

**HEALTH AND WELLBEING BOARD**  
**11th September, 2013**

**Present:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Councillor John Doyle	Cabinet Member, Adult Social Care
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families Services
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Joyce Thacker	Strategic Director, Children and Young People's Services
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Brian Hughes	NHS England
Michael Morgan	Acting Chief Executive, NHS Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Janet Wheatley	Chief Executive, Voluntary Action Rotherham

**Also Present:-**

Tracey Clarke	RDaSH
Catherine Homer	Health Improvement
Naveen Judah	Chair of Healthwatch Rotherham
Shona McFarlane	Director of Health and Wellbeing
Dave Richmond	Director of Housing and Neighbourhood Services
Kate Tufnell	NHS Rotherham Clinical Commissioning Group
Chrissy Wright	Strategic Commissioning Manager, RMBC
Kate Green	Commissioning, Policy and Performance, RMBC

Apologies for absence were received from Karl Battersby, Tracy Holmes, Dr. David Polkinghorn and Dr. David Tooth.

**S26. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING**

Resolved:- (1) That the minutes of the previous meeting of the Health and Wellbeing Board held on 10th July 2013 be approved as a correct record, with a clerical correction of the inclusion of Brian Hughes in the list of persons who had sent their apologies for that meeting.

(2) That, with regard to Minute No. 19 (NHS South Yorkshire and Bassetlaw Primary Care Strategy), a report about the number of GP and dental practices in the Rotherham Borough area shall be submitted to the next meeting of the Health and Wellbeing Board, to be held on Wednesday, 16th October, 2013.

**S27. COMMUNICATIONS**

The Health and Wellbeing Board discussed the following issues:-

(1) Rotherham Borough Council Cabinet Member responsibilities – Councillor Wyatt referred to recent changes to the Council's Cabinet Member responsibilities, which would be in place temporarily; as a consequence, Councillor John Doyle would act as Chair of the Health and Wellbeing Board during that period of time.

(2) Making Every Contact Count : Applying the Prevention and Lifestyle Behaviour Change Competence Framework – a workshop is taking place at the Town Hall, Rotherham on Monday 16th September, 2013, with contributions from Leeds City Council and from the North Derbyshire Community Council (a report about this workshop will be submitted to the next meeting of the Health and Wellbeing Board).

(3) The first meeting of the South Yorkshire Joint Health and Wellbeing Board will take place on Thursday, 19th September 2013 at the Council's Riverside House building.

(4) 'Think Pharmacy' – this event will take place on Thursday 26th September 2013, at the New York football stadium, Main Street, Rotherham.

(5) The Regional Parliamentary Health and Well Being event – this event will take place on Friday, 25th October at the NHS Rotherham building, Oak House, Moorhead Way, Bramley.

(6) Self-Assessment of the Health and Wellbeing Board – the self-assessment is a part of the work plan for the Health and Wellbeing Board; all Members are encouraged to complete and return the evaluation document. A report containing an evaluation of the self-assessment will be submitted to a future meeting of the Health and Wellbeing Board.

(7) NHS Sustainable Development Unit – assessment of environmental performance – the document would be issued to Members of the Health and Wellbeing Board so that they may submit the appropriate returns giving evidence of their organisations' environmental performance. It was noted that the Borough Council has submitted its Environment and Climate Change Strategy document, as part of this assessment process.

## **S28. HEALTHWATCH ROTHERHAM**

Further to Minute No. 76 of the meeting of the Health and Wellbeing Board held on 10th April, 2013, Mr. Naveen Judah attended the meeting and gave a presentation about the recently established Healthwatch organisation in the Rotherham Borough. The presentation included the following salient issues:-

: Mr. Naveen Judah had been appointed as the Chair of Healthwatch Rotherham with effect from September 2013;

: it was intended that there should be a partnership approach in respect of the role of Healthwatch and the Health and Wellbeing Board;

: Healthwatch, as a successor organisation to the LINK (Local Involvement Network), is to be a consumer champion for health and social care (a role whose importance was reinforced by the Francis Report, the independent inquiry into care provided by the mid-Staffordshire NHS Foundation Trust);

: ensuring the patient's voice is influential in the planning and improvement of health care provision (to be the 'eyes and ears' of the community);

