

ADULT SERVICES AND HEALTH SCRUTINY PANEL
Thursday, 4th March, 2010

Present:- Councillor Jack (in the Chair); Councillors Barron, Blair, Doyle, Gouly and Wootton

Also in attendance were Jim Richardson (Aston cum Aughton Parish Council), Russell Wells (National Autistic Society), Mrs. A. Clough (ROPES), Jonathan Evans (Speak up), Victoria Farnsworth (Speak Up), Ms. J. Mullins (Rotherham Diversity Forum) and Mr. R. H. Noble (Rotherham Hard of Hearing Soc.).

Apologies for absence were received from Councillors Clarke, Turner and F. Wright.

17. COMMUNICATIONS.

The Chair made the following announcements:-

Community Health Centre

Members were reminded that a visit to the Community Health Centre had been arranged on Thursday 11th March 2010 at 10.00 am to view the facilities and services provided. Anyone interested in attending should contact Delia Watts or Ben Knight by the end of Friday 5th March 2010.

Joint Strategic Needs Assessment in Yorkshire and Humber
“Confronting the Challenges: Sharing Lessons, Building Local Solutions”

Members were reminded that the above event was taking place on Tuesday 23rd March 2010 at the Royal Armouries, Leeds from 10.00 am to 4.00 pm. Expressions of interest were sought from Elected Members to Delia Watts or Ben Knight.

Quality Accounts – Joint Meeting with Rotherham LINK

Members were reminded that a joint meeting was being hosted by LINK to look at the draft quality accounts for RDASH and the Rotherham Foundation Trust on Thursday 29th April 2010 at their offices on Coke Hill, Rotherham.

Learning Pool Health and Social Care E-Learning Training

Councillor John Doyle reported on the e-learning package which was available in respect of learning pool health and social care, which included safeguarding. He confirmed that it was a straight forward package which would take between 20-40 minutes to complete with a certificate being issued at the end.

18. DECLARATIONS OF INTEREST.

No declarations of interest were made at the meeting.

19. QUESTIONS FROM MEMBERS OF THE PUBLIC AND THE PRESS.

There were no members of the public and press present at the meeting.

20. HEALTH SCREENING PROGRAMMES IN ROTHERHAM

Bel O'Leary, Screening Co-ordinator, NHS Rotherham gave a presentation in respect of Health Screening Programmes in Rotherham.

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. They can then be offered information, further tests and appropriate treatment to reduce their risk and/or any complications arising from the disease or condition.

She confirmed that all screening programmes can do harm. The UK National Screening Committee (UK NSC) assess evidence for programmes against a set of internationally recognised criteria covering the condition, the test, treatment options and effectiveness and acceptability of the screening programme, using research evidence, pilot programmes and economic evaluation. This is intended to ensure that they do more good than harm at a reasonable cost.

She reported on the following three screening programmes which were an existing programme, a recently introduced programme and a programme which would be implemented in the future.

Cervical Screening Programme

The NHS Cervical Screening Programme (NHSCSP) is a programme preventing cancer by detecting and treating early abnormalities which, if left untreated, could lead to cancer in a woman's cervix.

The programme aimed to reduce the number of women who develop invasive cervical cancer and the number of women who die from it, by regularly screening all women in the target group.

Women aged 25 to 64 are invited for regular cervical screening on a rolling programme. They are called using a call and recall system from the Open Exeter System of GP registration, mainly via GP Practices and via Sexual Health Services. Samples were currently processed at the laboratory at Rotherham Hospital and the laboratory referred directly to the Colposcopy Unit at the RFT for onward referral of patients as necessary.

Performance

Coverage was now 80% which was lower in areas of high ethnicity, women who had a learning disability and women between the age of 25

and 34 years.

What we are doing?

High Ethnicity

- Working with health trainers, link workers and health professionals to increase awareness and encourage uptake
- Further work was needed at the mosques with both females and males

Learning disability

- Work around the accuracy of the Learning Disability register had now been completed.
- This would enable us to identify from the Direct Enhanced Service for Learning disability (DES) which women with a learning disability have had a Cervical and Breast screen

Younger Women

- A social marketing initiative was underway to identify why women did not attend for screening

Bowel Screening Programme

The South Yorkshire and Bassetlaw Bowel Cancer Screening Programme was launched in 2008, with people between the ages of 60 and 69 being offered a screen.

A sample kit was sent to the home of the eligible population by the programme call and recall system, requesting two samples of motion to be returned via the post to the laboratories.

Normal results were returned into the standard call and recall and abnormal results were referred to screening unit and offered an appointment with a Specialist Screening Practitioner for further diagnostic testing. If appropriate a colonoscopy was offered, and if cancer was diagnosed, a referral for treatment was made to the local team.

Performance

Coverage for 2009 was 56% which was lower for the same reasons as the Cervical Screening Programme.

The areas of lower coverage were identified and the Specialist Screening Practitioners (SSPs) and the Cancer Health Improvement Practitioner (CHIP) would be doing some work to target:

- General public

- Increasing awareness in Health Practitioners

Abdominal Aortic Aneurysm (AAA) Screening Programme

The Abdominal Aortic Aneurysm Screening Programme was planned to be implemented for December 2011.

