

**CABINET MEMBER FOR HEALTH AND WELLBEING**  
**11th July, 2011**

Present:- Councillor Wyatt (in the Chair); Councillors Pitchley.

Apologies for absence were received from Councillors Buckley and Burton.

**K1. CONFIRMATION/ROLES AND RESPONSIBILITIES OF MEMBER CHAMPIONS IN RELATION TO PUBLIC HEALTH AND MENTAL HEALTH**

The following Member Champions were noted:-

Mental Health	Councillor Pitchley
Public Health	Councillor Burton

**K2. KWILLT PROJECT AND ROTHERHAM CONFERENCE**

The Chairman reported on the above project which had been an extensive piece of work based in Rotherham, the findings of which could possibly have an impact nationally.

Responses had been submitted to 3 national consultations using the data and findings from the KWILLT project as follows:-

- Hills Review – an independent review of fuel poverty definitions and targets was currently underway commissioned by the Department of Energy and Climate Change. KWILLT research had a number of findings which could provide vital evidence to inform the review and hopefully future policy
- Ofgem Retail Market Review – this demonstrated that further action was needed to make energy retail markets in Great Britain work more effectively in the interests of consumers. KWILLT study findings had been provided to indicate how vulnerable people were susceptible to some of the problems they raised in the review
- Call for evidence by the Energy Bill Committee – KWILLT had provided evidence from the findings to indicate how vulnerable older people may respond to the Green Deal and how some aspects may contribute to health inequalities experienced by vulnerable older people

The challenge now was turning the findings into practical steps and the importance of understanding the barriers to people keeping warm.

An All Members seminar was to be held on 1<sup>st</sup> November, 2011 as well as a conference to be held on 19<sup>th</sup> September, 2011.

Resolved:- That the report be noted.

**K3. CONFERENCES**

Resolved:- That the Chairman (or substitute) be authorised to attend the following:-

LGA Rural Conference to be held in on 8<sup>th</sup> September, 2011

Joint Working to Reduce Health Inequalities 'Tackling Tobacco – A Case Study for Action' to be held in York on 9<sup>th</sup> September, 2011

**K4. THE WAY FORWARD**

The Chairman reported that he was to meet with the Strategic Director of Neighbourhoods and Adult Services to discuss protocols for the way forward given the wide spectrum of the portfolio.

**K5. ARRANGEMENTS FOR THE HEALTH AND WELLBEING BOARD**

The Chairman reported that it was hoped that the first formal meeting of the Board would be held in September.

Discussions were currently taking place on the draft Terms of Reference and the Council's Health and Wellbeing Policy for consideration by the Board.

**K6. APPOINTMENT TO EXTERNAL BODIES AND SUB-GROUPS:-**

Resolved:- (1) That the Cabinet Member be appointed as representative on the following bodies:-

Rotherham Doncaster and South Humber NHS Foundation Trust (RDASH)  
Rotherham Hospital Council of Governors  
NHS Rotherham Board – Co-optee  
South Yorkshire Sports Partnership  
Local Government Yorkshire and Humber Health and Wellbeing Group  
Local Government Association Sport and Health

(2) That it be noted that the Cabinet Member had been invited to attend meetings of the NHS Rotherham Board.

**(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING 2 ITEMS TO ENABLE THE MATTERS TO BE PROCESSED.)****K7. BEREAVEMENT SERVICES FORUM**

The Chairman reported that a Bereavement Services Forum was to be established, meeting twice a year, with funeral directors, relevant clergy, Dignity, registrars, Rotherham Foundation Trust and the Hospice.

Resolved:- (1) That the above Forum be established with its first meeting being held in September, 2011.

(2) That a presentation on the new Bereavement Centre at the Rotherham Foundation Trust be made to that meeting.

**K8. HEALTH PROFILE OF ROTHERHAM**

A copy of the latest health profile of Rotherham was tabled.

Rotherham was significantly below the national average for life expectancy (3.5 years); there was a 10 years difference between the most deprived and less deprived areas of the Borough. Also the Index of Multiple Deprivation had increased from 12 to 17% of the most deprived 10% of the UK.

This item was further discussed under Minute No. 10.

Resolved:- That the report be noted.

**K9. 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 4 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) [information relating to any consultations/negotiations].

**K10. ANNUAL PUBLIC HEALTH REPORT**

John Radford, Director of Public Health, NHS Rotherham, introduced the draft 2011 Public Health Annual Report.

There had been a lot of changes in Public Health over the last year since the election of the new Coalition Government which had led to the publication of a new Public Health White Paper. This built on the work of the Marmot Review and sought to tackle the major public health challenges facing communities including rising levels of obesity, alcohol and substance misuse and a high prevalence of smoking. The review had a crucial relevance to the health of Rotherham residents as it set out a framework for systematically thinking through how to reduce inequalities at a local level.

Marmot's review identified 6 high level priorities for action and evidence based objectives within each:-

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The draft annual Public Health report had been based on the above 6 priorities. Guidance was sought as to whether this was the correct direction and for the basis of the Health and Wellbeing Strategy.

The next step was for the Health and Wellbeing Strategy which would be an integral part of the Council and the NHS's approach to addressing the health inequalities in the Borough.

Resolved:- That the report be submitted to Cabinet in due course.

**K11. DATE AND TIME OF FUTURE MEETINGS**

Resolved:- That meetings be held on the following dates in 2011/12 commencing at 11.30 a.m. in the Town Hall:-

12<sup>th</sup> September, 2011

10<sup>th</sup> October

7<sup>th</sup> November

5<sup>th</sup> December

16<sup>th</sup> January, 2012

13<sup>th</sup> February

12<sup>th</sup> March

16<sup>th</sup> April