

**CABINET MEMBER FOR HEALTH AND WELLBEING  
15th April, 2013**

Present:- Councillor Wyatt (in the Chair); Councillors Dalton and Buckley.

An apology for absence was received from Councillor Pitchley.

**K57. MINUTES OF MEETING HELD ON 11TH MARCH, 2013**

Resolved:- That the minutes of the meeting held on 11<sup>th</sup> March, 2013, be approved as a correct record.

It was noted that work was taking place with regard to Food for People in Crisis Partnership (Minute No. K55 refers).

**K58. HEALTH AND WELLBEING BOARD**

The Chairman gave a verbal report on the main items discussed at the recent Board meeting which included:-

- The Board was now "live" since 1<sup>st</sup> April
- NEETS, Early Intervention and sharing the principles of Making Every Contact Count across all agencies/partners
- Joint Strategic Needs Assessment refresh

Discussion ensued on the Overarching Information Sharing Protocol which had now been approved by Cabinet and partners.

Resolved:- That the Overarching Information Sharing Protocol be submitted to the Health Select Commission for information.

**K59. SOUTH YORKSHIRE PROBATION TRUST - OFFENDER HEALTH**

David Pidwell, South Yorkshire Probation Trust, reported on the work of the Trust which was nationally recognised as 1 of the best performing Trusts in the country, together with Malc Chiddy, Drug Intervention, Public Health. They drew attention to the following:-

- The Probation Service was 1 of 35 probation trusts within England and Wales that were part of the National Offender Management Service
- There was now a Commissioning structure a direct result of which was a new regional service for those diagnosed with personality disorder. Leeds Health Trust had won the contract for South Yorkshire so there would be 2 forensic psychologists working directly for the Trust

- Recognition that offender health had been too narrowly defined for too long. It was often thought that Offender Health focussed around Doncaster and the prison cluster forgetting that the vast majority of offenders were managed in the community; there would now be funding available through that route in due course
- There were approximately 2,000 offenders in Rotherham in addition to those under the Youth Offending Service
- Some things worked very well in Rotherham such as the Court Diversion Scheme.
- The Criminal Justice Board was to hold a conference on 20<sup>th</sup> May, 2013
- Had to recognise that offenders also caused ill health and emotional distress to their victims
- Evidence showed that re-offending rates correlated to poor health status. They were users of health services via Accident and Emergency or inpatient treatment the cost of which may be better met through the GP route
- A local initiative called Offender Health Services to be developed with the Applied Health Research and Care Department from Sheffield Hallam University over the next 12 months
- The Lord Bradley report was the most recent report focussing on offender health, in the main on Mental Health and Learning Difficulties – approximately 90% of offenders had some form of psychiatric disorder
- In Rotherham an Offender Health Steering Group had been established to consider the 82 recommendations of the Bradley report, a snapshot of what was already available and what could be done. Funding had been secured to support the Youth Offending Service, to provide over 200 places for Mental Health training for front line service staff and funding to try and put services in the Custody Suite to train Drug Intervention staff on Learning Difficulties and Mental Health issues. The fund had now ended
- The Government was still committed to every Custody Suite in the country having some kind of identification for Mental Health and Learning Difficulties at point of arrest by December, 2014
- Since the Bradley report, there had been a change in Government and little emphasis has been placed on its importance

- Rotherham had trained its staff and separate assessments were to be carried out if it was thought they were required for drug/alcohol clients but it had not been required as yet
- Work was ongoing in Rotherham as it did not have a suitable Adult Service for vulnerable adults when they came into custody
- The Mental Health Team, although reduced in numbers, were still in contact with the Police
- Currently the Police Service commissioned the Mental Health Service but it had always been a concern that the Police did not have the knowledge or expertise to commission such a service and would be better for the Trust to do the commissioning

David and Malc were thanked for their report.

(Councillor Wyatt declared a personal interest in the above as he was a Non-Executive Director of the Trust)

#### **K60. COMMUNITY ALCOHOL PARTNERSHIP - DINNINGTON**

Andrea Peers, Area Partnership Manager, and Mel Howard, Public Health Alcohol Co-ordinator, reported on the work of the Dinnington Community Alcohol Partnership highlighting:-

- The issues pertinent to each community were different across the Borough
- Alcohol was a crosscutting issue and not just relevant to disadvantaged communities
- In Dinnington they had identified an area, looked at the nature of the issues within that community, looked at what was available to address the issues and where the gaps were
- Dinnington had a very clear town centre whereas East Herringthorpe/Dalton/Thrybergh did not
- There could be 1 Partnership for the whole of Rotherham but perhaps be in the form of an overarching strategy with each community creating their own action plan and needs. Each package had to be bespoke for that area ensuring it was the correct action plan and people around the table

