

CABINET MEMBER FOR HEALTH AND WELLBEING
Monday, 12th September, 2011

Present:- Councillor Wyatt (in the Chair); Councillors Buckley and Pitchley.

An apology for absence was received from Councillor Burton.

K12. MINUTES OF PREVIOUS MEETING

Consideration was given to the minutes of the previous meeting held on 11th July, 2011.

Resolved:- That the minutes of the meeting held on 11th July, 2011, be approved as a correct record.

Arising from Minute No. D2 (KWILLT Project and Rotherham Conference) it was noted that the conference to be held on 19th September, 2011, was fully booked.

Arising from Minute No. D5 (Arrangements for the first Health and Wellbeing Board), it was noted that the first meeting was to be held on 21st September, 2011.

Arising from Minute No. D7 (Bereavement Services Forum), it was noted that a meeting was to be held on 20th September, 2011.

K13. CONFERENCE

Resolved:- That the Cabinet Member (or substitute) be authorised to attend the "Tackling Tobacco in your Community : A Compelling Business Case for Action" conference to be held in Manchester on 11th October, 2011.

K14. HEALTH SUMMIT

The Chairman reported that when the Cabinet had considered a report on Health Inequalities at its meeting held on 20th July, 2011 (Minute No. 34), it had recommended that a Health Summit be held in November with the key players concerned. In the meantime consultation should take place to inform the process.

Rebecca Atchinson and Carol Weir, NHS Rotherham, had commenced the consultation at the Rotherham Show where they had spoken to approximately 426 people. This information, together with that of the Health and Wellbeing Board, would help ascertain whether the local level information married up with the statistical information and help to find out why some of the services provided were not as successful as hoped.

The work undertaken at the Rotherham Show was an initial exercise which would be followed by more indepth work at focus groups, Area Assemblies and communities of interest. They were asked if they thought that their health had improved. On the whole, participants thought it had got worse. When asked for the reasons why they thought that, the top 3 answers were:-

- unemployment
- less money to spend
- cost of weekly food shop

The 426 participants had been spread across the Borough, with a near 50-50 split of male and female, with representatives from ethnic minority groups.

Discussion ensued with the following issues raised:-

- The participants knew all the services existed but were not motivated to use them
- Send questionnaire electronically to all Elected Members
- Obesity was not mentioned as a problem although participants had raised the number of fast food outlets linked to the cost of fresh food and ability of some to cook
- The focus groups would give the opportunity for more indepth discussion
- Use the Rotherham Foundation Trust network to distribute the questionnaire
- Link in with the work taking place in A&E and Walk-in Centre on members of public presenting at the wrong place for their complaint
- Difficulty in understanding the difference between health and illness
- The need for the NHS and Council to use different methods of engagement to obtain the views of hard to reach groups, particularly in disadvantaged areas

Resolved:- (1) That the work undertaken so far be noted.

(2) That the questionnaire be circulated electronically to all Members of the Council.

(3) That the Cabinet Member contact the local press with a view to the questionnaire being included on their web site.

K15. HEALTH TRAINER SERVICE

Carl Hickman, NHS Rotherham, gave a verbal report on the Rotherham Health Trainer Service which had been recognised in 2010 as 1 of the top 10 services in the country for helping patients plan and achieve their healthy lifestyle goals and deliver some of the highest health outcomes.

The Service was commissioned through the NHS providing the client a free, confidential, 1:1 service which dealt with behaviour and lifestyle change. It was for anyone who wanted to manage their weight, improve their diet, reduce stress/depression, increase their energy levels, do more physical activity, drink sensibly, lift low mood or stop smoking.

It was currently based within 29 GP surgeries in Rotherham. Customers received support from a Trainer for up to 1 hour, 6-8 times. It was not supposed to be a crutch but to build self-advocacy using self-motivation, promote behavioural change and move them along the route; they were set small achievable goals for them to go away and make those changes themselves.

At present the Service was commissioned until March, 2012. The current cost of intervention per client for 6-8 sessions was £107.

Initially every GP practice in the Borough was contacted with regard to providing the Service from their premises but some had failed to respond. It was felt that further analysis of the use of this service, including Super Output Area analysis, would assist in future targeting campaigns.

Resolved:- That the report be noted.

