

HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 4 January 2008.

PRESENT: Councillor Dryden (Chair), Councillors Biswas, Cole, Lancaster, P Rogers and Rooney.

OFFICIALS: J Bennington, P Clark and J Ord.

PRESENT BY INVITATION: Dr. Peter Heywood, Locality Director of Public Health, Middlesbrough Council and Middlesbrough PCT.

**** APOLOGIES FOR ABSENCE** were submitted on behalf of Councillors Bishop, Elder and Mrs H Pearson.

**** 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 19 November 2007 were taken as read and approved as a correct record.

LIFE EXPECTANCY AND CARDIOVASULAR DISEASE

The Panel considered the draft findings following the review on the topic of Life Expectancy in Middlesbrough with a particular focus on Cardiovascular Disease (CVD).

Dr Heywood indicated that the report was considered to be fair and comprehensive a formal response to which would be forwarded in due course.

There was an acknowledgement that CVD was an 'industrial scaled problem' in Middlesbrough. Dr Peter Heywood confirmed that Middlesbrough PCT had submitted a £600,000 bid in its Local Deliver Plan to implement a major systematic screening programme at such places as General Practices, community venues and workplaces to assist in identifying people with, and at risk of, heart disease in Middlesbrough.

In commenting on the Panel's recommendations Dr Heywood expressed support to lobbying the Government for the introduction of legislation for appropriate foodstuffs to be labelled with the nutritional traffic light system.

Although there were financial constraints Dr Heywood confirmed that the possibility of the programme of free swimming offered to children during school holidays being extended to other times would be examined. An indication was given that the opportunities to work with leisure services to improve access to leisure facilities would also be examined.

In terms of childhood obesity Dr Heywood clarified the PCT's position in that there was acknowledgement that it was a 'ticking timebomb' but explained that a balance had to be achieved in tackling the immediate priorities and that smoking remained the single biggest threat to public health. Dr Heywood described some of the PCT's involvement with the Healthy Schools Programme in primary and secondary schools with the aim of encouraging exercise and healthy eating among children and confirmed that much investment was being made into programmes to prevent obesity in children. The PCT also supported Middlesbrough F C to deliver physical activity across Middlesbrough and in schools.

Reference was also made to other partnership work being undertaken in this regard. A key area of work for Middlesbrough PCT was the implementation of the Action Plan to implement the National Institute for Health Clinical Excellence guidance on Obesity.

The Panel considered the contents of the report in particular the following suggested recommendations: -

- a) That the Primary Care Trust and the Local Authority investigate the possibility of granting substantial subsidies, on a recurring basis, to leisure services in the Town. This is with the aim of making them as cost free as possible for people, with specific reference being paid to young people and the financial barriers they face to becoming active.
- b) That the free school holiday swimming is extended to encompass the entire year, with specific swimming pool slots being dedicated to young people's free swimming.
- c) That the Primary Care Trust makes a detailed and public commitment to invest in a package of preventative services befitting of Middlesbrough's needs, as a Town with acute CVD problems.

Specifically:

- d) That the Primary Care Trust, as the principal local Commissioner, takes steps to shape the local market by encouraging providers to develop and offer truly preventative services. Such services should be aimed at identifying high-risk groups for CVD, then systematically and assertively offering those groups screening opportunities. This is with the ultimate aim of increasing the number of people effectively managing their CVD. This should, in time, reduce the number of people requiring access to the high cost (and personally traumatic) services provided in the acute sector. The Panel has heard that there could be as many people as 1200 people in Middlesbrough with undiagnosed CVD. It strikes the Panel that attempting to locate those people would be a good place to start.
- e) The Primary Care Trust investigates the possibility of providing 'drop in' screening opportunities in such locations as Pubs, Sports Clubs, shopping centres and even Middlesbrough Football Club on a matchday. Should capacity be a concern, it is suggested that the PCT look into commissioning external organisations to assist in handling the workload.
- f) That the Executive, PCT, South Tees Trust and Health Scrutiny Panel send a joint letter to the Secretary of State for Health calling on all appropriate foodstuffs to be labelled with the nutritional traffic light system, as a matter of legislation.

The following key points were raised during the subsequent deliberations: -

- a) It was suggested that an Executive summary be included at the front of the report.
- b) In commenting on the promotion of sport and leisure activities specific reference was made to the Middlesbrough Sport Mela organised in conjunction with the Middlesbrough Mela.
- c) Members noted the comments of Dr Heywood but concurred that paragraph 210 of the draft final report was a true reflection of the comments previously made by the South Tees Hospitals NHS Trust and Middlesbrough PCT regarding child obesity.
- d) As part of the discussion reference was made to the availability of data in relation to free school meal eligibility and take up. It was considered useful if further detailed information was provided and the reasons for the lower take up of free school meals be examined.
- e) In order to more clearly identify the intention to reach minority groups it was suggested that the recommendation under paragraph 233 specifically include a reference to religious and community venues as suggested locations for 'drop in' screening facilities.

On behalf of the Panel the Chair thanked Members and all contributors to the review.

AGREED that the draft final report into Life Expectancy in Middlesbrough with a particular focus on Cardiovascular Disease be approved together with the conclusions and recommendations contained therein subject to the following: -

- i) That an Executive summary be included at the front of the report.
- ii) That a reference to religious and inclusive community venues be included in the list of suggested locations for 'drop in' screening facilities under paragraph 233.

ACCESS TO GP SERVICES – OUTSIDE OF CORE HOURS – PRIMARY CARE TRUST BRIEFING

The Scrutiny Support Officer submitted a report, which included a briefing provided by Middlesbrough Primary Care Trust pertaining to General Practice service developments in Middlesbrough.

