

**HEALTH AND WELLBEING BOARD**  
**26th March, 2014**

**Present:-**

Councillor Ken Wyatt	Cabinet Member, Health and Wellbeing <b>(in the Chair)</b>
Tom Cray	Strategic Director, Neighbourhoods and Adult Services
Councillor John Doyle	Cabinet Member, Adult Social Care
Chris Edwards	Chief Officer, Rotherham CCG
Naveen Judah	Healthwatch Rotherham
Dr. Julie Kitlowski	Rotherham CCG
Councillor Paul Lakin	Cabinet Member, Children, Young People and Families
Dr. David Polkinghorn	GP Executive Member, Rotherham CCG
Dr. John Radford	Director of Public Health
Joyce Thacker	Strategic Director,

**Also in Attendance:-**

Kate McDaid	National Energy Action
Kate Green	Policy Officer, RMBC
David Hicks	Rotherham Foundation Trust (representing Louise Barnett)
Brian Hughes	NHS England
Shafiq Hussain	VAR (representing Janet Wheatley)
Catherine Homer	Public Health
Ian Jerrams	RDaSH (representing Chris Bain)
Chrissy Wright	Strategic Commissioning Officer, RMBC

Apologies for absence were received from Chris Bain, Louise Barnett, Karl Battersby, Tracy Holmes, Martin Kimber, Gordon Laidlaw and Janet Wheatley.

**S83. QUESTIONS FROM MEMBERS OF THE PRESS AND PUBLIC**

A member of the public asked, given the impending launch of consultation on the Care Bill, if there were to be any events for stakeholder consultation?

Tom Cray, Strategic Director, Neighbourhoods and Adult Services, reported that there had been stakeholder meetings during the past 12 months the feedback from which had been that there should be separate events to allow focussed discussions. Accordingly, a series of events would be organised the first of which would be before the Summer.

**S84. MINUTES OF PREVIOUS MEETING**

Resolved:- That the minutes of the meeting held on 19<sup>th</sup> February, 2014, be approved as a correct record.

Arising from Minute No. S75 (Flu Vaccination Programme), Brian Hughes reported that it was an issue still be discussed across the region.

**S85. COMMUNICATIONS****(a) Rotherham Foundation Trust**

The Board's congratulations were recorded to Louise Barnett who had been formally appointed as the Chief Executive.

**(b) Peer Review**

The Chairman reported that the LGA had an offer for Health and Wellbeing Board's to have a peer challenge, which involved a group of peers from other areas coming into the Council and reviewing the work of the Board over a 4 day period.

It was noted that other Health and Wellbeing Boards in the area had taken up the offer.

It was felt that the detail of the review was required as well as any resource implications.

Resolved:- (1) That contact be made with the Local Government Association with regard to taking up the offer of a Peer Review.

**(c) Rotherham Heart Town Annual Report 2013**

The Board noted the Rotherham Heart Town Annual Report 2013 which highlighted the work that had taken place during the year.

**(d) Motor Neurone Disease**

The Chairman reported receipt of correspondence from the Motor Neurone Disease Association requesting sign up to the MND Charter "achieving quality of life, dignity and respect for people with MND and their carers".

Resolved:- (2) That the Charter be circulated to all members of the Board.

**S86. NATIONAL ENERGY ACTION FUEL POVERTY**

Catherine Homer, Public Health Specialist, and Kath McDaid, National Energy Action, gave the following powerpoint presentation:-

**Winter Warmth – Preparation for Winter  
Project Aims**

- HWB members understand that strategic objectives are being delivered at community level via formal process mechanisms
- Delivering the Fuel Poverty Priority
- Community Involvement Officers and other key front line professionals understanding and knowledge of the causes and solutions to cold, damp homes is improved, resulting in signposting and one-to-one support
- Key strategic players aware of fuel poverty agenda and linkages to the Health and Wellbeing Strategy

#### What happened?

- Facilitate meeting including HWB Elected Members and Council Officers – focus localities of Brampton Bierlow, Wentworth and Harley
- Fuel Poverty briefing for Councillors and interested parties
- Discrete training
- 2 workshops
- Community events
- Feedback to Health and Wellbeing Board

#### What people said

- “impression that people buying own homes are wealthy but not the case as people tell me that they are struggling”
- “large areas of the Ward are made up of picturesque countryside however rural fuel poverty is a blight on many resident’s lives”
- “we can’t stop now – we have to keep it rolling, this project has been worthwhile because Fuel Poverty is a taboo subject, it is not recognised in general and now people are talking about it”
- “recognition needed that these areas are not classed as deprived but have high levels of fuel poverty – different problems associated with both properties and residents”
- “dealing with fuel poverty must rank highly in the prevention and early intervention aspects of our joint activities recognising the effects on all age ranges, young families and the elderly”

#### Unintended Outcomes

- Many of the services and officers engaged in the project have formed networks aside from their own areas of speciality
- Elected and Parish Councillors have together discussed sustaining the momentum within their local areas
- Stronger effective links with the Fitzwilliam Wentworth estate
- Developed a network who are “Green Deal ready”
- Synergy with existing pots of funding and projects

