

CABINET MEMBER FOR HEALTH AND WELLBEING

**Venue: Town Hall,
Moorgate Street,
Rotherham S60 2TH**

Date: Monday, 16th January, 2012

Time: 11.30 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested, in accordance with the Local Government Act 1972 (as amended March 2006).
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Minutes of previous meeting (Pages 1 - 5)
4. Health and Wellbeing Board
- verbal report on any issues arising from the last Board meeting
5. NHS Health Check/Making Every Contact Count
- Sally Jenks, Public Health Specialist, Department of Public Health
6. The Rotherham Olympics 2012
- Sally Jenks, Public Health Specialist, Department of Public Health
7. Update on Seasonal Vaccination Programme (Pages 6 - 10)
8. Conference
- LGA Public Health Annual Conference 2012 – Political and Managerial Leadership in Public Health – 28th February, 2012 - London

CABINET MEMBER FOR HEALTH AND WELLBEING
Monday, 5th December, 2011

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

Apologies for absence were received from Councillors Jack and Pitchley.

K32. MINUTES OF PREVIOUS MEETING

Resolved;- That the minutes of the meeting held on 7th November, 2011, be approved as a correct record.

K33. HEALTH AND WELLBEING BOARD

The Chairman gave a brief resume of the items discussed at the October meeting of the Health and Wellbeing Board including:-

Health Inequalities Summit
 Armed Forces Community Covenant

It was noted that the Summit had been held on 1st December. It had been very well attended and had received good feedback. The challenge now was to take away the findings and draw up a framework for the work in the local areas in terms of what needed to be addressed initially before the more detailed local issues.

The next meeting was to be held on 7th December, the agenda for which included:-

Presentation by NHS Doncaster regarding Mexborough Montague Hospital
 Rotherham Community Stadium
 Sport England
 Diabetes Scrutiny Review
 Food Availability in Rotherham
 Winter Plan
 Integrated Strategic Needs Assessment

K34. DRINKING ALCOHOL IN ROTHERHAM

Anne Charlesworth, Head of Alcohol and Drug Strategy Team, Public Health, gave the following powerpoint presentation:-

- Specialist Alcohol Commissioning Meetings Feedback
- Benchmark Activity
 - Benchmark Rates of Alcohol Misuse
 - o Hazardous and harmful drinkers – rate per 100,000 population – 47,606
 - o Harmful drinkers – rate per 100,000 population – 7,475
 - o Dependent drinkers – rate per 100,000 population 5,115
 - Specialist Alcohol Treatment Services
 - o Number of people with alcohol dependence

- Current percentage receiving specialist treatment – 522
 - Future percentage receiving specialist treatment – 767
- Alcohol-related Hospital Admissions
- Alcohol-related hospital admissions – rate per 100,000 population – 4,254
- Some of the latest initiatives
 - Call it a Night website (now includes screening tool for use by anyone to assess what constitutes increasing risk by young people drinking behaviour, can be used by young people and in education settings)
 - Picking up young people (16-20 years of age) presented at Accident and Emergency and making sure School Nursing follow this up (or Specialist Services if 16-18 years of age)
 - Alcohol Awareness Week events
 - Staff training (including staff at Hellaby and Hargreaves Colliery) via the commissioned workplace initiative with Lifeline
 - Identifying alcohol use levels via Police Custody Suite
 - Street Pastors have a crucial role in reducing alcohol-related harm
 - Alcohol Services
 - Currently 1 of 4 areas undertaking National Payment by Results pilot for Department of Health
 - From next year will increase target to include more ‘problem’ drinkers and more ‘Tier 2’ intervention
 - Staff numbers reduced
 - Primary Care Scheme now includes all but 5 practices
 - Lifeline continue to exceed targets to offer assessments and interventions, both stood alone and to support NHS agenda
 - Case management of high impact users of hospital and ambulance services
 - Improved collaboration between hospital care and specialist services

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

- The 5 practices that had declined the Service were all small practices
- Currently services were commissioned through NHS Rotherham in collaboration with the Rotherham Partnership. However alcohol was a much wider strategic issue and felt should be included on the Health and Wellbeing agenda
- A recent event at the Lifeline Centre had centred on alcohol, with parents invited, and the 2 scenarios by Crucial Crew had been around alcohol and cannabis. Drugs and alcohol education in schools was an issue due to shrinking resources
- A number of young people said they got the alcohol from home
- Difficult to get across how much a unit of alcohol was

Resolved:- That the presentation be noted and referred to the Health and Wellbeing Board.

