Councillor McNeely was in attendance for Minute No. K.16 (Dogs Trust) at the invitation of the Chairman.

An apology for absence was received from Councillor Steele.

**K14. MINUTES OF MEETING**

Resolved:- That the minutes of the meeting held on 9<sup>th</sup> July, 2012, be approved as a correct record.

**K15. HEALTH AND WELLBEING BOARD**

The Chairman reported that he had given a verbal update to a recent meeting of the Health Select Commission including:-

- Secretary of Local Pharmaceutical Committee to attend the next Board meeting
- Chief Executive of Rotherham Hospice to report of End of Life issues and End of Life experience
- John Wilderspin, National Director, Health and Wellbeing Board Implementation, Department of Health, had attended the last meeting. He had praised the Board for its work to date
- Visit by the NHS Commissioning Board to look at the CCG authorisation
- CCG had now appointed 2 Lay Members

**K16. DOGS TRUST**

The Chairman welcomed Trevor Cooper and Denise Kelly from the Dogs Trust to the meeting. They gave the following report on the work of the Trust and what the Trust could do for the Authority:-

- Largest UK charity for dogs and dog owners - "responsible dog ownership"
- Cared for approximately 16,000 dogs a year and had just opened its 18<sup>th</sup> Centre in Loughborough
- Well funded by members of the public - last year's budget for responsible dog ownership was £6M
- 50,000 dogs neutered and 100,000 dogs microchipped free in 2011
- Estimated 8 million dogs in the country - the vast majority well behaved and responsible dog owners
- 120,000 stray dogs nationally. The Trust kept a stray dog for 7 days and then had the option of either re-homing or putting to sleep

- Current Law required dogs, when outside, to wear a collar and tag with the owner's name and address inscribed, however, owners were reluctant for their address to be visible
- DEFRA consulted in the Summer on proposals to make it compulsory for puppies to be chipped when sold or given away; the Trust felt that this did not go far enough
- It is possible to require chipping as a condition of the Tenancy Agreement
- Trust would provide the microchips so there would be no cost to the tenant of both Council and other social housing. The dog's details would be registered on the database. If they moved house or sold the animal there would be a £10 charge to update the database. There was no legal requirement to do so but would be of benefit to the Dog Warden Service in helping in the control of dogs.
- A similar partnership arrangement could be arranged for targeted areas eg the 11 priority neighbourhoods in the Borough
- Housing Hartlepool had introduced a Pet Policy in January, 2011, and already seen a reduction in the number of dog related complaints from 76 to 26 and the number of Fixed Penalty Notices reduced from 76 to 47. There had also been an increase in the number of dogs returned to their owners from 23% to 41%
- Rotherham initially would be given 400 free microchips with more available as and when required. Free training would also be offered to anybody who worked for the landlord to carry out the chipping – this should be on a voluntary basis for the member of staff. All the Trust would need was a building with electricity and water.
- When someone came in to sign Tenancy Agreement the trained member of staff could microchip dog at the same time and importantly be provided with advice on responsible pet ownership
- Rotherham was in the top 20 local authorities for the number of stray dogs being destroyed and this was a trend based on increased un wanted "status" dogs . The Trust could visit areas identified by the Authority with its Responsible Dog Ownership Roadshow with a vet and offer a free health check, free vaccinations and return a fortnight later for follow-up vaccination
- Free neutering vouchers were also offered
- The Trust would also work with Housing Associations

Trevor and Denise was thanked for their presentation.

Resolved:- That a report be submitted to the Cabinet Member for Safe and

Attractive Neighbourhoods.

#### **K17. ENVIRONMENT AND CLIMATE CHANGE STRATEGY**

David Rhodes, Corporate Environmental Manager, submitted the above Strategy and action plan.

