

CABINET MEMBER FOR HEALTH AND WELLBEING
Monday, 16th April, 2012

Present:- Councillor Wyatt (in the Chair); Councillors Buckley and Pitchley.

Apologies for absence were received from Councillors Jack and Steele.

K57. MINUTES OF MEETING

Resolved:- That the minutes of the meeting held on 12th March, 2012, be approved as a correct record.

K58. HEALTH AND WELLBEING BOARD

The Chairman reported that the Board had held 2 very well attended workshops as follows:-

26th March, 2012 to discuss the principle areas of the Health and Wellbeing Strategy and refreshed Joint Strategic Needs Assessment. The areas agreed were:-

Prevention/Early Intervention
 Empowerment
 Dependence/independent of people
 Lifestyle Issues and Age Related Conditions
 Outcomes within 3 years
 .alongside issues of Poverty, Income, Economy etc.

11th April to discuss what might be, commissioned services, what programmes and joint activities required to achieve in 3 years

It was hoped that the 6th June Board meeting would approve the Strategy for progressing to Cabinet Member and the CCG to meet their July deadline.

K59. ROTHERHAM HEALTHY SCHOOLS SERVICE

Kay Denton-Tarn, Healthy Schools Consultant, gave the following presentation on Healthy Schools Rotherham:-

- Healthy Schools Beacon Status finalist
- Met stretch target - £61,548
- LA Centre of Excellence for Financial Capability
- South Yorkshire trainers for the National PSHE CPD programme
- Supported school improvement through a whole school approach to health and wellbeing, inclusion and achievement
- Involved whole school community

Changing Times

- Used to be 5 full-time Consultants and 1 Project Officer and 6 additional attached staff - now 1.4 fulltime Consultants
- Some HS National funding and local funding for TP and Substance Misuse -

- no national funding, local funding?
- Was nationally driven Programme – now locally driven Programme

- Health and Education Partnership - National and local priorities
 - Obesity Strategy
 - Drug and Alcohol Strategy
 - Teenage Pregnancy Strategy
 - Prevention and Early Intervention
 - Financial Inclusion Strategy
 - Tobacco Alliance

- ‘Health’ in all schools
 - Issues which impact on attainment, attendance and behaviour
 - Relevant Legislation awareness
 - Learning and teaching PSHE and Cit Curriculum
 - Resource Development
 - National Consultation in PSHE
 - Ofsted Inspections – SMSC, attendance and behaviour, anti-bullying, whole school and subject inspections

- National Healthy Schools Scheme
 - Personal Social and Health Education
 - Physical Activity
 - Healthy Eating
 - Emotional Health and Wellbeing

- Whole School Review
 - Leadership, management and managing change
 - Policy development
 - Learning and teaching, curriculum planning and resourcing
 - School culture and environment
 - Giving children and young people a voice
 - Provision of support services for children and young people
 - Staff continuing professional development needs, health and wellbeing
 - Partnerships with parents/carers and local communities
 - Assessing, recording and reporting the achievements of children and young people

- Numbers working with the initiative
 - All schools including Pupil Referral Units and Specials
 - Re-accreditation 77/122
 - Healthy Foundations Programme

- Partnership working – Task Groups
 - Physical Activity
 - Emotional Health and Wellbeing
 - Healthy Eating
 - Substance Misuse
 - Relationships and Sexual Health Education
 - PSHE Leads (primary and secondary)
 - Sustainability

- RoSIP Mission

All children making at least good progress
 There will be no underperforming cohorts
 All teachers delivering at least good learning
 All schools will move to the next level of successful performance

- Key judgements made during school Ofsted inspections
 Inspectors must judge the quality of education provided in the school – its overall effectiveness – taking account of 4 other key judgements:
 Achievement of pupils at the school
 Quality of teaching in the school
 Behaviour and safety of pupils at the school
 Quality of the leadership in and management of the school
- Links to Ofsted inspections
 Behaviour and safety of pupils
 Inspectors must also consider:
 The spiritual, moral, social and cultural development of the pupils
 The extent to which the education provided by the school meets the needs of the range of pupils at the school

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

- All schools had been sent the information for the Positive Playground Initiative to which 70 had responded
- Very limited resources
- Involve Elected Members many of which were School Governors

Kay was thanked for her presentation.

(THE CHAIRMAN AUTHORISED CONSIDERATION OF THE FOLLOWING ITEM TO ENABLE MEMBERS TO BE FULLY INFORMED)

K60. INSPIRE ROTHERHAM

At the invitation of the Chairman, Deborah Bullivant attended the meeting to inform Members of Inspire Rotherham.

Originally called Get Rotherham Reading, it was a Regional Development Agency funded project which, managed by the local authority with partnerships, attempted to address the literacy problems that Rotherham had.

