

**HEALTH AND WELLBEING BOARD**  
**Wednesday, 7th December, 2011**

Present:-

Councillor Wyatt	<b>In the Chair</b>
Christine Boswell	RDaSH
Brian Chapple	Rotherham United Football Club
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Paul Douglas	Rotherham United Football Club
Councillor Doyle	Cabinet Member for Adult Social Care
Chris Edwards	NSHR/RCCG
Kate Green	Scrutiny and Policy Officer, RMBC
Matt Gladstone	Director, Commissioning, Policy and Partnerships
Tracy Holmes	Communications, RMBC
Brian James	Rotherham Foundation Trust
Councillor Lakin	Cabinet Member for Safeguarding Children and Adults
Jo Pollard	NHS Doncaster
Chris Stainforth	NHS Doncaster
Joyce Thacker	Strategic Director, Children and Young Peoples' Services
Alan Tolhurst	NHS South Yorkshire and Bassetlaw
David Tooth	Chair, Rotherham CCG
Janet Wheatley	Voluntary Action Rotherham
Dawn Mitchell	Committee Services, RMBC

An apology for absence was received from Helen Watts (NHS Rotherham) .

**S23. MINUTES OF PREVIOUS MEETING**

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

Arising from Minute No. S15 (Armed Forces Community Covenant), Brian James, Rotherham Foundation Trust, reported that Juliet Greenwood, Chief Nurse, had been appointed as lead for the organisation and was the main contact with the armed forces. Information had been received and was being pursued.

It was noted that Dr. Nagpal Hoysal was the lead from NHS Rotherham and Christine Majer from the Local Authority. At present Councillor Hussain, Cabinet Member for Community Development, Equality and Young Peoples' Issues was the lead Member but, once signed off, would transfer to Councillor Doyle, Cabinet Member for Adult Social Care.

It was reported that veterans and serving officers who had been provided with psychological support by the NHS and MoD up to the present time would no longer receive such support after 6 months when some would still be in need of support.

Christine Boswell, RDaSH, reported that Carol Hurst would be their lead for this issue and would make her aware of the above issue.

**S24. MEXBOROUGH MONTAGUE HOSPITAL**

Jo Pollard, Programme Director, and Chris Staniforth, Chief Operating Officer, NHS Doncaster, gave the following powerpoint presentation on the proposals to change some services currently provided at Mexborough Montague and Tickhill Road Hospitals and provide more care closer to home:-

Why do we need to make these changes?

- More care can now be provided outside hospital
- NHS landscape and role of hospitals is changing
- What patients tell us
- New technology
- Improve quality and experience

Our Principles – Services must be

- Safe
- Effective
- Affordable
- Value for money
- Sustainable
- Integrated
- Local where possible

Government's four tests – Any service change must have

- Support of local GPs
- Patient and public engagement
- Clinical evidence
- Consistent patient choice

What about the money?

- No reduction in investment – just used differently
- New Rehabilitation Centre with £4.9M costs at Montague Hospital
- DBHFT build and equip the new Rehabilitation Centre including an application to the Fred and Anne Green Legacy
- Maintain the current investment of £2.8M on acute care
- £1.4M will be invested in additional home support services
- £400,000 will be invested in intermediate care and step down services
- £300,000 will be invested in community stroke services
- £500,000 will be invested in other community services and palliative care

Our Proposals 1 – A redesign programme to

- Reduce the time patients spend in hospital by providing high quality care for patients who do not need a hospital bed, at home or in a community setting

Our Proposals 2

- Reduce the time patients spend on an acute hospital ward by developing a new 58 bed state-of-the-art rehabilitation centre at Montague Hospital which would improve outcomes for patients by enabling an intensive 24/7 model of care to be delivered

Our Proposals 3

- Stop admitting to Montague Hospital those patients who were currently brought by 'blue light' ambulance for urgent care
- Take urgent care patients directly to Doncaster Royal Infirmary or another district general hospital near to where they lived such as Barnsley and Rotherham

Why do we need to make changes?