K16. FOOD STANDARDS AGENCY AUDIT

The Director of Housing and Neighbourhood Services submitted an update on the progress made with regard to the recommendations from the Food Standards Agency's audit in May, 2010. It also detailed the preparations undertaken for a potential follow-up audit.

The audit assessed the local arrangements that were in place for food premises inspections and internal monitoring with regard to food hygiene law enforcement with particular emphasis on officer competency in assessing food safety management systems. The scope also included an assessment of the overall organisation, management and internal monitoring of food law enforcement activities. The FSA produced a final report and the Food, Health and Safety Team undertook a programme of work to implement the recommendations made.

Details on the progress made against recommendations were set out in the report submitted.

The Food, Health and Safety Team and the Performance and Quality Team had commenced a number of activities in preparation for the potential follow-up audit including:-

- Establishment of a core group to undertake a range of quality assurance activities and peer-to-peer audits against policies, procedures and FSA Audit Checklist
- The Performance and Quality Team had undertaken a range of independent quality assurance activities and spot checks
- Staff briefing sessions
- Discussions at regular team meetings and 1:1 sessions
- Review of the website information and improvements made

The Audit report and recommendations therein had not resulted in any additional resource implications for the Authority.

Failure of the authority to implement the recommendations may result in the Authority failing in its statutory duties in relation to the official control of food safety. The FSA may also consider it necessary to take further action against the Authority should it be considered to be failing to deliver its obligations.

The report also set out a strategic overview of the Food Hygiene Service which included the following statistics for 2010/11:-

- 5 premises had been closed
- 66 Hygiene Improvement Notices served
- 146 food samples taken
- 899 cases of infectious disease notifications; 382 notifications received up to 31st July, 2011
- 6 Food Alerts received from the Food Standards Agency

Resolved:- (1) That the progress made to meet the Food Standards Agency's recommendations and the work undertaken to prepare for a potential follow-up audit be noted.

(2) That information be submitted with regard to a strategic overview of the Food Hygiene Service.

K17. FOOD HYGIENE RATING SYSTEM

The Director of Housing and Neighbourhood Services reported that the Food Standards Agency now ran a National Food Hygiene Rating Scheme which had been adopted by 150 Councils up to June, 2011. The report highlighted the differences between the "Scores on the Doors" scheme currently operated by Rotherham and the actions needed to migrate to the national scheme.

The FSA had developed a national 6 tier scheme similar to the 1 currently operating in Rotherham. It extended the premises included in the "Scores on the Doors" which currently was only for caterers. The FSA scheme included establishments that supplied food direct to consumers including retailers. Certain exemptions were proposed, for example, primary producers, packers, importers, manufacturers, exporters etc. and groups such as childminders which were operating from private addresses and 'low risk' establishments such as chemists and newsagents selling pre-wrapped confectionery.

The Food Hygiene Rating System broadened the higher rated scores which would impact on the better premises in Rotherham and alter the descriptors published on the web. This would mean that some premises would alter their star rating. The descriptors of the premises would alter to very good, good, generally satisfactory, improvement necessary, major improvement necessary and urgent improvement needed.

If Rotherham adopted the Scheme, the FSA required participating local authorities to sign a formal agreement based on the 'Brand Standard'. Migration to the new system could be undertaken in a staged gradual approach or via a critical mass approach which was the favoured approach.

The change would be communicated to the businesses in a number of ways for which there was FSA funding. The Authority successfully bid for funding from the FSA with the other 3 South Yorkshire authorities, the total amount being £131,488. The cost of running the new scheme would be less than running "Scores on the Doors" as there was no annual cost (currently £3,220 per annum).

The suggested launch time across the four authorities was March, 2012.

Resolved:- (1) That the update regarding implementation by the Food Standards Agency of a national 6 tier Food Hygiene Rating Scheme (FHRS) and the "Brand Standard" be noted.

(2) That migration to FHRS be approved subject to the funding bid being accepted.

(3) That the Authority continue to support the Scores on the Doors Scheme until the contract with Transparency Data expires in February, 2012.

K18. STRATEGIC COMMISSIONING PRIORITIES FOR CHILDREN AND YOUNG PEOPLE'S SERVICES

This item was withdrawn.

K19. DATE AND TIME OF FUTURE MEETINGS

Resolved:- That meetings be held on the following dates in 2011/12 commencing at 11.30 a.m. in the Town Hall:-

10th October, 2011
7th November
5th December
16th January, 2012
13th February
12th March
16th April