

**HEALTH AND WELLBEING BOARD**  
**27th February, 2013**

**Present:-****Members**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing <b>(in the Chair)</b>
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Helen Dabbs	RDaSH
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Clinical Commissioning Group/ NHS Rotherham Metropolitan Borough Council
Brian Hughes	Director of Performance and Accountability, NHS Rotherham South Yorkshire and Bassetlaw
Shafiq Hussain	Voluntary Action Rotherham
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Interim Chief Executive, Rotherham Foundation Trust
Dr. David Polkinghorn	Rotherham Clinical Commissioning Group
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children, Young People and Families

**Officers:-**

Kate Green	Policy Officer, RMBC
Tracy Holmes	Communications and Marketing, RMBC
Dr. Nagpal Hoysal	Public Health Consultant
Joanna Saunders	Head of Health Improvement
Dawn Mitchell	Committee services, RMBC

Apologies for absence were received from Christine Bain, Karl Battersby, Martin Kimber, Gordon Laidlaw, Fiona Topliss, Janet Wheatley and Chrissy Wright.

**S62. MINUTES OF PREVIOUS MEETING**

Resolved:- (1) That the minutes be approved as a true record subject to the following clerical correction:-

S55(e)( Local Medical Committee)

“It was felt that there was GP representation on the Board through the CCG which could reflect the views of GPs as commissioners and not providers.”

Arising from Minute No. S54(2) (Information Sharing Protocol), it was noted that RDaSH, NHS Rotherham and the CCG had signed off the Protocol. It was hoped it could be raised as an extra item at the Rotherham Foundation Trust Board meeting the following day.

(2) That the Overarching Information Sharing Protocol be placed on the Council's Risk Register.

Arising from Minute No. S60 (Rotherham HealthWatch), the Chair reported that 7 tenders had been opened and were currently being evaluated. It was hoped that the contract would be awarded to a successful tenderer, however, if that was not the case, there was a fallback position set out in the national guidance.

(Shafiq Hussain disclosed disclosable pecuniary interest in the above item.)

### **S63. COMMUNICATIONS**

(1) Health and Wellbeing Board Work Plan

The Board noted the updated Work Plan illustrating the cycle of reporting up to October, 2013 when an evaluation would then take place.

(2) Health and Wellbeing Strategy Workstream Update

The Board noted a report setting out the progress on each of the workstreams. It was felt that future progress reports would benefit from inclusion of figures so the Board would be able to see what change had been achieved.

(3) Better Health for Women: A Summary Guide

The Board noted the above briefing which should be fed into the Joint Strategic Needs Assessment.

(4) Rotherham Carers' Charter

The Board noted the above which had been considered by the CCG and adopted by the Council.

It was reported that a multi-agency Steering Group had been established, meeting regularly, to progress the accompanying action plan and achieve the plan's objectives.

Discussion ensued on the forthcoming Bedroom Tax and the view that it ought to be included as it would affect carers and foster carers, cross referenced with the work taking place on Welfare Reform.

Resolved:- (a) That Bedroom Tax be included in the Joint Action Plan for Carers cross referenced with the work taking place on Welfare Reform.

(b) That the annual review of the Carers Plan be submitted to the Board.

(5) Conferences

The following conferences were noted:-

2<sup>nd</sup> Annual Health and Transport Conference: Remaining Healthy Through Sustainable Travel – Transport Planning Society – 10<sup>th</sup> April, 2013

Rotherham Health and Wellbeing Conference – 17<sup>th</sup> April, 2013

Health and Social Care Policy Forum and Q&A with Andy Burnham MP, Shadow Secretary for Health – Goole College – 7<sup>th</sup> March, 2013

#### **S64. HEALTH AND WELLBEING BOARD COMMUNICATIONS PLAN**

Tracy Holmes, Head of Corporate Communications and Marketing, submitted a draft Communications Framework.

The primary purpose of the Framework was to ensure effective, consistent and co-ordinated communications, marketing and social marketing activity to support the work of the Board. It set out how strategic and operational communications and marketing activity was undertaken by the range of organisations which contributed to the delivery of the outcomes through Rotherham's Health and Wellbeing Strategy as well as communications activity in support of, and on behalf of the Board itself.

