

HEALTH AND WELLBEING BOARD
12th June, 2013

Present:-**Members**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing (in the Chair)
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Operating Officer, Rotherham Clinical Commissioning Group
Melanie Hall	Rotherham Healthwatch
Shona McFarlane	Director of Health and Wellbeing
Michael Morgan	Acting Chief Executive, Rotherham Foundation Trust
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director, Children and Young People's Service
Dr. David Tooth	Rotherham Clinical Commissioning Group
Janet Wheatley	Voluntary Action Rotherham

Also Present:-

Dominic Blaydon	Rotherham CCG
Dr. Stephen Burns	Rotherham Local Medical Committee
Clare Burton	Commissioning, Policy and Performance, RMBC
Sue Cassin	Rotherham CCG
Ian Jerrams	RDaSH
Zanib Rasool	RUFC Community Sports Trust
Alex Wilson	RUFC Community Sports Trust

Officers:-

Dawn Mitchell	Committee Services
---------------	--------------------

Apologies for absence were received from Karl Battersby, Chris Bain, Kate Green, Tracy Holmes, Brian Hughes, Martin Kimber, Councillor Paul Lakin, Dr. David Polkinghorn and Chrissy Wright

S1. MELANIE HALL, HEALTHWATCH

The Chairman welcomed Melanie to her first meeting of the Board representing Healthwatch until such a time as the Chairperson was appointed.

S2. MINUTES OF PREVIOUS MEETING AND MATTERS ARISING

Resolved:- That the minutes be approved as a true record.

Arising from Minute No. S86(1) (Disabled Children's Charter), it was noted that consultation was taking place with the Parents and Carers Forum regarding signing of the Charter.

S3. COMMUNICATIONS

(a) Delivery of Winterbourne View Concordat and Review Commitments
Shona McFarlane, Director of Health and Wellbeing, reported that immediately after Winterbourne, a Joint Improvement Programme had been put into place. The Joint Disabilities Learning Service had responded to the questions around the number of customers it had in hospitals and other secure settings. A Winterbourne View Concordat stocktake was now in place, which required local services to complete a detailed self-assessment. It was also known that there would be an annual report, format unknown at the present time, which would cover other elements of the Concordat action plan. The stocktake was due to be completed by 5th July.

Presently, Rotherham was aware of 5 residents, 1 placed in a hospital setting funded through Continuing Health Care on a temporary basis and the remaining four were funded through special commissioning in a hospital setting. The latter 4 were settled in their current placement as it was appropriate to their needs. All annual reviews had been undertaken; families and advocates having been fully involved.

A report would be submitted to the Board in due course.

(b) Stroke Association

The Chairman reported receipt of correspondence from the Stroke Association which highlighted the effects of strokes on survivors and the issues they faced. Strokes were the biggest cause of long term disabilities for adults in the United Kingdom. The Association was asking that the needs of stroke survivors be considered when the Joint Strategic Needs Assessment was reviewed and strategies developed,.

Resolved:- (1) That the above be fed into the Joint Strategic Needs Assessment Team.

(c) Midwifery Council

The Chairman reported receipt of correspondence from the Midwifery Council on the future of the Maternity Liaison Committee. A meeting had been set up to discuss further.

(d) Translation Services

The issue of costs and sustainability of translation services had been raised at a recent meeting with the Local Medical Committee. It was an important issue not only in Primary Care but also all services accessed by citizens.

A discussion had taken place at a meeting of the Chief Executives with partner agencies asked to ascertain if there could be a co-ordinated approach with a pooling of resources. It was felt that it should go further than just a translation service, but provide/signposting citizens to where they could learn/enhance their English skills.

It was pointed out that the translation service was not only for verbal

language skills but also sign language.

Resolved:- (2) That the Rotherham Partnership consider this issue further including NHS England in any discussions.

S4. ROTHERHAM ENVIRONMENT AND CLIMATE CHANGE STRATEGY AND ACTION PLAN REVIEW 2013

The Board noted that the Council had approved its revised Environment and Climate Change Strategy and Action Plan and had signed up to the 'Climate Local' commitment to reduce CO² emissions and improving the environment.

Consideration was also given to information from the NHS's Sustainable Development Unit "Developing a Healthy and Sustainable Future".

There was a request that the Board asks providers to submit information on their own internal housekeeping in respect of their impact on the environment in accordance with the checklist.

Resolved:- That partner organisations complete the environmental impact checklist.

