

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING**  
**27th September, 2010**

Present:- Councillor Doyle (in the Chair); Councillors Gosling, Jack, Steele and Walker.

An apology for absence was received from Councillor P. A. Russell.

**H21. LOCAL PUBLIC HEALTH STRATEGY - REFRESH**

John Radford, Director of Public Health, presented the submitted report in respect of the Joint Public Health Vision for RMBC and NHSR.

He reported that the Marmot Review had highlighted six key areas which were:-

- Give every child the best start in life
- Enable all children, young people and adults to meet their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

John Radford commented that the Marmot review was very comprehensive and he suggested that he make a presentation at a future meeting to give Members more detailed information.

Reference was made to the 'Black Report' which had been published back in 1980 and a query was raised as to what differences there were between the two reports. It was confirmed that there a change in emphasis this time, in that the Black Report referred to the environment as being important, but the Marmot review went further.

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

(2) That a presentation be made at a future meeting on the content of Marmot Review.

**H22. LIFELONG LEARNING**

Sue Shelley, Extended Learning Manager, gave an update in respect of Adult Learning priorities and implications for the future.

She confirmed that there were two main strands to the funding stream which were available for adult learning:

- **Informal Adult Learning** through PCDL (Personal Community Development Learning) provided non-accredited learning opportunities. This was mainly sub-contracted provision through our partners.
- Also through **(NDCL) Neighbouring Learning in Deprived Communities** – supports informal learning but also includes the development of small and voluntary organisations to broaden and improve the quality of the learning provider base. This also includes a strand for pre-employability support to enable adults to move into sustained employment.

She added that **Family Learning** would focus on children and family members learning together to improve the skills of adults so they were more confident in supporting their child's learning.

Resolved:- That the information be noted.

## H23. PHARMACY NEEDS ASSESSMENT

Sue Wright, NHS Rotherham gave a presentation on the Pharmaceutical Needs Assessment (PNA).

The presentation drew specific attention to:-

- What is the PNA?
- Objectives of the PNA
- Assessment of Need
- Maps
- Scope of the Assessment of Need
- Patient and Public Involvement
- Provision of Pharmaceutical Services
- Gaps in services provided
- Consultation
- What we need to know.

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

- Reference was made about the number of pharmacies be

more than average in Rotherham, and a query was raised whether these were evenly spread across the Borough. Confirmation was given that there were no pockets in Rotherham, however some parts did have more choice than others, although most areas did have good coverage.

- Reference was made to the consultation which had been undertaken and it was queried as to how this had been done. It was confirmed that hand held questionnaires had been distributed in the community over the period of one week. In addition meetings had been held across the community to try to cover various groups.
- It was suggested that links be made with the organiser of the Fayres Fair event which was taking place at the end of October as it was felt this would be a good way to promote the consultation. Also it was suggested that contact be made with the Older Peoples Groups, and reference was made to the "Older Peoples Day" which was taking place on Friday 1<sup>st</sup> October.
- Reference was made to the consulting rooms which were available in pharmacies and concerns were raised that these were not publicised particularly well. It was suggested that more thought be given to promoting the services available.

Members thanked Sue for her presentation.

## **H24. THE ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING PROGRAMME**

John Radford, Director of Public Health, presented the submitted report which updated Members on the work around implementation of the Abdominal Aortic Aneurysm (AAA) Screening Programme.

He reported that ruptured AAA deaths accounted for 2.1% of all deaths in men aged 65 and over. The mortality from rupture was high, with nearly a third dying in the community before reaching hospital. Overall, a ruptured AAA carries a risk of mortality of between 65-85% compared to a mortality risk of between 5-7% for elective surgery. In 2005 there were almost 5,000 deaths in England and Wales due to AAA, over 95% of which had occurred in people aged 65 and over.

The AAA Screening Programme aimed to reduce AAA related mortality by providing a systematic population based screening service for men during their 65<sup>th</sup> year and, on request, for men over

65.

