Appendix A RECOMMENDATIONS

	Recommendation	Purpose	Lead	Completion Date	Review Date
1. Se	ervice Improvement	1		1	1
	Establish a negotiation session to create a 'smart' action plan to implement the recommendations of the review, including timescales, lead roles and reporting mechanisms and to report back on this session to the Health Select Commission	To consider the recommendations of this review, looking specifically at a,b,c & d below and consider the most appropriate reporting route to ensure implementation (i.e. obesity group) To further explore options for coordination between services and information/data sharing	NHSR Obesity Lead & Scrutiny Officer	April 2012	January 2013
a)	Develop a one-page tick-box form to obtain consent from individuals to share information and ensure professionals receive appropriate training on how to use this Or, consider rolling out and promoting more widely the previously developed bariatric risk assessment form Consider options to include as part of HotSpots assessment	To enable data and information sharing between organisations	Joint Liaison Group to consider; could be role of Central Coordinator post	April 2012	January 2013
b)	Develop protocols for joint working and local data-sharing specific to this group of people.	To ensure key data and information is shared appropriately between organisations to enable better service provision, care and support for individuals within the community, as well as better	Joint Liaison Group to consider who should lead this	June 2012	January 2013

		coordinated and therefore more cost effective service delivery. An agreed protocol would ensure data is shared respectfully and with a common purpose; being mindful of confidentiality.			
c)	Consider options for centrally coordinating this agenda, either through an appropriate central coordinator post or central database/ or way of sharing information Note: this does not need to be a new post, but for options to be considered to add this to an existing, appropriate post where resources would allow	To ensure this agenda continues to develop and provides a single point of contact for individuals and professionals to ensure all aspects are coordinated	Joint Liaison Group	June 2012	January 2013
d)	Briefings for professionals to raise awareness of the range of services available locally for this target group of people	This would ensure whoever goes into an individuals home is able to talk to them about other services which may be of benefit or interest to them	Joint Liaison Group to consider options for leading this work	Ongoing from March 2012	March 2013
2. Se	ecuring Commitment				
a)	For Cabinet and the Health and Wellbeing Board to take a lead in securing commitment to action on recommendations and receive monitoring of implementation reports through an appropriate forum, i.e. NHSR led obesity group	To raise awareness across all organisations, implement the recommendations and monitor improvements	Chair of Review Group and lead Scrutiny Officer to report to Cabinet/HWBB	May 2012	April 2013
b)	Report to go to Improving Lives	To raise awareness in terms of prevention of obesity (specifically	Chair of Review Group and lead	May 2012	April 2013 (to be

	in children – following on from the obesity review)	Scrutiny Officer		reviewed through Health Select Commission in the first instance)
To agree a joined-up approach to tackling obesity in Rotherham through the Health and Wellbeing Board, acknowledging that treatment and prevention need to work together (i.e. treatment of overweight, should be seen as bariatric 'prevention') and ensuring this features as a high priority in the	To ensure a continued focus on obesity prevention in children and young people to prevent them becoming obese adults, and to ensure that adults receive obesity prevention support as well as the bariatric treatment needed.	Health and Wellbeing Board	June 2012 (in line with the development of the local strategy)	April 2013