

CABINET MEMBER FOR HEALTH AND WELLBEING
3rd December, 2012

Present:- Councillor Wyatt (in the Chair); Councillor Buckley (Policy Advisor).

Apologies for absence were received from Councillors Dalton Pitchley, Steele and Dalton

K29. MINUTES OF MEETING HELD ON 8TH OCTOBER, 2012

Resolved:- That the minutes of the meeting held on 8th October, 2012, be approved as a correct record.

K30. HEALTH AND WELLBEING BOARD

The Chairman reported that a meeting of the Board had taken place on 28th November where the following had been discussed:-

- Health and Wellbeing Strategy had now been formally adopted by the Council
- Clinical Commissioning Group developing their own commissioning plans
- Tenders for HealthWatch had been received and currently undergoing evaluation
- Presentation on issues of BME communities in Rotherham
- Presentation on optical and ophthalmic issues

K31. WOODLANDS TRUST

Nick Sandford, Regional and Local Government Officer, Woodlands Trust, gave a presentation on "Trees are Good for You" as follows:-

Woodlands Trust Vision

- "A UK rich in native trees and woods, enjoyed and valued by everyone"
- By 2060 want to see twice as many trees and woods in the UK

Woodlands Trust

- Conservation charity formed 40 years ago in Devon
- Now own 1,000 sites across the UK covering 20,000 hectares
- Approximately 400,000 members and active supporters

3 Key Aims

- To enable the creation of more native woods and places rich in trees
- To protect the native woods, trees and their wildlife for the future
- To inspire everyone to enjoy and value woods and trees

The unique range of benefits of trees, woods and forests

- Wildlife
- Health and wellbeing
- Climate change
- Water benefits

- Economy
- Sustainable communities

Health and Wellbeing

- "Access to green spaces that better mental and physical health across socioeconomic groups"

Evidence

- In Glasgow, 1,300 extra deaths each year in areas of poor green space provision
- People living far away from green spaces are 27% more likely to be overweight and obese
- Cost to economy of physical inactivity is £8.2bn a year
- Trees enhance mood, improve self-esteem and reduce blood pressure
- Environmental challenge including tree planting

Urban Air Quality

- Economic cost of air pollution is £9bn a year
- Air pollution in UK reduces life expectancy by 7-8 months
- Increased tree coverage alleviates urban heat isolation effect
- Asthma rates are lower in streets with trees
- Planting at "hot spots" such as road junctions gives the biggest air quality gains

Water Benefits

- Water quality
- Flooding

Sustainable Communities

- Woodland related activities encourage a sense of community and contributes to a sense of wellbeing
- People need trees and woods near to their homes
- Woodlands Trust "Access to Woodland Standard"
- Only 22% of Rotherham people have a small wood within walking distance of their homes

Trees can help save money

- Trees or Turf - report by Woodlands Trust

Report of the Government's Independent Panel of Forestry

- "as a Panel we want as many more opportunities for more people to enjoy the health and wellbeing of woodlands"

Tree Planting Challenge

- Community Tree Packs - any community group or school could apply for a pack of 30 trees (comes with instructions and information) which they can plant
- Those with larger pieces of land there were schemes that could contribute to the cost of tree purchase and also benefitted from the advice of a tree professional

- If land was more than 2 hectares, the Trust could help in terms of seeking a grant from the Forestry Commission
- The Trust could help in terms of improving any policies as well as practical help in terms of working in partnership if the Council had any areas of land it thought suitable for woodland creation

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

- o Rotherham was not wood rich
- o There were areas of very poor air quality in the Borough
- o Difficult financial climate and was not looking to develop new assets
- o The Trust worked in partnership with South Yorkshire Forest Partnership
- o Transforming amenity green spaces into woods could significantly reduce management costs
- o There was grant aid available for such transformation
- o Case studies would provide information on any potential savings
- o The Trust was exploring working in partnerships with local authorities and transferring ownership of areas of woodland over to community groups
- o Urban air quality involved careful planting of trees

Nick was thanked for his presentation.

K32. CQC REVIEW OF HEALTH CARE IN CARE HOMES

In accordance with Minute No. 5 of the 10th October, 2012, meeting of the Contracting for Care Forum, consideration was given to a report summarising the findings from the review conducted by the Joint Commissioning Team and identified areas that had seen significant improvement or development over the last 12 months.

