COUNTY OF HEREFORDSHIRE DISTRICT COUNCIL

MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Monday, 30th January, 2006 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, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

In attendance: **Councillors Mrs. P.A. Andrews, P.J. Edwards, J.W. Hope MBE, R.J. Phillips, D.W. Rule MBE, W.J. Walling, and R.M. Wilson. Mr J.Wilkinson and Mrs A. Stoakes Chairman and Vice-Chairman of the Primary Care Trust Patient and Public Involvement Forum were also present.**

30. APOLOGIES FOR ABSENCE

Apologies were received from Councillor P.E. Harling.

31. NAMED SUBSTITUTES

There were no named substitutes.

32. DECLARATIONS OF INTEREST

There were no declarations of Interest.

33. MINUTES

RESOLVED: That the Minutes of the meeting held on 8th December, 2005 be confirmed as a correct record and signed by the Chairman, subject to noting that Mr J Wilkinson and Mrs A Stoakes had been present at the meeting.

34. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions.

35. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2004/05

The Committee considered the Director of Public Health's Annual Report 2004/05.

Dr Frances Howie, Associate Director of Public Health attended the meeting to present the Annual Report and to answer questions, together with Mr Simon Hairsnape, Deputy Chief Executive of the Primary Care Trust.

Dr Howie gave a presentation on the report reminding the Committee that the Director of Public Health was statutorily required to produce an independent Annual Report on health in Herefordshire.

Her report focused on priorities in the White Paper published at the end of 2004: Choosing Health. She commented in turn on each of the following priority areas: smoking, sensible drinking, mental health and well-being and obesity and the recommendations made in the Annual Report in these areas.

Health Inequalities had been identified as a theme in its own right. She outlined the inequalities between geographic areas in the County, in particular the inequalities in the South Wye Area, the inequalities between social groups and between households and what factors should be taken into account in devising interventions to limit these inequalities. She drew particular attention to the poor dental health in Herefordshire and the potential benefits of fluoridation and to the continuing need to increase MMR immunisation rates.

In conclusion she stated that Herefordshire was healthy relative to the rest of the Country. However, health inequalities did exist which action could be taken to narrow. Long-term health improvement could be achieved by implementing the health prevention agenda set out in the Choosing Health White Paper, focusing both on both prevention and improvement. She noted the extent to which delivery of the White Paper relied on Joint Working between Health Services and the Local Authority in particular.

Mr Hairsnape commented on the importance of the Annual Report in informing the strategic decision making of the Primary Care Trust. The Trust's approach had to be driven in large part by National Targets and where Government chose to direct its funding. However, the aim each year was that the Annual Report would be produced in time for its findings and recommendations to feed into discussions on commissioning and be built into the Local Delivery Plan. One of the difficulties was that success could not be measured in the short term. However, whilst the emphasis might change, the key issues such as the benefits of reducing smoking did not. He too emphasised the role of partners of the health service, in particular the Council in implementing the public health agenda.

The Director of Children's Services reinforced the importance of the links between partners and the extent to which the public health agenda was a joint agenda.

The Committee then questioned Dr Howie and Mr Hairsnape on the report. The following principal points were made:

- The Annual Report had identified that Herefordshire had the lowest percentage of 5 year olds in the West Midlands (South) Strategic Health Authority Area free from tooth decay. The Committee was advised of the effectiveness of fluoridation in reducing dental health inequalities and that an ever growing body of research had demonstrated that it was safe.

- The lengthy process for approving fluoridation was explained. It was noted that the Primary Care Trust had agreed to begin the process by asking the Strategic Health Authority (SHA) to work with the Water Company to carry out a feasibility study. It was acknowledged that a minority of people were strongly opposed to fluoridation and that this would doubtless become apparent in the consultation period. It was noted that the Primary Care Trust would welcome the support of the Committee and the Council for fluoridation.

  In response the Committee proposed that Dr Howie should prepare a report for the Committee, supplemented by a pack of more detailed supporting evidence, to allow the Committee to reach an informed view as to what action it could and should take. In the meantime the Committee gave its qualified support to the

request for a feasibility study, whose findings would form an important part of the final decisions.