- People are living longer so we need to help them stay as fit as possible so they can enjoy a fulfilled life
- Keeping elderly and frail patients in hospital beyond their urgent care period results in them losing many every day skills and this can quickly result in a loss of independence
- Centralising rehabilitation services at Montague Hospital would maximise the benefit of having a large pool of skilled therapists who would be able to provide a 7 day a week service
- More patients would be cared for at a single location instead of therapists spending valuable time travelling between hospital sites to see patients
- Patients who needed urgent care should be treated at a facility that has a full range of support services
- An enhanced new role for Montague would enable the hospital to continue to flourish and secure its future at the heart of the Doncaster community

The Service redesign would

- Cut the time that patients stayed on a ward in a busy hospital by faster access to specialist inpatient and community based rehabilitation services that would help speed up their recovery
- Improve health outcomes by helping patients get quickly back into everyday life
- Provide more social care support and services that provided 'intermediate' care for people who did not need a hospital bed but were not quite ready to return home
- Pilot a new assessment unit designed to speed up the discharge of people from hospital into the next stage of their care
- Provide more home support services
- Community based 'outreach' services to provide more care at home for people who have had a stroke to help prevent them from having another 1
- Create a new centre of excellence for rehabilitation at Montague Hospital bringing together a wide range of skilled clinical staff on 1 site
- Enable the closure of Ash, Elm and Rowan Wards at Tickhill Road Hospital and their service transfer to Montague

The change would also enable the local NHS to

- Do more surgery at Montague Hospital, cutting the time that patients had to wait for an operation
- Double the number and type of endoscopy procedures at Montague Hospital

Beds

- 160 (out of 872) beds affected by the proposals
- Reduction in Doncaster beds of 73  
15 to Rotherham/Barnsley

50 beds or equivalent in community  
8 achieved by reduced length of stay

What happens next?

- Public consultation finishes on 19<sup>th</sup> December, 2011
- All the responses would then be considered by senior NHS staff and summarised in a report
- The report would make recommendations and explain how your views had been taken into account
- Presented to the Board of NHS South Yorkshire and Bassetlaw in early 2012 for members to discuss and make a decision on whether the proposals should be implemented
- The date of the Board meeting would be publicised. The Board's decision would be publicised in the local media and published on NHS websites

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

- The Dental Access Service was a South Yorkshire resource for anyone to use. Presently it was delivered from Mexborough Montague, however, it would move from the Hospital site and move to 1 of the Health Centres in Mexborough
- The pilot phases would be based at the Tickhill Road site
- The need to invest in community services and social care services
- 2 of the physicians were retiring and, under the Royal College Guidance, unless a stand alone unit provided back up services, they could not recruit; Mexborough Montague did not have a back up service
- Rotherham Foundation Trust had been working with NHS Doncaster and in general supported the proposals and could absorb the anticipated impact
- RDaSH had also been working closely with NHS Doncaster around the proposed changes and linkage between the specialist unit at the Hospital and community based rehabilitation was critical. It was felt that the proposals helped to sustain the Hospital's future and gave it a clear role removing areas of concern around clinical evidence and developed the rehabilitation hub for that area

Chris and Jo were thanked for their presentation.

Resolved:- That a report on the proposals for the Dental Access Service be submitted to a future meeting.

## **S25. ROTHERHAM COMMUNITY STADIUM**

Paul Douglas, Chief Operating Officer, and Brian Chapple, Rotherham United Football Club, were in attendance at the meeting to give a brief outline of the work of the Rotherham United Community Trust, the new Stadium and examples of health facilities within stadia.

Rotherham United Community Trust – formed in 1997

Mission Statement – “to utilise the brand of Rotherham United Football Club and the power of sport to positively influence and enhance the diverse lifestyles of the people of Rotherham”

