

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 29th July, 2004 at 10.00 a.m.

Present: Councillor W.J.S. Thomas (Chairman)
Councillor T.M. James (Vice-Chairman)

Councillors: Mrs. W.U. Attfield, G.W. Davis, Mrs. J.A. Hyde,
Brig. P. Jones CBE, G. Lucas, R. Mills, Ms. G.A. Powell and
J.B. Williams

In attendance: Councillor P.E. Harling

14. APOLOGIES FOR ABSENCE

There were no apologies for absence.

15. NAMED SUBSTITUTES

There were no named substitutes.

16. DECLARATIONS OF INTEREST

There were no declarations of interest.

17. MINUTES

RESOLVED: That the Minutes of the meetings held on 23rd June 2004 and on 28th June 2004 be confirmed as a correct record and signed by the Chairman.

18. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2003

The Committee considered the Director of Public Health's Annual Report for 2003.

Dr. Mike Deakin, Director of Public Health (DPH) for Herefordshire, informed the Committee that as Director he was statutorily required to produce an independent Annual Report on health in Herefordshire. The report commented on health issues in the County and made a series of recommendations designed to generate improvements.

Dr. Kathryn Millard, Consultant in Public Health for Herefordshire Primary Care Trust (PCT), gave a presentation on the Annual Report. She informed the Committee that the Annual Reports were designed to be read as an ongoing series reporting on health issues in Herefordshire. The reports did not feature every topic each year and she explained the main issues in each chapter of the 2003 report.

During the discussion the following principal points were made:

- Dr. Deakin explained that whilst the report was submitted to Government the intention was that the messages contained within it would be read and acted upon by the public. It was suggested to him that the document might be made

more accessible if an executive summary was produced.

- The statistics presented in the DPH Annual Report could not be used to assess health improvements year on year and it was not a progress report in that sense. The only way to observe improvements in health was over an extended period of time. For example, the 2001 DPH Annual Report contained a 40-year historical review which showed the significant improvements in life expectancy and decline in child mortality rates. Chapter 1 provided a review of the recommendations in the previous 3 Annual Reports.
- It was noted obesity was high on the health agenda and was set to feature in a specific chapter in next years DPH Annual Report.
- It was noted that a number of services were no longer provided by the Council. Leisure Services were, for example, provided by HALO. Dr. Deakin confirmed that mechanisms were in place to ensure health messages reached such bodies.
- It was noted that with the ever increasing cost of health services, improving public health and reducing the call on those services was an important objective. Dr. Deakin acknowledged that more resources would be beneficial noting how Herefordshire had spent more on reducing smoking than any other PCT in the region and had a success rate way above the average.
- Dr. Deakin felt that his recommendations did have an impact and cited examples of his previous Annual reports being quoted by others when the need for service improvement was being discussed. Articles had also appeared in the Hereford Times publicising the key issues.
- Members noted that a person would only have to cease from smoking cigarettes for four weeks to be recorded as a non-smoker in NHS statistics. The Committee felt that this target was too low as a person who had registered as a non-smoker could have resumed smoking after this short period. Dr. Deakin informed Members that this was a nationally set target which was practical to work with; it was also significant because 50% of smokers who had given up for 4 weeks would never smoke again.
- One of the report's recommendations was that there should be a specialist stroke unit in Herefordshire. Dr. Deakin explained that Herefordshire had an excellent Stroke Service but the evidence was that a dedicated specialist facility could provide an even better service. Members suggested that as the County's population contained a comparatively higher proportion of older people it might be worth considering whether a Stroke Unit in Herefordshire could be developed as a specialist centre of excellence. It was noted that the provision of a Stroke Unit would also have a significant benefit in relieving pressure on social care services.
- The Health Promotion Team provided advice and training to particular people (teachers, new nurses etc) so they could disseminate their knowledge to those for whom they were responsible. The Resource Centre in Blackfriars Street made available a wide range of resources but was not perhaps situated in the most convenient and accessible of locations.
- Only Herefordshire residents' deaths were reported in the Road Traffic Accident statistics. The figures represented in the statistics were therefore artificially low.

- Dr. Deakin advised that, alongside smoking, the take up of the MMR vaccine was a particular concern. Parents were encouraged to arrange for their children to have the combined MMR vaccinations. GPs were endeavouring to encourage greater take up of the vaccinations. Dr. Deakin believed that whatever steps could be taken to improve take up were being taken. However, parents could not be compelled to have children immunised.
- It was noted that rates of skin cancer were an issue in the County. Dr. Deakin commented that there was clear evidence that exposure to the sun was a risk. There were also concerns about the increase in mosquitoes and the associated diseases that they could bring with them.
- Binge drinking was recognised as a health problem and a burden on the health service through alcohol related injuries.
- Associated problems linked to smoking and alcohol abuse could be minimised by tougher enforcement of legal age limits.
- Whilst there was a good coronary care programme it was not appropriate to perform heart surgery in Herefordshire, as there were insufficient patients to enable doctors to maintain the high level of expertise required. The necessary specialist follow up care was also unavailable.
- Herefordshire Ambulance Trust was highly rated and recognised as being outstanding when dealing with coronary cases.
- It was noted that the Annual Report was externally audited. Dr. Millard commented the external audits had indicated that the Annual Reports were good. Dr. Andrew Richardson of the Strategic Health Authority had audited the DPH Annual Report 2003.