- The Committee was also advised of the continuing, relatively low MMR immunisation rates, with take up in parts of the County below 60% whereas the national target was 95%. Outbreaks of Mumps and Measles were now being experienced and there was the ever growing risk of an epidemic. There was a suspicion that, having been relatively free from these diseases for a generation, people had simply forgotten their devastating effect. The Committee was informed of measures being taken to remind people of the effects of these diseases and to seek to increase take up of the vaccine. It was noted that schools were being very co-operative in helping to try to address the problem.

  It was again proposed that Dr Howie should prepare a report for the Committee supplemented by a briefing pack of supporting evidence to allow the Committee to reach an informed view as to what action it could and should take.

- It was confirmed that the PCT was mindful of the changing ethnic profile of the County and the new health challenges this could present.

- The PCT acknowledged that the provision of sexual health services to young people of school age was particularly sensitive. The PCT was mindful of this and sought to balance the various views on this subject and how advice could best be provided. Ultimately, however, the PCT's view was that the responsibility not to fail the young people affected had to prevail over other considerations.

- A Member suggested that people still did not fully understand the damaging consequences of an unhealthy lifestyle and the contrasting benefits of a healthy one. The message still needed to be more effectively communicated.

- The PCT recognised that it had to bear in mind that education alone was not the whole solution. For various complex reasons many people smoked and drank more than they should even though fully aware of the harmful consequences. In devising a strategy for public health improvement the PCT was aware that it needed to address this fact.

- The Committee noted that there were a number of reasons for the poor health outcomes in the South Wye area of Hereford City and that a range of measures needed to be deployed in response. This was reflected in the Report's recommendations that further work be carried out to identify actions that were most likely to challenge poor health outcomes in South Wye and that an Inequalities Strategy should be developed.

- The Committee recognised the need to give further consideration to its potential Community Leadership role.

- A question was asked about the impact of changes facing the NHS on efforts to improve public health. In reply it was stated that in the case of structural change the NHS had faced frequent such changes in recent years and public health had improved during this time. The current reconfiguration proposals could improve co-terminosity bringing benefits in terms of co-ordinating housing and regeneration policies to the benefit of public health. In terms of other initiatives practice based commissioning related directly to improving the public health agenda.

- It was suggested that in future years the PCT should give further consideration to producing a clear, concise summary of the Director of Public Health's report to try to ensure that its key messages reached as many people as possible.

- A question was asked about dentistry provision. In reply it was stated that the position in Herefordshire was now considered broadly satisfactory. The PCT would continue to allocate resources to dentistry and had a responsibility to ensure care was available, if not with an NHS dentist then with an alternative provider.

- In terms of the Committee's future work the Chairman suggested that it would be important to maintain focus on the public health agenda, contribute to consideration of how inequalities in the South Wye Area could be addressed, and examine how effectively those involved in delivering the priorities in the Choosing Health White Paper were working together.

- On being asked where he thought the Committee might add value Mr Hairsnape reinforced his previous advice to the Committee that in his view it could contribute most effectively by focusing on areas which were not already strictly regulated and monitored. The public health agenda which determined life expectancy and quality of health was one such area. The importance of joint working to deliver public health improvement had been emphasised during the meeting and the effectiveness of partnership working also tended to fall outside many of the monitoring systems.

- It was suggested to the Committee that it was important that it maintained its focus on Public Health and did not simply return to it annually upon publication of the Director of Public Health's report.

RESOLVED:

That (a) a report on fluoridation with a briefing pack of supporting evidence be made to the Committee to allow the Committee to reach an informed view as to what action it could and should take;

(b) a report on MMR immunisation with a briefing pack of supporting evidence be made to the Committee to allow the Committee to reach an informed view as to what action it could and should take;

and

(c) the PCT be asked to give further consideration to producing a clear, concise summary of the Director of Public Health's report next year.

(The meeting adjourned at this point, reconvening at 2.00 pm)

36. NATIONAL HEALTH SERVICE ORGANISATIONAL CHANGE

The Committee gave further consideration to proposed changes to the configuration of the local Health Service.

In September 2005 the Committee had endorsed a joint response by the Leader of the Council and the Committee's Chairman to an initial exercise conducted by the

West Midlands (South) Strategic Health Authority on reconfiguration of services. The SHA had been required to submit a proposal to the Department of Health in October 2005. Following consideration by that Department consultation papers on proposals for the future organisation of the NHS in the West Midlands had been issued in December 2005.

As part of the consultation exercise representatives of the West Midlands (South) Strategic Health Authority (SHA) had asked to address the Committee.

