

**MINUTES of the meeting of Health Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Thursday, 23rd March, 2006 at 10.00 a.m.**

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

**Councillors:** Mrs. W.U. Attfield, G. Lucas, R. Mills, Ms. G.A. Powell and J.B. Williams

**In attendance:** Councillors Mrs. L.O. Barnett, W.L.S. Bowen and J.W. Edwards

**42. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor G.W. Davis, P.E. Harling, T.M. James and Brigadier P.Jones C.B.E.

**43. NAMED SUBSTITUTES**

There were no named substitutes.

**44. DECLARATIONS OF INTEREST**

There were no declarations of interest.

**45. MINUTES**

**RESOLVED:** that the Minutes of the meeting held on 16th March, 2006 be confirmed as a correct record and signed by the Chairman.

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

There were no suggestions.

**47. PUBLIC HEALTH ISSUES**

The Committee considered the specific issues of fluoridation and take up of the MMR vaccine and the progression of the Public Health Agenda.

On 30th January the Committee had considered the Director of Public Health's Annual Report 2004/05. It had requested further reports on fluoridation and MMR immunisation, identified as two key issues affecting the health of children in Herefordshire, to enable it to reach an informed view as to what action it could and should take on both these issues.

Dr Howie, Associate Director of Public Health, had prepared a report on MMR vaccination which was included with the agenda papers and gave a presentation on fluoridation.

## Fluoridation

Key points of Dr Howie's presentation were:

- That fluoride occurred naturally in all water supplies but there was an optimum level at which it reduced tooth decay. The natural level was usually lower than the optimum level but could be safely topped up through the fluoridation process.
- That there were clear dental benefits of fluoridation. A child living in a fluoridated area had up to four fewer teeth affected by decay than a child living in a non-fluoridated area, the average difference being just over two teeth. Fluoridation also reduced inequalities between social groups making it an effective method of intervention. In the Redditch and Boms Grove PCT area where 91% of the population received fluoridated water the average 5 year old had three times fewer teeth affected by decay than in the Herefordshire PCT area where there was no fluoridated water supply. There were also benefits for adults. A study in the Irish Republic had shown that people aged 45-65 who had lived mainly in fluoridated areas had between 40%-50% more of their natural teeth than those who had lived mainly in non-fluoridated areas. People aged 65 and over who had lived mainly in fluoridated areas had 50% less root decay than those who had lived mainly in non-fluoridated areas.
- That there was plentiful expert evidence that fluoridation was safe. One of the concerns had been that the process might increase osteoporotic fractures. In fact there appeared to be some protective effect. The Medical Research Council had also concluded that fluoridation did not cause birth defects. Cosmetic concern relating to dental fluorosis was not considered significant.
- That Professional support for fluoridation was overwhelming. Attention was drawn to the National Alliance of Equity in Dental Health and the statement by the British Medical Association (BMA) issued in March 2004: "The BMA has for many years been in favour of fluoridation of mains water supplies. We support this policy on the grounds of effectiveness, safety and equity.....The BMA believes there is no convincing evidence of any adverse risk to human health by the introduction of water fluoridation." The British Dental Association had issued a Statement in July 2003 that: "Water fluoridation is a simple measure that dramatically improves dental health by reducing tooth decay. Comparisons of fluoridated and non-fluoridated areas reveal significant discrepancies in oral health."
- A MORI survey of opinion in the West Midlands in 2000 on whether fluoride should be added to water if it could reduce tooth decay had shown 71% in favour, with 17% opposed and 12% undecided. It suggested that older people were slightly more sceptical.
- That safety measures in place at water treatment plants where fluoridation was carried out were very stringent. A description of the arrangements was given.

Dr Howie also described the statutory process which had to be followed if fluoridation were to proceed. She noted that the responsibility rested with the Strategic Health Authority and that there were a number of complex issues which had to be taken into account in deciding whether a proposal would be practical, including boundary issues with Wales and other Strategic Health Authorities. If it were agreed that a proposal was feasible a public consultation exercise would then follow.

In the ensuing discussion the following principal points were made:

- It was suggested that account needed to be taken of the number of private water supplies in the County.
- In response to a question about the timescale of the process Dr Howie indicated that it would be hoped that if the Strategic Health Authority agreed to initiate it the feasibility study would be completed within a year.
- That some public opposition to any fluoridation proposal was to be expected, the likely principal grounds based on past experience being ethical reasons and concern about the safety of the water supply.

