

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 12th October, 2006 at 11.00 a.m.**

**Present:** Councillor W.J.S. Thomas (Chairman)

**Councillors:** G.W. Davis, J.G. Jarvis, Brig. P. Jones CBE, G. Lucas and R. Mills

**In attendance:** Councillors Mrs. L.O. Barnett, P.J. Edwards, Mrs. J.P. French, R.J. Phillips, D.W. Rule MBE and R.M. Wilson

**67. APOLOGIES FOR ABSENCE**

Apologies were received from Councillors Mrs W.U. Attfield, Mrs E.M. Bew, T.M. James and Ms G.A. Powell.

**68. NAMED SUBSTITUTES**

There were no named substitutes.

**69. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**70. MINUTES**

**RESOLVED:** That the Minutes of the meeting held on 5th September, 2006 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions.

**72. ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH 2006**

The Committee received a presentation from Dr Frances Howie, Associate Director of Health Improvement, on the Annual Report of the Director of Public Health 2006.

The presentation contained a health profile of the county, progress against priorities in the "Choosing Health" White Paper and Health protection activity. The main points made in the presentation are summarised below.

**Health Profile**

It was reported that people in Herefordshire are generally healthy and see themselves as healthy. However, the following areas for concern were listed:

- Whilst overall mortality rates dealt with small numbers, so caution were needed,

there was remarkable consistency over recent years. Standard Mortality Ratios (SMRs) were higher than expected for: malignant melanoma of skin; Stroke (especially female); and land transport accidents among men.

- Poor dental health.
- Health inequalities between different areas, depending on levels of social deprivation.
- Life expectancy differences at ward level.
- SMRs are highest in the most deprived areas.
- Hospital admissions are highest in the most deprived areas.
- Differences between socio-economic groups within different categories of admissions: eg. injury and alcohol related admissions.

### **Recommendations**

The recommendations to address these concerns were:

- Development of a sun safe health promotion programme with focus on men
- A scoping study on falls prevention
- Work with partners to improve cycling safety
- Increased provision of primary health services in South Wye
- Working with partners to identify health needs of ethnic minorities

### **CHOOSING HEALTH**

Priorities were sexual health, smoking, sensible drinking, and obesity. It was noted that investment had not been ringfenced and the financial pressures in the NHS had led to a reduction in the budget for these initiatives.

#### **Sexual health**

In terms of sexual health it was reported that the 2008 target of a 48-hour wait for genitor-urinary medicine services would be challenging, as would the 2007 target for Chlamydia screening. Teenage pregnancy was low so it would be hard to reduce this to meet targets.

#### **Smoking**

The PCT service met targets. However, the health equity audit showed lower quit rates in the most deprived areas. The Regional Lifestyles Survey (RLS) showed the highest smoking rate to be among 35-44 years and significantly above the regional average. The PCT had joined with the Council to form a Smoke-Free Herefordshire Group. The aim was to bring together partners from across the County to co-ordinate and develop a programme of work to reduce smoking and meet the requirements of forthcoming legislation.

#### **Sensible Drinking**

Statistics were presented on the percentage of people drinking more than the recommended level, and on binge drinking. It was noted that there had been a

steady rise in alcohol related emergency admissions. A multi-agency group was in place which linked to the national alcohol strategy.

### **Obesity**

The effects of obesity on health and the current position in Herefordshire were set out, noting that as a consequence this would be the first generation whose life expectancy would be shorter than their parents. A number of initiatives being taken to reduce obesity were described.

### **Recommendations**

The recommendations to address these issues were:

- Introduce NAAT system of testing for Chlamydia.
- Encourage brief interventions around sensible alcohol consumption.
- Encourage the use of brief interventions around smoking.
- Develop dedicated capacity for work programme to challenge obesity.

## **HEALTH PROTECTION**

### **Screening**

Statistics were presented showing good coverage for cervical screening, with a huge improvement in the length of time people had to wait for results. There was also good coverage for breast screening and again an improvement in the length of time waited for results.

### **Immunisation**

The uptake of the MMR vaccine showed a slight improvement but was still only 81.5%, well below the required 95% level. A new childhood immunisation programme vaccine was to be introduced in September adding a pneumococcal vaccination for babies, together with a catch-up programme for all children up to the age of two. There was some concern about its impact and that MMR uptake rates may begin to fall again because of parents becoming anxious about the number of vaccinations being given and the difficulties of attending more clinic appointments.

There was no longer a universal school-based vaccination programme for Tuberculosis. Herefordshire had the lowest rate of notification in the West Midlands and the policy of withdrawing routine vaccination was therefore appropriate. Screening systems were in place to identify high risk people who would then be offered vaccination.

The uptake of the Flu vaccine was above the national target.

The uptake of the Pneumococcal vaccine, targeted at those aged under 2 and over 65, was just above the national average for those aged over 65. Vaccination was being introduced for babies together with a catch-up programme for those aged under 2.

### **Recommendations**

The recommendations on health protection were:

- Focus attention and activity on increasing uptake of flu and pneumococcal

immunisations

- Maintain other programmes of work on MMR and screening.