The following representatives of the SHA attended the meeting: Mr Charles Goody, Chairman of the Authority, Bronwen Bishop, Director of Primary Care Development and Corporate Services, and Dr Mike Deakin Director of Public Health and Clinical Engagement

The following members of Cabinet attended this part of the meeting: Councillors P.J. Edwards (Cabinet Member - Environment), RJ Phillips (Leader of the Council), D.W. Rule M.B.E. and R.M. Wilson (Cabinet Member - Resources).

Councillors J.W. Hope M.B.E and W.J. Walling were also present

The following representatives of Health Bodies in the County were also present:

Hereford and Worcester NHS Ambulance Trust: Mrs J Newton (Chairman), Mr R B Hamilton (Chief Executive).

Herefordshire Hospitals NHS Trust: Mr D Rose (Chief Executive)

Herefordshire Primary Care Trust: Dr P Ashurst, Non-Executive Director and Vice-Chairman of the PCT Board, Mr P Bates (Chief Executive), Mr S Hairsnape (Deputy Chief Executive).

Councillor W.J.S Thomas welcomed everyone to the meeting noting that representatives of Health bodies in the County were present and members of the Council's Cabinet, including the Leader of the Council, reflecting the significance attached to the reconfiguration proposals and the united approach to health issues within the County.

Mr Goody explained that the focus of the consultation exercise, of which the presentation to the Committee formed part, was on health service structures not on services.

Bronwen Bishop then gave a presentation on the three consultations which were underway on the reconfiguration of Primary Care Trusts (PCTs), Strategic Health Authorities (SHAs) and Ambulance Trusts in the West Midlands.

She explained the background to the restructuring proposals, the detail of the proposals themselves and their expected benefits.

In terms of PCTs and SHAs it was noted that the view was that to deliver a patient-led NHS required a strong commissioning function with strong PCTs, developing a wider range of services in response to the preferences, lifestyle and needs of local people. The function and role of SHAs needed to be reviewed to support commissioners and contract management.

The benefits identified in terms of changes to PCTs were:

- by reducing the number of NHS organisations money would be released for

reinvestment in patient care.

- sharing boundaries with social services providing local authorities would enable consistent joint working and the development of shared services.

- larger PCTs would be better able to recruit the highest calibre staff.

- by focusing on commissioning PCTs should be better able to strengthen choice locally by encouraging the development of innovative and alternative services.

In terms of Herefordshire it was noted that the SHA did not propose to recommend changes to the boundary of the PCT.

In relation to SHAs the proposal was to create one new West Midlands SHA with the same boundaries as the Government Office for the West Midlands (GOWM).

The benefits of this were identified as the West Midlands being a recognised geographic area; the reduction in management and administrative cost; and that shared boundaries with GOWM and the Regional Development Agency and its Assembly would offer significant advantages in influencing and decision making to enhance health improvement and reduce inequalities.

The proposals for the Ambulance Service in England were to create 11 Ambulance Service Trusts. This included a West Midlands-wide ambulance trust. It was emphasised that there were no proposals to change the model of service provision locally or local control centres. Local Delivery Units were to be created to ensure local focus was maintained.

The benefits identified were: capacity to drive up standards, current best practice would be shared, improved co-ordination on emergency planning, flexibility to invest time in improving training of staff, and savings to reinvest in front-line ambulance services. It was stated that these benefits would, “only be fully realised if a large degree of the locally focused, drive, management and pride was maintained and locked into the new organisations via local delivery units.

It was noted that the SHA would make recommendations to the Department of Health on the basis of responses received during the consultation, with responses to the consultation on ambulance services being forwarded directly to the Department of Health. Final decisions would then be taken by the Secretary of State for Health.

Questions were then invited and the following principal points were made:

- Clarification was sought on the commissioning role of PCTs under the proposals. In reply it was stated that provision of services was to be a local decision. However, where a PCT wished to act as provider itself it would have to ensure that the provider arm was separated from its commissioning arm.

- It was confirmed that every PCT whether changing boundaries or not would have to make savings on management costs. The indicative requirement was for savings of 15% although negotiations were continuing.

- It was confirmed that any debts held by PCTs would not be written off upon reconfiguration. PCTs had a statutory duty to break even and any overspends would have to be resolved at a local level.

- The Leader of the Council expressed the hope that the establishment of a Single

Strategic Health Authority coterminous with the boundary of the Government Office for the West Midlands would bring benefits to rural areas facilitating rural regeneration work.

