

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 18 July 2007.

**PRESENT:** Councillor Dryden (Chair); Councillors Bishop, Elder, P Rogers and Rooney.

**OFFICIALS:** J Bennington and J Ord.

**PRESENT BY INVITATION:** Prof. P Kelly (Executive Director of Public Health for Tees PCTs), Dr P Heywood (Consultant in Public Health Middlesbrough PCT), S Simms (North East Public Health Observatory) and A Foster (Medical Student attached to NEPHO).

**\*\*APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Biswas, Dunne and Lancaster.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 26 June 2007 were submitted and approved.

## **COMMUNITY HEALTH PROFILE 2007**

The Chair gave an indication of the measures taken to assist in identifying the priorities for the Health Scrutiny Panel work programme for 2007/2008.

The Scrutiny Support Officer submitted a report, which introduced the Middlesbrough Community Health Profile 2007, which was published at the end of June 2007 by the Association of Public Health Observatories (APHO). The publication was one of a number of documents to be considered in formulating the Panel's work programme.

As part of an initiative to increase the amount of locality based public health information, the Department of Health funded Public Health Observatories in producing reports on each local authority area. Such reports outlined key public health information for the area concerned, including life expectancy by ward, income inequalities, health inequalities and death rates from conditions such as cancer, heart disease and strokes.

The Chair welcomed Stuart Simms (North East Public Health Observatory) who focussed on the key findings of the profile in the context of local health services.

By way of comparison a copy of the first APHO Health Profile for Middlesbrough 2006 was circulated at the meeting. In order to assist with time series analysis it was the intention of the APHO to try and achieve greater consistency of content of information for each year. Following an evaluation of the 2006 profile improvements had been made to the 2007 document, which included simplified graphics.

It was noted that owing to a lack of sufficiently robust data there were several gaps in the indicators specifically under the heading of healthy start for children and young people. It was hoped that such information would be included in the 2008 profile.

The Panel's attention was drawn to the graphical information relating to income inequalities which reflected the variations in the percentage of people on low income between small areas within Middlesbrough and in relation to the whole of England.

The Profile provided a summary and identified trends of a number of key issues relating to Middlesbrough, which included the following: -

- a) 'on average, men in Middlesbrough live 74.1 years compared with 76.9 years for England and life expectancy for women is 78.7 years compared with the England average of 81.1 years;
- b) rates of early deaths from heart disease and stroke and from cancer are higher than the average for England;
- c) the rate of road injuries and deaths is lower than average;
- d) income deprivation and child poverty are above average for England with almost 39% of children living in households dependent on means-tested benefits;
- e) the rate of people claiming sickness benefits because of mental health problems is higher than average.'

Specific reference was made to the trends, which were of concern relating to life expectancy, which demonstrated gaps between the local and national averages from 1996 to 2004.

The Chair welcomed Prof. Peter Kelly, Executive Director of Public Health for Tees PCTs and Dr Peter Heywood (Consultant in Public Health Medicine Middlesbrough PCT) who focussed on the most significant areas of concern in the 2007 Health Profile.

Comparative statistics were provided in respect of life expectancy highlighting the current position of Middlesbrough reflecting eight years less life expectancy than the best areas in the national setting: -

	Male	Female
Best	82.2	86.2
England & Wales	76.8	81.1
Middlesbrough	74.1	78.7
Local position	9 <sup>th</sup>	12 <sup>th</sup>
Worst	72.5	78.1

The male life expectancy rates on a ward basis in Middlesbrough between 1999-2003 demonstrated that Middlehaven had the lowest rate of life expectancy.

Although improvements had been made locally and the gaps had narrowed especially in relation to females in recent years the life expectancy rates still remained a major concern.

The Panel's attention was drawn to a cardiovascular risk assessment pilot which had been launched early in 2007 in Middlesbrough which had been aimed at finding people aged over the age of 40 who were potentially at high risk of developing coronary heart disease. People had been encouraged to have a heart check which included tests of blood pressure and cholesterol levels. From the results of those people who had come forward it was noted that one in four were likely to experience heart disease in the next 10 years and a quarter of such persons were regarded as being at high risk and referred to their GP.

Heart disease was regarded as the single prime cause of death in Middlesbrough and therefore raising awareness to the risks and to effective intervention was considered to be areas of high priority.

In tackling health inequalities emphasis was placed on the importance of current partnership arrangements which had resulted in measured success. Such arrangements included: -

- Local Strategic Partnership
  - Safer Middlesbrough Partnership
  - Health and Social Care Partnership
- Local Area Agreement
- Public Health Strategy
- Children & Young People's Plan
- Middlesbrough PCT Business Plan.

Short-term action focussed on addressing the immediate causes of premature mortality in particular cardiovascular disease. It was acknowledged that the longer-term solutions for tackling the underlying determinants of health would take a number of years to progress and demonstrate improvement.