- Dinnington had some very good charitable organisations and partnership arrangements that had worked very hard to push the action plan. Police analysts had agreed a boundary which was changed to include a park that was a problem area following feedback from the community
- The work in the schools had to include educating parents as well as young people. The Alcohol Education Trust provided all the teaching packs for the 11-16 year olds
- Retailer training. Retailers were part of the solution and not part of the problem. Drink Aware were on board also. The Government consultation on minimum price for alcohol had closed but the outcome was not known as yet
- The first retailers meeting had been held. They had a number of concerns from a different angle but the solutions were quite similar. They would like to reinstate Shop Watch
- Need to ensure the Licensing Board were on board with Challenge 25
- Many crossovers with underage tobacco sales – made sense to include in the training

Resolved – (1) That the Licensing Committee be asked to consider including Challenge 25 as part of all license applications and for premises to maintain a “challenge” book as well as a refusals book.

(2) That consideration be given to Challenge 25 being included as a Performance Indicator for the Alcohol Priority of the Health and Wellbeing Strategy.

#### **K61. AIR QUALITY - LOCAL AND PUBLIC HEALTH IMPACT**

Lewis Coates, Community Protection Officer, presented the current position with regard to air quality in Rotherham, the possible effects on health and the proposed future approach to tackle the problem.

The Council was required to fulfil its statutory duties under the Environment Act 1995 relating to the improvement of ambient air quality and to carry out regular reviews and assessment against the standards and objectives of the National Air Quality Strategy.

Currently the Council was prioritised solely to meet the duties with resources accordingly focussed towards the 5 declared Air Quality Management Areas in Rotherham. An annual performance report was required by the Department for Environment, Food and Rural Affairs (DEFRA) to demonstrate that the Council was achieving its statutory obligations.

DEFRA was to publish a consultation to review Local Air Quality Management detailing the statutory framework for local authority air quality review and assessment work. This was likely to suggest a range of options including business as usual, stronger focus on action planning and stronger alignment with EU requirements to meet air quality limit values.

A detailed Health Impact Assessment was being undertaken in Rotherham, led by Rotherham Public Health, with the Community Protection Unit providing input in the form of air quality data and project implementation. The Assessment would examine any potential links between air quality and health with the scope of health impacts including stroke, cardio vascular disease, coronary heart disease, respiratory disease, lung cancer, life expectancy, population survival, respiratory disease, infant mortality and daily mortality. The expected completion of the project was late 2013.

There were also a number of land use and transport development proposals which would require assessment of their environmental impact e.g. proposed opencast site at Hesley Wood and the Waverley development. It was noted that monitoring would take place on a regular basis at the proposed Hesley Wood development site. If any significant changes were recorded, immediate contact would be made with Sheffield City Council.

Resolved:- (1) That a further report and action plan be submitted on the findings of the finalised Health Impact Assessment.

(2) That a further report be submitted on the introduction of the Government's proposals with regard to Local Air Quality Management and future statutory framework for local authority air quality review and assessment work.

(3) That investigation take place into the statistics for the Catcliffe/Brinsworth and Fitzwilliam Road areas with regard to Asthma rates.

## **K62. HEALTHWATCH**

Clare Burton, Commissioning Officer, submitted a report on the progress achieved since the awarding of the Healthwatch contract to Parkwood Healthcare Ltd. following the re-tendering process. Attention was drawn to:-

### **Contract Terms**

Due to the timescales of the re-tendering process, the current contract had been issued to Parkwood Healthcare Ltd. to deliver Healthwatch Rotherham and to set up a new company to operate as a social enterprise. Once the infrastructure for Healthwatch Rotherham had been established, a contract novation would take place.

The contract is for 2 years with an option to extend for a further year (subject to the funding being available). The annual value of the contract was £220,000.

#### Progress on Implementing the Service

Monthly performance and contract management meetings with the Operational Manager, Parkwood Healthcare, would take place throughout the life of the contract

All the posts were to be appointed locally – Healthwatch Manager, Community Engagement Officers and Research and Information Officer.

#### Recruitment to the Chair and representatives of the Healthwatch Rotherham Board

The role of Chair had been advertised and applications received. It was anticipated that the interview panel would include Elected Members. Once appointed, the Chair would be nominated as a member of the Health and Wellbeing Board.

A Healthwatch Rotherham Board was to be established and would consist of representatives from the Rotherham community and stakeholder groups.

It was suggested that the job vacancies be advertised on the Council's vacancy bulletin.

Resolved:- (1) That the appointment of Parkwood Healthcare Ltd. be noted.

(2) That the progress achieved in developing Healthwatch Rotherham be noted.

(3) That further reports on performance and progress be submitted.

### **K63. HEALTH AND WELLBEING CONFERENCE**

Kate Green, Policy Officer, gave an update on the arrangements for the Health and Wellbeing Conference to be held on 17<sup>th</sup> April, 2013.

There were now 93 confirmed attendees for the conference with approximately 70 having expressed an interest in the workshop.

Resolved:- That the report be noted.