The Framework would be supported by a plan of key actions which summarised the communications and marketing activities/campaigns in support of the work plans for each Priority area. It would be regularly reviewed and monitored by the Board but nominated lead agencies would individually or jointly be responsible for its delivery.

Resolved:- That the draft communications Framework be supported.

#### **S65. ROTHERHAM FOUNDATION TRUST**

Michael Morgan, Interim Chief Executive, Rotherham Foundation Trust, gave a verbal update on the Trust as follows:-

- The Trust had received notification from Monitor, the independent regulator of NHS foundation trusts, that it was in significant breach for both finance and Board governance. It had until 18<sup>th</sup> March, 2013, to provide a plan to Monitor. The proposed plan was to be considered by the Trust's Board on 28<sup>th</sup> February
- The plan would provide initial short term, 1 year, financial turnaround for the organisation. It would also include a 2 and 3 year financial turnaround
- There would then be a period between 18<sup>th</sup> March and 15<sup>th</sup> September, 2013, to provide Monitor with a 3 year strategic plan including the 2 and 3 year financial turnaround in much more detail as would be available for the 18<sup>th</sup> March deadline

- It was anticipated that the team would be in for 8-12 months. There not only needed to be a financial turnaround but also a cultural change that the team specialised in
- There were 2 ways to turn an organisation around – slash and burn or management style that provided for interaction between the various groups i.e. physicians, consultants, nurses etc. The latter enabled a real perspective of the organisational structure and found to provide a much longer term structure
- Outside independent specialists had been brought in to look at the Patient Record Information System. In the short time they had been there, reassurance had been given that they would probably be able to get the system to a point where there was much more functionality for the specialists and clinics where the majority of the problems were located
- The Ward closures had been put on hold for the present time as it had not been seen as an immediate priority. The new Clinical Director for Medicine had met with approximately 20 of the specialist consultants and unanimously arrived at a new work plan scheme for the organisation. The new scheme would become operational as from 18<sup>th</sup> March. This was a fundamental building block for the Trust and whereby it may be possible to close a Ward in the future
- If it could be helped areas of staffing that affected patients were never the first starting point. The proposed plan would start in the Executive Suite and Corporate overheads. It did not include Estates and certainly did not include Nursing. The 90 day consultation document issued on 14<sup>th</sup> December, which finished on 15<sup>th</sup> March, proposed some rebanding of Nursing and it may be that that would continue.
- The Board had approved the hiring of additional nurses – 50 nurses had signed a commitment to start at the Hospital
- There need to be synergy between the Community aspects of the Trust and the Acute Care side

Michael was thanked for his report.

Resolved:- That the Equality Impact Assessments carried out by the Trust be submitted to future Board meetings.

**S66. ROBERT FRANCIS INQUIRY - MID-STAFFORDSHIRE NHS FOUNDATION TRUST**

The Board considered a resume of the Francis Report – the independent inquiry into the care provided by Mid-Staffordshire NHS Foundation Trust prompted by unusually high hospital mortality statistics.

Its recommendations and conclusions were many and far reaching with implications for commissioners and providers far beyond those of healthcare. The report found that the failures at the Trust were essentially failures of culture and systems and did not single out any 1 individual for blame.

Discussion ensued on the report with the following points highlighted/raised:-

- "Humanity" was missing from the Trust
- Each organisation of Rotherham's Board should report on what actions they were taking in respect of the Report
- A "mirror" should be held up to commissioners and scrutiny to ascertain that the same failures were not occurring
- The Report referred to some form of Annual Statement but it was not known what it would look like at the present time
- Interaction across organisations was fundamental

It was noted that there was to be a Seminar on the Francis Report on Thursday, 18<sup>th</sup> April, 2013, commencing at 11.30 a.m.

Resolved:- (1) That the findings of the Francis Report be acknowledged.

(2) That the Board ensures that all commissioning and provision of Healthcare in Rotherham follows the principles and recommendations laid out in the Report.

(3) That, as a minimum, all Rotherham healthcare providers, commissioners and Scrutiny submit evidence that supports their assurances that their organisation and practices were in line with all the Francis recommendations and, in particular, in relation to safe staffing levels and the prioritisation of patient safety ahead of financial pressure.

#### **S67. PUBLIC HEALTH OUTCOMES FRAMEWORK: HIGH LEVEL OUTCOMES**

Dr. John Radford, Director of Public Health, presented a report on the Public Health Outcome Framework which was designed to assist the Board in understanding how well it was improving and protecting Public Health.