The 10 key areas were:-

Strategic Planning and Policy  
 Built and Natural Environment  
 Emergency Planning and Recovery, Social Care and Health  
 Energy and Water  
 Engagement, Education and Awareness Raising  
 Housing  
 Procurement and Resources  
 Regeneration and Business  
 Transport  
 Waste and Recycling

However, due to restructuring and significant changes to funding and staffing across the Council, it was decided to review and refresh the Strategy to bring it up-to-date to reflect new priorities and structures. This was tasked to the Policy Team within Commissioning, Policy and Performance. However this team had also been subsequently restructured with limited staffing resources within the Policy Unit to take this task forward.

The Chair reported that there was a lot of interest from Elected Members on this issue for which there was no facility for it to be fed into or review what has happening.

Resolved:- [1] That the recent progress and the Environment and Climate Change Strategy review be noted.

[2] That a meeting take place between the Cabinet Member, Director of Commissioning, Policy and Performance, Rotherham Partnership Manager, Community Engagement Manager and the Corporate Environmental Manager to discuss the way forward.

#### **K18. COMBINED STRATEGIC HEALTH AND WELLBEING COMMISSIONING PRIORITIES PLAN**

It was noted that this item had been withdrawn due work in progress and further discussions taking place.

#### **K19. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (information relating to the financial or business affairs of any particular person (including the Council)).

**K20. EXTENSION OF ROTHERHAM LINK CONTRACT – OCTOBER 2012-/MARCH 2013**

Zafar Saleem, Community Engagement Manager, submitted a request to waive Standing Orders to extend the existing contract with Rotherham LINK from 1<sup>st</sup> October, 2012 to 31<sup>st</sup> March, 2013.

Planning was currently underway to commission a local HealthWatch to act as the new consumer champion for both Health and Social Care with effect from 1<sup>st</sup> April, 2013.

It was proposed that the existing contract with Rotherham LINK be extended during the transitional period to allow the commissioning process to be completed and to ensure compliance with the duty to maintain a local LINK as specified by the Health and Social Care Act 2012.

Resolved:- That the request to waive Standing Order No. 49 (Tender invitation and receipt of tenders) for the delivery of LINKs be approved for the period 1<sup>st</sup> October, 2012 until 31<sup>st</sup> March, 2013.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE MEMBERS TO BE FULLY INFORMED)****K21. ROTHERHAM WARMER HOMES STRATEGY 2012-2015**

Catherine Homer, Health Improvement Specialist, Public Health, and Paul Benson, Private Sector Housing Officer, Strategic Housing and Investment, submitted the draft joint Warmer Homes Strategy 2012-15.

The Strategy aimed to build on the foundations and achievements of the 2007-2010 Affordable Warmth Strategy for Rotherham. It recognised the current financial challenges facing residents and organisations together with changes to legislation and structures that may worsen the issue. It incorporated an action plan detailing how the main aims would be achieved and who would be responsible for delivering those aims.

The recent consultation on the Housing Strategy had included a commitment for Warmer Homes so feedback would be fed into the document.

A steering group had been established to develop the Strategy and the action plan arising from this would be taken forward.

A bid had been submitted to the Warmer Homes Healthy People Fund; the outcome would be known by 31<sup>st</sup> October, 2012, with the funding to be spent by 31<sup>st</sup> March, 2013.

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

(2) That the final Strategy be submitted to the Health and Wellbeing Board.

(Exempt under Paragraph 3 of the Act - (information relating to the financial or business affairs of any particular person (including the Council)).

<b>Report to Cabinet Member for Health and Wellbeing</b>
--

<b>1.</b>	<b>Meeting:</b>	<b>Cabinet Member for Health and Wellbeing</b>
<b>2.</b>	<b>Date:</b>	<b>8<sup>th</sup> October, 2012</b>
<b>3.</b>	<b>Title:</b>	<b>Seasonal Flu Vaccination Programme</b>
<b>4.</b>	<b>Programme Area:</b>	<b>Public Health - Immunisation</b>

### 5. Summary

The seasonal flu vaccination programme was issued by the Chief Medical Officer (CMO) in May of this year; the groups to be included in the programme for 2012/13 remain unchanged from the previous year. The groups included are therefore:

- People over the age of 65 years
- People 6 months to 65 years with chronic or long term conditions
- People living in long stay care facilities e.g. care homes
- Carers of at risk groups
- Pregnant women (any stage of pregnancy)
- Frontline health and social care staff.