Alison Iliff, Public Health Specialist, presented proposals for making Rotherham a British Heart Foundation Heart Town.

The British Heart Foundation (BHF) wanted to establish 50 Heart Towns across the United Kingdom mobilising communities to help prevent and fight circulatory and heart disease. BHF wished to build on existing relationships within the Borough and establish Rotherham as 1 of the first 50 Heart Towns and the first in South Yorkshire.

Becoming a Heart Town would put an increased focus on cardiovascular disease, increasing awareness of risk factors and improving the health and wellbeing of the community. The initiative aimed to bring communities together through local fundraising and volunteering as well as raising awareness of heart disease and offering residents a range of support services including school initiatives, workplace health and lifestyle information resources.

BHF would provide access to its information and training resources and organise a 'One Day' fundraising initiative to support their Mending Broken Hearts Appeal. A BHF team of staff and volunteers for Rotherham would co-ordinate local activity. Heart Town status was a 5 year commitment.

To become a Heart Town, Rotherham would have to commit to:-

- Signing a community pledge with BHF agreeing to become a Heart Town for a 5 year period
- Adopt Heart Town branding
- Working with BHF, create a Heart Town ride/walk/run in the centre of town
- Support BHF work in schools, businesses and the community
- Support BHF fundraising and volunteering initiatives

Resolved:- (1) That the proposal for making Rotherham a British Heart Foundation Heart Town be supported.

(2) That the report be referred to the Cabinet for approval.

K36. SPORT ENGLAND

The Chairman submitted Sport England information from their Our Active People Survey which provided local level data on sporting participation.

The mini sport profile gave key sporting data for the local authority area, the costs of inactivity and maps modelled on participation data and obesity data showing any direct correlation. The Active People Survey and Local Sport Profiles were valuable tools when developing or refreshing the Joint Strategic Needs Assessment.

Sport for England's existing work through Places People Play would bring the sporting legacy to life, delivering better facilities, more volunteers and greater access to a variety of sport across the whole country. More information on

Places People Play could be found at www.sportengland.org.

The Local Sport Profile showed:-

- 19.9% of adults in Rotherham took part in sport and active recreation – national average 22%. 53.6% of adults did no sport or active recreation at all
- 3.7% adult residents were regular sports volunteers – national average 4.5%
- 21.1% were members of sports clubs – national average 23.9%
- The health costs of inactivity in Rotherham was at least £4.4M per year
- Sport contributes economically to the community with 55 businesses trading in sporting goods or services
- Youngsters who were active had numeracy scores, on average 8% higher than non-participants

Resolved:- That the report be noted.

K37. FOOD SERVICE PLAN 2011 REPORT

Alan Pogorzelec, Manager, Business Regulation, submitted the Food Service Plan 2011/12 and the performance of the Food, Health and Safety Team.

The Food, Health and Safety Team, in relation to food hygiene and food standards, during 2010/11, had outturned at:-

Number of high risk food A and B hygiene inspections carried out (% of those due for inspection)	203 (100%)
Number of category A food standards inspections carried out (% of those due for inspection)	10 (100%)
Number of category C and D food hygiene inspections carried out (% of those due for inspection)	839 (100%)
Number of category B food standards inspections carried out (% of those due for inspection)	139 (53%)
Number of food hygiene revisits	504
Number of Hygiene Improvement Notices served	66
Number of Hygiene Prohibition Notices served	5
Number of premises voluntarily closed	0
Number of service requests received	477
Number of samples taken	146
Number of infectious disease notifications received	899

Number of food alerts received	6
NI 184 Broadly compliant	81% (target 82%)
<p>The Team had been actively involved in:-</p> <p>Comprehensive focussed audit carried out by the Food Standards Agency followed by an action to address the findings. These had all been delivered and was now preparing for a reassessment by the Agency</p> <p>Development and implementation of a comprehensive performance monitoring framework. Performance information was now reported to the Director on a monthly basis</p> <p>Alternative Enforcement Strategy</p>	

It was noted that, at a time when resources were stretched across the Council, food hygiene inspections outturned at 100% at the end of October, 2011, due to a robust performance management framework.