S5. ROTHERHAM UNITED COMMUNITY DEVELOPMENT TRUST

Alex Wilson, Health Officer, and Zanib Rasool, Community Manager, RUFC Community Sports Trust, gave the following presentation:-

Community Sports Trust – Aim

- To utilize the brand of Rotherham United Football Club and the power of sport to positively influence and enhance the diverse lifestyles of the people of Rotherham
- Through the work, bring different communities together to celebrate diversity and community cohesion through sports
- Work across Rotherham under 7 main themes:-
 - Health
 - Disability
 - Volunteering
 - Participation
 - Education
 - Heritage and Inclusion
- Deliver a wide range of activities e.g. homework and reading clubs, holiday programmes, twilight youth sessions, community cohesion events
- Older people exercise sessions

Health and Wellbeing Board Priorities/Work of the Trust

- Prevention and Early Intervention
- Previous Projects
- Dads Make a Difference – 7 areas, 72 dads/male carers

Mini Millers – 510 2-4 year olds over the last 3 years
 Family Learning – 40 families from deprived areas
 Mini Millers Group (support children age 2-11 and families)
 Health for All – BBC Children in Need

Current Projects

Family Health Lifestyle Project – Thornhill School (South Asian mums)
 Community Allotment – Eastwood and Clifton park

Possible Projects

Smoking cessation at NYS – 3 members of staff now trained to run sessions

– Long Term Conditions

Current Projects

Falls Prevention – 16 different care homes over the last 4 years and continuing working in care homes (Care Home Olympics)

Social Prescription – 14 home exercise sessions – 30 participants on Stadium days. Support for carers and getting them exercising

Mature Millers Association (constituted group that support over 50s)

Walking Football sessions

Walking Groups

Kashmiri and Yemeni Older Peoples Forum (exercise sessions)

Rotherham Ethnic Social Care Organisation (exercise sessions)

BME Young People and Carers Group (delivering sport to BME disabled children and siblings at Unity Centre)

– Expectations/Aspirations

Current Projects

Millers Youth Forum

Foundation learning – 48 young people

Futsal Scholarship – 15 young people

NCS – 355 year 11's over last 3 years

Volunteering – 147 over 16 year olds over last 3 years

BTEC Level 2 & 3 in Sport

Sport Apprenticeships – 64 young people over the last 3 y3ars

Job Shop in partnership with Job Centre Plus

Community Learning – first step learning courses

Working with disengaged young people

Possible Projects

Level 1 Sport 19-24 year olds

Level 1 Futsal 16-18 year olds

– Dependent to Independent

Current Projects

Walking Groups

Walking Football – 10 participants on weekly basis

ICT – 37 over 50 year olds

Mature Millers

Apprenticeships – 64 young people

Futsal Scholarships – 18

NCS

Volunteering

- Healthy Lifestyle
 - Current Projects
 - Teenage Kicks – 10-18 year olds in 5 areas 2013-15 (BBC Children in Need)
 - Aiming High – 154 disabled young people
 - Healthy Hearts – 77 disabled adults
 - Marbles Mental Health Self-Help Group and Stonham Homes Wellgate Court
 - Possible Projects
 - Weight Management
 - Education Programmes – NCFE Accreditation, ASDAN, NOCN

- Poverty
 - Current Projects
 - Job club referral from Job Centre Plus
 - Employability skills funded by Community learning Shiloh
 - Future Projects
 - Social enterprise venture at the Stadium

Zanib reported that the Trust worked with the Integrated Youth Service and Area Assemblies. They had also started a partnership with REEMA at the Unity Centre and were offering classes for the Roma community.

Alex and Zanib were thanked for their presentation.

S6. SCRUTINY REVIEW - AUTISTIC SPECTRUM DISORDER

Dr. John Radford reported that the Health Select Commission had commissioned a Review Group to carry out a Scrutiny Review into the Autistic Spectrum Disorder. The Review Group was independent of the Council's Cabinet and made recommendations to Cabinet for their approval.

It had been a thorough piece of work which had looked at instances and performance in relation to NICE Guidance, very good engagement with providers of services with regard to how they were co-ordinated as well with users of the services.

However, there was now an issue of Policy for the Board with regard to how it took the reviews forward and how they were incorporated into the business of the Local Authority and the CCG as commissioners. How should Scrutiny Review recommendations be taken forward across the health community, how was that process managed, where should Scrutiny Review fit in, what was the Board's role in Scrutiny Reviews and how should the Board respond?

Discussion ensued with the following issues raised:-

- The Terms of Reference stated that Scrutiny Reviews with a health and wellbeing impact should be referred to the Board – at least the Board should be made aware that the work was taking place
- If the Scrutiny Review and its recommendations were submitted to the Board what was the document's status?
- A Review could make recommendations but it was for each partner organisation's executive to consider
- A forward plan of Scrutiny Reviews should be submitted to enable partner organisations to timetable into their own work programme
- Partner organisations should be involved in any Review that applied to their organisation
- Partner organisations should be given the appropriate period of time to review and comment on recommendations prior to them being finalised
- The recommendations should be considered by partner organisations in parallel with the Board and parent Select Commission
- The Board had to consider if a Review's recommendations were consistent with the objectives of the Health and Wellbeing Strategy

It was noted that the Overview and Scrutiny Management Board was to consider the 2013/14 work programme for Select Commissions on 14th June, 2013.

Resolved:- (1) That the Select Commissions' work programme for 2013/14 be submitted to the Health and Wellbeing Board to ensure that any health and wellbeing implications were flagged up at an early stage.

(2) That the full Autistic Spectrum Disorder Scrutiny Review document be included on the next Board agenda.