Responsibility for delivering and performance managing the programme sits locally with NHR and the Public Health Department, working in partnership with The Rotherham Foundation Trust (The RFT) and the Local Authority. Whilst the programme is delivered primarily through General Practice, The RFT has been commissioned in a supportive capacity providing opportunistic vaccination to all groups, predominantly through the Antenatal Clinic, Planned Investigation Unit, Medical Nurse Practitioners and Outpatients Departments (Fracture and Orthopaedic Clinic, Medical and Elderly Medicine). GPs remain responsible for the vaccination of housebound patients (including care homes) who are not on a District Nurse caseload.

A report has been supported to the relevant Directorate Leadership Team by Dave Morgan – Emergency Planning and Health & Safety Officer for RMBC, enlisting their support in relation to the vaccination of social care staff.

Planning and delivery of the programme is via the monthly mass vaccination meetings.

From April 2013 the flu vaccination programme will be commissioned by the NHS Commissioning Board on behalf of PH England. It will be the responsibility of the Director of Public Health to hold this system to account for vaccination levels in the Borough.

Flu vaccination continues to be widely promoted by NHS Rotherham, radio and local media. Relevant posters and leaflets are displayed in all healthcare providers including pharmacists. Posters and leaflets will also be distributed through and displayed by social care providers.

There needs to be clear and strong leadership and support for the programme from senior managers, elected members, directors and executives from all partner organisations.

## **6. Recommendations**

**That the Cabinet Member:-**

- 1. accept this report and endorse the campaign to achieve the required uptake across all groups.**
- 2. That all health and social care providers and staff should take every opportunity to promote and encourage vaccination among patients, clients/service users and other staff in addition to taking up the offer of free vaccination for themselves. For healthcare professionals this is endorsed by their professional registration bodies.**
- 3. That the lessons identified from the 2011/12 programme be acted upon and embedded in the 2012/13 programme.**
- 4. That the delivery and uptake within social care be monitored and addressed in conjunction with the RMBC contracts managers**



## 7. Proposals and Details

RMBC has secured 500 vaccines to be delivered to front line social care staff free of charge under the service level agreement by Rotherham Workplace, Health and Wellbeing. Sessions are planned at various sites across Rotherham to facilitate attendance and access.

The requirement for independent providers to provide a vaccination programme for their front line staff has been included in the RMBC contract – this requests details of delivery and the monthly submission of uptake to the Nurse Consultant Health Protection. The delivery plans will include part of the review visits carried out by the RMBC Contract and Monitoring Officers. This will also be raised at the Provider Forums.

The RFT and Rotherham, Doncaster and South Humber Foundation Trust have comprehensive plans in place for delivery of vaccination to front line healthcare staff.

Foundation and NHS Trusts have been requested by NHS North of England (NHS NOE) to, in addition to the monthly submissions to ImmForm, submit staff uptake weekly to NHS NOE. PCTs will continue to submit monthly via ImmForm for primary care staff.

Agreement has been reached with The RFT to aim to administer 500 vaccines across all eligible groups, in support of the primary care led programme. To support this initiative across all eligible groups, immunisation training has already been delivered to a small number of staff to date, with further dates planned for 24<sup>th</sup> September and 1<sup>st</sup> October. A proposal has been submitted to the Operational Executive at NHS Rotherham to fund a Band 5 Staff Nurse, to be based in the ante-natal clinic at The RFT, this should significantly increase uptake among pregnant women.

District Nurses continue to vaccinate patients (and where present their partners) on their caseload. A delivery plan has been discussed with the Adult Community Services Manager, with the agreement to aim to vaccinate all housebound patients on their caseload by early November.

