HEALTH AND WELLBEING BOARD
Wednesday, 26th October, 2011

Councillor Wyatt	Cabinet Member for Health and Wellbeing **(in the Chair)**
Jo Abbott	NHS Rotherham
Cath Balazs	Yorkshire Ambulance Service
Councillor Blair	Health Select Commission, RMBC
Robin Carlisle	Rotherham CCG
Councillor Doyle	Cabinet Member for Adult Social Care
Pat Drake	Yorkshire Ambulance Service
Councillor Jack	Health Select Commission, RMBC
Brian James	Rotherham NHS Foundation Trust
Councillor Lakin	Cabinet Member for Safeguarding Children and Adults
Shona McFarlane	Director of Health and Wellbeing, RMBC
Debbie Smith	RDaSH
Kate Taylor	Scrutiny and Policy Officer, RMBC
Joyce Thacker	Strategic Director, Children and Young People's Services
Alan Tolhurst	NHS South Yorkshire and Bassetlaw
David Tooth	Chair, Rotherham CCG
Councillor Turner	Health Select Commission, RMBC
Helen Watts	NHS Rotherham
Chrissy Wright	RMBC
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were received from Karl Battersby (RMBC), Christine Boswell (RDaSH), Tom Cray (RMBC), Matt Gladstone (RMBC), Chris Edwards (NHS Rotherham), Martin Kimber (RMBC), Dr. John Radford (NHS Rotherham) and Fiona Topliss (NHS Rotherham).

S12. MINUTES OF PREVIOUS MEETING

Agreed:- That the minutes be approved as a true record.

Arising from Minute No. S7(2) (Centre for Public Scrutiny Health Reforms), it was noted that the final report had not been published as yet.

Arising from Minute No. S8 (Public Health Transition to Local Authority), Jo Abbott reported that it was hoped to co-locate to Riverside House from April, 2012. Nationally, papers from the Department of Health were awaited – Role of Department of Public Health within Local Authorities, Role of Public Health England, Public Health Outcomes Framework and Finance. Work was also taking place on Statutory Regulation.

S13. YORKSHIRE AMBULANCE SERVICE 'LOOKING TO THE FUTURE' PUBLIC CONSULTATION

Pat Drake, Non-Executive Director, and Cath Balazs, Operations Manager, Yorkshire Ambulance Service, reported on the Service's proposal to apply for Foundation Trust status in 2012. Consultation had commenced on 12th September and run until 4th December, 2011, seeking views about the plans and help to shape the way that ambulance services were provided in the future.

They gave the following presentation:-

Looking to the Future as an NHS Foundation Trust
- Would still operate to NHS principles
- Be subject to CQC inspection
- Regulated by Monitor to protect the public's interest
- Be free to shape how they provided and developed services

What were they trying to achieve?
- Continuing to save lives
- Bringing care closer to home
- Maintain safe and high quality services together with high levels of satisfaction

Future Plans and Priorities
- The new NHS 111 number
- Improve how it dealt with major trauma in Yorkshire
- Improve clinical outcomes for patients with a stroke, cardiac arrest or STEMI

How would the Foundation Trust be accountable?
- Members/community-Governors-Non-Executive Directors–Executive Directors
- Council of Governors
  13 Public Governors
  4 Staff Governors (3 front line/1 support staff)
  7 Appointed Governors

Public Constituencies
- People would join the 4 constituencies where they lived
- Number of Governors based on local population
- Minimum age 16

Appointed Governors
- 7 Appointed Governors – always a minority
- Strategic Partners – Acute Trust, Mental Health Trusts, Local Authorities, PCTs, Police
- Reflect the 4 areas balancing urban and rural

Public Consultation
- 12th September-4th December, 2011
- Future plans
- Public and staff membership
- Council of Governors
- Other comments

Consultation Questions
- Do you support the plans for the future?
- Should the minimum age for membership be 16?
- And the same for Governors?

- Are the 4 proposed public constituencies right?
- Do you agree with the split between front line and support staff?
- Do you agree with the proposals for how the Council of Governors would be made up?