- Education
  - Classrooms currently in temporary facilities – developed in partnership with public and private partners
  - 51 apprenticeships working out of the GOALZ Centre – commended for the retention rates
  - Working across the Borough on issues such as anti-bullying and anti-truancy
- Participation
  - Working in number of primary schools across the Borough delivering coaching where it might not otherwise be delivered
  - Players actively delivering mentoring
- Cohesion
  - Full-time officer
  - Just received “Kick It Out” Equality Standard, the industry standard for football. This had only been awarded to 30 clubs out of 90 and Rotherham was the only Club at its tier to receive the Award
- Volunteering
  - 1 of only 8 Clubs in the football world invited to pilot the National Citizen Service Programme and awarded the Leader of Best Practice nationally for the work the Club had led on
  - Currently there were 51 volunteers
- Disability
  - The Disability Officer ran regular sessions for those with additional needs through the partnership with RMBC, ILS and Voluntary Sector Consortium
  - “Aiming High” project engaged over 40 young disabled people every week. Afterschool coaching delivered
  - Healthy Hearts Programme set up to deliver multi-sport, diet and nutrition sessions for disabled adults
- Heritage
  - Call to Goal – an inter-generational project run last year looking back at the 1940-50’s that was now being rolled out as an educational package
  - A further 2 heritage projects currently taking place which would be turned into education projects
  - Official Historian had been appointed who was very knowledgeable about the Football Club and was working closely with the Heritage Project Officers. There would be lots of examples in the new Stadium
- Health
  - Wake Up Shake Up – Sessions took place prior to the school day promoting the importance of eating a good breakfast and giving children aged 7-11 years the opportunity to take part in some light exercise

- Extra Time delivered in 4 care homes
- Allotment project

It was stressed that the Trust had not been established due to the new Stadium but had been working for a number of years without any facilities delivering outreach work; the new Stadium would only improve and enhance its work. It had taken a long time to get to the present situation with the Stadium but the Chairman had been clear that it had a role to play in the community.

Numerous meetings had taken place with organisations to explore and maximise the opportunities the Stadium could bring. Those discussions now needed to be confirmed to help shape the design of the space.

The Trust had carried out a massive amount of work in the communities; the challenge for the future was to capitalise on it and link it to use of the facilities.

Discussion ensued with the following points raised/clarified:-

- Consideration had been given to use of the Stadium to music events etc. but felt that there was sufficient facilities in the area as well as engineering design issues
- National Time for Change Campaign – tackling anti-stigma in mental health and the connection with sport. Some work was currently carried out with Doncaster Rovers
- Linking in with Mental Health Charity “Breakthrough” – display of artwork produced by those suffering with mental health. Sheffield United were part of the scheme

Paul and Brian were thanked for their presentation.

## **S26. SPORT ENGLAND**

The Chairman submitted Sport England information from their Our Active People Survey which provided local level data on sporting participation.

The mini sport profile gave key sporting data for the local authority area, the costs of inactivity and maps modelled on participation data and obesity data showing any direct correlation. The Active People Survey and Local Sport Profiles were valuable tools when developing or refreshing the Joint Strategic Needs Assessment.

Sport for England’s existing work through Places People Play would bring the sporting legacy to life, delivering better facilities, more volunteers and greater access to a variety of sport across the whole country. More information on Places People Play could be found at [www.sportengland.org](http://www.sportengland.org).

The Local Sport Profile showed:-

- 19.9% of adults in Rotherham took part in sport and active recreation – national average 22%. 53.6% of adults did no sport or active recreation at all
- 3.7% adult residents were regular sports volunteers – national average 4.5%

- 21.1% were members of sports clubs – national average 23.9%
- The health costs of inactivity in Rotherham was at least £4.4M per year
- Sport contributes economically to the community with 55 businesses trading in sporting goods or services
- Youngsters who were active had numeracy scores, on average 8% higher than non-participants

Sport England's team of local experts, resources, tools, networks and investment were available to local authorities to help:-

- Achieve efficiencies and improve the effectiveness of service
- Evaluate and plan what sporting provision needed and where to meet a wide variety of local needs
- Establish partnerships with local sporting organisations to make investment go further
- Capitalise on opportunities to work with national governing bodies who were investing public money in communities
- Identify opportunities to bring the Olympics and Paralympics to life for communities through their Places People Play mass participation legacy programme
- Provide opportunities for young people to take part in the school Games and Sportivate

Resolved:- That the report be noted.

## **S27. DIABETES SCRUTINY REVIEW**

Kate Green, Scrutiny Officer, presented the Scrutiny Review report on the diagnosis and management of Diabetes in Rotherham.

