

**CABINET MEMBER FOR HEALTH AND WELLBEING**  
**10th October, 2011**

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

**K20. MINUTES OF MEETING**

Consideration was given to the minutes of the previous meeting held on 12<sup>th</sup> September, 2011.

Arising from Minute No. 13 (Conference), it was noted that the Cabinet Member would not be attending the conference due to other commitments.

Arising from Minute No. 14 (Health Summit), it was noted that the event was to take place on 1st December.

Resolved:- That the minutes of the meeting held on 12<sup>th</sup> September, 2011, be approved as correct record.

**K21. TOBACCO CONTROL**

Alison Iloff, Public Health Specialist, presented the Tobacco Bulletins for July and September, 2011, which summarised the latest tobacco control activity within Rotherham, national and international news related to tobacco and smoking and outlined any relevant training and development opportunities.

A powerpoint presentation was also given as follows:-

Scale of the Challenge

- Early year smoking caused the greatest number of preventable deaths - 81,400
- The decline in smoking rates had stalled
- National children's rates of smoking (age 11-15)
- Smoking in pregnancy
- Smoking cost the local economy millions every year (£71.9M in Rotherham)
- The annual cost of smoking to smokers (compared to additional costs to our community) - each year, smokers in Rotherham spent approximately £81.5M on tobacco product contributing roughly £62.1M in duty to the Exchequer. This meant that there was an annual funding shortfall of £9.8M in this area

Smoking Attitudes and Behaviours

- Children not adults start smoking - 90% of smokers started before the age of 19
- Children were 3 times as likely to start smoking if their parents smoked
- The majority of children who smoked got their cigarettes from a 'friend'
- The poorer you were the more likely you were to smoke
- Smoking was 1 of the greatest causes of health inequalities
- Poorer smokers were as likely to want to quit and try to quit but half as likely to succeed
- Smokefree environments enjoyed increasing public support.

#### Tobacco Control and Local Authority Role

- The World Bank has developed a '6 strand' strategy for reducing tobacco use:-
  1. stopping the promotion of tobacco
  2. making tobacco less affordable
  3. effective regulation of tobacco products
  4. helping tobacco users to quit
  5. reducing exposure to secondhand smoke
  6. effective communication for tobacco control

#### Significant and Growing Role for Local Authorities

- Local Authority responsibilities included enforcement on:
  - Age of Sale
  - 'Smokefree' Places
  - Smuggled and counterfeit tobacco
  - Advertising ban
- From 2013 Local Authorities would take on responsibility to commission services to motivate and support smokers to quit their habit

#### Working Together for Better Health

- Local Government including Police and Fire
- Local Health Services
- Organisations that work across neighbouring localities within a region
- Employers
- Voluntary sector organisations
- Smokers particularly groups with high rates of smoking e.g. routine and manual smokers

#### Benefits of Working across Local Boundaries

- Marketing and mass media – to ensure 'health messages' were supportive, clear and do not conflict
- Tackling smuggling – criminal gangs do not pay heed to local government boundaries
- Surveys, research and data collection – cost savings can be had from collectively commissioning research and surveys and sharing the results

#### Challenges for Rotherham

- Smoking prevalence not declining (although data may not be reliable)
- Smoking in pregnancy was declining, but was still much higher than the national and regional average
- Understanding the apparent increase in young smokers and implementing further programmes to tackle youth smoking
- Cheap and illicit tobacco – continuing availability undermined other tobacco control activity

#### Key Messages

- Local authorities had a key and important role to play – the NHS alone could not reduce smoking rates

- Smoking was the single biggest preventable cause of health inequalities – reducing rates would bring general improvements in health and cost savings in other areas
- To reduce smoking there was a need to increase the number of quit attempts and the success of each attempt – the poorest smokers should be targeted to narrow the gap in life expectancy between the richest and poorest and improve the health of the poorest fastest

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

- The latest Lifestyle Survey statistics showed an increase in the number of children smoking  
*Following the meeting it was established that it was a 10% increase on last year and against national trends*
- In the last 6 months, Rotherham Trading Standards had:-
  - Undertaken 20 individual test purchases with regard to the sale of tobacco to children from retail premises which had resulted in no failures. However, the Lifestyle Survey stated that 55% of young people got their cigarettes from shops
  - Seized a total 44,160 illegal cigarettes (counterfeit or smuggled) from retail outlets and private addresses – this was over 2,200 packs
  - Seized 10.4 kgs of illegal handrolling tobacco (counterfeit or smuggled) from retail outlets and private addresses – over 800 packs
  - Seized 0.5 kg of illegal handrolling tobacco from an individual selling the product in the town centre – 40 packs
- The Trading Standards Team was now temporarily reduced in size due to some recent voluntary early release applications. However, there were plans to strengthen the Team shortly by way of a restructure.
- Tackling the illegal supply and sale of tobacco would remain a key priority for Rotherham
- The resources used to stop adults from smoking was not cost effective and should be concentrated on young people and pregnant women
- At the moment the national guidance was the 4 week “Quit” programme. However, the Tobacco Control Paper spoke about different routes
- There was little evidence to support the Quit programme for young people being successful. The primary focus of Tobacco Control was prevention rather than helping a young person quit
- There were a whole range of issues beyond what could be done locally such as images in the media and the desire of young people to copy celebrities
- Unclear message about tobacco unlike those of alcohol and drugs
- The Rotherham Titans had done a lot of work around the issue
- There was close work with the Healthy Schools Team who liaised with schools directly. All schools had a Smoke Free Policy but the big problem was when children left school premises to walk home and no longer the school’s responsibility

The draft lifestyle survey had an error stating there were 15% not 10% current smokers. They also included young people who smoked monthly in this figure. The comparative figure is regular smokers (weekly and daily smokers), which was actually 8%, the same as 2010. However, this is still 3 percentage points higher than the England average in 2010.