What happens after consultation?

- YAS Board to consider the analysed results
- Consultation feedback would form part of the analysis used by Monitor to assess the application
- Start to recruit Members – January, 2012
- Elections for 'shadow' Council of Governors – Autumn, 2012

Discussion ensued with the following issues raised/highlighted:-

- The Service's performance had improved and was on course to hit its target
- The Yorkshire and Humber Local Government structure may be the best vehicle to appoint representatives
- Although the telephone response was based in Wakefield, the actual crews deployed were local
- A Foundation Trust would allow more flexibility to promote services that fitted with local need
- Should the Board have 1 of the Governor positions?
- It was the understanding that by 2016 all provider services had to become Foundation Trusts or alternative arrangements would be made

It was noted that the Health Select Commission would be submitting a formal response to the consultation.

Pat and Cath were thanked for their attendance.

S14. TERMS OF REFERENCE

In accordance with Minute No. S2, the revised Terms of Reference were submitted for consideration incorporating suggested comments that had been received.

Discussion ensued on the document particularly the issue of voting rights with the following views expressed:-

- What would the Board ever have to vote on?
- The Board's aim was to give an overarching strategic direction to the Health and Wellbeing commissioning activities of the Health commissioners and the Local Authority commissioners; it was not a commissioning body
- The Board should be setting the direction for those commissioning services against the strategic direction. There had been no discussion as yet as to what happened when the strategic direction was not achieved
- Under governance arrangements there should be voting rights laid down as a fallback position should the situation ever arise
- Should HealthWatch be a voting member?
- The Board was to seek solutions through representatives working together and a decision to be made by consensus. This did not sit with voting rights

– Should there be a core membership with invitees?

Agreed:- (1) That further discussion take place with regard to voting rights.

(2) That the inclusion of the following under point 2.1 (Key Responsibilities of the Board) be agreed:-

- "To promote the development and delivery of services which support and empower the citizen taking control and ownership of their own health"
- "All services delivered in Rotherham ensure the safeguarding of vulnerable adults and children"

(3) That the inclusion of the following under 2.2 (Operating Principles) be agreed:-

- Setting clear strategic objectives and priorities
- Seeking opportunities to increase efficiency across Service Providers
- Holding partners to account

(4) That the last paragraph of point 3 (Membership, representation and conduct) starting "the Health and Wellbeing Board is a commissioning Body ..." be reworded.

(5) That point 5 (Governance and Reporting Structures) be amended to read "Council" and not Cabinet and include the Cluster Board.

S15. ARMED FORCES COMMUNITY COVENANT

Consideration was given to a report outlining how the Armed Force Community Covenant was a voluntary statement of mutual support between a civilian community and its local Armed Forces Community. It was intended to complement the Armed Forces Covenant, which outlined the moral obligation between the Nation, the Government and the Armed Forces at the local level.

This report identified Rotherham's position in relation to the Armed Forces Community Covenant (AFCC) and further outlined the reasons for committing to a covenant and what actions were needed to add substance to make it beneficial to those it was assisting. The Council would lead on AFCC but many of the partner agencies who had a role to play in the initiative had already been contacted. The aim was that agencies agreed to be part of the AFCC and start to look at existing protocols and policies to see if they met the needs of the clients.

Brian James, NHS Rotherham, reported that his organisation was checking that all their systems and processes were attuned to supporting people from the armed forces but not that they received priority treatment.

RDaSH was also involved from a mental health aspect.

It may have implications for commissioning which would need to be reflected.

Agreed:- That respective organisations discuss as to what commitment they would be able to give to the Covenant.

S16. 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 items of business on the grounds that they involve the likely disclosure of exempt information as defined under Paragraph 2 of Part I of Schedule 12A to the Local Government Act 1972.

S17. ROTHERHAM SAFEGUARDING AND LOOKED AFTER CHILDREN, PEER CHALLENGE FEEDBACK

Joyce Thacker, Strategic Director, Children and Young Peoples' Services, reported on a recent Peer Challenge facilitated by Local Government Improvement and Development from 3rd-7th October, 2011.