: the implications of the Winterbourne View Joint Improvement Programme and the commitments made nationally that individuals should receive personalised care and support in appropriate community settings;

: the NHS England Call to Action – with neighbourhoods and communities stating the type of services they need from the NHS;

: endeavouring to establish good practice in the provision of health care services;

: the importance of what happens at a local level eg: working in accordance with the priorities of Rotherham's Joint Health and Wellbeing Strategy 2012 – 2015;

: establishing the appropriate structure for Healthwatch Rotherham, because different structures are being put in place for Healthwatch organisations around the country;

: details of the Healthwatch Rotherham business model and staffing structure were displayed (Healthwatch has only a finite resources); the organisation will also utilise a number of volunteers;

: engaging with the community in many forms; benchmarking with similar communities; identifying local issues and priorities; asking for issues to be investigated, for later consideration by the Health and Wellbeing Board;

: Healthwatch Rotherham is now based in premises at High Street, Rotherham, which helps with raising the profile of this new organisation.

The Health and Wellbeing Board discussed the level of assistance which could be provided for Healthwatch Rotherham, especially with regard to specific project work. Information (such as newsletters and posters) about Healthwatch Rotherham could be displayed in GP surgeries and other areas so as to attract the attention of the public. It was noted that effective day-to-day contact had already been established between Healthwatch Rotherham and public health service providers, in order that all

organisations may contribute to and benefit from the Joint Health and Wellbeing Strategy.

The Health and Wellbeing Board thanked Naveen Judah for his informative presentation.

## **S29. WORKSTREAM PROGRESS PRESENTATION - POVERTY**

Consideration was given to a report presented by the Director of Housing and Neighbourhood Services describing progress with the Poverty theme of the Health and Wellbeing strategy. The report included the work plan outlining the activity being undertaken in respect of the strategy's priority to "make an overarching commitment to reducing health inequalities, particularly in areas suffering from a concentration of disadvantage".

The Director of Housing and Neighbourhood Services gave a presentation about the strategy's Poverty theme, which included the following salient issues:-

: the locally determined priorities and strategic outcomes;

: details of the lead Member and lead Officer contacts for each of Rotherham's deprived neighbourhoods;

: indices of multiple deprivation – showing a worsening of deprivation in these eleven areas of the Borough : Canklow; East Herringthorpe; Rotherham town centre; Dinnington; Eastwood; Ferham and Masbrough; Rawmarsh East; Aston North; East Dene; Maltby South East; Dalton and Thrybergh;

: examples of progress being made in each of the deprived areas – priority one (health inequalities) : the establishment of Community Alcohol Partnerships; the Community First Funded Wellgate Wellness Project; events focusing on health and employment;

: priority two : considering new ways of assisting those disengaged from the labour market to improve their skills and readiness for work; eg: job clubs funded by Community First; community development and the Community Organisers Programme; employment opportunities at the Rotherham's new Tesco store;

: priority three : ensure strategies to tackle poverty don't just focus on the most disadvantaged, but there is action across the Borough; the work of the Council's Officer group; mapping exercises being undertaken; research of other local authorities' anti-poverty strategies;

: priority four - consider how we can actively work with every household in deprived areas to maximise benefit take-up of every person; provision of benefits and debt management sessions; establishment of temporary posts of Money Advice Officer;

: other work in the eleven areas of deprivation – crime and anti-social behaviour; environmental issues (examples in Dinnington and in Maltby); community engagement (Canklow Community Connections; Adopt-a-Street campaign);

: challenges - getting all organisations to put a deprived neighbourhoods philosophy at the heart of their service planning and doing so without unduly impacting on appropriate service levels elsewhere;

: request to the Health and Wellbeing Board – to take back into all organisations and consider how this can shape service planning; especially, support for long-term unemployed people.

Discussion took place on the work already taking place to try and reduce the level of poverty in the Rotherham Borough area. A suggestion was made that a draft strategy should be formulated for further consideration by the Health and Wellbeing Board. Reference was made to the public service expenditure reductions, the Governments welfare reforms and the economic recession, all of which are factors having a continuing profound effect upon levels of deprivation and poverty.