RESOLVED: That the Annual Report of the Director of Public Health 2003 be noted.

19. CANCER SERVICES

The Committee gave further consideration to issues concerning the provision of Cancer Services.

The report noted that in June the Committee had been informed that the Three Counties Cancer Network Board (CNB), responsible for overseeing the provision of cancer services across part of Gloucestershire, Herefordshire and South Worcestershire, was working on a series of action plans for each of the main types of Cancer. An action plan for the Upper-Gastrointestinal (UGI) Cancer service had so far been agreed. This proposed the centralisation of treatment at Gloucester.

At an informal meeting between the CNB and representatives of the relevant Overview and Scrutiny Committees some concern was expressed to the CNB about the lack of any consultation on the service change. The CNB's view was that the change was not significant enough to warrant a formal consultation exercise. However, it had agreed that further information would be circulated to each of three affected Scrutiny Committees and their views on the way forward requested by September 2004.

The Director of Social Care and Strategic Housing had expressed the view that, in the circumstances, there was little to be gained by seeking to request a formal consultation exercise in this instance. She did, however, think that the Committee might wish to request the opportunity to comment on issues flowing from the proposal, which should be set out in the action plan. As the additional information promised by the CNB had not yet been received she sought authority to respond to the CNB along those lines on the Committee's behalf, subject to nothing in the additional documentation from the CNB suggesting a need to reconsider this proposed approach.

The Director added that the discussions had highlighted the importance of proposals by the CNB, and other networks in the County, being notified to the Scrutiny Committee at an early stage to enable it to assess whether or not emerging proposals were substantial, and the need for protocols governing consideration of future proposals to be agreed. Members proposed that these points should be brought to the attention of the CNB and other networks and that consideration should be given to developing protocols which would be generally applicable.

The Committee also requested that, in working on the establishment of a Joint Committee to respond to any formal consultation on Cancer Services, consideration be given to whether that Committee could be created as a standing Joint Committee with the ability to respond to consultations on other joint services.

In the course of discussion concern was raised regarding hospital transport arrangements and how an already problematic area would be affected by the centralisation of UGI cancer treatment in Gloucester. It was proposed that the CNB should be asked to afford the Committee the opportunity to comment specifically on this as one of the issues flowing from the proposal.

- That (a) the Director of Social Care and Strategic Housing be authorised to submit the view to the Three Counties Cancer Network Board on the Committee's behalf that it does not at this stage wish to revisit the proposed centralisation of Upper-Gastrointestinal (UGI) cancer treatment at Gloucester, subject to there being nothing in the additional documentation supplied by the Board to warrant reconsideration of this view;**
- (b) the Director of Social Care and Strategic Housing be asked to request the Three Counties Cancer Network Board that the Committee, or Joint Committee to be established as appropriate, be kept informed of the development of the proposed centralisation of Upper-Gastrointestinal cancer treatment at Gloucester and given the opportunity to comment on issues flowing from the proposal such as patient/visitor travel arrangements including hospital transport entitlement and after care arrangements;**
- (c) the Director of Social Care and Strategic Housing be asked to emphasise to the Three Counties Cancer Network Board the importance of proposals being discussed at an early stage with the Committee, or Joint Committee to be established as appropriate, to agree whether or not emerging proposals are substantial and the need for protocols to be put in place as soon as possible to govern how future proposals will be considered.**

- (d) in developing protocols relating to the Three Counties network Board, consideration be given to making them applicable to other similar Networks overseeing the delivery of health services in the County and action taken to remind those networks of the expectation that the Committee will be advised of proposed service changes, and consulted upon them when appropriate;

and

- (e) that in establishing a Joint Committee to deal with cancer services consideration be given to whether the Committee's terms of reference might be broadened to allow it to consider issues affecting other joint services should they arise.

20. REVIEW OF MANAGEMENT OF LEGIONNAIRES DISEASE OUTBREAK

The Committee considered the draft report of its review of the management of the outbreak of legionnaires' disease in Hereford City in November 2003.

It was suggested that the review's findings in relation to the benefits of local expertise, local knowledge and local working relationships and the importance of making legionnaires disease a notifiable disease were worthy of particular note.

For the avoidance of doubt it was requested that the penultimate bullet point of the summary of lessons learned, appended to the review report, be amended, deleting the first sentence and replacing it with the following: "Every outbreak of legionnaires disease is different, so that expert advice applicable to one outbreak may not be relevant to a different outbreak."

RESOLVED: That the report of the review, as amended, be approved and recommended to Cabinet and partner agencies affected.

The meeting ended at 12.24 p.m.

CHAIRMAN