The high level profile allowed the Board to review performance and consider its priorities for Health Services and to make decisions and plans to improve local people's health and reduce health inequalities. The profile presented a set of important health indicators that showed how Rotherham compared to the national and regional average.

The health profile for Rotherham 2012 illustrated:-

- higher than average under-75 death rate from cancer and coronary heart disease
- injuries and falls in the elderly remained higher than average
- preventable sight loss was higher than average
- access to diabetic retinopathy screening was worse than average
- child poverty, obesity levels in Year 6, pupil absence and 16-18 year old NEETS were of concern as they were all worse than average
- breastfeeding initiation and maintenance rates were worse than average
- emergency re-admissions remained higher than average

Resolved:- (1) That the Board regularly review progress against the Public Health, NHS, Adult Social Care and Children's Outcomes Frameworks.

(2) That the alignment of the current Joint Health and Wellbeing Strategy to address issues highlighted within the report be noted.

#### **S68. PERFORMANCE MANAGEMENT FRAMEWORK**

This was taken together with Minute No. 69.

#### **S69. WORKSTREAM PROGRESS: HEALTHY LIFESTYLES, PREVENTION AND EARLY INTERVENTION**

Dr. John Radford, Director of Public Health, and Dr. Nagpal Hoysal, Public Health Consultant, gave the following powerpoint presentation:-

Approaches

- Joint Health and Wellbeing Strategy
  - Stages of Life Course
  - Six Priority Outcomes
- Priority Measures
  - Alcohol, Obesity, Tobacco, Dementia, NEETS, Affordable Warmth

Life Course Framework

- The Strategy set out a life course framework which had been adopted from the Marmot life course
- Life course: Early Intervention, Prevention and Behavioural Change

- Integral to the 6 Public Health programmes from Strategy
- System-based responsibility under the Health and Wellbeing Board

#### Healthy Lifestyles, Prevention and Early Intervention

- Outcome: people in Rotherham would be aware of health risks and be able to take up opportunities to adopt healthy lifestyles
- Outcome: Rotherham people would get help early to stay healthy and increase their independence

#### Communication

- QTV
- Campaigns – MCAT
- Web-based social media/mobile devices/engagement
- Every contact counts

#### Starting Well

- Children's Strategy
- Health Visitor 0-5 programme
- UNICEF Baby Friendly Initiative
- Troubled Families
- Family Nurse Partnership
- Imagination Library
- Specialist Midwifery

#### Developing Well

- Children's Strategy
- Looked after Children
- Healthy Schools
- Communication –website campaigns
- School Nurse Contract Revision
- Healthy Weight Framework
- NEETS system reporting framework

#### Living and Working Well

- Obesity – system reporting framework
- Alcohol – system reporting framework
- Smoking – system reporting framework
- NHS Healthcheck
- Communication – campaigns website development
- Workplace health

#### Ageing Well

- Affordable warmth – system reporting framework
- Dementia – system reporting framework
- Healthy Ageing
- NHS Healthchecks
- Flu vaccination

#### Healthy Lifestyles, Prevention and Early Intervention

- Delivery of a shift towards Prevention and Early Intervention and Healthy Lifestyles required a strong partnership approach
- The system-wide reporting framework proposed would enable the Board to hold the partners to account for their individual responsibilities

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

- Considerable work had taken place in mapping the existing strategies against the Centre for Disease Control Framework for the 3 areas of Obesity, Smoking and Alcohol. Suggested targets would be submitted to the Board
- Linkages with the work of the Children's Board. Starting Well and Developing Well firmly sat within the Children's Board but should there be any issues e.g. partners, governance, they should be reported to the Health and Wellbeing Board
- Key issue of underage drinking – need more rigorous approach to the affordability of alcohol with suppliers, shops etc.
- Low level of referrals for weight issues – no real awareness of Obesity and the associated risks
- Restricting supply – measurable but currently not done. The Council did not have a planning and/or licensing policy restricting the availability of fast food
- Currently if someone was found drunk in Rotherham they were not required to attend a binge drinking course – could be part of an Attendance Order
- Relatively small number of targets across the 3 areas of Obesity, Smoking and Alcohol but all were measurable and quite challenging. If the focus was on a relatively small numbers of measures they would be achievable and make a difference
- How was the Public Health money going to be used to achieve the 6 Priorities?
- Discussion was still ongoing with regard to which Public Health services were contained within the Public Health funding allocation. A budget had not been set within the Council as yet. There would be significant investment in Alcohol, Obesity and Stop Smoking Services but as yet there had been no commitment requested from partners to contribute accordingly



Resolved:- (1) That the presentation be noted.