Resolved:- (1) That the report be received and its contents noted.

(2) That the work plan for the Poverty theme of the Health and Wellbeing strategy, as now submitted, be endorsed.

(3) That partners take into account the deprived neighbourhoods work when service planning.

(4) That a report be submitted to a future meeting of the Health and Wellbeing Board providing a further update on progress with the Poverty theme work plan.

### **S30.           LOCALLY DETERMINED PRIORITY - PRESENTATIONS**

The Health and Wellbeing Board considered the following reports and presentations:-

#### **(A) Fuel Poverty**

Further to Minute No. 20 of the meeting of the Health and Wellbeing Board held on 10<sup>th</sup> July, 2013, the Board noted that Fuel Poverty and Excess Winter Deaths remain key national priorities and are both indicators contained in the Public Health Outcomes Framework. Fuel poverty levels in Rotherham are higher than the national average and occurs throughout the Borough area, not only in areas of high deprivation.

Catherine Homer, Health Improvement Specialist, gave a presentation about fuel poverty:-

#### Why is Fuel Poverty a priority?

- Current definition – when householders need to spend more than 10% of their income to heat their home adequately
- Causes of fuel poverty: energy efficiency of the property; fuel costs; behaviours and knowledge, characteristics and household income
- Fuel poverty is a serious problem from three main perspectives – poverty, health and wellbeing and carbon reduction
- Heat or Eat
- Cold weather kills – living in a cold home has significant implications on the health and wellbeing of residents across our Borough particularly the most vulnerable
- People with an existing chronic health condition or disability, the very young or older people are more at risk from the negative impacts of living in a cold home
- Children living in cold homes are likely to have poorer attendance and attainment in school

#### The private and social cost of Premature Death and Illness related to Cold Homes

- Source of evidence  
English Housing Conditions Survey  
Mental Health and Housing Conditions in England, National Centre for Housing Research 2010  
Housing Health and Safety Rating System
- Economic model mapping cold, damp and mould to probability of harm
- Probability of harm further mapped to economic and NHS cost
- Probable this is an underestimate of effect since the model assumes only one person per dwelling

#### Rotherham

- Fuel poverty levels above national average (16% of households in Rotherham, compared to 14% nationally)
- The rise in fuel prices – energy costs have risen 96% since 2004 or an average of £700 over the same period
- Average of 144 Excess Winter Deaths per year 1990-2010
- 17,800 Council properties have been supported through Carbon Energy Reduction Target (CERT)
- 400 Council properties have received solid wall insulation through CERT
- 1,049 private sector properties have received solid wall simulation through the Community Energy Saving Program (CESP)
- 1,649 non-traditional build properties in the Borough
- Green Deal including Energy Company Obligation

### Strategic Objectives

- Reduce levels of fuel poverty across the Borough
- Significantly reduce levels of cold-related illness and excess winter deaths
- All of Rotherham's occupied private rented housing stock has an Energy Performance rating of E and above
- Target all Council stock not improved under Decent Homes because of resident choice
- Raise awareness of fuel poverty and associated interventions amongst Council staff, partner organisations and householders
- Meet vision and ambitions set in the Rotherham Warmer Homes Strategy
- Creation of electoral Ward profiles

### What do we need to do?

- Continue to engage new and existing stakeholders through the Rotherham Warmer Homes Strategy
- Set up and deliver the Green Deal/Energy Company Obligation Framework
- Continue to utilise existing intelligence and support development of new research
- Raise awareness of links between health and fuel poverty
- Use 'Make Every Contact Count' (MECC) as a tool to ensure more departments/staff raise issues of fuel poverty
- Maximise personal assets, capability and behaviour
- Adopt a whole system approach to reduce levels of fuel poverty

### Challenges

- Causes of fuel poverty
- Structural and organisational change (dealing with competing priorities)
- Reliance of new Policy as main vehicle
- Lack of engagement and understanding
- Most vulnerable and hard to reach populations most likely to be in fuel poverty
- Welfare Reform
- Climate impacts

### What can the Health and Wellbeing Board do?

- Professionals consider the effect of cold on patients/clients and use the principles of MECC to signpost and advise eg: Willmott Dixon
- Support the use of the Winter Warmth England toolkit [www.winterwarmthengland.co.uk](http://www.winterwarmthengland.co.uk)
- Support Green Deal as a Council priority – eg: ensure that householders properly understand how to use the heating controls
- Support and attend the 'Warm Well Families Feedback' event and 'Abacus' workshop

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

: the connection between 'heat or eat' – eg: demands for food;

: voluntary sector work – 'warm homes – healthy people';

: the Warm Well Families feedback event takes place on Wednesday 2nd October, 2013 at the Town Hall, Rotherham.

