

COUNCIL SEMINAR
2nd July, 2013

Present:- Councillor Stone (in the Chair); Councillors Beaumont, Beck, Burton, Clark, Dalton, Ellis, Godfrey, Lelliott, McNeely, Pickering, G. A. Russell, Sharman, Sims, Smith and Watson.

Apologies for absence were received from Councillors Ahmed, Ali, Dodson and Havenhand.

THE LOCAL AUTHORITY'S RESPONSIBILITIES IN RELATION TO PUBLIC HEALTH

Consideration was given to a presentation from Dr. Nagpal Hoysal concerning the Council's responsibilities for public health. The presentation included the following summary issues:-

: the three new, main responsibilities of the Local Authority :

health improvement – helping people live healthier life styles;
health protection – planning to prevent public health emergencies (eg: the spread of disease);
providing public health advice to NHS commissioners – including social care services;

: the provision of services – sexual health; school nursing services; drug and alcohol prevention and treatment; helping people to stop smoking; obesity; NHS health checks and lifestyle support;

: a detailed breakdown of planned spending on public health in the 2013/2014 financial year – a limited budget of £14 millions is available, of which only 4% is used for administration and running costs;

: life expectancy – an improvement because in last two decades people in Rotherham are living longer and enjoy healthier lifestyles, although the figures are still below the national average for England (and this gap has widened slightly in recent years);

: Infant Mortality – the rates of infant mortality have been falling;

: Circulatory disease mortality - a measure of lives lost before their time, for example, because of heart disease;

: Cancer – there has been a reduction in the incidence of Rotherham people suffering from cancer, although statistics for the Borough area remain below the national average for England;

: Suicide mortality – suicide rates have been reducing, although there has been a change in the way statistics are recorded;

- : Life expectancy at birth – people in most deprived live shorter lives;
- : Life expectancy – analysis by electoral Ward – clear geographical differences are apparent between electoral Wards;
- : Strategy Response – priorities are : Obesity/smoking/alcohol; Dementia; Affordable Warmth; young people who are not in education, employment or training;
- : the growing emphasis upon Prevention and Early Intervention and Healthy Lifestyles, which requires a strong partnership approach;
- : emerging issues include the Government's welfare reform and particularly the impact upon mental health and child welfare;
- : the improvement of public health should be everyone's business;
- : emphasis upon the deficit and asset approach of the Joint Strategic Needs Assessment.

The Members present asked various questions:-

- (a) services for people suffering domestic violence – health promotion has always emphasised the need to solve the problem of domestic violence; the public health services should assist those who have difficulty speaking up for themselves;
- (b) how are health priorities established ? – the Council will be able to influence these priorities, within the new responsibilities (the Health and Wellbeing Board has an enabling function, to scrutinize the performance of the new public health function);
- (c) will the deprived communities be given priority in budget terms ? - the current budget is limited and therefore the targeting of resources must be precise;
- (d) it was confirmed that public health data will be available for Elected Members on a Ward-by-Ward basis; the Joint Strategic Needs Assessment is being refreshed – and the forthcoming Internet web site will include key information about public health.

Dr. Hoysal was thanked for his very informative presentation.