# HEALTH AND WELLBEING BOARD
## 29th February, 2012

Present:-

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| **Members:-** | |
| Councillor Wyatt | **In the Chair** |
| Karl Battersby | Strategic Director, Environment and Development Services |
| Christine Boswell | RDaSH |
| Brian James | Rotherham Foundation Trust |
| Martin Kimber | Chief Executive, RMBC |
| Dr. David Polkinghorn | CCG |
| Dr. John Radford | Director of Public Health |
| Janet Wheatley | VAR |
| Sarah Whittle | NHSR/CCG |
| **Officers:-** | |
| Rebecca Achinson | NHS Rotherham |
| Laura Brown | RMBC |
| Miles Crompton | RMBC |
| Kate Green | RMBC |
| Tracy Holmes | RMBC |
| Simon Lister | Stop Smoking Service |
| Shona McFarlane | Director of Health and Wellbeing |
| Chrissy Wright | Strategic Commissioning Manager |
| Dawn Mitchell | Democratic Services, RMBC |
| Councillor Jack | Observer |

Apologies for absence were received from Councillors Doyle and Lakin, Tom Cray, Joyce Thacker, Matt Gladstone, Dr. David Tooth, Alan Tolhurst and Chris Edwards.

## S48. MINUTES OF PREVIOUS MEETING

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

## S49. JOINT HEALTH AND WELLBEING STRATEGY

Kate Green, Policy Officer, reported that the Department of Health had recently published draft guidance on developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies.

The report submitted set out a timetable for developing the Strategy which hopefully would be produced by May, 2012 in advance of the national timeline of April, 2013 when Boards were due to take on their statutory responsibilities. Draft guidance had been published to enable local authorities and Clinical Commissioning Groups to incorporate jointly agreed actions based on identified need into their planning.

The work programme approved at the previous meeting set out the timeline for completion of specific tasks and decisions for the next 12 months. This also

provided milestones for self-assessment against specific criteria so that the Board could improve its effectiveness.

The JSNA would be the means by which local leaders worked together to understand and agree the needs, as well as 'assets', of local people and communities. Data, information and intelligence underpinned them as well as being an analysis and narrative of the evidence, presenting a picture of the local community and its health and social care needs.

Dr. Polkinghorn stressed the importance of agreeing and publishing a Strategy by May, 2012, or the Clinical Commissioning Group would not receive "signing off" of their Plan.

It was suggested that a special workshop style meeting be held in March to further discuss and agree priorities for the Strategy and Joint Strategic Needs Assessment to enable community engagement to take place before April.

Resolved:- (1) That a special meeting of the Board be held in March to agree the further work being undertaken on the JSNA and consider priorities for the Joint Health and Wellbeing Strategy.

(2) That a small working group comprising of officers from the local authority, Public Health and Clinical Commissioning Group meet regularly to align the different activities required.

## S50. JOINT STRATEGIC NEEDS AASSESSMENT

Miles Crompton, Corporate Policy Team, gave the following powerpoint presentation:-

What is a Joint Strategic Needs Assessment (JSNA)?

- Statutory assessment of current and future needs
- Partnership between Council and NHSR
- Evidence base to guide:-
  Commissioning of Health and Social Care Services
  Health and Wellbeing Strategy
  Health and Wellbeing Board priorities
- 2008: First Rotherham JSNA
- 2010: Health White Paper confirmed duty
- 2010/11: Refresh of JSNA
- 2013: Central role and equal partnership – Council and CCG

Rotherham's Population

- Total population 254,600 (+2.6%)
  51% female 49% male
  Projected increase of 13,000 by 2020
- 22% children aged 0-17 (-9%)
- 23% older people aged 60+ (+14%)
- 16% on disability benefits (+17%)
- 7.5% BME (+86%)
- Life expectancy – Male 76.6/Female 80.7 years

Ageing Population: Implications for 2020

| | | |
|---|---|---|
| – Limiting long term illness | +5,580 | +22% |
| – Mobility Impairment | +1,990 | +26% |
| – Hearing Impairment (18+) | +5,120 | +21% |
| – Obesity | +2,270 | +20% |
| – Dementia | +860 | +30% |
| – Depression | +800 | +21% |
| – Incontinence | +1,660 | +24% |
| – Diabetes | +1,200 | +22% |
| – Falls | +2,730 | +24% |