Catherine was thanked for her informative presentation.

## **(B) Dementia**

Further to Minute No. 17 of the meeting of the Health and Wellbeing Board held on 10<sup>th</sup> July, 2013, the Health and Wellbeing Board considered a report about the cross-cutting theme of Dementia, which has been identified as a key priority for the future provision of services. The expectation is that there will be an increasing demand, within the next three years, for services both for people suffering dementia and also for their carers. Kate Tufnell, Head of Contracts and Service Improvement, NHS Rotherham Clinical Commissioning Group, gave a presentation about the Dementia priority:-

### Overview

- Overseen by Older People's Mental Health Group
- 4 ways you can support the Programme

### What is the Problem ?

- Dementia was now the greatest health concern for people over 55 and the economic cost of Dementia was more than Cancer, Heart Disease or Stroke
- Rotherham – 1,688 people on the GP Dementia Register (3,034)
- By 2025 the number of people in Rotherham with Dementia could rise to 4,397 (Joint Strategic Needs Assessment 2011)

### The Cost of Dementia

- Dementia was an expensive condition with a considerable cost to both public and private finances
- a large proportion of the cost of caring for a person with Dementia was borne by the carer
- In the UK = £23 billions per year

### Symptoms of Dementia (examples)

- Memory loss
- Difficulties of completing familiar tasks
- Confusion of time and/or place
- Trouble with visual images – eg: colours and contrasts
- Language difficulties – unable to follow conversations



- Misplacing items
- Changes of mood and personality – eg: depression; aggressiveness
- Withdrawal from hobbies and leisure activities
- Self-care problems
- Difficulties posed for carers of people with dementia

#### Dementia Programme

- The Programme incorporates four workstreams:-
  - Dementia - Prevention Group
  - Dementia – Early Diagnosis Group
  - Living Well with Dementia Group
  - Dementia and End of Life Care Group (eg: care planning)

#### Six Priority Outcomes

- Prevention and early intervention (RMBC bronze to platinum programme, for the care of people with dementia)
- Expectations and aspirations
- Dependence to independence
- Healthy lifestyles
- Long term conditions
- Poverty

#### Four ways in which the Board can support the Programme

- Continue the Dementia Workforce Development Programme
- Strong leadership to break down barriers on joint working
- Continue to support the further development of the Dementia Pathway
- Support the development of a Dementia Friendly Community and Dementia Alliance in Rotherham
- Partnership work with the Yorkshire Dementia Alliance and with the business community

#### Challenges

- This is everyone's business
- Increase demand on Service to be delivered within same resources
- Complexity of Pathway and independencies
- Variation across the system and potential inequalities

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

: the priority given to the issue of dementia, by the Prime Minister;

: the likelihood of a significant increase in the number of people suffering dementia, with consequential pressure upon resources and services;

: Alzheimer and dementia champions in Rotherham and in Doncaster (National Alzheimer's Programme) – provision of training.

Kate was thanked for her informative presentation.

**S31. CCG ANNUAL COMMISSIONING PLAN 'PLAN FOR A PLAN'**

Consideration was given to the 'plan for a plan' document, presented by Chris Edwards, Chief Operating Officer, Rotherham Clinical Commissioning Group, outlining the necessary consultation and approvals process and timescale for the Rotherham Clinical Commissioning Group's Annual Commissioning Plan 2014/2015. The Board noted that there would be consultation about the contents of the Annual Commissioning Plan, prior to its approval during March, 2014.

The Health and Wellbeing Board acknowledged the various budget pressures affecting the Council and partner organisations and the Annual Commissioning Plan. Emphasis was placed upon the need for the priorities of the Plan to be aligned with other service plans utilised by the Council and partner organisations.

