HEALTH SELECT COMMISSION
Thursday, 28th February, 2019

Present:- Councillor Evans (in the Chair); Councillors Albiston, Andrews, Bird, Cooksey, R. Elliott, Ellis, Jarvis, Keenan, Short, Taylor, John Turner and Williams.

Apologies for absence:- Apologies were received from Councillor Rushforth.

The webcast of the Council Meeting can be viewed at:-
https://rotherham.public-i.tv/core/portal/home

DRAFT

69. DECLARATIONS OF INTEREST

There were no Declarations of Interest made at the meeting.

70. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS

There were no members of the public or press present at the meeting.

71. MINUTES OF THE LAST MEETING

Consideration was given to the minutes of the previous meeting of the Health Select Commission held on 17th January, 2019.

Resolved:- That the minutes of the previous meeting held on 17th January, 2019, be approved as a correct record.

72. COMMUNICATIONS

Information Pack
Contained within the information pack were the notes from the Quality Sub-Groups and the quarterly briefing with health partners together with a copy of the Care Quality Commission (CQC) report for CGL. Also included was information about the Schools Mental Health Trailblazer including a map showing which schools were involved.

Integrated Place Plan
A response was due shortly from the Delivery Group to the questions raised in relation to the Integrated Place Plan Quarter 2 performance report that was discussed in a workshop session.

Performance Sub-Group
The Sub-Group had met recently and discussed final Adult Social Care Outcomes Framework (ASCOF) measures and benchmarking data. Notes would follow but from the workshop two further items had been identified for the work programme:-

Carers – given their rights under the Care Act and the need to enable them to carry out their important role in helping people remain

independent for as long as possible.

Information, Advice and Guidance – getting this right was imperative for the new approaches and what was hoped to achieve.

Improving Lives Select Commission
Councillor Jarvis would supply a written report to be circulated to the Select Commission Members.

Carnson House
Councillor Andrews reported that the sub-group had visited the premises and had been impressed with the improvements that had been made and how the service was implemented. There was still progress to be made in some areas but overall it was positive. The transferred staff had settled with recruitment still taking place. Peer mentor support was particularly important and further recruitment was planned.

73. CQC INSPECTION OF ROTHERHAM HOSPITAL - UPDATE

Louise Barnett, Chief Executive TRFT, and Angela Wood, Chief Nurse, gave the following powerpoint presentation:-

2018 Inspection Timelines

- 25th-27th September, 2018 – Core Service Inspection: Acute
- 28th September, 2018 – Use of Resources Inspection
- 16th-18th October, 2018 – Core Service Inspection – Community
- 22nd-24th October, 2018 – Well-led Inspection

Overall Timeframes

- 23rd-27th February, 2015 – focussed announced inspection
- 27th-30th September, 2017 – focussed follow-up inspection
- 17th July, 2018 – focussed unannounced inspection

Services Inspected

- Acute
  Urgent and Emergency Services
  Medical Care
  Maternity
  Children and Young People
- Community
  Children and Young People

Overall Position – Breakdown of Ratings

- 1 Outstanding
- 45 Good
- 16 Requires Improvement
- 2 Inadequate

Headlines from Re-inspection

DRAFT

- Some real positives

  Our People, Digital, Multi-Disciplinary Teams (MDTs)
- Some real progress

  Children and Young People's Services
- Some real challenges

  Urgent and Emergency Services
- Some ongoing issues

  Mandatory training, risks, incidents

Some Examples of Positive Findings

- Infection Control – Wards and department visibly clean
- Sepsis – tool used, staff had access to guidance and pathway
- Multi-Disciplinary Team Working – good throughout the Trust and work had been carried out to ensure the MDTs were aligned to prevent delays. Quick referrals and improved pathways had led to a reduction in lengths of stay.
- Caring Staff – privacy and dignity maintained, compassionate and a real asset
- Outliers (people being cared for in non-specialty wards) – good arrangements, daily reviews
- National Recognition – acupin therapy (wrist band on pressure point to relieve nausea)