(2) That the targets and priorities for Public Health be submitted to the next meeting.

(3) That the information contained in the presentation be worked up into measurable proposals.

(4) That the relevant Steering Group consider the NEETS information further.

## **S70. PRIORITY MEASURE 2: OBESITY**

Joanna Saunders, Head of Health Improvements, gave the following powerpoint presentation:-

Why is Obesity a priority?

- Public Health priority nationally and locally
- Can have serious health consequences and impacts on health and social care services
- Can be prevented and treated (NICE)
- Impacts on emotional wellbeing
- Impacts on the economy

What Does a Healthy Weight Framework look like?

- Children
  - Tier 1 – Primary activity – School Nurse, GP, Health Visitor
  - Tier 2 – MoreLife Clubs
  - Tier 3 – Rotherham Institutes for Obesity
  - Tier 4 – MoreLife Residential Camps
- Adults
  - Tier 1 – Primary activity – GP, Health Visitor, Leisure Services
  - Tier 2 – Reshape Rotherham
  - Tier 3 – Rotherham Institute for Obesity
  - Tier 4 – Specialist Obesity Service

What do we need to do?

- Raise public awareness
- Get more people to engage with services
- Skill people up to live healthier lives
- Make healthy choices the easy choices
- Get everyone to recognise their role and act
- Challenge cultural and “normal for Rotherham” behaviour

What are the current priorities?

- Raise the profile of whole population prevention activity
- Continue to provide a range of services for people who are already overweight or obese

- Maximise the resources already available – training, signposting and referral
- Agree our position on the impact of planning decisions, transport planning

#### Challenges

- Preventing and treating childhood overweight and obesity in the primary school aged population
- Whole family engagement
- Changing behaviour amongst those that most need to change
- Evidence of what really works
- Funding to support grassroots initiatives

#### What can the Health and Wellbeing Board do?

- Making Every Contact Count. Power of partners
- Recognition of the importance of health as a driver of deprivation
- Political leadership
- Collaborative commissioning

#### Health and Wellbeing Board Members commitment

- Commit to all staff doing e-learning on MECC and giving feedback on their performance in signposting and referring to services
- Introduce planning and licensing policy to restrict availability of fast food particularly near schools or in deprived communities and promoting use of green space
- A concentrated effort to address the issue in the primary school population

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

- Awareness was the big issue
- The message was getting across but people failed to recognise they had a problem
- Many did not have the skills or income to provide healthy food

Joanna was thanked for her presentation.

#### **S71. EXCLUSION OF THE PRESS AND PUBLIC**

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in Paragraph 3 of Part I of Schedule 12A to the Local Government Act 1972 (contains information relating to the financial or business affairs of any person (including the Council)).

**S72. FOOD FOR PEOPLE IN CRISIS PARTNERSHIP**

The Chairman presented a brief report on the 12 VCF organisations in the Food for People in Crisis Partnership providing a range of different services.

The report set out the food parcels and cooked meals provided by each during the months of October and November, 2012.

Discussion was now required on how to progress the work in the future to meet the predicted demand.

Resolved:- That consideration be given to establishing a Steering Group to take this issue forward.

**S73. DATE OF NEXT MEETING/FREQUENCY OF MEETINGS**

Agreed:- That further meetings of the Health and Wellbeing Board for 2013 be held on Wednesdays, commencing at 1.00 p.m. in the Rotherham Town Hall as follows:-

10<sup>th</sup> April  
8<sup>th</sup> May  
12<sup>th</sup> June  
10<sup>th</sup> July  
25<sup>th</sup> September  
23<sup>rd</sup> October  
27<sup>th</sup> November  
18<sup>th</sup> December  
22<sup>nd</sup> January, 2014 (9.30 a.m.)  
19<sup>th</sup> February  
26<sup>th</sup> March  
30<sup>th</sup> April