During discussion, Michael Morgan (Acting Chief Executive, Rotherham Foundation Trust) outlined the progress of the current re-structuring of the NHS Rotherham Foundation Trust.

Members of the Health and Wellbeing Board were requested to provide feedback on the Annual Commissioning Plan, during the consultation process.

It was noted that the Health and Wellbeing Board will be having discussions about finance and budgets at the meeting to be held on Wednesday 27th November 2013. In the interim, an issue concerning the funding for adults and children, young people and families' social care, in accordance with the provisions of Section 256 of the National Health Service Act 2006, would have to be considered at this Board's next meeting.

Resolved:- That the contents of the 'plan for a plan' document and the timescale for preparation and approval of the Annual Commissioning Plan 2014/2015 be noted.

**S32. RIGHT CARE, FIRST TIME CONSULTATION UPDATE**

Consideration was given to a report presented by Chris Edwards, Chief Operating Officer, Rotherham Clinical Commissioning Group, stating that the formal public consultation on the proposals for Urgent Care had concluded on 26th July, 2013, after 18 months of engagement which had taken the form of a series of discussions, focus groups, market research and briefings. Work with local stakeholders, including patient and community groups, had initially helped the Rotherham Clinical Commissioning Group to understand the use and perceptions of NHS services and how they could be improved and developed to meet patient needs. The formal consultation had sought views on the proposal to bring

together services for patients who required urgent care into one place, at a new Urgent Care Centre.

The consultations results were now being analysed. There had been 98 responses from individuals/groups with an equal division between those who either agreed/strongly agreed with the proposals and those who disagreed/strongly disagreed. 11% of responders were neutral. The main issues raised included:-

- Car parking at the hospital (availability, convenience, cost, proximity to Urgent Care Centre)
- Quality of care (i.e. the desire to see quality at least maintained or improved overall as well as the opportunities closer working with Accident and Emergency would bring)
- Convenience of the Walk-in Centre location (this included both its physical location and the convenience of the services it offered)

Comments had also been received about the physical accessibility of the proposed building and how the design and planning of the new service could improve the patient and carer experience.

The Board noted that the Governing Body of the Rotherham Clinical Commissioning Group would also be considering this issue during November 2013.

Resolved:- That the report be received and its contents noted.

### **S33. WINTERBOURNE VIEW JOINT IMPROVEMENT PROGRAMME: LOCAL STOCKTAKE**

The Director of Health and Wellbeing submitted a reported about the Winterbourne Stocktake of the progress made in Rotherham against the key commitments required by the Winterbourne Joint Improvement Programme established in 2012 following the emergence of the scandal of sustained ill treatment of people with a learning disability at the Winterbourne View Hospital.

Contained within the Stocktake document were specific questions asked in each of the eleven specific areas under consideration and reported upon accordingly. Issues included partnership working, co-ordinated financial management, case management of individuals, reviews, safeguarding, commissioning, local team working, crisis management, understanding future needs, transition planning from Children's Services into Adult Services and understanding future requirements.

The Stocktake document for Rotherham was able to demonstrate excellent partnership working arrangements across Health and Social Care which were meeting the overall requirements in all the areas of the Joint Improvement Programme.

Reference was also made to (i) the Joint Self-Assessment on Learning Disabilities and (ii) the Autism Self Assessment, both of which will be reported to future meetings of this Health and Wellbeing Board.

It was noted that the report would also be submitted to the Rotherham Local Safeguarding Children Board.

Resolved:- That the Winterbourne Stocktake report, as now submitted, be noted and its contents endorsed.

#### **S34. ROTHERHAM SMOKEFREE CHARTER**

Further to Minute No. 90 of the meeting of the Health and Wellbeing Board held on 8<sup>th</sup> May, 2013, the Director of Public Health presented a report stating that consultation on the Rotherham Smokefree Charter had been carried out during a period of six weeks and included a range of individuals and groups including Elected Members, the Rotherham Health and Wellbeing Board, the Council's Health Select Commission and the Rotherham Partnership Board. Feedback from the consultation had been wholly positive, with all responders indicating a willingness to adopt the Charter's principles.

