

**HEALTH AND WELLBEING BOARD**  
**Wednesday, 21st September, 2011**

Present:-

Councillor Wyatt	Cabinet Member, Health and Wellbeing <b>(In the Chair)</b>
Rebecca Atchinson	NHS Rotherham
Karl Battersby	Strategic Director, Environment and Development Services, RMBC
Michael Clark	Rotherham Partnership
Tracey Clarke	RDaSH
Tom Cray	Strategic Director, Neighbourhoods and Adult Services, RMBC
Councillor Doyle	Cabinet Member, Adult Social Care
Chris Edwards	NHS Rotherham/Rotherham CCG
Matt Gladstone	Director, Commissioning Policy and Partnerships, RMBC
Tracy Holmes	Corporate Communications, RMBC
Brian James	Rotherham NHS Foundation Trust
Shona McFarlane	Director, Health and Wellbeing, RMBC
Martin Kimber	Chief Executive, RMBC
Joyce Thacker	Strategic Director, Children and Young People's Services, RMBC
John Radford	Director of Public Health, NHS Rotherham
Kate Taylor	Scrutiny and Policy Officer, RMBC
Alan Tolhurst	PCT Cluster Board
David Tooth	Chair, Rotherham CCG
Fiona Topliss	Communications, NHS Rotherham
Dawn Mitchell	Democratic Services, RMBC

Apologies for absence were received from Councillor Lakin and Christine Boswell, RDaSH.

**D1. WELCOME, INTRODUCTIONS AND APOLOGIES**

The Chairman welcomed everyone to the first meeting of the Board.

**D2. TERMS OF REFERENCE**

Before consideration was given to the proposed interim Terms of Reference, the Chairman invited Alan Tolhurst, PCT Cluster Board representative, to give an update on the current situation regarding the governance of NHS Rotherham:-

- On the 1<sup>st</sup> October the 4 PCTs in South Yorkshire and Bassetlaw would come together as PCT Clusters. Whilst there would be 5 organisations/statutory bodies, there would be 1 Board that would sit on all 5 bodies.
- Representatives from each of the 5 constituent parts would become members of the Cluster, 2 from each organisation.
- The Chair of the Cluster was Tony Pedder, current Chairman of NHS Sheffield. There would be a number of Executive and Non-Executives sitting

on the Board.

- Locally, the work would be undertaken by the CCGs. The Chair of Rotherham CCG was Dr. David Tooth who would be responsible for most of the budget that up until the present time had been the responsibility of NHS Rotherham, approximately £380M.
- The purpose behind the change was to involve clinicians more in the commissioning of health services.
- The Cluster would remain in being for the next 18 months. One of its primary functions would be to develop the CCG such that on 1<sup>st</sup> April, 2013, it would take the lead and be responsible for all the commissioning of health services in its respective localities.
- Between now and April, 2013, the CCG would go through a phase of development, the first of which would be delegated responsibility. For Rotherham it would be the delegated responsibility for that part of the budget which in the future would be their responsibility under the CCG.
- The CCG was supported by staff whom up until now had been employed by the PCT.

The Chairman reported that he had been invited to be involved in the CCG.

Consideration was then given to the Terms of Reference which had been the subject of many versions. The following comments were made:-

- The consultation and involvement role was missing.  
The Board would be judged on its success by its interactions with communities
- Extension of membership – South Yorkshire Fire Service and VAR?  
Further Government guidance had been issued and appropriate to reconsider the membership. Need to be clear who attended with voting rights and who attended for information/involvement
- How would the Board relate to the other Panels that existed within the Authority? Would there be liaison with Licensing and/or Planning Boards both of which impinged on health?
- Where would the minutes of the Board go?  
The Board was a Sub-Committee of the Council. The minutes would be submitted to full Council for approval and the LSP Board for information
- Further Government guidance had been issued

Agreed:- (1) That further work take place on the Terms of Reference for submission to the next meeting.

(2) That any comments/suggestions for inclusion in the document be forwarded to Kate Taylor.

**D3. PUBLIC HEALTH ANNUAL REPORT 2011**

John Radford, Director of Public Health, presented the Public Health annual report which outlined the health needs of the local population. The 2011 report was based on the Marmot Report (2010) which had been produced as part of the Labour Government's examination of progress in addressing health inequalities.

The report had been approved by the Council's Cabinet. It would be the contextual document for the work of the Board in developing the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.

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

(2) That the Marmot principles be supported as a policy framework for developing the Health and Wellbeing Strategy for Rotherham and Rotherham's approach to addressing health inequalities.