Two flu planning workshops have been held highlighting the key issues and risks and sharing practice and ideas for how the programme can be improved. Much of this work has focused on improving the search methodologies to identify at risk/eligible groups in line with ImmForm Read Codes/definitions. Assurance has been sought from practices regarding, vaccine supply, implementation and delivery of the programme and this has been submitted to NHS South Yorkshire and Bassetlaw and NHS NOE.

A comprehensive local media campaign has been developed in conjunction with RMBC, The RFT and NHSR – this will focus on the all eligible groups using the 'Flu Safe' banner and on health and social care staff using the 'Flu Fighter' banner. The campaign will be rolled out across Rotherham using as many public facing sites/premises as possible. The campaign will include a

photo shoot at Carers Corner and information going out via school Head Teachers, to increase awareness among at risk children attending main stream schools.

A seasonal flu plan has been developed for distribution across Rotherham.

### **8. Finance**

The patient programme is currently funded centrally by the Department of Health, although practices/providers procure their own vaccine direct from suppliers, this is reimbursed via the PCT and prescription pricing authority.

A contract variation has been put in place to support delivery by The RFT, ensuring that funding follows the patient.

Primary medical care staff are generally vaccinated by the employing practice with no cross charging, however they can, as do Primary Dental Care access Workplace, Health and Wellbeing for vaccination, the delivery of which is funded via the NHSR Service Level Agreement.

A local enhanced service agreement has been developed and circulated to all practices, outlining the contractual requirements to support delivery of the programme.

Possible financial implications associated with:

- Staff time – release to attend for vaccination
- Replacement staff – should cover be needed whilst staff attending for vaccination.
- Travel expenses

However these costs are likely to be far less than those associated with staff sickness/absence.

### **9. Risks and Uncertainties**

The performance is monitored via automatic weekly bulk uploads to ImmForm and formal monthly reports via ImmForm, this method is used for healthcare worker uptake and patient groups. There is no formal reporting mechanism or requirement for social care staff.

The required target uptake for each group is listed below, along with the performance from 2011/12.

Group	2010/11 Performance	Target for 2012/13
Over 65's	76%	75%
Under 65 at risk/chronic conditions	53.6%	70%
Pregnant Women (all) -	21.8%	70%
Frontline Healthcare Staff	RFT 63% (approx.) NHSR 67.4	70%
Social Care Staff	RMBC 176	500

Whilst uptake has improved year on year, with Rotherham exceeding both the regional and national uptake in the majority of the areas (the exception being pregnant women), there is a risk that these targets will not be reached.

Vaccination is a highly effective way to prevent flu and its potentially serious complications. In addition to protecting individuals, vaccination reduces the risk of transmission to other susceptible people and reduces the incidence of sickness/absence among staff groups.

## 10. Policy and Performance Agenda Implications

A great deal of work has been undertaken during preceding months, supported by all partner organisations. NHSR is continuing to support practices to develop their systems and enhance the delivery of their programme. Collaborative working across South Yorkshire and Bassetlaw has also commenced via the shadow NHS Commissioning Board, to improve standards, delivery and uptake across the region.

This proactive approach supports two of RMBCs vision themes 'Alive' and 'Safe'

## 11. Background Papers and Consultation

CMO letter May 2012  
Rotherham Seasonal Flu Plan  
Rotherham Mass Vaccination Meetings Minutes  
'Green Book' – immunisation against infectious disease

Prepared by Kathy Wakefield  
17<sup>th</sup> September 2012

## HEALTH AND WELLBEING MEMBERS' GROUP (LEAD OFFICERS INVITED)

**Monday 1<sup>st</sup> October 2012: 10:00-12:00**  
**The Orangery, Back Lane, Wakefield WF1 2TG**

### Summary notes from discussions

#### Vision and priorities

- Common themes around progress in preparing the health & wellbeing strategies locally and feedback received in local consultations
- We've got a 10 year strategy, but is it too ambitious?
- We've developed a wellbeing, not health, strategy, to emphasise that this isn't about health in the old fashioned sense (Calderdale)