Originally, the Food Standards Agency was to have revisited the Authority in May, 2011. The visit had been rescheduled a number of times but there was now a suggestion that, due to the information, action plan and supporting documentation supplied, the Agency may be happy to conduct a desk top assessment.

Resolved:- (1) That the Food Service Plan for 2011/12, a statement requirement of the Framework Agreement, be noted.

(2) That the performance of the Food, Health and Safety Team be noted.

Report to Operational Executive NHSR and Health and Wellbeing Cabinet Member Delegated Powers
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1.	Meeting:	Operational Executive NHSR and Health and Wellbeing Cabinet Member Delegated Powers
2.	Date:	16th January 2012
3.	Title:	Update on Seasonal Vaccination Programme
4.	Programme Area:	Public Health - Immunisation

5. Summary

The seasonal flu vaccination programme is issued by the Chief Medical Officer (CMO) in the spring of each year, identifying the groups that are to be included in the forthcoming programme. In 2010/11 the programme was extended to include pregnant women (regardless of underlying health problems) as part of the routine cohort. The cohorts for 2011/12 programme remain unchanged. The groups included are therefore:

- People over the age of 65 years
- People 6 months to 65 years with chronic or long term conditions
- People living in long stay care facilities e.g. care homes
- Carers
- Pregnant women (any stage of pregnancy)
- Frontline health and social care staff.

Responsibility for delivering and performance managing the programme sits locally with NHSR and the Public Health Department aligned to the Local Authority. Whilst the programme is delivered primarily through General Practice, alternative providers have been commissioned. GPs remain responsible for housebound patients (including care homes) who are not on a District Nurse caseload.

Whilst Community and Primary Care Indicators and influenza like illness consultations remain relatively low at the present time, within seasonally expected levels, an increase in influenza activity cannot be ruled out. It is therefore essential that as many vulnerable people as possible are vaccinated before significant levels of flu are circulating.

6. Recommendations

Flu vaccination continues to be widely promoted by NHS Rotherham, radio and local media. Relevant posters and leaflets are displayed in all healthcare providers including pharmacists. Delivery of further material is awaited and this will be distributed in due course.

This report aims to assure the Operational Executive that measures are in place to ensure effective delivery of the seasonal flu vaccination programme during the transition.

Flexible delivery of the programme is vital in improving uptake. Community midwives must continue to actively promote and encourage vaccination among their client groups, signposting pregnant women to the Practice Nurse or GP.

All health and social care providers and staff should take every opportunity to promote and encourage vaccination among patients and clients and patients.

A review will be undertaken with regards to the housebound that are not on the District Nurse Caseload. Whilst mass vaccination programmes take place for people in care homes, those in their own home may be more difficult to reach and may need a targeted strategy in future years.

The lessons identified from the 2011/12 programme will be discussed with and disseminated through the Vaccination and Immunisation Champions to the ensure the changes needed to improve uptake in 2012/13 will be implemented.

7. Proposals and Details

The RFT have identified two Midwives who will be freed up to administer a vaccination programme in Greenoaks (Ante-natal clinic). The RFT have reported that this programme will commence during the first week in January.

District Nurses continue to vaccinate patients (and where present their partners) on their caseload.

Analysis has begun looking at the underperforming practices in terms of their specific populations i.e. ethnicity and index of multiple deprivation, although initial analysis does not suggest a correlation between these and poor uptake.