The 3 year funding of £3M had been spent in Rotherham schools, schooling communities and community organisations aiming to make the greatest difference in the 10% most deprived communities of Rotherham in partnership with the University of Sheffield. 9 reports had been produced in total at the end of the 3 years.

It had been felt that the most important issue was to evaluate the results of the initiative and ascertain where the greatest differences had happened. There had been some startling improvements which the Department of Education had been very interested in. Discussions were taking place with Leicester

Council about the work that had taken place and Barnsley had adopted the Refresh Strategy.

Inspire Rotherham had been established as a social enterprise to take forward some of the initiatives and attempt to bring funding in with partner organisations. Rotherham had the largest Children's Shakespeare Festival in the country; funding had been secured via the Arts Council to run it for another year.

There was to be a Literacy Workshop held on 21st May, 2012 with the Cabinet Members and wider strategic stakeholders.

Discussion ensued. It was agreed that consideration was required as to where this should sit strategically within the Council and take the strategy forward.

Resolved:- That a further report be submitted to the Cabinet Member.

K61. WARM HOMES WARM FAMILIES RESEARCH

Dr. Jo Abbott, Public Health Consultant, reported that, following on from the very successful KWiLLT work, funding had been secured to employ Dr. Anna Cronin de Chavez to look at the next stage of the work i.e. Warm Home Warm Families Project.

Dr. Cronin de Chavez gave the following presentation on her future work:-

Cold Homes and Impact on Child Health

- Neonatal hypothermia
- Asthma
- Respiratory infections
- Child growth and development
- Sickle cell disease and thalassaemia
- Sudden Infant Death Syndrome
- Coronary heart Disease
- Mental health
- Education

Issues around Fuel Poverty and Child Health

- Ventilation
- Heating
- Humidity
- Thermoregulatory maturity
- Ability to conserve heat
- Ability to produce heat
- Circadian rhythms
- Clothing
- Bedding
- Body posture
- Adaptation
- Medications and cigarette smoke
- Body heat from others

- Thermal sensation
- Illness
- Body proportions
- Conflict with other priorities
- Cultural beliefs
- Ability of caregiver to detect thermal stress

Research Plans

- In-depth interviews with 20 families where at least 1 child diagnosed with asthma
- In-depth interviews with 15 voluntary and private sector staff
- Focus groups
- Reference and advisory groups
- Recruitment
- Ethics

Future Plans

- Doncaster
- Research bids including Rotherham
- Collaboration with Northumbria University
- Yorkshire-wide research including Rotherham

Jo and Anna were thanked for their presentation.

K62. ROTHERHAM LESS LONELY CAMPAIGN

Lesley Dabell, Chief Executive Age UK Rotherham, and Carole Haywood, LSP Manager, gave the following presentation:-

- Loneliness in Older Age:
 - o How big is the problem?
 - 10% of older people were always or intensely lonely = 4,000+ in Rotherham
 - 38% were sometimes lonely = 17,000 in Rotherham
 - Almost 50% of older people were affected by loneliness - 21,000 in Rotherham
 - o Why does it matter?
 - Impact on older people
 - Has health impacts comparable to life long smoking
 - Close links to depression and deprivation as well as e.g. dementia
 - Also linked to physical health problems such as CVD, excess drinking
 - Loneliness and poor physical health interact - vicious cycle
 - Impact on Public Services
 - Loneliness costs money
 - Exacerbates and creates health conditions
 - Decreases ability to live independently
 - Leads to 'inappropriate' use of services as no other alternative service to address the issue

- What can we do about it
Good news – amenable to low level and relatively low cost interventions
Effective in combating vulnerability and reducing need for health and social care services
Volunteers and VCS organisations have a large part to play
- Action in Progress – Example = Age Concern
 - Championing this issue for past 2 years, lead partner in Campaign
 - Services – supported by NHSR grants and fundraising
Linkline – daily telephone call by volunteers
Two's Company – volunteer befriending service
Trips and events
Phase 2 – Friendsline/Linked up?
- Rotherham Less Lonely Campaign
 - Supported by Rotherham's Local Strategic Partnership partners to develop the Campaign to
Raise awareness of the issue and its impacts
Help to generate a whole community response
Make it intergenerational – involve schools/colleges and young people
- Health and Wellbeing Board
 - LGA report outlines why local authorities need to take the issue seriously
 - Recommends that loneliness in older age was considered as part of the local Health and Wellbeing and Ageing Well Strategies.

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

- Challenge was to get an older person to admit they were lonely – frontline staff dealing with them to identify symptoms
- Not only the older population – those with learning disabilities etc. who were isolated
- 1 element of the Rotherham Less Lonely Campaign

It was noted that the official launch was to be held on Friday, 20th April in the John Smith Room.

Lesley and Carole were thanked for their presentation.