#### Membership of the Board

- Positive messages around the progress made in establishing the boards and development so far
- Discussions around the understanding between Local Authority and NHS leads regarding respective organisations and functions (and issues of engagement)
- It can be difficult to engage NHS colleagues, who often don't turn up to the meetings.
- Some of our members are working, so meetings are in the evening, and this also seems to be a culture shock for the NHS.
- One Board is trying to get named deputies for attendance, so there is some consistency across meetings (Barnsley)
- Providers – some are on boards, some are not, also pressure from providers to be on the board
- The number of councillors on boards varies e.g., in Sheffield there are 4 councillors and 4 GPs on the Board
- The Chair should not be the Leader of the Council, because she/he is too busy
- Leader of the Council should be the Chair, given the importance of the role.
- Difficulties in having the wide group of partners on the board, as everyone wants a seat at the table
- We can't have everyone on the board

- Wider membership of HWB's and inclusion of partners e.g. fire and police and joining up respective roles in terms of impact on wellbeing where do the Police and Fire fit in? Will the PCC change the current approach to crime and wellbeing when they get in?
- The role of housing and economic development with HWB Boards
- Dilemma/overlap between role of the HWB and the LSP
- Varying degrees of GP engagement

### Development

- In some areas there have been sessions on how local government works, what elected members do and their roles
- Boards need away days to develop how they will work together
- Sheffield did a speed-dating session between Cabinet and the HWB so that everyone could get to know each other
- Doncaster has had one stock take event and is planning another for mid-October
- Working collaboratively with the Clinical Commissioning Groups and variances across the region
- The need to look at creating mechanisms for HWBs to talk to each other - especially given the sub-regional footprint of the NHS Commissioning Board and Public Health England

### Governance

- Positive messages around the progress made in establishing the boards and development so far
- Who signs off what? What is delegated? Who does the Board report to?
- Frequency of meetings varies, in Rotherham and Doncaster the HWBs meet every 6 weeks
- How will we spend our budgets? How will we share risks?
- Those of us involved find the structure difficult to explain to everyone else
- Some meetings are being cancelled so it's hard to judge if progress is being made
- A media protocol for the board has been developed so that messages can be clearly communicated, and it's clear who is doing what (York)

### Scrutiny

- Debates around HealthWatch and how this will evolve locally
  - Will it be stifled from the top?
  - LiNKs development was imposed on us
  - How will it work?

Links with scrutiny members and role of scrutiny within the context of the HWBs and how this is not clear in some areas. How will scrutiny work with the new arrangements? Are other councillors clear about the context of HWBs and their roles?

## Going forward

- What resources and support will be available after 1<sup>st</sup> April 2013?
- Would sub-regional, local or regional meetings of members be useful, e.g. based on the clusters?

## What the LGA can offer on HWB development:

- An online self assessment tool that helps boards to decide on their progress: see [http://www.local.gov.uk/web/guest/health/-/journal\\_content/56/10171/3638628/ARTICLE-TEMPLATE](http://www.local.gov.uk/web/guest/health/-/journal_content/56/10171/3638628/ARTICLE-TEMPLATE)
- Regional simulation events which bring together boards to work through various scenarios and how they might deal with them.
- Bespoke support for individual councils, based on 4 days support, on a free basis. This can include working with the board to develop vision and values, Master classes on specific issues, stock takes of progress, or other issues that the board identifies

This support is available until March 2013. For more information on the LGA offer please contact Judith Hurcombe at [Judith.hurcombe@local.gov.uk](mailto:Judith.hurcombe@local.gov.uk) or 07789373624

## Actions

The actions from the meeting include;

- We invite members to comment on how the session went and what is needed in further sessions (including if this is locally/sub/regionally)
- Circulate the planned work of the Centre for Public Scrutiny working with Scrutiny chairs
- Comparing HWB strategies and common work streams
- Proposal to meet again in the new year ahead of budget setting

Local Government Yorkshire & Humber (LGYH) has offered to convene a follow up meeting in the New Year. For details contact [sarah.tyler@lgyh.gov.uk](mailto:sarah.tyler@lgyh.gov.uk)

Document is Restricted

Document is Restricted