

CABINET MEMBER FOR HEALTH AND WELLBEING
Monday, 16th January, 2012

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

An apology for absence was received from Councillor Burton.

K38. MINUTES OF PREVIOUS MEETING

Resolved:- That the minutes of the meeting held on 5th December, 2011, be approved as a correct record.

Arising from Minute No. 35 (British Heart Foundation Heart Town), it was noted that the community pledge was to be signed on 18th January, 2012.

K39. HEALTH AND WELLBEING BOARD

It was noted that the next Board meeting was to be held on 18th January, 2012, the agenda for which included:-

Cold Weather Plan
CYPS Programme
NHS Operating Framework and the new Outcomes Framework
Work Programme for the Board

Councillor Jack raised the issue of PIP breast implants and the confusion and conflicting messages in the media. Jo Abbott, Consultant in Public Health, reported that the national position was that if an implement had been carried out on the NHS it would be removed by the NHS if found to be causing problems; if the procedure had been carried out by a private provider then it was for that provider to correct. The Cluster Medical Director was currently looking at issuing a statement setting out Rotherham's position.

The current policy for Rotherham NHS was that they would be removed but not reinserted. Obviously this was not the case for those who had had a Mastectomy.

Resolved:- That the issue be raised at the Health and Wellbeing Board.

(Councillor Jack declared a personal interest in the above item)

K40. NHS HEALTH CHECK/MAKING EVERY CONTACT COUNT

Sally Jenks, Public Health Specialist, Department of Public Health, gave the following powerpoint presentation:-

What is the NHS Health Check?

- 'The purpose of the NHS Health Check is to identify an individual's risk of cardiovascular disease, for this risk to be communicated in a way that the individual understands and for that risk to be managed by appropriate lifestyle advice, referral and clinical follow-up'

The annual performance for the NHS Health Check Programme is:-

- 20% of the eligible population annually invited for screening
- 18% coverage rate per annum (commencing April 2012)
- A total of 90% of the eligible population screened at 5 years (by March 2017)

In Rotherham

- 25,283 screens plus an explanation of risk recorded had been carried out (38% of the eligible population)
- Practices received a payment of £10 for every patient with a risk score and explanation of risk recorded, rising to £24.20 for every patient above 45% of the eligible practice population
- 13 Rotherham practices had exceeded the 45% threshold for NHS Health Check

What the NHS Health Check is telling us

- 16% of screened patients have a CVD risk of >20%
- Of the patients with a >20% risk
 - 70% were overweight or obese
 - 35% were moderately inactive or inactive
 - 31% were current smokers
- 47% of patients with a >20% risk of CVD had been prescribed statins

The Future

- Commissioning arrangements from April, 2013 which were expected to reflect the following 2 components
 - o Public Health would be responsible for commissioning and contract managing the identification of the population and screen element
 - o The management of the risk would be the responsibility of the GP commissioning process
- Quality assurance
- NHS Health Check organised as a screening programme commencing April, 2012 - 5 year call and recall (2016/17)
- Making Every Contact Count - staff competence

Making Every Contact Count - What is it all about?

- Industrialising behaviour change
- Supporting clients to make healthier lifestyle choices/change behaviour
- Competence Framework
- The Self-Assessment Tool

Person Centred

- One of the main principles of MECC was to work with individuals and communities from their perspective
- This meant being responsive and offering advice tailored to individual circumstances
- Not only was this likely to be more effective, it would make advice and support services more accessible and meaningful for the individual

Better for Less

- The approach used the every day contact people already had with services

to offer brief advice and guidance

- Training and preparing staff to Make Every Contact Count would 'build in' the ability of more and more staff to offer brief advice and interventions to help people

Discussion ensued on the presentation with the following suggestions made:-

- Involve the British Heart Foundation Heart Town
- Contact all Parish Councils for inclusion in their Parish Newsletters

Resolved:- That the presentation be noted.

K41. THE ROTHERHAM OLYMPICS 2012

Sally Jenks, Public Health Specialist, Department of Public Health, gave the following powerpoint presentation:-

The Rotherham Olympics 2012

There had never been a better time to harness the opportunity

- Physical activity participation
- Green spaces
- Play spaces
- The cultural Olympiad

Exciting Opportunities

- Using our local resource to increase participation rates
- Innovation and re-invigoration
- Collaborative working

Potential areas identified

- Events and activities
- Volunteering
- Tickets
- Schools
- Community cohesion
- Torch relay
- Health improvement

Their Friends in the North

- Collaboration with Barking % Dagenham
- Networking schools
- Virtual competitions
- Reciprocal visits
- Sharing best practice
- Linking up the Public Health Team

Discussion ensued on the presentation. The Chairman reported that there was to be a major announcement shortly with regard to the funding available throughout the country through Sport England. The South Yorkshire Sports Partnership, of which Rotherham was a member, had already been allocated substantial funding.

Schools had already commenced their Olympic themes which funding had been received for.

Resolved:- That the presentation be noted.

K42. UPDATE ON SEASONAL VACCINATION PROGRAMME

Jo Abbott, Public Health Consultant, presented an update on the seasonal vaccination programme as at 1st January, 2012.

In 2010/11 the vaccination programme had been extended to include pregnant women (regardless of underlying health problems) as part of the routine cohort. The groups included were:-

- 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.

Whilst the programme was delivered primarily through GPs, alternative providers had been commissioned. Rotherham Foundation Trust had identified 2 Midwives who would administer a vaccination programme in Greenoaks from the beginning of January and District Nurses would continue to vaccinate patients (and their partners if present) on their caseload.

Whilst Community and Primary Care Indicators and influenza like illness consultations remained relatively low at the present time, within seasonally expected levels, an increase could not be ruled out. It was, therefore, essential that as many vulnerable people as possible were vaccinated before significant levels of flu were circulating.

It was noted that Council staff classed as front line social care were eligible for the flue vaccination, information on which was included on Team Briefings.

Resolved:- That the report be noted.

K43. CONFERENCE

Resolved:- (1) That the Chairman (or substitute) be authorised to attend the LGA Public Health Annual Conference 2012 – Political and Managerial Leadership in Public Health – to be held on 28th February, 2012, in London.

(2) That the conference costs be met externally.