The Chair thanked the representatives for the information provided which would be taken into account when considering the next item on the agenda relating to the formulation of the work programme.

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#### **HEALTH SCRUTINY PANEL – WORK PROGRAMME 2007/2008**

The Scrutiny Support Officer submitted a report, which incorporated information extracted from various sources to assist in the consideration of suitable topics for inclusion in the Panel's Work Programme 2007/2008. Such information included the Council's Strategic Plan, the Forward Work Programme, liaison with the Director of Social Care, senior Officers of local NHS Trusts, Councillors and members of the public.

The suggested scrutiny topics from members of the public, Director of Social Care, and arising from issues identified by the Health Scrutiny Panel 2006/07, non-executive Members and Middlesbrough PCT were reported as follows: -

- a) Medication Management in the Community;
- b) the provision of Patient Transport from James Cook University Hospital following discharge;
- c) the implications for the local health economy of Community Foundation Trust status;
- d) the implications of the integration of Health and Social Care systems;
- e) alcohol consumption amongst young people, its health impacts and the local health economy's response;
- f) assessing the impact of Tobacco Control legislation;
- g) Public Health Strategy/Obesity Strategy;
- h) Commissioning Framework for Health & Well Being;
- i) new Dental Contract and Dental Service Provision;
- j) Out of Hours GP Services;
- k) the effectiveness of the Patient Advice & Liaison Service (PALS);
- l) Choose & Book and associated referral pathways;
- m) Life Expectancy in Middlesbrough;
- n) Drug Addiction and associated support services;
- o) Patient line hospital telephone system and its charging structure.

It was noted that some of the areas identified above were continually evolving and further details would emerge throughout the year.

In addition to the Work Programme it was noted that the Panel might consider it appropriate to receive illustrations from representatives of the local health economy in relation to impending legislation and to respond on an ad hoc basis to emerging issues during the year.

It was also pointed out that under the terms of the Local Government Act 2000, local authorities had a responsibility of community leadership and a power to promote community well being. In addition to the Scrutiny Panel's specific health scrutiny powers they had the power to consider any matter which was not the responsibility of the Council but which affected the local authority or the inhabitants of its area.

It was noted that the Work Programme, together with a provisional timetable for each scrutiny review, would be submitted to the Overview and Scrutiny Board for consideration. The Panel would formulate the detailed terms of reference at the start of each scrutiny review.

Prof. Kelly confirmed that further information could be provided on the issue of current guidance in relation to the health impact of telecommunication masts.

In accordance with the decision taken by the Panel at its meeting held on 26 June 2007 and in order to assist in identifying areas of priority an information stand had been set up at James Cook University Hospital immediately prior to the meeting. An opportunity existed for members of the public and health officials to raise any issue for possible scrutiny examination.

The main issues arising from the publicity exercise were reported as follows: -

- patient transport to and from JCUH;
- role of Patient Advice and Liaison Service which was due to be abolished and LINKs, Local Involvement Networks introduced;
- Out of Hours GP Service;
- costs of patient telephone line system in hospitals, which was based on a nationally agreed contract.

The Panel sought the advice from the public health consultants as to the areas identified within the health profile, which should be regarded as the main priority upon which to focus taking into account PSA targets.

The main challenge was seen as life expectancy targets with a specific emphasis on cardiovascular diseases. It was acknowledged that such a topic could cover many aspects including primary care and secondary care services; health programmes; health impact assessments; budget provision for preventative measures; work with young children; National Healthy Schools Programme; effectiveness of current partnership working in terms of engagement with the public and raising awareness for the need for people to check their potential of developing coronary heart disease.

Reference was also made to the potential for the Panel to undertake some joint scrutiny work with the Social Care and Adult Services Scrutiny Panel which had identified the following possible issues: -

- medication management in the community;
- integration of health and social care;
- mental health services.

Following further discussion regarding the formulation of the Panel's scrutiny work programme and prioritisation of topics the Panel concluded that the following two major topics, in order of priority should form the basis of the Panel's Work Programme for 2007/2008:

- i) Life Expectancy focussing on Coronary Heart Disease;
- ii) Patient transport to and from James Cook University Hospital.

In addition it was agreed that information updates and briefings should be held on other issues including: -

- contract arrangements of new Out of Hours GP service;
- commissioning regime;
- Foundation Trust status and implications.

**AGREED** that subject to the approval of the Overview and Scrutiny Board the topics identified above form the basis of the Health Scrutiny Panel's Work Programme for 2007/2008.

## **\*\* OVERVIEW AND SCRUTINY BOARD UPDATE**

In a report of the Chair of the Health Scrutiny Panel, Members were advised of the key matters considered and action taken arising from the meeting of the Overview and Scrutiny Board held on 3 July 2007.

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