#### Recommendations for the Health and Wellbeing Board

- Recognition that fuel poverty is not just linked to general poverty in terms of low income but is more complex and has issuing consequences in terms of ill health and common mental disorders
- To recognise that perceived ‘affluence’ does not preclude people living in cold homes
- Use Ward Councillors and Parish Councillors to emphasise the very negative effects of fuel poverty and recognise the value of this local intelligence in utilising existing networks
- Continue to recognise and uphold the status of fuel poverty as a priority area for action
- Capitalise on the interest shown by health partners for fuel poverty by utilising intelligence networks
- Energy policy is in a statue of hiatus currently with many low income, fuel poor households having no access to grants or support; Health

and Wellbeing Board to consider future investment to 'plug' such gaps in provision

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

- Rotherham was 1 of the very few Health and Wellbeing Boards to have Fuel Poverty within their Health and Wellbeing Strategy
- Rotherham was a long way ahead of other authorities with their work on Fuel Poverty
- The current 8 projects were writing their reports for submission to the Department of Energy and Climate Change
- The Citizens Advice Bureau was running an energy project through some general practices where the practice managers had expressed an interest. The CCG would be happy to work with the project and attempt to get more practices to participate
- Fuel poverty did not just apply to the elderly
- Fitted in with Making Every Contact Count and ensuring all front line staff/volunteers were aware
- The next performance monitoring report would be an opportunity to reflect on the recommendations and consider how to keep the momentum on the initiative

Catherine and Kath were thanked for their presentation.

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

(2) That the Parish Council Liaison Officer be contacted with a view to giving a presentation to the Parish Council Network meeting.

## **S87. BETTER CARE FUND**

Tom Cray, Strategic Director, Neighbourhoods and Adult Services, and Chris Edwards, Chief Officer, Rotherham CCG, gave a verbal update on the position with regard to the above.

- The plan had been submitted in accordance with the 14<sup>th</sup> February deadline which had met the criteria at that time and would act as a catalyst for change that both the Local Authority and CCG were comfortable with
- Feedback from NHS England and the Peer Review had been received in March in relation to the national conditions, performance measures and ambition. The plan had also been the subject of an all Members Seminar and the Health Select Commission
- The plan had a number of "green" with the majority being "amber" which meant that NHS England felt there was the capacity to develop

the plan further in order to satisfy all the conditions by the 4<sup>th</sup> April deadline

- The Task Group and Officer Group had continued to ensure that the final submission was solid and robust and an ambitious plan
- As a result of the feedback it was felt that it needed to be more explicit in terms of the whole system change that the plan was seeking to achieve. Accordingly, adjustments had been made so as to emphasise how the change at one end of the system would flow through to the other end concentrating on the citizen experience through an integrated approach
- Work was still continuing on the plan with adjustments made to the funding profile and a risk assessment being carried out to ensure there were no unintended consequences anywhere in the system
- All the projects contained within the plan were in synch and fitted with the commissioning plans of both the Council and CCG
- It has been quite a difficult process because of the timescales involved and the national messages been different from the Department of Health and Department of Communities and Local Government
- The Task Group had committed to continuing to meet to ensure that the plan was delivering and take action should any unanticipated issue emerge
- There would be a chance to review the plan in 12 months
- Given the short timescale the CCG had taken the decision to include the minimum of services to establish the principles of the Fund but were committed to having further discussions as to the appropriateness of including more services

Brian Hughes stated that the feedback from NHS England recognised that the plan was a catalyst for change and there was a level of transformation. The plan now needed to show how it had moved from the February submission to the April submission as to how that transformation and citizen empowerment would happen.

Resolved:- (1) That the Task Group be authorised to submit the Better Care Fund submission to NHS England.

(2) That a copy of the submission be submitted to the April Board meeting.

**S88. HEALTHWATCH ROTHERHAM PROGRESS UPDATE**

Chrissy Wright, Operational Commissioner, presented a report setting out the development of Healthwatch Rotherham and the progress achieved to date.

The following points were highlighted:-

- Healthwatch Rotherham launched on 2<sup>nd</sup> October, 2013
- Website, Twitter and Facebook account developed and a newsletter regularly circulated
- All staff, Chair and Board Directors appointed with each Director having responsibility to 1 of the 6 Health and Wellbeing Strategy priorities
- The majority of the first half of the year had been spent establishing the service and awareness raising
- Continued to pass on concerns raised by members of the public to commissioners and, where appropriate, to CQC, Ofsted, South Yorkshire and Bassetlaw Quality Survey Group, Scrutiny, RCCG, NHS England, TRFT and Healthwatch England

The report also set out community engagement and project work planned for the forthcoming 6 months.