The Charter (a copy of which was included with the submitted report) would be formally launched in October, 2013, as part of the Stoptober campaign which this year included a focus on employers.

Resolved:- (1) That the Rotherham Smokefree Charter be adopted.

(2) That commissioned services be required to adopt the Rotherham Smokefree Charter.

(3) That the Rotherham Smokefree Charter be promoted through professional networks.

#### **S35. CARING FOR OUR FUTURE: IMPLEMENTING SOCIAL CARE FUNDING REFORM**

The Chairman referred to the submitted correspondence from the Department of Health (letter dated 18 July 2013) concerning the consultation on the implementation of care and support funding reform. The period of consultation would end on 25<sup>th</sup> October, 2013. Plans to help people better prepare for the cost of their future care needs had been published alongside details of how the new fairer funding system would protect homes and savings.

From 2016, the Government's reforms would deliver a new cap of £72,000 on eligible care costs, additional financial help for people of modest wealth with less than £118,000 in assets including their home and, from 2015, a scheme to prevent anyone having to sell their home in their lifetime.

Views were being sought on how the changes to the funding system should happen and be organised locally.

Resolved:- That the contents of the letter dated 18 July 2013, from the Department of Health, be noted.

**S36. BETTER HEALTH OUTCOMES FOR CHILDREN AND YOUNG PEOPLE PLEDGE**

The Chairman reported receipt of a letter dated 20th July, 2013, issued jointly by the Department of Health, the Local Government Association, the Royal College of Paediatrics and Child Health and by Public Health England. Contained within the letter was an invitation for Health and Wellbeing Boards to sign up to the "Better Health Outcomes for Children and Young People Pledge" which was part of the February 2013 system-wide response to the Children and Young People's Health Outcomes Forum Report (2012). A copy of the Pledge was appended to the letter.

It was hoped that signing up to the Pledge would demonstrate a commitment to giving children the best start in life. Local authorities and other organisations were being encouraged to share good practice so that learning could be promoted nationally.

During discussion, the Board requested the submission of a further report about the Disabled Children's Charter (previous Minutes of the Health and Wellbeing Board refer: Minute No. 86(1) of the meeting held on 8<sup>th</sup> May 2013 and Minute No. 2 of the meeting held on 12<sup>th</sup> June, 2013).

Resolved:- (1) That the contents of the letter dated 20th July, 2013, be noted.

(2) That the Rotherham Health and Wellbeing Board agrees to sign up to the "Better Health Outcomes for Children and Young People Pledge".

**S37. PHARMACEUTICAL NEEDS ASSESSMENT**

The Director of Public Health presented a report stating that the Health and Social Care Act 2012 conferred responsibility for developing and updating the Pharmaceutical Needs Assessment to Health and Wellbeing Boards. The report stated that the Pharmaceutical Needs Assessment was designed to inform commissioners about the services which were or could be provided by community pharmacies to meet local need. This assessment would contribute to the overall Joint Strategic Needs Assessment.

NHS England would rely upon the Pharmaceutical Needs Assessment when making decisions on market entry for applications to open new pharmacy and dispensing appliance contractor premises. Such decisions

were appealable and decisions made on appeal could be challenged through the Courts.

The Health and Wellbeing Board was required to issue a Pharmaceutical Needs Assessment for its area by 1<sup>st</sup> April, 2015 and to publish a revised assessment as soon as was reasonably practicable after identifying significant changes to the availability of pharmaceutical services since the publication, unless it was satisfied that making a revised assessment would be a disproportionate response to the changes. Health and Wellbeing Boards were required to publish a revised assessment within three years of publication of their first assessment. Rotherham would be working with neighbouring Boards to consider cross-border commissioning of Services and impact within the Pharmaceutical Needs Assessment.

Resolved:- (1) That the report be received and its contents noted.

(2) That the requirement for the publication of the Pharmaceutical Needs Assessment by 1<sup>st</sup> April, 2015 and the proposed timetable for delivery be noted.

### **S38. DATE OF NEXT MEETING**

Resolved:- That the next meeting of the Health and Wellbeing Board be held on Wednesday, 16th October, 2013, commencing at 1.00 p.m., at the Town Hall, Rotherham.