Outstanding Practice

- Digital

  Innovative use of technology

  Award-winning in-house SEPIA system with real time information about patients

  Support clinical and operational staff

Great People

- Caring

  We have some great people who really care
- Compassionate

  People showed compassion, dignity, support for patients
- Open

  People were open, honest, shared information

Challenges and Ongoing Issues

- Raising concerns and escalation
- Urgent and Emergency Services
- Staffing
- Medicines management
- Safeguarding
- Training
- Risks

Progress made since Inspection

- Staffing

DRAFT

- Training and development
- Leadership and support
- Safety and governance

Summary of Must Do (47) and Should Do (27)

Service	Must Do	Should Do
Trust Level	7	3
Urgent and Emergency Care	12	10
Medical Care	11	9
Maternity	9	2
Children and Young People	4	3
Community Children and Young People	7	9
Total Overall	47	27

Our Aim for the Future

- Ambitious

  Strive for good and outstanding
- Caring

  For our patients and each other
- Together

  We all have a role to play

Further detail was provided for the Commission in relation to the principal challenges and ongoing issues identified:-

- Raising concerns and escalation – review of Freedom to Speak Up Guardian role and accessibility of that role, in addition to making a permanent appointment
  - looked at how staff could share information and established drop-ins for staff with the Chief Nurse and Interim Medical Director to share information around innovations and ideas as well as complaints and concerns. The drop-ins included community as well as hospital based staff.

- Back to the Floor Friday – on the last Friday of the month members of the Senior Clinical Team from Nursing got back into uniform and worked on the wards and talked about the key themes for the month. Medicine management, escalation and raising concerns and protected meal times had all been discussed. This enabled feedback and to be a visible presence. It was also an opportunity to talk to patients as well. The feedback was included in the quarterly report to the Quality Assurance Committee and a review of governance processes had taken place.

- Urgent and Emergency Services – Paediatric Department – a review had been conducted of the skill mix of nurses, medical support and governance arrangements around huddles and checks. Representatives from Rotherham Clinical Commissioning Group (RCCG) had recently visited and had been very positive

DRAFT

about the changes that had been made. The issues around staffing had been in the context of recent CQC guidance issued just before the inspection and the Trust now exceeded those recommended levels. The Paediatric area was now almost fully established.

- Urgent and Emergency Services – the leadership had been increased and dedicated support provided in the main department to allow the changes and developments to be made. There was support from NHS Improvement who had sent a national team to undertake a review of the streaming and flow through the department. The Trust were also doing some work around the culture, leadership and management development and how things were working in there. An action plan had been in place since the inspection which had been enhanced as it progressed. Positive feedback was being received with regard to how staff were feeling and what was happening around patient flow and the monitoring of complaints/incidents.

- Staffing – this was a national issue, especially around nursing staffing, and not particular to Rotherham. A review of the skill mix and establishment review across all wards was being undertaken. The Trust was looking to enhance recruitment of both new and experienced staff, including in the new nursing associate role. The review had considered the current position and where the Trust needed to get to in five years to be sustainable.

- Medical Staff – looking at international recruitment to fill some of the gaps that were unable to be filled locally and would be considered for nurses as well.

- Medicines Management – medicines incidents and omitted doses and the reasons behind them were being looked at.
  - an electronic prescribing system would soon be in place with electronic drug charts feeding information directly through to pharmacy, which would reduce delays associated with physical charts.
  - there were areas to improve on but also some areas of good practice and there would be cross fertilisation of this good practice.

- Safeguarding – there had been a significant improvement in safeguarding across Rotherham and the Hospital. Some of the comments made during the inspection were around the training delivered, which is both on-line and face-to-face, with a suggestion that the amount of face-to-face was strengthened to meet the inter-Collegiate requirements and this was being reviewed.
  - capture of information would be picked up through the digital system and immediate changes were made to systems to save referrals for review later, following feedback at the time of the inspection.

DRAFT

- strengthening the team to support Deprivation of Liberty internally had been suggested and would be taken forward.