S7. HEALTH AND WELLBEING STRATEGY WORKSTREAM

Dominic Blaydon, Head of Urgent Care and Long Term Conditions, gave the following powerpoint presentation:-

Long Term Conditions Programme
Programme incorporates 4 key workstreams

- Risk profiling
- Integrated neighbourhood teams
- Self-management
- Alternative levels of care

Areas for consideration moving forward

- Does risk management tool identify high intensity social care users?
- Explore development of personal health and social care budgets
- Patient and practitioner skills programme for health and social care
- Specialised psychological support services for people with long term conditions
- A local network to promote self-management
- Integrated person held record including self-management plan
- Effective use of alternative levels of care

4 Ways you can support the Programme

- Workforce development programmes on self-management
- Identification of high intensity health and social care users
- Development of a person held health and social care record
- Strong leadership to break down barriers on joint working

The Board also considered the latest workstream progress report giving an update on each of the 6 outcomes.

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

- Development of a personal health social care record for those with a long term condition enabling them to monitor their condition and track the progress of their care plan
- A pilot was underway with RFT looking at an electronic vehicle for a patient owned record which was centred around the self-management objective
- Use of the patient's unique NHS identification number
- Self-Management Strategy underpinned some of the work – useful to have a stakeholder group with champions. Could include Service users

Resolved:- (1) That the workstream progress report be noted.

(2) That the 4 proposals for Priority 5 Long Term Conditions be supported.

S8. ROTHERHAM LOCAL MEDICAL COMMITTEE

Dr. Stephen Burns, Local Medical Committee, gave a resume of the work of the Committee in Rotherham as follows:-

- The Committee was constituted every 3 years. Every GP in Rotherham was eligible to stand and every GP in Rotherham had a

vote. Currently there were 10 members

- It was recognised by NHS England as representative of practitioners in the area
- Rotherham LMC was committed to the values of equity, fairness, openness and equal opportunities
- Its aims was to present and support GPs ensuring that they were valued and their skills were properly utilised and to facilitate the smooth running of general practice
- Wherever possible, the LMC worked co-operatively with local agencies and organisations to ensure patients received services and care in accordance with the profession's local and national priorities. Wherever necessary, the LMC defended the position of local GPs where the views of others conflicted with what it believed was in the best interests of patients and the profession
- LMC representatives met monthly with the CCG to discuss GP/CCG interface issues
- GPs and their teams provided 90% of the health care in Rotherham and saw approximately 7,000 people every working day in their practice

Discussion ensued on representation on the Board. It was pointed out that commissioners of services were represented but not providers.

Resolved:- That Dr. Burns receive Board agendas, on behalf of the Rotherham Local Medical Committee, for information and attend meetings as required.

S9. TOBACCO CONTROL ALLIANCE BRIEFING

The Board considered a briefing paper on Tobacco Control emphasising the direction of travel on the locally determined priority.

There was a concentration of work on slowing down the take up of smoking in young people and specific action on smoking in pregnancy/smoking at time of delivery. The change in emphasis was particularly relevant given the prevalence of e-cigarettes and leading young people into smoking rather than stopping smoking.

It was noted that the minutes of the Tobacco Control Alliance would be submitted for information in the future.

Resolved:- (1) That the briefing paper be noted.

(2) That the Tobacco Control Alliance action plan be submitted to the

Board.

S10. HEART TOWN

The minutes of the meeting of the Heart Town held on 21st May, 2013, were noted.

S11. DOMESTIC ABUSE INJURIES - LEGAL AID

Councillor Doyle reported that it had been raised at a meeting of the Rotherham Domestic Abuse Forum that women presenting with domestic abuse injuries were being charged by Rotherham Foundation Trust for a letter stating that their injuries were consistent with abuse. The letter was required so that they could claim Legal Aid. The fee was causing hardship and could be a factor in victims not progressing action.

Dr. Tooth reported that if a victim presented at A&E their GP would be notified within 30 days of presentation at the hospital. The victim was entitled to a free copy of the letter from their GP.

Dr. Tooth stated that he would raise it with the Local Medical Committee suggesting that GPs provide the service.

S12. WALK IN CENTRE

Councillor Doyle asked, given the recent national concern regarding walk in centres and Monitor launching an investigation into the large numbers of closures and potential closures, whether it was appropriate for the Board to state its position with regard to the relocation rather than individual members responding to the consultation.

Discussion ensued. It was felt that within its Terms of Reference and Constitution, the Board had an overview and advisory role on the configuration and range of services provided and that they were consistent with the Health and Wellbeing Strategy. However, there was a risk that the Board could be overwhelmed with the future plans of partner organisations which would prevent the Board carrying out its main functions.

On balance, it was felt that the results of the consultation exercise should be submitted to enable the Board to state its position on the proposals.

Resolved:- That the results of the consultation be submitted to the September Board meeting.

S13. DATE OF NEXT MEETING

Resolved:- (1) That a further meeting of the Health and Wellbeing Board

be held on Wednesday, 10th July, 2013, commencing at 1.00 p.m. in the Rotherham Town Hall.

(2) That the September Board meeting be held on Wednesday, 11th September at 10.00 a.m.