In summary the annual report concluded that Herefordshire was healthier than other places but that health could be significantly improved in key areas. This could only be achieved with continued new investment and a wider shift of NHS resources into prevention. There was a need to accept short-term investment for a long-term gain. Improvement could only be achieved with the support of partners.

Dr Howie then responded to a number of questions as summarised below.

- In relation to fluoridation Dr Howie assured the Committee that she would continue to monitor progress by the Strategic Health Authority on the matter and again thanked the Committee for its support for a feasibility study.
- Asked about investment in the South Wye area to reduce health inequalities, Dr Howie said that investment did not come from the public health budget alone. The public health team was small and sought to draw attention to the inequalities and influence others to prioritise this issue. Her expectation was that there would be increased allocations from both mainstream budgets and the public health budget to reduce inequalities in the area. She gave a number of examples of initiatives that were underway and commented on health promotion publicity.
- It was noted that whilst statistics on alcohol consumption by people below the age of 18 were not currently available, work was in hand to gather the information for the current year and future years.
- Dr Howie reported that no difficulties with supplies of flu vaccine were expected in the County at this point.
- Clarification was provided on the action being taken to improve Chlamydia screening.
- Dr Howie commented on the continuing efforts to improve uptake of the MMR vaccine but advised that the issue continued to be of concern.
- The number of cycling accidents resulting in hospital admissions and the need for improved road safety was discussed.

The Chairman thanked Dr Howie for her presentation.

### **73. HEREFORD HOSPITALS NHS TRUST - FOUNDATION TRUST STATUS**

The Committee considered a response to the public consultation inviting views on the Hospitals Trust seeking Foundation Trust status.

The Trust's Chief Executive had briefed the Committee in June on the consideration being given to an application for Foundation Trust. He had followed this with a detailed presentation to the Committee in September.

The Committee had had an informal discussion in September on how the Committee might respond to the consultation. The report set out the specific questions in the consultation document, the emerging thoughts expressed by Members and a proposed response.

It was noted that it was proposed that the Committee should submit a joint response with the Council's Executive.

The Acting Chief Executive of the Hospitals Trust commented that securing Foundation Trust status was seen as a means of retaining local control and independence. There were safeguards which would govern both the range and quality of services which would be provided and the financial soundness of the Trust if Foundation Trust status were obtained.

The Committee's intention to undertake further research to gain a clear understanding of the Trust's Business Plan and the financial considerations and implications associated with Foundation Trust status was reiterated.

**RESOLVED: That the Director of Adult and Community Services be authorised following consultation with the Chairman to finalise a joint response to the public consultation exercise on the Hospitals Trust seeking Foundation Trust status, based on the responses set out in the report.**

**74. HEALTH SCRUTINY COMMITTEE WORK PROGRAMME**

The Committee considered its work programme.

**RESOLVED: That the Committee's work programme be approved and reported to the Strategic Monitoring Committee.**

**75. (URGENT ITEM) POLICY ON RELATIVELY LOW PRIORITY TREATMENTS**

*(In accordance with Section 100B 4(b) of the Local Government Act 1972 the Chairman agreed to allow consideration of this item of business in order to allow the Primary Care Trust Board to give timely consideration to the issue at its scheduled meeting the following week.)*

The Committee considered a report from the Primary Care Trust, which was circulated at the meeting, outlining a policy for low priority treatments.

A schedule listing treatments which it was proposed should no longer be undertaken, subject to certain exceptional circumstances, was appended to the report. A number of other general points forming part of the policy were set out in the report.

The Committee was informed that some 200-300 patients would be affected and the expected saving was £200,000 pa.

The Committee considered that to delay action now would only result in stronger measures at a later date and that the proposal should not therefore be made subject to a formal consultation exercise.

**RESOLVED: That the proposed policy on relatively low priority treatments be noted and not made subject to a formal consultation exercise.**

**76. (URGENT ITEM) MANAGEMENT OF ELECTIVE SURGICAL CARE AT MAJOR PROVIDERS IN 2006/07**

*(In accordance with Section 100B 4(b) of the Local Government Act 1972 the Chairman agreed to allow consideration of this item of business in order to allow the*

*Primary Care Trust Board to give timely consideration to the issue at its scheduled meeting the following week.)*

The Committee considered a report from the Primary Care Trust, which was circulated at the meeting, setting out proposals to manage elective surgical activity in the remainder of the 2006/07 financial year while ensuring that national waiting targets continued to be met.

It was noted that a number of cost saving schemes had already been implemented in Commissioning, but it was clear that more needed to be done if financial balance for 2006/07 was to be achieved.

The Committee was informed that it was expected that the proposals could affect 500-1,000 patients, generating a saving of £1.5-£2million in 2006/07.

The Committee considered that to delay action now would only result in stronger measures at a later date and that the proposals should not therefore be made subject to a formal consultation exercise.

**RESOLVED: That the proposals to manage elective surgical activity in the remainder of the 2006/07 financial year be noted and not made subject to a formal consultation exercise.**

The meeting ended at 12.40 p.m.

**CHAIRMAN**