Care Needs and Carers

- 17,400 need help with domestic tasks
- 14,200 need help with personal care
- 25% increase projected in both by 2020
- Estimated 35,000 carers, most aged 45-64 but 5,300 aged 65+ (+19% by 2020)
- Care gap increasing
  Adult children and non-relatives less inclined to provide informal care and fewer children
  Rising demand in care from spouses and the formal care sector

Ageing Households

- Household increase 2006-2031 (25 years)
- All ages +27,000
- One person +17,000 (+55%)
- 65+ +18,000 (8,000 living alone)
- 75+ +11,000 (6,000 living alone)
- Lone pensioners projected for 2031
  24,000 pensioners living alone (+51%)
  16,000 aged over 75 (+66%)
  11,000 over 75 with long term illness (+75%)

Children and Young People: Indicators relative to England
Rotherham was:-

- Average on Obesity and Tooth Decay
- Worse on Child Poverty, GCSE A*-C Maths and English, Smoking in Pregnancy, Breast Feeding Initiation, Physical Activity, Teenage Pregnancy, Key Stage 2 Level 4, Infant Mortality, A & E Admissions

Deprivation: Indices of Deprivation 2010

- Commissioned by Government
- 6 District Measures – 354 districts in 2007, 326 in 2010
- "Average of SOA Scores" – increased from 68th most deprived 2007 to 53rd 2010
- "Local Concentration" – increased from 60th in 2007 to 48th in 2010
- % of Rotherham in most deprived 10% of England up from 12% (2007) to 17% (2010)

Poverty

Child Poverty
- 2009: 13,665 children in poverty (23.3%)
- 2011 (est.): 13,800 in poverty (23.6%)
- 2012: 20% eligible for Free School Meals
  15.6% increase since 2009
- Most polarised form of deprivation

Pensioner Poverty
- 18,080 pensioners in Pension Credit households (35%)
- 11,238 pensioners in Guarantee Credit Households (22%)
- Low take-up – est. 21,000 households (60%) low income pensioners (13,000 or 37% Guarantee)

Health Indicators relative to England
Rotherham was:-
- Better on Hospital re. Self-Harm, new cases of TB, Road Injuries and Deaths
- Average on higher risk drinking
- Worse on Breast Feeding, Physical Activity, Obesity, Emergency Admissions, Teenage Conceptions, Smoking, Poor Diet, Drug Misuse, Hip Fracture 65+, Excess Winter Deaths, Life Expectancy, Cancer

Key Issues
- The impact of an ageing population
- Promoting healthy living – physical activity, diet and risk awareness (smoking and alcohol)
- Reducing the gap between healthy and actual life expectancy
- Increasing independence for people with long term conditions
- Increasing independence, choice and control for people suffering with dementia and new service development
- Preventative health and care strategies to save future care costs
- Reflecting the diversity of the learning disability population in services

Discussion ensued on the priorities for Rotherham:-

- Access to a good quality advice service in respect of poverty issues, Welfare Reform Act, mental health
- Influence of housing
- JSNA was agreement of the priorities – where should funding be invested to create the biggest impact
- The majority of health problems and inequalities stemmed from employment opportunities and wealth

Resolved:- That further work on the JSNA take place forming the basis for discussion at the special meeting to be held in March.

## S51. HEALTH INEQUALITIES SUMMIT

John Radford, Director of Public Health, gave the following powerpoint presentation:-

Action and Next Steps

Session Plan
- Discussion on proposed actions
- Opportunity to develop the action plan

Aspiration
- Communities
- Look and Feel of Rotherham
- Health
- Skills for Life
- Cost of Living

Raising Aspirations
- Recognise what Rotherham had to offer and use the media to promote e.g. Clifton Park, Rotherham Shown, green spaces, play sites, walks etc.
- Refresh and extend the "Rotherham Ambassadors" Scheme – broaden involvement with communities

Look and Feel of Rotherham
- Planning to consider the health impact of all new applications and developments e.g. takeaways
- Develop a commercially viable, innovative and imaginative "Town Centre offer" e.g. early evening activities, café culture
- Develop a scheme to regulate private landlords

Rotherham Communities
- Develop an asset, skills and knowledge framework to fully utilise local potential in the 11 most deprived areas

Cost of Living
- Promote help with cost of living including credit unions, fuel/food co-operatives, housing and travel

Health
- CCG to make accessibility to services a priority for 2013

Skills for Life
- Develop and promote a skills training register identifying the "trigger points" for skills for life training linking to schools, colleges and job centres
- Increase the volunteering and apprenticeship programme/opportunities across Rotherham

Summary
- Actions need to make a difference
- Recurring theme of reducing short termism needs to be addressed
- Consultations need to result in action – "You said, We did"
- Energise communities – communities to be an active partner in service development and delivery e.g. Kimberworth Park

Discussion ensued on the presentation with the following issues raised/highlighted;-

- Should form part of the JSNA
- Hard to reach communities – how to raise their aspirations
- Health and Wellbeing Strategy wider than health
- Commissioning strategies would not be aimed at just health but delivering the whole health and wellbeing agenda
- Work on documents that linked together to ensure co-ordination

Resolved:- (1) That the presentation be noted

(2) That learning from the summit activity be built into the development of the JSNA and joint Health and Wellbeing Strategy.