It was noted that the report had been considered by the Cabinet. The Cabinet had agreed that any future health-related Reviews be considered by the Board to ensure feedback to the relevant organisation and inclusion in the Health and Wellbeing Strategy. The Board would then be responsible for the implication and monitoring of the Review recommendations.

There were approximately 11,600 people diagnosed with Diabetes in Rotherham with around 4,000 undiagnosed cases highlighting the need for awareness raising and education in relation to early symptoms in high risk groups. Obesity and unhealthy lifestyles were prevalent in Rotherham along with high levels of deprivation. Raising awareness of the risk factors and focusing on prevention was needed to reduce the rise in Diabetes.

John Radford reported that NHS Rotherham had worked quite closely with Scrutiny to produce the report which aligned with the work that the CCG and NHS Rotherham were doing around prevention work.

The report set out in broad terms the framework being pursued in Rotherham to prevent and identify Diabetes through health checks and then improving the service for those diagnosed. Dr. Nagpal Hoysal was working across the system to try and support patients in the community and follow their treatment.

There was discussion in relation to scrutiny review recommendations and the need for all organisations to be involved in the development of them to ensure a collaborative approach. However, it was noted that the Board had not been in existence when the Review had taken place, therefore the agreement above for scrutiny review scopes to come to the Board prior to them taking place would ensure this happens in future.

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

(2) That the Board consider the recommendations and ensure inclusion in the joint Health and Wellbeing Strategy once in place, along with subsequent commissioning plans.

(3) That the process for future reviews be mapped out to demonstrate how scrutiny would work with the CCG and NHS organisations.

## **S28. FOOD BANK/AWARENESS WORK**

Janet Wheatley, VAR, gave a verbal report on a meeting that had recently taken place regarding the above. This had been as a result of enquiries received relating to people who were in crisis and could not access food.

A group of organisations had met – homeless charities, Salvation Army, Food Bank, NHS and the Council. It soon became apparent that it was a much bigger issue than envisaged and was not just food for people in crisis but food for vulnerable people particularly children, young people and the elderly, issues around eat or heat, healthy cooking skills and growing your own food.

Information was to be sent out to service providers on how people in crisis could access food and also ascertain from providers what was available. An Expression of Interest had also been submitted to the Big Lottery to develop a project around growing and selling produce, linking in with the Rotherham United Football Trust etc. The proposal had been accepted at the first stage and an application form now had to be completed. 18 partners were involved in the project and, even if the application was not successful, it was hoped to be the basis of some further work.

A further meeting was to be held the following day.

Agreed:- That a further report be submitted to a future meeting.

## **S29. WINTER PLAN**

John Radford, NHS Rotherham, reported that the Winter Plan arrangements for Rotherham were in place across partners to ensure all had measures in place to protect the town during the winter.

There were already reported cases of flu in Rotherham and 1 unconfirmed flu related death. The number of flu vaccinations was lower than last year particularly in the at risk groups and pregnant women.

Rotherham Foundation Trust had 1 of the highest staff vaccination rates in the region which was a great achievement.

**S30. INTEGRATED STRATEGIC NEEDS ASSESSMENT**

This item was withdrawn.

**S31. TERMS OF REFERENCE/MEMBERSHIP**

In accordance with Minute No. S14, the revised Terms of Reference were submitted for consideration incorporating the suggested comments made at the previous meeting.

In light of the previous agenda item, Diabetes Review, the Chairman suggested that an additional bullet point be added under 2.2 Operating Principles as follows:-

(I) Health and Wellbeing Scrutiny Reviews - scoping of /progress of

Agreed:- That the revised Terms of Reference be agreed.

**S32. COMMUNICATIONS**

Flu vaccinations – publicity

Health Inequalities Summit – initial findings very well received by the 3 local Members of Parliament

**S33. FUTURE AGENDA ITEMS**

NHS Operating Framework  
Drinking of Alcohol in Rotherham  
Health Inequalities Summit  
NHS Outcomes Framework  
JSNA/Working Programme 2012/13  
Targeting Resources in Deprived Areas  
HealthWatch  
Communications Support for the Board

**S34. DATE OF NEXT MEETING**

Agreed:- That a further meeting be held on Wednesday, 18<sup>th</sup> January, 2012, at Oak House, Bramley.