- Mandatory and Statutory Training (MAST) – compliant across the Trust but there were some pockets in the medical teams with doctors not as compliant with the training as one would wish them to be. Ensuring a consistent approach across all areas was needed not just across the whole of the trust. The training provision had been reviewed as to what was mandatory and what was statutory and how it could be made more accessible for groups of staff, whether it be modular or full day training.

- Risk Management – work was currently underway on a risk management review - how to capture risks, how they were escalated and reported and ensuring that the group with responsibility for overseeing them had full executive oversight. The Terms of Reference had changed and sub-groups established to look at the risks on a monthly basis with divisions. Extra risk management and risk assessment training was being put in place so that staff knew how to use the registers and to monitor and escalate them appropriately.

- Patient Safety and Governance Culture – quality care was in everyone's portfolio and the most important thing for people to take forward. The "Safe & Sound Framework" was the tool being used to drive forward all the improvements.

- Safe Care and Sound Care and Listening to Patients and Staff – all the challenges and ongoing issues raised will be covered by seven workstreams, each led by the Executive Director, with employees of different areas and levels within the organisation giving their opinion and support on how to take the organisation forward to the next level of quality.

- Quality Improvement Faculty – the Trust was developing this and had staff on places on the NHS quality initiative. These people would be driving improvements through looking at culture, behaviour and leadership in the action plans for the quality objectives for the year, in Safe & Sound implementation and the CQC action plan. One of the main objectives would be to get the Urgent and Emergency Care Centre (UECC) from where it is now to "good" or "outstanding".

Discussion ensued with the following issues raised/clarified:-

- Reiteration of concerns raised at the quarterly health briefing held on the day after publication of the CQC report, whilst acknowledging that some inroads had been made. In particular the pace of progress since July, UECC staffing numbers and skills/experience, safeguarding processes and training, leadership

DRAFT

and staff engagement were highlighted.

- Recognition of the changes required – yes not only within A&E but throughout the organisation at all levels and to ensure that the themes were built on with learning across the board.

- CQC – had been invited back and the Trust would be re-rated but it was not known when it would take place. One of the operational objectives for the year would be very focused on the UECC.

- Visibility of senior leaders – the Chief Executive had spoken to the UECC team to understand their concerns, did they recognise the changes that had taken place and were they supportive of them, particularly in Paediatrics where the changes were further advanced. The Paediatrics team were extremely positive about the changes in the staffing model and felt confident about the support they received and the service they were running despite the pressures they were under.

- Staffing in Paediatric A&E – the Chief Nurse was now the executive lead. Together with the Interim Medical Director a new working model had been instigated including the closure of the paediatric area overnight and move into the main area. Band 6 nurses with greater experience rather than Band 5 nurses now staffed the unit with a supernumerary Band 7 leader employed to oversee staffing, training and competencies and the smooth running of the department. Other changes were a doctor based full-time within the department, installation of CCTV in the waiting room so it could be seen from the nurses' station and other measures to include better visibility of patients.

- Safeguarding Training – identified as part of the CQC action plan. Training on the deteriorating patient, induction for new starters and mentoring were also included, in addition to cross-support from the paediatric ward. A Children's Board was to be set up as a forum for information, learning and best practice for all the children's services within the hospital.

- Monitoring of Incidents within Paediatric Department – the Chief Nurse looked at incidents within the Department on a weekly basis, collated by themes, and any safeguarding concerns went straight to her. Staff also held a daily "huddle" at 3.00 p.m. on the unit to discuss staffing for the next two days and any issues. The minutes were shared with the Chief Nurse who was assured about the improvements made and that these would continue. Moving forward, it was the intention to have a similar process in the main UECC and ensure resources were used in a more effective way and to give people the time to make the necessary changes.

- Timelines for achieving improvements on the ratings of "requires

DRAFT

improvement"– there were internal milestones set out within the action plan which had been submitted to the CQC earlier that week after approval by the Board. It was a very comprehensive 42 page document detailing how the improvements would be made. All the must do's and should do's had been responded to in the submission to the regulator. Some actions were small and others very broad under the must do's. Feedback from the CQC to the Trust on the plan would follow.