Parkwood Healthcare had been awarded the Healthwatch Rotherham contract with the intention that once established, the contract would novate to Healthwatch Rotherham to enable it to operate as an independent social enterprise. The Cabinet Member for Health and Wellbeing had approved the intention to novate the contract at his meeting on 10<sup>th</sup> March, 2014.

Naveen Judah, Chair of Healthwatch Rotherham, reported that Healthwatch Rotherham was being mentioned by Healthwatch England for its good practice and had people from other areas visiting to learn from them. However, it was becoming a victim of its own success. As the work spread about its Advocacy Service, the number of people wanting to use the Service was increasing. Attempts were made to screen the enquiries as to those that could be pointed in the right direction to help themselves and those that the Service would help but the situation would be monitored.

Resolved:- (1) That the progress achieved by Healthwatch Rotherham be noted.

(2) That the decision to novate the contract to Healthwatch Rotherham by September, 2014, be noted.

**S89. PROMOTING HEALTH CHECKS**

Dr. John Radford, Director of Public Health, reported that local authorities were now responsible for the commissioning of NHS Health Checks which was a national risk assessment and prevention programme. Everyone attending a NHS Health Check would have their risk of developing heart disease, stroke, diabetes and kidney disease assessed through a combination of their personal details, family history of illness, smoking, alcohol consumption, physical activity, body mass index, blood pressure and cholesterol. They would then be provided with individual tailored advice that would motivate them and support and necessary lifestyle changes to help them manage their risk. Where additional testing and follow-up was needed, they should be referred to Primary Care services.

People aged 65-74 would be informed about the signs and symptoms of Dementia and informed about memory Clinics if so required.

Over the last 10 years, Health Checks had had success in reducing cardiovascular deaths as cardiovascular disease was largely preventable. They were extremely important and needed to be promoted.

The objective was to initially screen 18% of the eligible 20% of the population.

Discussion ensued with the following points raised/clarified:-

- 1 of the interventions was the prescribing of Statins which would have impacts for the population as a whole and as well as the GP practice
- The challenge was to deliver in the most deprived and hardest to reach communities and work with the Mental Health sector
- The new NICE Guidance, currently subject to consultation, proposed significant changes to Health Checks – cardiovascular risk for the over 50s was over 10%; the new Guidelines indicated that anyone who had a cardiovascular risk over 10% should be on Statins - implications for a huge section of the population
- The Guidance also contained advice on diet and exercise
- A number of cardiovascular deaths could have been prevented
- There was an ageing population but was it a healthy population? Was it the prolonging of an unhealthy ageing population
- Statins were not a surrogacy for a lifestyle

Resolved:- That the report be noted and a further report submitted in 6 months.

**S90. MENTAL HEALTH AND LEARNING DISABILITY SERVICES - FUNDAMENTAL REVIEW**

Chris Edwards, Chief Officer, presented a report for information setting out the purpose, scope and timescale of the Clinical Commissioning Group's fundamental review of commissioned services for Mental Health and Learning Disability.

The review would focus on whether the CCG's overall investments in Mental Health and Learning Disability Services was proportionate to the health needs of Rotherham patients, how to ensure parity of esteem, how to strengthen clinical leadership of the efficiency and quality assurance agencies, how to improve the reporting of outcome and activity measures and the implications of Mental Health payment by results.

It would include a market analysis, whether the CCG should be using a greater plurality of providers (including voluntary sector providers, a greater variety of Mental Health Foundation Trust providers, GP providers) and more facilitation of self-help such as computerise Cognitive Behaviour Therapy.

All reports would be completed by the end of May.

From the perspective of the Police Service, it was an area that was growing. Ian Jerrams stated that the Mental Health Triage initiative in Rotherham of having a Mental Health Nurse working alongside the Police in Rotherham had already shown good results.

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

(2) That the CCG ensure that South Yorkshire Police was involved in the review.

(3) That a report be submitted on the Mental Health Triage pilot being operated by South Yorkshire Police.

(4) That, should the review recommend any major Service change, they be reported to the Health Select Commission.

**S91. 2014/15 MEETING DATES AND TIMES**

Resolved:- That meetings be held in 2014/15 in the Rotherham Town Hall as follows:-

Wednesday,	4 <sup>th</sup> June, 2014	9.00 a.m.
	2 <sup>nd</sup> July	9.00 a.m.
	27 <sup>th</sup> August	9.00 a.m.



17 <sup>th</sup> September	9.00 a.m.
1 <sup>st</sup> October	9.00 a.m.
12 <sup>th</sup> November	1.00 p.m.
3 <sup>rd</sup> December	9.00 a.m.
21 <sup>st</sup> January, 2015	11.00 a.m.
18 <sup>th</sup> February	11.00 a.m.
11 <sup>th</sup> March	9.00 a.m.
22 <sup>nd</sup> April	9.00 a.m.

**S92. DATE OF NEXT MEETING**

Resolved:- That a further meeting of the Health and Wellbeing Board be held on Wednesday, 23<sup>rd</sup> April, 2014, commencing at 1.00 p.m. in the Rotherham Town Hall.