The Rotherham Tobacco Control Alliance had a meeting on 20th October. The action plan would be considered with a further report submitted to the Cabinet Member.

Resolved:- (1) That the bulletin and powerpoint presentation be noted.

(2) That the attention of the Children's Board be drawn to the increase in the number of children smoking.

(3) That it be noted that the Cabinet Member was to Chair the Rotherham Tobacco Control Alliance.

## **K22. SUICIDE PREVENTION GROUP/PLAN**

Ruth Fletcher-Brown, Public Health Specialist (Mental Health all Ages and Domestic Abuse) and Kate Tufnell, Head of Contracts and Service Improvement, Mental Health, Learning Disabilities and Specialised Services, presented an update on the national and local suicide prevention plans together with proposals as to how to drive the work forward. Suicide was 1 of the proposed Indicators in the Public Health Indicators Framework which was out for consultation.

Suicide was a major issue for the whole of society, affecting not only immediate family and friends but the wider society. Nationally the figure for suicide in 2009, including undetermined intent, was 4,399.

The report drew attention to the following:-

- Most of the people who died by suicide in Rotherham were men which was a similar trend to that found nationally
- The most common age group in England was 20-64 (peaking at ages 35-49). This was similar for Rotherham
- The reduction in numbers since 2008 may be explained by the multi-partnership Public Health work. Suicide prevention was most effective when it was combined as wider work addressing the social and other determinants of poor health and wellbeing
- GP Practices were informed by NHSR of suicide and conducted their own internal review to look at lessons that could be learnt. Similarly, RDaSH conducted internal reviews if the person had been in contact with their service
- Hanging accounted for 9 (89%) of Rotherham suicides in the period from July, 2008-2009 and 1 (11%) via suffocation. 50% took place in the deceased's own home, the others were predominantly in homes known to the individual or wooded areas. The majority that took their own life were not in contact with Mental Health Services

In light of the consultation, it was proposed that a Suicide Prevention Group be established. The Group would use local data from the Suicide Audit and the Office of National Statistics to develop an action plan.

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

(2) That it be acknowledged that suicide prevention required a multi-agency approach and, in line with the Government's statement that the planning and preventative work would be carried out locally, a Suicide Prevention Group be established.

(3) That assessment against and implementation of the National Institute of Health and Clinical Excellence clinical guidelines on the long term management of self-harm in the NHS due November, 2011, be noted.

### **K23. YORKSHIRE AMBULANCE SERVICE 'LOOKING TO THE FUTURE' PUBLIC CONSULTATION**

It was noted that the Yorkshire Ambulance Service was looking to apply for Foundation Trust status in 2012 and plans had been developed as to how they would like to take the new organisation forward in the future.

Between now and 4<sup>th</sup> December, 2011, everyone across Yorkshire was invited to share their views about the plans and help shape the way that Ambulance Services were provided in the future.

They also wished to recruit 'members' to the new organisation who would help influence the decisions made and ensure that they benefitted local communities.

It was noted that the issue was to be considered by the Health and Wellbeing Board at its meeting on 26<sup>th</sup> October.

### **K24. GENERAL DENTAL COMMITTEE - PROFESSIONAL CONDUCT COMMITTEE**

Dr. Ken Wragg, Consultant in Dental Public Health, submitted a report of the General Dental Council's Professional Conduct Committee held in June, 2011, into Mohammed Shahid Siddiqui.

Mr. Siddiqui was a dentist based in Rotherham until May, 2009 until an unannounced infection control inspection of his practice took place by representatives from NHS Rotherham and the Health and Safety Executive. Areas of poor infection control practice had been found including re-use of items of equipment intended for single use.

Mr. Siddiqui had been immediately suspended from the NHS Rotherham Dental Performer's list meaning he was not allowed to practice NHS dentistry in Rotherham. He was also reported to the General Dental Council (GDC) in accordance with normal practice. The GDC Interim Orders Committee suspended Mr. Siddiqui from June, 2009. When reviewed in June, 2010, the suspension was lifted but imposed 17 conditions of practice until a further hearing could be convened early in 2011. Mr. Siddiqui had been referred by the GDC to its Professional Conduct Committee for full consideration of the case.

In the meantime, Mr. Siddiqui appealed against his removal from the NHS Rotherham Performer's list.

On 13<sup>th</sup> June, 2011, Mr. Siddiqui had appeared before the GDC Professional Conduct Committee. Of the 23 charges, 20 had been admitted and found proved. It had imposed 21 conditions which would apply for 3 years and would appear in the Dentists Register.

Resolved:- That the report be noted.

**K25. HEALTH AND WELLBEING BOARD**

The Chairman reported that the draft agenda for the next meeting of the Board included:-

Yorkshire Ambulance Service Consultation  
Armed Forces Covenant

The December Board agenda would include:-  
Mexborough Montague Hospital including the Emergency Dental Service