8. Finance

The programme is currently funded centrally by the Department of Health, but will under the new architecture be the responsibility of Public Health England. As delivery and performance are local issues, contract variations and service level agreements have been put in place to support delivery by The RFT and Community Pharmacists. Shortfalls in funding are currently addressed from elsewhere in the NHSR annual allocation.

9. Risks and Uncertainties

The performance to date data is taken from the automatic weekly bulk upload, week ending 1st January 2012 – this is subject to change with the monthly reports as two practices do not have automatic bulk upload facilities.

Target/Area	2010/11 Performance	Performance to Date	Issues	Actions
Over 65's 75%	74.9%	75.4%	Arrangements had been put in place to allow vaccination of this group if	The programme is well established in this group, which is easily

			admitted to hospital. However due to pressures resulting from diarrhoea and vomiting this has not been implemented.	identifiable on the GP system – this facilitates the call/recall system. The systems and arrangements put in place to facilitate vaccination within RFT will be developed to support the 2012/13 programme.
Under 65 at risk/chronic conditions 60%	50.8	51.9%	Data quality issues with regards to the denominator. As practices use the READ codes linked to QOF disease registers, some patients may not be identified.	Detailed investigation and analysis has been carried out by NHSR – this has revealed significant differences in the business rules between ImmForm (used by DH) and QOF (used by practices) used to identify at risk patients. This has been escalated to SHA for discussion with DH Immunisation Team, to align the two registers.
Pregnant Women (all) - 60%	38.2% (not in a clinical risk group) 55.8% (in a clinical risk group)	19.3% (not in a risk group) 44.8% (in a clinical risk group) All pregnant women 21.1%	Reporting parameters have changed so that reporting summarises all pregnant. The planned programme for delivery of vaccination within midwifery services has	Two midwives have been identified to deliver the vaccination programme within the ante-natal unit and Day Ward/Triage – one has received the

			<p>been considerably delayed due to internal service issues.</p> <p>Uptake is comparable to most other areas across Yorkshire and Humber.</p>	<p>relevant training with a view to commencing vaccination during the first week in January.</p> <p>Community midwives promoting vaccination to pregnant women.</p> <p>Investigating ways to improve publicity e.g maternity/mums websites, bounty packs etc.</p> <p>Publicity via local media including free press, advertiser and local radio</p>
Frontline Healthcare Staff 60%	52.7%	For NHSR staff as of End of November 65.5%	<p>NHSR report on behalf of primary medical and dental care.</p> <p>Uptake is variable, with some practices achieving near to 100% of staff, others reporting staff do not want to receive vaccination</p>	<p>Wide publicity from NHSR.</p> <p>Wide publicity from NHS Employers.</p> <p>Importance of staff vaccination and duty of care reiterated in order to protect vulnerable patients.</p> <p>Flexible delivery programme via Occupational Health, Employing GP's and Community Pharmacists.</p>
			<p>Underperforming practices in one or more target groups, as identified internally and reported by DH 1000 lowest performing practices.</p>	<p>These practices are reported to the Lead GP within the Clinical Commissioning Group.</p> <p>Practices are contacted and actions to</p>

				<p>improve uptake discussed. This includes contacting patients who have not responded and reviewing risk registers. It has been reiterated to these practices not to rely on QOF disease registers. Reviewing practice uptake against levels of deprivation and ethnicity to identify any specific issues.</p>
			<p>General apathy due to low levels of flu activity and mild weather conditions.</p>	<p>Reiterated through communications that the risk remains despite existing low levels of circulating flu.</p>

10. Policy and Performance Agenda Implications

It is clear that there is a great deal of work needed in the coming months, locally and nationally to better understand how patients are coded and identified and to ensure that the system used to identify/call patients and establish the denominator is the same for both practices and the Department of Health Immunisation Team.

The Joint Committee for Vaccination and Immunisation (JCVI), expert advisors to the Department of Health are continuing to review evidence in relation to vaccinating all healthy children as part of the seasonal flu programme. If this is approved this will have major financial and service implications for the 2012/13 programme.

11. Background Papers and Consultation