

**CABINET MEMBER FOR HEALTH AND WELLBEING**  
**Monday, 13th February, 2012**

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

**K44. MINUTES OF MEETING**

Resolved:- That the minutes of the meeting held on 16<sup>th</sup> January, 2012, be approved as a correct record.

Further to Minute No. K.39, Councillor Jack reported that she was now in receipt of information regarding PIP breast implants which she had passed onto Kevin Barron, M.P.

**K45. HEALTH AND WELLBEING BOARD**

It was noted that the next Board meeting was to be held on 29<sup>th</sup> February, 2012, the agenda for which included the JSNA.

**K46. PUBLIC HEALTH OUTCOMES FRAMEWORK FOR ENGLAND 2013-2016**

Jo Abbott, Consultant in Public Health, presented the Public Health Outcomes Framework for England 2013-2016 for information.

The published Framework was in 3 parts:-

- Part 1 introduced the overarching vision for Public Health, outcomes and Indicators
- Part 2 specified the technical details currently supplied for each Public Health Indicator and indicated where further work would be conducted to fully specify all Indicators
- Part 3 consists of the Impact Assessment and Equalities Impact Assessment

The Framework followed on from 2 preceding web-based updates in the series on the roles and function for local government and the Director of Public Health and how Public Health England would support all parts of the new system to improve and protect the public's health. The whole system would be refocused around achieving positive health outcomes for the population and reducing inequalities in health across 4 domains:-

Domain 1  
Improving the wider determinants of health

Domain 2  
Health improvement

Domain 3  
Health protection

Domain 4  
Health care public health and preventing premature mortality

Performance would be monitored against the above.

A mechanism was being worked on to provide regular updates on the key targets. There were also links/ to the Health Inequalities Plan.

Resolved:- That the report be noted.

#### **K47. SMOKING CESSATION SERVICE ANNUAL REPORT**

A representative of the Rotherham NHS Stop Smoking Services (RSSS) presented their annual report for 2010-11.

RSSS was a specialist service that provided support for anyone who lived or worked in Rotherham. It provided one-to-one, drop-in, group and telephone support. Sessions were delivered in a number of venues across Rotherham during the day, evenings and Saturday mornings.

RSSS was commissioned by NHS Rotherham. The Service specification contained a number of very challenging objectives including:-

- Meet the specific 4 week quitter target (1,850 per annum)
- Meet the specific pregnant women 4 week quitter target (160 per annum)
- Achieve an average of 50% conversion rate
- Achieve 85% CO verification rate of clients who quit
- Support the achievement of the LES target (1,000 per annum)
- Contribute to the reduction of health inequalities by targeting specific groups

The Service specification had contained significant financial penalties should the Service not meet the 4 week quitter, pregnancy women 4 week quitter and conversion rate targets. The penalties had subsequently been removed.

#### **Performance Data**

- o The largest referral source was 'self' followed by the Midwifery Service and the Rotherham NHS Foundation Trust
- o Of the 6,572 referrals received by RSSS, only 3,333 attended and set a quit date. Much progress had been made with digital pen technology introduced allowing advisors to input data directly onto quitmanager [Service's database]. This had released some administration time to facilitate the implementation of an improved referral management system. RSSS had also worked with the quitmanager provider to develop a sophisticated referral management system and developed a number of resources to mail out to clients. It was also intended that clients would receive text message appointment reminders
- o The main awareness source for self-referrals was previous clients, friend and family. A 'member get member' scheme had been introduced to maximise the number of referrals from this route. Clients visiting the Quit Stop and the Stop Smoking Centre made a significant contribution to the total number but GP's made up the bulk of awareness source for the remainder of the self-referrals
- o Overall quit rates in 2010-11 for RSSS and the Locally Enhanced Service (LES - GP run services) were 50% and 53.4% respectively. RSSS quit rate had improved from 46.6% in the previous year, the LES rate had decreased

- slightly from 57.7%
- RSSS had a higher ratio (35%) of self-report quitters than LES (20%). The RSSS provided a dedicated telephone service where as the LES provided face-to-face support only
- Rotherham compared very favourably with other PCTs in the region in terms of quitters per 100,000 of population
- LES exceeded its target – 1,089 against a target of 700
- Rotherham compared very favourably with other PCTs in the region in terms of quitters per 100,000 of population
- Between 2005-10 the number of RSSS quitters per year more than doubled but activity had dipped in the last year at the same time LES quitter activity per year had trebled
- The quit rate for the specialist service was slightly lower than that of the LES (50% compared to 53%) – an improvement of RSSS of nearly 4% on the previous year
- A similar number of clients quit across age groups 18-59, however, quit rates were lower in the 18-34 age group Few clients aged under 18 quit
- More women attended Stop Smoking Services and quit compared to men but men had a slightly higher quit rate.
- Routine and manual workers were a key target group for Stop Smoking Services
- RSS delivered 161 pregnant women quitters against a target of 160, improvement from 143 the previous year
- RSS provided support for staff in primary care to deliver stop smoking interventions including the LES
- Quit Shop delivered 715/1662 (43%) of all Rotherham NHS Stop Smoking Service's quitters. Quit rate of 47%
- RSSS delivered between 8-12 day time and 5-8 evening sessions per week during 2010-11 totalling 810 clients supported set to quit and 445 to quit giving a quit rate of 55%
- Stop Smoking Centre in the Rotherham Hospital supported 315 clients to set a quit date, 134 quit giving a quit rate of 43%
- Out of hours pro-active telephone support service introduced in January, 2010. It supported 269 clients to set a quit date, 169 quit, giving a quit rate of 63%

Resolved:- That the report be noted.

#### **K48. CONFERENCES**

Resolved:- (1) That the Local Government Association conference entitled "Deaths, Funerals and Coroners Conference: Past, Present and Future" to be held in London on 6<sup>th</sup> March, 2012 be not attended.

(2) That the Chairman (or substitute) be authorised to attend the free Local Government Association conference entitled Physical Activity: The Changing Shape of Public Health to be held in London on 13<sup>th</sup> March, 2012.

#### **K49. KEEPING WARM IN YORKSHIRE AND HUMBER: BRIEFING DOCUMENT**

It was reported that a number of organisations had come together to secure funding from the Department of Health "Warm Homes, Healthy People" Fund for 2012, a project to help staff to plan and prepared more effectively in line with the Cold Weather Plan for England.

The project funding was hosted by the Council and NHS Rotherham on behalf of all the partners.

The aim was to ensure that vulnerable older people received correct, clear, consistent, useful and actionable advice and information from the local organisations they came into contact with in line with the 'four stages of preparedness' in the cold weather plan.

Resolved:- That representatives from Sheffield Hallam University be invited to the April meeting to discuss the initiative.