- The improvement of the UECC was the top priority (actions to be completed by 31st August 2019); the wider Trust actions would be completed by 31st March 2020, following some audits that needed to be undertaken. It would be driven through the Safe & Sound initiative, pulling the workstreams and appropriate people together and driving that change. Changing culture and leadership styles would take longer and the Trust needed to ensure the physical actions were undertaken and would then introduce a "cultural barometer" and patient safety barometer to measure where it was now and where it would be in subsequent years to ensure quality was embedded.

- Shortcomings of UECC – there were increased numbers of patients attending A&E nationally which resulted in delays to patients being seen, assessments being delayed and pressures meant less time for staff to spend in talking and listening to patients. Any incident that occurred was investigated to make sure that it could be learnt from. The journey through UECC was being reviewed by looking at streamlining patients as they entered the door with various options ranging from on-site GP to ambulatory care unit, rather than waiting in the main department, with the aim of getting them home as soon as possible.

- Agency Staff – in light of the CQC feedback on staffing numbers, there had been increased usage of specialist agency staff within the Paediatric Department. Currently the Department was almost fully established and the use of agency staff had reduced. The Chief Nurse was not unduly concerned about the numbers of agency staff and the ones used had appropriate skills.

- Staff Shortages – across the wards if there was a staff shortage sometimes staff had to move around the Trust to cover and share the risk. An assessment would be conducted by the Senior Nurses across the organisation to identify where the gaps were and where there were opportunities to move staff. The Trust had supernumerary ward managers who could fill in. A risk assessment would be completed to ensure it was addressed on a daily basis. Any escalation of "red incident" wards was escalated to the Chief Nurse and her deputy who looked to pull staff without clinical responsibility in from more corporate areas. Extra beds because of throughput from the UECC would not be opened

DRAFT

without adequate staffing.

- Why some 2017 CQC "requires improvement" ratings were still unchanged in 2019 and confidence now in moving to "good" – Some progress had been made with issues previously identified but there were others still to move on. In medical wards there had been good feedback on staff engagement and on being able to support staff, taking into account the workforce issues. There was confidence in the team, the plans that had been drawn up and the progress made that the Trust could move forward to "good".

- Adult and Children's Safeguarding - there was no distinction in the CQC feedback between Adult and Children's Safeguarding and the issues were with the training and processes to capture information.

- Linking with partners for support on safeguarding – the Trust had already invited themselves to go and present to both the Safeguarding Adults Board and the Local Safeguarding Children's Board.

- Local plan to address the Better Births Agenda – the Interim Head of Midwifery was working on this and the issues from the inspection feedback would be tied into the plan.

- Quality of care improvement plan – there was a significant focus on the UECC but it included all areas to make sure the Trust drove improvements across all areas that required improvement. There was no complacency regarding the areas rated "good" (whether rated this time or previously) with the aim of moving these to "outstanding". The Plan would look across all the services and particularly the learning areas. The CQC were clear that on some of the areas historically identified the Trust had made a positive step change but there were others where insufficient progress had been made and these were re-highlighted. The Trust was confident in being able to embed and sustain the necessary changes through the plans.

- Leadership – the Well-led Domain covered a broad range of indicators within it. It absolutely went to the heart of leadership, whether everybody understood what the vision was, had an opportunity to contribute to it, sound governance frameworks in place, and ability to monitor and oversee what was being done. It was about culture. There was confidence in terms of the teams that were in place to drive that change. Some of the frameworks around governance needed strengthening further and to embed and more consistency was required in what was being done. Staff engagement had to significantly improve. There was still some considerable work to go as an organisation and the Trust's engagement plans had been refreshed and its approach to that as an organisation as a whole to ensure motivating and engaging with

DRAFT

colleagues. Staff survey results would also be taken on board.

- Leadership, management and changing culture without significant changes in personnel – leadership had been strengthened at various levels, including with the new Chief Nurse from a senior clinical perspective, and also within the UECC with a new experienced manager and head of nursing.