There would be 4 elements of the programme:

- Screen
 - The scan would be non-invasive, rapid, repeatable and inexpensive
 - Could be undertaken by a technician or ultrasonographer
 - Would probably be delivered in a Primary Care setting
- Call and recall
 - All men aged 65 would be identified from the practice list and invited to attend
 - Scans would be taken and results sent out
 - Treatment/monitoring would be determined by the result of the scan
- Referral
 - It was expected that this would include normal referral pathway via GPs, but may include referral from the ultrasonographer/technician to the Vascular Surgery Unit
- Treatment/monitoring
 - It was anticipated that it would be delivered in a Vascular Surgery Unit
 - If fit for surgery and agreed, surgical treatment would be given
 - If treatment declined, observation would continue under the care of surgeon, with ongoing management of symptoms and risk factors
 - If unfit for surgery observation would continue under care of surgeon, with ongoing management of symptoms and risk factors.

A question and answer session ensued and the following issues were raised and discussed:

- Why the frequency for screenings increased from 3 years to 5 years from the age of 50. It was confirmed that the risk of abnormal cells developing into cancer dropped considerably after this age.
- Statistics showed that women from struggling families were less likely to attend screening as it was not seen as important. A query was raised as to whether it was possible for a smear test to be done in a person's home. It was confirmed that this was possible

but quite difficult.

- A query was raised as to why only men were offered screening for Abdominal Aortic Aneurysm. Confirmation was given that it was most common in men and very rare in women.
- Given that women were living longer, a question was asked about whether there were any plans to extend the cervical screening programme to women over the age of 64. It was confirmed that the chances of a woman over the age of 64 getting cervical cancer was so slim that screening would not be being extended.
- Reference was made to the immunisation programme which was now being offered to teenage girls for cervical cancer and a query was raised as to whether this would stop the necessity for future screening. Confirmation was given that tests would change in the future as a result of this.
- Reference was made to the AAA screening and a query was raised as to whether men would be recalled when they were older to be re-screened. It was confirmed that if the condition was not present at 65 it would not develop thereafter, therefore the screening would not be repeated,
- A remark was made about the screening process for breast cancer and how difficult it was for people who were unable to stand to undergo screening. It was suggested that other ways be found for this screening to be done in order for these people to obtain successful results. It was agreed that this would be looked into.
- Reference was made to the breast screening review which was currently ongoing and a query was raised as to the likely outcomes. It was confirmed that it was looking likely that the age for screening would be extended from 70 to 73 and that screening services would continue to be offered in convenient locations.

21. MINISTRY OF FOOD EVALUATION

Steve Dobson, Research and Statistics Officer and Lisa Taylor, Food Centre Manager gave a presentation in respect of the Ministry of Food Evaluation.

The presentation drew specific attention to:-

- Two key challenges
 - Momentum
 - Outcomes
- Evaluation stages
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Action
 - Maintenance
- Relapse

- Interim results
- Transition breakdown
- Conclusions

A question and answer session ensued and the following issues were raised and discussed:-

- What involvement does Jamie Oliver/production company currently have with the Ministry of Food Rotherham? Confirmation was given that Jamie had not been back since his initial input, although his team did offer support in the form of links from Jamie's website and provision of recipes. It was now very much a Rotherham project.
- What was the current funding situation for the Ministry of Food? There was some of the initial fund left, but as there had been no funding offered since, they were looking at generating their own funding for the future.
- The Ministry of Food project was launched to encourage better habits concerning food and dietary health, but nearly 40% were already long term healthy eaters. A query was raised as to whether the project had been poorly targeted. A comment was made that this still meant that 60% of participants weren't healthy eaters and it was hoped to reach more of this group over time.
- Concerns were raised about the number of people who would not cook because they were scared to use cooking facilities and utensils for fear of hurting themselves. Confirmation was given that part of the project was to train people in the use of equipment in the kitchen and therefore overcome this fear.
- It was felt that it was essential to educate young children to eat healthily before they got into the habit of eating unhealthily. They could then re-educate their family at home. It was confirmed that work was ongoing with small schools who didn't have cooking facilities and also work was being undertaken with parenting groups. In addition there was a health schools initiative being run across all the schools in Rotherham. Courses for children are regularly run at the MOF.
- How were participants identified for the ten-week course? Confirmation was given that so far no advertising had been necessary as people had been approaching the course.
- Were there any sign-posts/referrals coming from GPs to the course. So far there had been no contact with GPs but they were looking into linking with them.
- What plans were there for continuing and developing the MOF project? It was envisaged that it would grow and become a Social Enterprise.

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Resolved:- That the minutes of the meeting of the Panel held on 11th February 2010 be approved as a correct record for signature by the Chair.

23.

MINUTES OF A MEETING OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND HEALTH HELD ON 25TH JANUARY 2010 & 8TH FEBRUARY 2010

Resolved:- That the minutes of the meetings of the Cabinet Member for Health and Social Care held on 25th January 2010 and 8th February 2010 be noted and received.