The key focus of the Challenge had been safeguarding and an additional focus of looked after children. The Authority had also requested 4 additional discretionary themes to provide an independent view on progress.

During the week approximately 68 interviews, focus groups and visits had been held with the Peer Team meeting more than 86 officers and Members from across the Council and partners.

The actions and recommendations arising from the Peer Challenge were being fed into the existing Improvement Panel action plan that continued to be monitored following removal of the Intervention Notice in January, 2011.

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

(2) That a progress report be submitted in 6 months in relation to clarity of roles, responsibilities, relationships and leadership around Strategic Boards e.g. Children's Trust Board, Health and Wellbeing Board, Local Strategic Partnership, Rotherham Safeguarding Children's Board and the Rotherham School Improvement Partnership.

(3) That a report be submitted on the 4 Big Things:-

Keeping Children & Young People Safe
Integral to the activity of all partners; specific arrangements put in place to keep the most vulnerable safe from harm

Prevention and Early Intervention
A new focus to help us target our activity effectively; underpinned by prevention and early intervention strategy

Tackling Inequality
The work we will do to narrow the gap between the life experience of the least deprived and most deprived families in Rotherham

Transforming Rotherham Learning
A delivery vehicle that will support us to achieve our vision by developing multi-agency learning communities with child-focused integrated teams.

S18. ROTHERHAM CLINICAL COMMISSIONING GROUP : SINGLE INTEGRATED PLAN

Robin Carlisle, Clinical Commissioning Group, presented a report on the above outlining the Department of Health's requirements and timetable for the production of Rotherham CCG's and NHS South Yorkshire and Bassetlaw's Plan for 2012/13 drawing attention to the process, priorities and efficiency plans.

The 2012/13 NHS Operating Framework was expected on 24th November, 2011, which would confirm or adjust NHS Rotherham's financial assumptions and allocations. As well as setting the NHS commissioning budget, it was likely to contain strict targets for management costs which would have implications for the commissioning staff who would support 2012/13 planning round.

The SIP was likely to be submitted at NHS South Yorkshire and Bassetlaw level but Rotherham CCG would be responsible for the investment and efficiency plans for its delegated budget. The deadline for final submission of the 2012 SIP was 31st March, 2012.

Attention was drawn to the system-wide efficiency programme that would deliver £24.2M of efficiency savings out of a total of £72.8M of efficiency savings required by the NHS in Rotherham by 2014/15. Unless efficiency savings were made there would be no capacity to invest in anything. The report also set out the current thinking on efficiencies.

Discussion ensued with the following issues highlighted:-

- The SIP would not concern Public Health directly – it would be the Plan for commissioning health care services. The responsibility for Public Health between now and April, 2013 laid with NHS South Yorkshire and Bassetlaw
- The Government had 2 sets of Outcomes Frameworks – CCG Framework and Public Health Framework
- Concern that the 2 would not tie in
- Feeling that the Public Health aspect would link in with the JSNA
- The Health and Wellbeing Strategy would set the strategic direction
- There were very prescribed timescales for the 2013/14 SIP
- There was a chapter on "Children" in the JSNA but it was very limited

Due to the prescribed timescales for the 2013/14 SIP, it was important, as a matter of urgency, to include the objectives/priorities from the JSNA for inclusion in the CCG Plans or it would be a further 18 months before they could be included.

Agreed:- (1) That work take place between now and the 24th November on supplying the relevant information from the JSNA for inclusion in the CCG Plan.

(2) That the draft Health and Wellbeing Strategy be submitted to the next meeting of the CCG Executive Group.