- Awareness of the issues in the UECC – the UECC was a brilliant new facility and the staff worked incredibly hard. UECC work was complex and with unprecedented change in the new way of working, in a new environment and a different model of care, and workforce mix. There had been significant scrutiny but a failure to pick up, particularly in Paediatrics, where staff were saying that was not safe and wanted more support in terms of nursing and medical workforce to ensure appropriate care to patients. Whilst that was raised the Trust needed to make sure that it was acted upon and dealt with in a far more effective way at pace than it had been. Work was taking place to ensure all staff had an immediate ability to escalate concerns with better joining up across all levels to be able to provide immediate support, which was viewed as a key issue.

- Patient voice – feedback was received via the Friends and Family which was normally positive. The aspects identified in terms of Safeguarding were in relation to practice that had been observed rather than failure to pick up on comments made by patients.

- Role of Scrutiny – the Trust had not sufficiently picked up on the critical issue in the Paediatric Department so would make it extremely difficult for Scrutiny to have done so. The Trust was strengthening the way in which it audited reports and triangulated information within the organisation and ensuring the golden thread was clear at all levels. There may be an opportunity for scrutiny around the Safe & Sound Framework which would enable some testing of the extent to which it had consistency and delivered the services.

- Given recent events in Rotherham it was very disappointing to read the CQC's comments about safeguarding and CSE referrals - The Trust had made significant progress and had been working across Rotherham to support. The Safeguarding Team was working closely with the Paediatric Team to ensure professional curiosity and weekly meetings had been instigated to discuss cases and ensure a consistent approach.

- Nursing Associates and internal staff development – the first national cohort of 1,000 Nursing Associates had qualified in January 2019 with the second cohort of 1,000 due to qualify in April. It was a two year programme run through different

DRAFT

universities and colleges. Five Nursing Associates had started in Rotherham two years ago and had just qualified. It was hoped to have a cohort of up to 30, recruited from the Trust's Health Care Assistants, who would commence their training in April and supported to go to university one day a week, one day placement on rotation and three days within the nursing workforce on a ward or within a Department. Within the two years there would be roles identified for them within the organisation. Financial support had been received from Health Education England and providing money for backfill for when the Nursing Associates were not on the ward. One limiting factor was the need for basic maths and English and in-house trained was planned if people lacked this. A set of competencies had been agreed by the Nursing and Midwifery Council for Nursing Associates, which would include dispensing medicines.

- Workforce Planning – work was taking place on where the Trust wanted to be, what the Trust needed from Registered Nurses and Senior Registered Nurses and Nursing Associates. It was planned to enhance other roles such as that of the Health Care Assistants and to create a bridging module to become a registered nurse. It was important to ensure adequate support and supervision for staff so this did limit the number of trainees at any one time. Having the right competencies, training and assessment, and the same standards, was important.

- The responses to Member questions provided some reassurance but the Commission agreed to have a future progress update, potentially in September in line with the timescale for completion of the UECC actions.

Louise and Angela were thanked for their presentation.

Resolved:- (1) That the information presented and responses to the questions from HSC be noted.

(2) That, when appropriate, feedback be provided on the Safe & Sound Framework and on the Action Plan.

(3) That, when received, the CQC's comments on the action plan be submitted to the Select Commission.

(4) That a presentation be made to the Select Commission on the workforce mix and Nursing Associates.

74. DEVELOPING GENERAL PRACTICE IN ROTHERHAM

Jacqui Tuffnell, Head of Commissioning, Rotherham CCG, gave the following powerpoint presentation:-

DRAFT

National and local demand continues to rise

Year	Rotherham GP activity
2015	1,093,753 appointments
2016	1,180,601 appointments
2017	1,549,034 appointments
2018	1,604,853 appointments