**D4. ROTHERHAM HEALTH SUMMIT**

Rebecca Atchison reported on the Health Inequalities Summit which was to be held on 1<sup>st</sup> December, 2011. The objectives of the Summit were:-

- To re-energise the approach to address health inequalities in Rotherham
- To develop and deliver a framework that would make a difference to the people in Rotherham by:
  - Updating the progress against the original Health Inequalities action plan (2007/09)
  - Setting out a local vision for addressing health inequalities in Rotherham
  - Reviewing the current offer of services and agreeing areas for improvement
  - Providing additional focus on the needs of the communities who were classified within the 10% most deprived areas in England
- To assist the Council to develop and deliver a Rotherham Health Inequalities Action Plan

The 2 month evidence gathering exercise had commenced at the recent Rotherham Show with approximately 420 people asked about health issues. Consultation would also take place with Area Assemblies and focus groups.

Discussion ensued on the format of the Summit and the desired outcomes.

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

(2) That information packs be sent out to participants prior to the Summit.

**D5. CHILDHOOD OBESITY SUMMIT**

Joyce Thacker, Strategic Director, Children and Young People's Services, reported that a Childhood Obesity Summit was to be held on 23<sup>rd</sup> September,

2011.

The objectives of the Summit were:-

- To agree a vision for addressing childhood obesity in Rotherham
- To review the current offer of services and agree areas for improvement
- To agree a Rotherham Childhood Obesity Action Plan

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

(2) That RDaSH send a representative to the Summit if possible.

## **D6. COMMUNITY INVOLVEMENT AND HEALTHWATCH**

Matt Gladstone, Director Commissioning Policy and Partnerships, introduced a report setting out the current position and plans around the development of a local HealthWatch as required by the Health and Social Care Bill.

The Department of Health Guidance highlighted the importance of continuity in service provision; a smooth transition between the current LINKrotherham contract and new Local HealthWatch arrangements would be required. Local HealthWatch organisations would also be required to fulfil additional functions, roles and responsibilities currently not provided by Local Involvement Networks (LINKs). A different model may be necessary to deliver successful local HealthWatch functions.

The report set out the current position and plans for LINKrotherham together with the commissioning plan and timescales for HealthWatch. It also suggested possible models for HealthWatch.

Discussion ensued on the report and possible models with the following comments made:-

- Inclusion of RFT and RDaSH?
- Innovative methods of consultation required
- There should be option appraisals for consideration

Agreed:- That the report be noted.

## **D7. CENTRE FOR PUBLIC SCRUTINY HEALTH REFORMS PROJECT**

Kate Taylor, Scrutiny and Policy Officer, gave a verbal report on the above pilot project which had been completed at the end of August.

There had been a workshop for Board members together with a separate workshop for members of the Health Select Commission. The aim of the project was to have an early insight into the development and accountability arrangements within the Health Reform structures and look at the structure of Scrutiny, Board and CCG.

The workshops had produced a list of questions which the Board may wish to reflect in its Terms of Reference. Consideration needed to be given as to how the Board and Select Commission would work together and support each

other.

The CfPS's report was due next month.

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

(2) That the CfPS report be submitted to the next meeting of this Board.

#### **D8. PUBLIC HEALTH TRANSITION TO LOCAL AUTHORITY**

John Radford, Director of Public Health, and Martin Kimber, Chief Executive, gave verbal reports on the above illustrating the following issues:-

- The financial return had been submitted to the Department of Health indicating that currently approximately 5% of NHS Rotherham spend was on Public Health.
- The Secretary of State would then decide the amount of non-regulation funding he gave to local authorities for the transfer of Public Health.
- National determination in relation to the funding was awaited. Eventually funding would move to a formula basis but initially likely to be based around historical spend.
- Nationally, in October, there would be a number of operational documents issued
- The local transition target date was April, 2013
- Partnership work had been undertaken to gain an understanding of the breadth of activity involved in Public Health and discussions held to clarify the interpretation of the Guidance
- Consideration was required as to the best way of preparing for the transition

Agreed:- That the report be noted.

#### **D9. FUTURE WORK PROGRAMME**

Agreed:- That the forward plan include the following:-

New Community Stadium  
Children's Centre Review  
Public Health Funding  
Public Health Transition  
Health Inequalities Summit  
Childhood Obesity Summit  
"Wellbeing"  
JSNA

#### **D10. COMMUNICATIONS**

The 3 following key campaigns were noted:-

Flu jabs  
Choose Well  
New NHS Number 111

It was noted that a press release was to be issued on 1<sup>st</sup> October, 2011, regarding the formation of CCG.

Agreed:- That a press release be issued regarding the 1<sup>st</sup> meeting of the Board.

#### **D11. DATES OF FUTURE MEETINGS**

Agreed:- (1) That the next meeting of the Board be held on Wednesday, 26<sup>th</sup> October, 2011, commencing at 1.00 p.m. at Oak House, Bramley.

(2) That further meetings be held on:-

7<sup>th</sup> December, 2011  
18<sup>th</sup> January, 2012  
29<sup>th</sup> February  
11<sup>th</sup> April.