### **MMR Vaccination**

Dr Howie presented her report. She reminded the Committee that, as outlined in the Director of Public Health's Annual Report 2004/05, in 2004/05 79% of two year olds in the County had been immunised against MMR compared with a national target rate of 95%. There had also been significant variation in take up rates in GP practices across the County. The issue remained of concern because there was now evidence of a rise in the infections the vaccine was supposed to prevent.

The report commented on the background to the development of the national MMR programme, public concern about the safety of the MMR vaccine and the feasibility of replacing the single MMR vaccine with single vaccines giving protection against each of these diseases. In conclusion the report stated that: " It is the firm view of the Department of Health and Herefordshire PCT that the MMR vaccine provides the best protection possible to children...".

Members expressed interest in working with the PCT on this issue, in particular to publicise the seriousness of the infections the MMR vaccine was designed to prevent, about which there seemed to be a lack of public awareness.

### **General Public Health Issues**

The Chairman invited discussion on how the Committee might progress its work on the public health agenda.

Mr Simon Hairsnape, Deputy Chief Executive of the Primary Care Trust reiterated the view that he had previously expressed to the Committee that public health was an important area to focus upon. There were issues about balancing wants and needs and he cautioned that, as the NHS budget came under pressure, it was often long term initiatives such as those relating to the public health agenda which tended to suffer.

Ms Stephanie Pennington and Mr Euan McPherson, co-ordinators of the Patient Advice and Liaison Services for Hereford Hospitals NHS Trust and Herefordshire Primary Care Trust respectively, outlined their work in publicising the public health messages.

It was noted that the Committee would give further consideration to public health issues in developing its work programme.

**RESOLVED:**

That (a) **the Primary Care Trust be supported in carrying forward its request to the Strategic Health Authority that a feasibility study of fluoridation of the water supply be conducted;**

**and**

(b) **that the Primary Care Trust be supported in carrying forward its work to increase uptake of the MMR vaccine.**

**48. DEVELOPMENT OF STROKE SERVICES IN HEREFORDSHIRE**

The Committee considered proposals for the development of stroke services in Herefordshire.

It was noted that a review of stroke service provision had been commissioned in the autumn of 2005 and a consultation paper had then been developed on potential ways of improving Stroke Services within current resources. Reports by the Primary Care Trust to the Hillside Section 31 Board and the PCT Provider Committee had been included in the agenda papers.

Trish Jay, the PCT's Director of Clinical Development and Lead Executive Nurse, gave a presentation explaining how the proposals had been developed, the proposed future measures for stroke prevention, acute stroke care, stroke rehabilitation and long term support. In relation to stroke rehabilitation it was noted that the proposal was that this all took place at one unit: Hillside. The impact on current activity at Hillside was outlined.

She noted that discussions in Herefordshire on the need to develop stroke services had been ongoing for some five years. However, there had been no progress because the proposals made during that period had been too expensive. The view had now been taken that action should be taken in specific areas by reorganising existing resources as a pragmatic, incremental step towards developing an ideal service and the current proposals had been put forward on that basis. Mortality rates as a result of strokes were too high in Herefordshire and action needed to be taken.

The Committee's principal concern about the proposals related to the implications of for some patients from Hereford City and Golden Valley requiring general intermediate care, but not specialist stroke rehabilitation, who would need to be treated in other Intermediate Care/Community Hospital Units. The evidence suggested that 6 beds would cease to be available for this general intermediate care.

In reply Trish Jay explained that the intention was that any impact would be mitigated by full use of all 22 beds at Hillside, access to community hospital beds and a review of access arrangements to the 126 community hospital/intermediate care beds, with proposals for using them differently. She reiterated that a new Unit might be more ideal but that was not a practical option at this time. If progress were to be made an incremental approach was the best way forward. She emphasised that whilst a bed at Hillside might no longer be available to some patients those patients would still receive the care they required.

It was noted that the Patient and Advice Liaison Service would consider provision of travel information for those affected by the proposals.

Members acknowledged the importance of making some progress in developing stroke services and that the proposals should accordingly be supported. However, it was requested that the implementation of the proposals should be carefully monitored.

**RESOLVED: That the proposals for the development of stroke services be supported, with their implementation being carefully monitored.**

**49. WHITE PAPER - OUR HEALTH, OUR CARE, OUR SAY; A NEW DIRECTION FOR COMMUNITY SERVICES**

The Committee was informed of key messages emerging from the new White Paper "Our Health, Our Care, Our Say: A new direction for Community Services".

The report summarised the key areas for change identified in the White Paper. It was noted that the detailed implications would emerge as the Government issued detailed guidance to implement the proposals over what was expected to be a two year period.

The meeting adjourned between 11.35 and 11.40 am and ended at 12.25 p.m.

**CHAIRMAN**