We have

- Now implemented 3 weekend hubs for extended access:-
  Dinnington – Saturdays
  Magna – Saturdays
  Broom Lane – Saturday, Sunday and 6.30-8.00 p.m. Monday-Friday
- Since October 2018 we have been providing an extra 132 hours per week (from 22 hours per week) – over 430 additional appointments
- Utilisation is improving on average now over 60%, and some weeks as high as 80% but DNAs are increasing – there are posters in all practices advertising the access hubs, patient feedback is very positive from those attending – part of winter communications
  Saturdays were now at nearly 100% but there was spare capacity on Sundays yet at the UECC the busiest days were at weekends.
- Increased the extended hours offer to meet demand on Monday-Friday
- Implemented Nurse, Physio, Pharmacist and Healthcare Assistant appointments
- Enabled 111 and Rotherham Hospital to be able to book directly into the hubs after triage, although some patients will still choose to wait.
- Started to roll-out the Rotherham 'App' for patients that could ultimately lead to a telephone consultation or face-to-face appointment – it will also be feasible to book directly into the extended access hubs – full cover April 2019 on a phased basis
- Communications – practice notices, MJoG messaging, leafleting, winter campaign
- Implementing a capacity and demand tool to help GPs manage their workload and have the right resources
- Waverley GP service has been procured – The Gateway – delays in building commencement, however, backstop of October 2020
- Implementing teledermatology – rollout commencing April

GP Patient Survey 2018

Q No.	Question	RCCG Results % good	National Results % good
Q31	Overall how would you describe your experience of your GP Practice?	84%	84%
Q1	Generally how easy is it to get through to someone at your GP practice on the phone?	71%	70%
Q2	How helpful do you find the receptionist at your GP practice?	88%	90%
Q6	How easy is it to use your practice website to look for	78%	78%

DRAFT

DRAFT

	information or access services		
Q16	Being offered a choice of appointment	60%	62%
Q17	Satisfaction with type of appointment	73%	74%
Q22	Overall experience of making an appointment	67%	69%
Q27	Health professional recognising Mental Health needs	89%	89%
Q38	Support to manage LTC	81%	79%
Q8	Satisfaction with available appointment times	64%	66%

It was hoped that the responses to several of these questions would improve over time with the introduction of the Rotherham App and patients having more control. Further training with receptionists was planned.

The world is changing

- NHS Long Term Plan and new GP contract
- Primary care networks
  30-50,000 population
  Integrating community care
  Funding additional roles
  Extended access
  Population health management
  Joining up Urgent Care Services
  Using digital technology
  Service developments

Members were reminded of key issues that had previously been covered in terms of managing demand from patients:
- alternative workforce models
- retaining and attracting GPs
- care navigators
- patients still wanting to see a particular GP at a particular time and being prepared to wait
- patients saying they struggle to get through to get an appointment
- management of the worried well and self-care, no need for a GP
- work to do on patient education

More detail was provided on the Rotherham App and leaflets were shared with Members. People will be able to access their medical record, make changes to their medication, book appointments and use a symptom checker to help decide if they can self-care or need an appointment. To get full functionality patients needed to register formally with their practice first for security reasons.

Discussion ensued with the following issues raised/clarified:-

- Mobile App – carers would be able to access the app via proxy by the person they cared for

- Computer/smart phone – it had been surprising that the more mature residents had embraced the new technology, however, it was acknowledged that everyone did not have access to a computer/smart phone. The surgery telephone lines that were currently busy would hopefully start to be less so when more people utilised the digital technology to make their medical arrangements.

  Last year it was also agreed to link with the Council on training around the App following a recommendation from this Commission and the project manager has been discussing groups and downloading the app and how they utilise it.

- Offered the option for appointment at a hub – the doctor's receptionist was required to offer you an alternative venue.

- Members were encouraged to feed back any issues or concerns about an individual practice to Jacqui.

- Medical Records – a patient had to go to their surgery and request access to their medical records. Once that authority had been given you would be able to access it via the app. However, it was a massive job for the practice as they had to go through every patient's individual medical record but they had to do it

- Wider Services - discussions were taking place with the Foundation Trust with regard to making hospital appointments and eventually hoped it would include the Single Point of Access and all services across Rotherham

  GP Patients Survey 2018 – it was felt that the satisfaction rate would increase due to the additional workforce that was going into practices. To have the ability to divert patients to services and receive the care they required within a short time rather than having to wait for weeks. Responses could be broken down by practice. Working together in the new primary care networks would have a positive effect.