The Care Quality Commission (CQC) conducted a national review in 2011 to identify how well the health care needs of people living in care homes were met. Its main purpose was to identify whether people in care homes had equal access to NHS services, had choice and control over their healthcare and received healthcare that was safe and respected their dignity. It covered the needs of all ages living in residential and nursing homes, included older people and younger adults of working age with mental health and physical and learning disabilities.

Rotherham rated as performing well in the following areas:-

- Training and support to promote health and wellbeing was available to all care home staff
- Annual health checks carried out by GPs to assess the health care needs of people with learning disabilities. In 2012/13 59% received a health check and 86% received a health action plan
- RDaSH Mental Health Liaison Service provided psychiatric support to people living in care homes. 90% of referrals from care homes were seen within 10 working days

- TRFT Care Home Support Service provided occupational therapy and physiotherapy input within an average waiting time for assessment of 5 working days
- TRFT Podiatry Service provided treatment, prevention and advice for lower limb pathology. Urgent cases were seen within 7 days within care homes
- TRFT Tissue Viability Service responded to 90% of cases within 1 working day in the assessment and treatment of pressure ulcers in care homes with a response rate of around 10 days for leg ulcers
- TRFT Continence Service provided an emergency response rate within 1 working day with an average waiting time of 15 working days in care homes
- TRFT Falls and Fracture Service and the new Community Otago programme were reducing the number of falls resulting in hospital admission. In 2011/12 admission for fractures saw a 9.6% reduction, 85% of residents were seen within 5 working days
- Community Geriatrician provided medical cover for fast response and intermediate care beds to case manage residents with complex long term conditions.
- Strong evidence of multi-agency working co-ordinated by NHS Rotherham to improve the healthcare of residents living in care homes
- Monitoring contracts for care home placements carried out by the Local Authority's Contract Quality Assurance Officers who carried out contract monitoring visits

There were a number of areas for development or improvement which were set out in the report submitted.

Resolved:- That the report be received.

K33. ROTHERHAM TOBACCO CONTROL ALLIANCE ANNUAL REPORT

Alison Iliff, Public Health Specialist, presented the above 2011/12 annual report which outlined the activity undertaken by the Alliance and its constituent partners.

The following key messages were highlighted:-

- The number of 4 week quitters through NHS Services was the highest ever achieved in the Borough. Smoking prevalence, however, remained at 24%
- Smoking at delivery rates reduced to under 20% and the Service helped 194 women stop smoking during pregnancy
- Smoking rates amongst young people (11-15 year olds) were higher than the national average
- The availability of cheap and illicit tobacco remained an issue and undermined other work to reduce tobacco use
- Performance measures would change in 2013/14 from 4 week quitters to smoking prevalence reduction
- Almost all tobacco-related funding was currently invested in Stop Smoking Services.

Despite the good performance, smoking prevalence had remained static at around 24%, common across the region. As a result, a comprehensive review of tobacco control investment and commissioning priorities was underway

across South Yorkshire, supported by the University of Sheffield, to identify how Rotherham should be directing the available resources to best achieve a reduction in prevalence. The work was expected to report in early 2013.

It was noted that the report had been submitted to the recent meeting of the Health and Wellbeing Board for information.

Resolved:- That the report be noted.

K34. MEDICATION POLICY - INDEPENDENT SECTOR HOME CARE AND IN-HOUSE ENABLING SERVICES

The Cabinet Member considered a report on the updated Medication Policy as applied to Home Care Services including Enabling and Independent Sector.

The 2003 Policy had been revised into 2 separate documents for contracted Community and Home Care Services (Domiciliary Care) (Appendix 1 submitted) and RMBC Enabling Services (Appendix 2 submitted). Both Policies outlined a 'verbal prompt' or 'administer from a pharmacy dispensed monitored dosage system only' approach.

The Policy had been updated in order to bring into line with changes in Legislation, Policy and Practice and was a step towards a further revision of the Policy to move towards 'administration' of medication. For the Authority to move to a position of adopting a safe 'administration' policy, full engagement was required from NHS Rotherham and the Clinical Commissioning Group to implement relevant procedures across all partner agencies.

A full risk and impact assessment would be completed.

Discussion ensued on the report with the following concerns raised:-

- Policy felt to be obstructive
- The original medication box was sealed so the recipient knew they were "active"
- How did you differentiate when a certain medication was on an "as when required" basis
- How would antibiotics be administered on the NOMAD system
- Did not cover opiates

Resolved:- That the implementation of the 2012 revised version of the 2003 Policy be not supported pending further discussion.