Middlesbrough PCT and Redcar and Cleveland PCT's GP Access survey results for 2006/2007 showed that patients were not able to access their GP at a time of their choice.

In order to give patients more choice Middlesbrough PCT was looking to provide GP appointments out of hours in a high street location. Details were provided of a pilot scheme to commence in January 2008 for three months at Boots the chemist on the lower floor in the Mall shopping centre, Middlesbrough. It was confirmed that all rooms would be created to NHS Building specifications.

It was intended to provide a full range of essential General Medical Services by GP's and Emergency Care Practitioners. Patients would be able to book appointments on a walk in basis. All clinicians would be registered with relevant bodies, included on a PCT performer list and would be required to follow NHS protocols. The GP's would be sourced by Boots through a locum company.

The service would be available for all patients, not just those living in the Middlesbrough PCT area. If patients from another PCT area attended an appointment their GP would be charged. The service would be available at the following times: -

Thursday 6.00 p.m. – 8.30 p.m.
Saturday 8.30 a.m. – 5.30 p.m.
Sunday 10.30 a.m. – 4.30 p.m.

AGREED as follows: -

1. That the information provided be noted.
2. That Middlesbrough Primary Care Trust be requested to provide an update following the pilot period.

HEALTH SCRUTINY PANEL NEXT TOPIC OF REVIEW – PATIENT TRANSPORT FROM JAMES COOK UNIVERSITY HOSPITAL FOLLOWING DISCHARGE

The Scrutiny Support Officer submitted an introductory report on the Panel's next topic of investigation as identified in the work programme agreed by the Overview and Scrutiny Board in relation to Patient Transport from James Cook University Hospital following discharge.

Clarification was sought from the Panel as to the themes upon which to focus and how the investigation should be carried out.

Members expressed support to focus upon a number of specific areas of investigation and that relevant witnesses be called and the issues discussed with other interested parties during a half-day session.

AGREED as follows: -

1. That the next meeting of the Panel be arranged on the basis as outlined on a single half day session.

2. That areas of investigation include the following elements:-

- i) Information provided to patients/outpatients regarding transport facilities and car parking arrangements at JCUH;
- ii) access to bus services to and from JCUH and identification of gaps in such a provision;
- iii) patient transport from JCUH following discharge;
- iv) availability of community transport facilities to and from JCUH.

SCRUTINY REVIEWS – RECOMMENDATIONS IMPLEMENTED

In a report of the Scrutiny Support Officer details were provided of progress achieved with the implementation of agreed Executive actions resulting from the consideration of Scrutiny reports since the last update to the Panel.

It was confirmed that of the 70 recommendations, which should have been implemented by October 2007, 64 had been implemented, 4 had partially been completed and 2 had not been implemented.

The agreed Executive actions, which had not been implemented by the proposed target date and the reasons and/or proposed action, were outlined in Appendix A of the report submitted.

NOTED

OVERVIEW AND SCRUTINY 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 meetings of the Overview and Scrutiny Board held on 20, 22 November and 18 December 2007.

NOTED

ANY OTHER BUSINESS – AUDIOLOGY SERVICES

With the approval of the Chair and the Panel the Scrutiny Support Officer circulated a report regarding issues around audiology and associated waiting times as highlighted in recent news coverage.

The Royal National Institute for the Deaf (RNID) had conducted a research project whereby it had asked 152 PCTs to supply information including the current average time it took a new adult patient to receive a hearing aid from the time of referral by a GP.

The research findings demonstrated that 39% of new patients in England waited more than a year to have hearing aids fitted. It was pointed out that the Department of Health had a target of 18 weeks for the procedure to be completed.

On a local basis and according to the RNID research, South Tees Hospitals NHS Trust had average waiting times of over a year along with nine other NHS Trusts.

AGREED that the Scrutiny Support Officer in conjunction with the Chair investigate as appropriate and report further to the Panel.

ANY OTHER BUSINESS – MEMBER CORRESPONDENCE – CARDIOVASCULAR DISEASE – PATIENT TRANSPORT

With the approval of the Chair and the Panel a copy of a letter received from Councillor Elder who was unable to attend the meeting was circulated and considered by the Panel.

In response to the comments made regarding the extent to which the Panel was addressing the issues raised at a public consultation exercise carried out at JCUH the Panel concurred with Councillor Elder that the main area of concerns identified relating to transport issues should be investigated and the areas for examination widened as outlined and agreed by Members earlier at this meeting.

In terms of the points raised relating to the overall scrutiny system with particular regard to PCT matters the Panel agreed that the possible topics for investigation had been considered by the Panel and by the Overview and Scrutiny Board who had subsequently agreed the scrutiny work programme.

The Panel noted the comments regarding the existence of CVD related problems over a period of 20 years and reiterated the importance for the need to tackle the issues surrounding CVD as the most common cause of premature mortality in Middlesbrough. It was also pointed out that as previously reported there was much work to be undertaken with regard to smoking as this had been demonstrated to be the most common cause of preventable early death.

It was confirmed that Dr John Canning, Secretary Cleveland Local Medical Committee had received a copy of the draft report and at his request a few factual amendments had been made.

In response to specific comments made relating to the attendance of a qualified medical member of the public at a previous meeting of the Panel the Chair indicated that one of the main aspects at that meeting had been to receive an update and for Members to question the local NHS representatives regarding Healthcare Associate Infections the subject of an earlier investigation. It was noted that further updates on this matter would be received,

NOTED