- Logging in for appointments - encourage patients to use the log-in screens at their practice rather than queueing to inform reception they had arrived.

- Hubs – why not include a holding message about access to a hub when people were waiting to speak to a doctor's receptionist? This idea was welcomed and would be followed up.

- Appointment at a Hub – due to the contract set up by NHS England, appointments were not allowed to be used for urgent care so there had to be a booked appointment system rather than patients just

DRAFT

turning up.

- Waverley – the building of a surgery at Waverley was connected to the creation of the Waverley Centre, a shopping centre that was being created. There had been planning issues and issues with grants. Rotherham CCG was unable to hold any lease and had to appoint a GP provider, Gateway, who would sign the lease. The CCG's cut-off date was now June, 2019 for it to be built by 2020

- Patient Participation Group view of ease of access – it was mixed. Some parts of the population thought it was okay to receive adequate care and access but by participating in a PPG made them realise they should be getting more and helped improve the access arrangements

Jacqui was thanked for her presentation.

Resolved:- That the report be noted.

75. HEALTHWATCH ROTHERHAM - ISSUES

No issues had been raised.

76. SOUTH YORKSHIRE, DERBYSHIRE, NOTTINGHAMSHIRE AND WAKEFIELD JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE UPDATE

It was reported that the next meeting would be held on 19th March, 2019. The agenda papers would be shared with the Select Commission once published with the ability to raise any issues/questions to be addressed at the meeting.

77. HEALTH AND WELLBEING BOARD

Consideration was given to the minutes of the Health and Wellbeing Board held on 30th January, 2019.

Minute No. 41 (Developing a Rotherham Healthy Weight for All Plan):-

"Obesity levels are much higher in our most deprived communities: the three most deprived wards (Rotherham Ease, Rotherham West and Valley) have some of the highest rates for obese children at Reception and Year 6 - Councillor Keenan asked what input had been sought or would be sought from local Councillors embedded in those communities to look at best practice, and what resources were they giving to those Councillors to challenge and work? I know there are individual pockets of good work going on with Rotherham United, health eating cafes and things like that and I would like to know where that is going. As one of those Councillors I am concerned if it has been put out there without anyone speaking to us?

DRAFT

"Explore opportunities in the work place to promote physical activity such as stair challenges, walking/running groups, moving more often during the working day (linked to Healthy Workplace Award)" - Councillor Keenan asked what opportunities have been put in place for RMBC staff as all well and good having the award if we do not have opportunities at Riverside and indeed here (i.e. Town Hall), and including for the Councillors, to take on board this exercise plan?

"Schools Meals Service provided approximately 1500 school meals and had a Food for Life Bronze award. Work in this area would hit a cohort from the age of 4 years upwards." – Councillor Jarvis stated some children did not pay and some did pay what amounted to quite a lot in a week. This service costs schools money as they subsidised the price with people charged less than the full price, which meant the money came out of their teaching and learning budget. So we cannot be complacent and need to see what we can do about the price of school meals, as in deprived areas just because children do not qualify for free school meals does not mean it has been solved.

Minute No. 44 (Rotherham Suicide Prevention and Self-Harm Action Plan):-

"After a small decrease … Rotherham was significantly higher than England and ranked as the second highest compared to 15 CIPFA nearest neighbour LAs" - Councillor Ellis asked would it be timely to have this back to HSC as this was an issue the Commission had been interested in over time?

Janet Spurling, Scrutiny Officer, confirmed that it was hoped to arrange a multi-agency workshop session for the Select Commission in April with all partners.

Resolved:- (1) That the minutes of the Health and Wellbeing Board held on 30th January, 2019, be noted.

(2) That the issues raised above be referred to the Cabinet Member for Adult Social Care and Health and the relevant officers for responses.

78. DATE AND TIME OF NEXT MEETING

Resolved:- That a further meeting be held on Thursday, 11th April, 2019, commencing at 10.00 a.m.

DRAFT