Resolved:- That the content of the report be noted.

## **H25. CONSULTATION ON THE FUTURE DIRECTION OF SKILLS POLICY AND A SIMPLIFIED FUNDING SYSTEM**

Sue Shelley, Extended Learning Manager, presented the submitted report in respect of the consultation on the future direction of skills policy and a simplified funding system.

The consultation set out the principles for a skills strategy and proposals on how the funding could be made simpler and more effective. The intention was to focus on the offer to learners and employers rather than trying to navigate the funding system. As part of this review it was intended to overhaul the complex performance management regime of inspection, quality assurance and performance management so that it was more proportionate and the main driver was employer or learner.

The main points from the consultation were:

- All proposals were dependent on the outcome of the spending review
- The spending review would then be followed by the publication of Skills Strategy
- Focus on outcomes – delivers what society needs, particularly getting people into work or into better jobs
- Delivery of full qualifications – places a great demand on both employers and learners if they are going to be asked to contribute to the costs
- Adult Safeguarded Learning – may become one budget to cover all of our current provision
- A minimum size of contract – the consultation asked the views on including Adult Safeguarded Learning in this approach. The view was that Adult Safeguarded Learning should not be included as it needs to be decided locally.
- Learning Accounts – was welcomed as this was empowering people to access learning. This could also provide the opportunity to track learner journeys.

Resolved:- (1) That the proposed future direction of skills policy and changes to funding for Adult Learning be noted.

(2) That the Senior Director for Schools and Lifelong Learning respond to the consultation by 14<sup>th</sup> October 2010.

(3) That a further report regarding the impact of the review upon Adult Learning be submitted when further information was available.

## **H26. NHS WHITE PAPER**

John Radford, Director of Public Health gave an update in respect of the NHS White Paper which had been issued by the Government.

He outlined the proposals of the paper which were:

- To abolish the Primary Care Trusts and Strategic Health Authorities and replace with GP Commissioning Consortium
- To set up a Public Health Service
- To put in place Health Improvement Measures to the Local Authority
- To establish Health and Wellbeing Boards

He confirmed that it was unsure how the inter-relationship would work but this was likely to be clarified in the next few months when regulations were issued.

There would be three pots of money made available to these groups, a small amount for the public health service to make improvements to health and prevention, a large amount for the GP Consortium and another small amount to fund specialist services, such as cancer treatment and heart operations.

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

- A concern was raised about how the funding would be administered by individual surgeries. Confirmation was given that there would probably be one GP Consortium in Rotherham who would be responsible for this and there would be statutory requirements in place for them to work to.
- A query was raised about what the implications would be for Local Authorities. It was confirmed that the Local Authority would be taking on more responsibility from the NHS in respect of promoting health for people in Rotherham. It was not certain yet how funding would be determined or how it would be spent.
- A query was raised as to whether the GP Consortium would work more closely with the Council than it had in the past. It was confirmed that this was essential in order for it to succeed.

- Reference was made to the work already in place in respect of Breastfeeding and Alcohol related illnesses and a query was raised as to why this had gone to the PCT. It was confirmed that the contracting of services would go to GPs or the Local Authority, but the staffing would come from the Foundation Trust.
- Concerns were raised about the buying in of services and a question was raised as to whether patients would still be able to choose which hospital they could have their treatment in. Confirmation was given that this was unlikely to change, and that GPs would also be able to direct patients to services.
- Reference was made to the Health and Wellbeing Board which was to be created and a query was raised as to what the membership would be for this Board. A comment was made that this needed to be politically lead but it was not clear as yet, what the exact membership would look like.

Chrissy Wright, Director of Commissioning and Partnerships, confirmed that work was ongoing with regarding to the implementation of the proposals contained within the White Paper. A meeting had been set up to discuss the GP Consortium and the Health and Wellbeing Board. She added that further reports would be submitted to the Cabinet Member to keep him up to date with progress being made.

Resolved:- That the information be noted and further progress reports be awaited.