- The changing role of the ambulance service was discussed.

- The scope for the reconfiguration to improve managerial capacity to deliver improvement was explained.

- A question was asked about the freedoms and flexibilities which might be made available to Local Authorities under the Local Area Agreements. In reply it was stated that the Agreements would not come into effect until 2007 and each locality would be different.

- It was acknowledged that different approaches in England and Wales meant that there were cross-border issues which needed to be managed.

- In relation to the provision of Mental Health Services the Chief Executive of the PCT explained that discussions had initially been based on the assumption that the PCT would not be able to continue as a provider of services. Consideration had therefore been given to the establishment of a Foundation Trust with Worcestershire and/or Gloucestershire, Shropshire having agreed to work with South Staffordshire. An assessment would now be undertaken by the Strategic Health Authority and key partners.

- There were a number of joint commissioning issues which the PCT needed to discuss in more depth with the Council.

- It was reaffirmed that, in relation to the PCT, responses to the consultation exercise would be considered by the Strategic Health Authority and would inform its recommendation to the Secretary of State who would take the final decision on reconfiguration. It was expected that unless some overriding issue came to light it would be expected that the Secretary of State would endorse the SHA's recommendation. In the case of the Herefordshire PCT one consideration to be addressed was the size of the PCT and its capacity to make savings and still fulfil its role, particularly if it no longer provided mental health services.

- In relation to the forthcoming White Paper and the impact on overstretched surgeries of additional responsibilities it was stated that money would follow the patient.

The Chairman then invited the representatives of health bodies present to comment.

Mr Bates noted that the PCT was consultee and the PCT Board would be submitting a formal response.

His view upon publication of "Commissioning a Patient Led NHS" had been that Herefordshire would want to retain its own PCT and that co-terminosity with the local authority provided a strong case for doing so. It was recognised, however, that whether the PCT could continue to act as a provider of services and achieve the required reduction in management costs were matters which needed consideration.

The Non-Executive Directors on the PCT Board had challenged officers to demonstrate that if the PCT were retained it would be able to deliver a good service. Having considered the officer response the PCT's view was that a Herefordshire PCT should be retained. However, its future role would see it operating as a partner

in a Public Service Trust which would combine the commissioning powers of the Council and the PCT and other partners. The aims of the Local Area Agreement and the Local Strategic Partnership could be delivered at a local level by a Herefordshire PCT working with its local partners.

The aims of the forthcoming White Paper were pertinent to Herefordshire and the PCT wanted to be able to take those proposals forward.

Mr Rose said that the Hospital Trust's aim was to achieve Foundation Trust status by April 2007. If that were achieved, who was commissioning services was less important. A Herefordshire PCT which, as one of the smaller PCTs, was fit for purpose would suit the Trust. He supported the change to the boundary of Strategic Health Authority and the change to the Ambulance Trust on the basis that local delivery units were put in place.

Mr Hamilton reported that the Ambulance Trust Board was due to meet the next day. He expected the Board to support the proposed change to the Strategic Health Authority Boundary and the creation of one PCT for Herefordshire and one PCT for Worcestershire.

In relation to the ambulance service the Ambulance Trust acknowledged that as a smaller organisation there were issues of capacity and resilience. However, it was important that there was a local footprint and discussions needed to take place with partners over what structure would be appropriate for Herefordshire and Worcestershire.

Dr Ashurst supported the comments made by Mr Bates, advising that the non-executive directors had closely questioned the position. Financial management, clinical management and Governance requirements had all been carried out outstandingly well by Herefordshire PCT. The PCT had also led the way in much of the joint working with the Council. It would be disappointing if all these achievements were lost. The PCT Board therefore strongly supported the retention of the PCT.

Mrs Newton commented that it was important that safeguards were in place to ensure the level of service to the community was protected. Discussions on the local footprint and the preservation of the rural voice were therefore very important.

Councillor Thomas thanked everyone for their contribution and summed up by saying that there was a keen awareness of the challenges to be faced and a willingness to work together to meet them. The co-terminosity with the PCT helped greatly in seeking to develop and improve services for Herefordshire.

It was noted that an additional meeting would be arranged in consultation with Cabinet to determine a response to the consultation exercise.

The meeting adjourned between 12 noon and 2.05 pm and ended at 3.35 p.m.

CHAIRMAN