## S52. HEALTH AND WELLBEING BOARDS - LEARNING FROM EARLY IMPLEMENTERS

Kate Green, Policy and Scrutiny Officer, reported that the Local Government Improvement Development (LGID) had published a document, 'New Partnerships, New Opportunities', which pulled together 9 case studies of Health and Wellbeing Board Early Implementer areas where preparations were generally well advanced. The report submitted summarised the work undertaken by the case study areas and where it had been used to develop Rotherham's Board.

There were 5 stages outlined for developing a good Health and Wellbeing Board:-

**Stage 1 Preparing for the Board**
Rotherham had now agreed joint leads – Strategic Director for Neighbourhoods and Adult Services and the Chief Operating Officer of the Clinical Commissioning Group. A multi-agency working group was also being established to support the Board in developing the key areas of work required including the JSNA and Joint Strategy.

**Stage 2 Forming the Board**
Early Implementers reflected 2 main approaches in relation to Board membership – commissioner focused or mixed-membership approach.

Many had agreed to opt for the core statutory members in the first instance until the Board took on its statutory duties and then review membership. It may be that Rotherham wished to take this approach.

**Stage 3 Work Programmes, Priorities and Commissioning**
Rotherham had agreed a Board work programme based on a good practice toolkit and was to be implemented to inform agendas over the next 12 months.

The Board may wish to consider how it would manage the other business items alongside the more strategic items required.

**Stage 4 Developing Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies**
A proposed timetable for further development of the local JSNA and JHWS had been put in place for the Board to consider.

**Stage 5 Review, Performance and Looking Forward**
The work programme included milestones for self-assessment against set criteria ensuring the Board's continued effectiveness and achievement.

The report also set out further development areas which the Board may wish to adopt or explore further.

Discussion ensued on the possibility of holding a stakeholder event as part of the JSNA and Health and Wellbeing Strategy. The importance of asset mapping was also stressed due to diminishing resources.

The Centre for Public Scrutiny had produced a paper on Achieving an Effective Health and Wellbeing Board. It was suggested that a meeting be held with them to discuss good practice.

It was reported that, in light of the delayed HealthWatch, the contract with LiNKS had been extended to carry out consultation on the JSNA.

Resolved:- (1) That the learning from the Early Implementer case studies and where it had been applied to the development of the Rotherham Board be noted.

(2) That a session at the May meeting of the Board take place to review the future directions of the Board and to consider best practice guidelines that were becoming available.

## S53. HEALTH SCRUTINY WORK PROGRAMME

Kate Green, Scrutiny and Policy Officer, submitted, for information, the Health Select Commission work programme for January to July, 2012.

There were 2 items in the programme which the Commission wished to raise:-

- Scrutiny Review of Continuing Healthcare – there would be a requirement for NHS partners to be involved. The scope of the review was submitted for approval
- 19th April Health Select Commission meeting focussing on the Health and Wellbeing Board

The Chair and Vice-Chair of the Commission would like to invite Board representatives to attend the April meeting to discuss how they could complement the Board's work programme as well as building relationships between the Commission and Clinical Commissioning Group.

Resolved:- (1) That the Health Select Commission work programme be noted.

(2) That the areas of work which would require partner involvement and co-operation be noted, including the review of Continuing Healthcare.

(4) That the meeting of the Health Select Commission on 19th April be themed around the Health and Wellbeing Board and members of the Board be invited to attend.

## S54. ROTHERHAM NHS STOP SMOKING SERVICE ANNUAL REPORT 2010-11

Simon Lister, Service Manager, Rotherham NHS Stop Smoking Service, presented the 2010-11 annual report.

RSSS was a specialist service that provided support for anyone who lived or worked in Rotherham. It provided one-to-one, drop-in, group and telephone support. Sessions were delivered in a number of venues across Rotherham during the day, evenings and Saturday mornings.