S19. ESTABLISHING A COMMON UNDERSTANDING OF TOBACCO RELATED ISSUES

Alison Iliff, Public Health Specialist, presented a report on establishing a common understanding of tobacco control issues facing Rotherham. The report drew attention to:-

The Scale of the Challenge

- Each year smoking caused the greatest number of preventable deaths – 81,400
- The decline in smoking rates had stalled
- National children's rates of smoking (age 11-15)
- Smoking in pregnancy
- Smoking cost the local economy millions every year (£71.9M in Rotherham)
- The annual cost of smoking to smokers (compared to additional costs to our community) – each year, smokers in Rotherham spent approximately £81.5M on tobacco product contributing roughly £62.1M in duty to the Exchequer. This meant that there was an annual funding shortfall of £9.8M in this area

Smoking Attitudes and Behaviours

- Children not adults started smoking – 90% of smokers started before the age of 19
- Children were 3 times as likely to start smoking if their parents smoked
- The majority of children who smoked got their cigarettes from a 'friend'
- The poorer you were the more likely you were to smoke
- Smoking was 1 of the greatest causes of health inequalities
- Poorer smokers were as likely to want to quit and try to quit but half as likely to succeed
- Smokefree environments enjoyed increasing public support.

Tobacco Control and Local Authority Role

- The World Bank has developed a '6 strand' strategy for reducing tobacco use:-
  1. stopping the promotion of tobacco
  2. making tobacco less affordable
  3. effective regulation of tobacco products
  4. helping tobacco users to quit
  5. reducing exposure to secondhand smoke
  6. effective communication for tobacco control

Significant and Growling Role for Local Authorities

- Local Authority responsibilities included enforcement on:
  Age of Sale
  'Smokefree' Places
  Smuggled and counterfeit tobacco
  Advertising ban
  From 2013 Local Authorities would take on responsibility to commission services to motivate and support smokers to quit their habit

Working Together for Better Health

- Local Government including Police and Fire
- Local Health Services

- Organisations that work across neighbouring localities within a region
- Employers
- Voluntary sector organisations
- Smokers particularly groups with high rates of smoking e.g. routine and manual smokers

Benefits of Working across Local Boundaries

- Marketing and mass media – to ensure 'health messages' were supportive, clear and do not conflict
- Tackling smuggling – criminal gangs do not pay heed to local government boundaries
- Surveys, research and data collection – cost savings can be had from collectively commissioning research and surveys and sharing the results

Challenges for Rotherham

- Smoking prevalence not declining (although data may not be reliable)
- Smoking in pregnancy was declining, but was still much higher than the national and regional average
- Understanding the apparent increase in young smokers and implementing further programmes to tackle youth smoking
- Cheap and illicit tobacco – continuing availability undermined other tobacco control activity

Key Messages

- Local authorities had a key and important role to play – the NHS alone could not reduce smoking rates
- Smoking was the single biggest preventable cause of health inequalities – reducing rates would bring general improvements in health and cost savings in other areas
- To reduce smoking there was a need to increase the number of quit attempts and the success of each attempt – the poorest smokers should be targeted to narrow the gap in life expectancy between the richest and poorest and improve the health of the poorest fastest

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

(2) That the Rotherham Tobacco Control Alliance produce an annual report setting out its priorities.

S20. ANY OTHER BUSINESS

Mexborough Montague Hospital

The Chair reported that consultation was underway on proposals for changed services at the above hospital which would have implications for Rotherham and Bassetlaw. The consultation would end in December.

Agreed:- That this issue be included on the next Board agenda.

Food Aware Community Interest Company

The Chairman reported that he had been made aware that the NHS funding (£12,000) for the above would cease at the beginning of November. The Company distributed surplus food (fruit and vegetables) to communities

through Children Centres to try and encourage healthy eating.

Agreed:- That the issue be discussed at the Cluster meeting.

S21. COMMUNICATIONS

Single Point of Contact
A new NHS telephone service was commencing 24 hours a day, 7 days a week, until the end of March, 2012, where members of the public could ring for health advice on the best place to get treatment for their illness before attending A&E. The telephones were staffed by local doctors and nurses.

The number was 0333 321 8282.

S22. DATE OF NEXT MEETING

Resolved:- That a further meeting be held on Wednesday, 7th December, 2011, commencing at 1.00 p.m. in the Town Hall, Rotherham.