RSSS was commissioned by NHS Rotherham. The Service specification contained a number of very challenging objectives including:-

- Meet the specific 4 week quitter target (1,850 per annum)
- Meet the specific pregnant women 4 week quitter target (160 per annum)
- Achieve an average of 50% conversion rate
- Achieve 85% CO verification rate of clients who quit
- Support the achievement of the LES target (1,000 per annum)
- Contribute to the reduction of health inequalities by targeting specific groups

The Service specification had contained significant financial penalties should the Service not meet the 4 week quitter, pregnancy women 4 week quitter and conversion rate targets. The penalties had subsequently been removed.

The annual report contained detailed information on:-

- Service Objectives
- Performance Data
- Pregnant Women
- Primary Care and the Locally Enhanced Service
- Quit Shop
- Community Sessions
- Rotherham Hospital
- Telephone Service
- Patient and Public Engagement
- Staff Training and Development
- Challenges and Aspirations
- Aspirations

Discussion ensued with the following issues raised/highlighted;-

- Close work had taken place with the Midwifery Service and had undertaken flexible service delivery. They operated an opt-in service rather than opt-out service with all pregnant women receiving, as part of their clinical care, stop smoking advice
- Rotherham was the only area in the region that had a dedicated out of hours telephone service
- Although the number of pregnant women quitters had increased, Rotherham still had a very high percentage of smokers compared to the national average

Resolved:- That the report be noted.

## S55. PREMIUM PHONE LINES IN GP PRACTICES

Dr. John Radford, Director of Public Health, reported on the use of 084 telephone numbers in Rotherham General Practices.

In December, 2009, the Secretary of State issued the "Directions to NHS bodies concerning the cost of telephone calls 2009". These mandated that, regardless of the telephone number being called, people should not pay more to call a NHS body than they would to make an equivalent call to a local telephone number. The directions did not expressly disallow the use of any particular telephone number ranges.

A recent review of Rotherham General Practice telephone numbers had been carried out and identified that many were using 0845 and 0844 telephone numbers. Calls to the numbers from a fixed line were charged at no more than a call to a local number. However, all calls, irrespective of the caller's provider or call plan, should be at the local rate and as such the continued use of 084 telephone numbers disadvantaged some patients who could not afford land lines and should be withdrawn.

Dr. Polkinghorn reported that, at a meeting held earlier in the week, there had been an undertaken given by all Rotherham GPs to migrate away from the 08 numbers. There would be a problem for some practices with large contracts.

Resolved:- That the report and decision by Rotherham GPs to migrate away from the 08 numbers be noted.

## S56. ROTHERHAM'S OLYMPIC LEGACY PROJECT

Laura Brown, Corporate Improvement Officer, reported that working with Members and partners, the Council would deliver a programme of Olympic associated events and activities that would encourage people to live healthier lives, see more of Rotherham residents join clubs, volunteering and learning to coach and becoming more involved in social and cultural events.

The report highlighted progress to date in forging an Olympic partnership with the London Borough of Barking and Dagenham and the planning and initiating of a wide range of Olympic focussed events during 2012 as well as the Queen's Golden Jubilee.

Informal partnership working arrangements had been in place enabling the development of a joint events calendar. A draft Memorandum of Understanding had been drawn up which formalised the arrangements and focussed on aims, shared responsibilities and the partnerships structures. This was currently with Barking and Dagenham for review prior to final sign off by both authorities.

It was extremely important to encourage healthy lifestyles and cultural experiences, not only for 2012, but for years to come.

Any organisations that had planned events that could be linked to the

programme should notify Laura so they could be included in the promotional activities. It was hoped to have an Olympic page on the Council's website which would not only publicise events but also be a gateway to partners and their activities.

Rotherham's approach to the Olympics had been recognised by London 2012's Inspire programme. A revised application had been submitted in mid-January with confirmation received that the Council had been awarded the coveted Inspire Mark. This enabled the Inspire Mark to be included on marketing, subject to licence.

Resolved:- (1) That the report be noted

(2) That members of the Board consider areas of work/initiatives which could be linked to this wider project

## S57. COMMUNICATIONS

The Chairman circulated, for information, a booklet produced by the LGA offering considerable support and resources to Health and Wellbeing Boards.

## S58. DATE OF NEXT MEETING

Resolved:- (1) That a special meeting of the Board be held in March, 2012.

(2) That a further ordinary meeting be held on Wednesday, 11th April, 2012, commencing at 1.00 p.m.