

HEALTH SCRUTINY SUB-COMMITTEE

ANNUAL REPORT 2004/05

‘GOOD HEALTH—YOUR CHOICE?’



**Presented to the Health Scrutiny Sub-Committee
4th April 2005**

“Look to your Health and, if you have it, value it next to a
Good conscience ... it is a blessing that money cannot buy”

Isaak Walton

1. INTRODUCTION FROM THE CHAIRMAN, COUNCILLOR JOHN PRIESTLEY



This is the second Annual Report from the new Health Scrutiny Sub-Committee. Last year presented a number of challenges to the public sector in County Durham. In particular, the referendum about regional government and local government reorganisation consumed a great deal of energy and activity. We now know that, in the foreseeable future, there will be no regional government in the North East and the current local government system will remain.

I am pleased to say that the strong partnership between County Council and District Council Members on this Sub-Committee has been maintained and there is now the opportunity to work even more closely together in the interests of County Durham residents. The health agenda in County Durham provides a very strong common purpose. As I indicated last year, the health of people in County Durham is a key, not only to every aspect of public service activity, but also the activity of the business, private and voluntary sector. This Health Sub-Committee is in a unique position to be a catalyst to encourage improvement.

The main progress we have made this year is, perhaps, seeking to mainstream health issues as part of the approach to services in local government. Our child health conference provided an opportunity for a common focus with which all public sector organisations could identify. Having provided a lead, the main aim of this Sub-Committee is to monitor progress. This is something which we will be pursuing. We also need to build on the relationships we have formed with the many stakeholders in the National Health Service particularly the links with stakeholders representing patients and those who experience health facilities at first hand.

The Government's new White Paper – 'Choosing Health' – will be a major influence for the Sub-Committee next year and we have used this theme as the title for this report.

I would like to warmly thank all members of the Sub-Committee, our co-opted members and observers, colleagues from the Health Service and our officers for all their enthusiasm, hard work and commitment during the year.

John Priestley
Chairman
Health Scrutiny Sub-Committee

MEMBERS OF THE HEALTH SCRUTINY SUB-COMMITTEE

Councillor David Marshall
Vice Chair



Councillor Andy Gray
Vice Chair (Sedgefield Borough Council)

Councillors

Armstrong, T Carroll, J Cordon, Mrs J Fergus, T Forster, Mrs B Howarth, Mrs E Hunter, M Nicholls, R Ord, G Porter, R Pye and P Stradling.

District/Borough Councillors:

G Armstrong and R Harrison (Chester-le-Street District Council); I Agnew and Councillor J. Pickersgill (Derwentside District Council); M Smith and M. Simmons (Durham City Council); R Burnip and D Raine (District of Easington Council); V Crosby and A Gray (Sedgefield Borough Council); Mrs M Mitchell and K Stansfield (Teesdale District Council); P Harker and Mrs J Lee (Wear Valley District Council).

Co-opted Members

Helen McCaughey (Voluntary Sector); Gill Eshelby (County Durham Youth Engagement Service); Councillor Mrs. M. Iveson (Association of Parish and Town Councils).

2. CONTEXT AND STATUTORY GUIDANCE

- 2.1 Health Scrutiny is now a statutory function for local government. The Local Government Act 2000 paved the way for the public to play a bigger role in shaping their local communities. It introduced a split between executive and non-executive functions and established Scrutiny Committees within local authorities. The Health and Social Care Act 2001 made provision for local authorities with Social Services powers to scrutinise the National Health Service.
- 2.2 The Department of Health has issued statutory guidance about how this new function should be exercised. This guidance indicates that:-

“The Overview and Scrutiny of Health is an important part of the Government’s commitment to place patients and public at the centre of health services. It is a fundamental way by which democratically elected community leaders may voice the views of their constituents and require local NHS bodies to listen and respond. In this way, local authorities can assist to reduce health inequalities and promote health improvement.”

- 2.3 The guidance points out that Health Scrutiny is both a challenge and an opportunity for local authorities and the National Health Service. Its primary aim is to act as a lever to improve the health of local people and ensure that the needs of local people are considered in the delivery and development of services. The Government’s intention is that the focus of health scrutiny should be on health improvement, bringing together the responsibilities of local authorities to promote social, environmental and economic well-being and the power to scrutinise local services provided and commissioned by the NHS. An important element of this approach will be to address health inequalities.
- 2.4 The remit of the Health Scrutiny Sub-Committee is extensive. Part of its work is related to formal consultation in relation to the “substantial variation and substantial development” of the Health Service in County Durham. The remainder of its work is entirely within the discretion of the Sub-Committee.

3. A REVIEW OF THE WORK OF THE SUB-COMMITTEE

Development Session

- 3.1 A development session for the Sub-Committee was held at Trevelyan College, Durham at the start of the year. This provided an opportunity for joint working with representatives from the Patient and Public Involvement Forums and the Patient Advice and Liaison Service together with health professionals. Each Trust has a separate Forum and PALS.
- 3.2 One of the aims of this session was to have a deeper understanding of the roles of the new organisations now operating within the modernised

health service whose aim is to consider issues from the point of view of the patients and the public. An item now appears on every Health Scrutiny Sub-Committee providing the opportunity for every Patient Forum and PALS to raise issues with the Health Scrutiny Sub-Committee. The relationship needs to be a 'two-way' process. Patient forums and PALS are encouraged to raise more strategic issues with the Health Scrutiny Sub-Committee. Equally, there is the opportunity for Health Scrutiny to seek views from these bodies to inform their work.

- 3.3 The other aim of the development session was to assist with the development of the work programme for the Sub-Committee. The major project which emerged from this process was a consideration of child health in County Durham.

Child Health Project

- 3.4 As a result of the development session, an investigation was undertaken to consider child health in County Durham for the under-five age group – a review of Pre-School Child Health.

3.5



The choice of this topic was important. It demonstrated the proactive role of health scrutiny and also that it was forward-looking. There are roughly 25,000 children under five in County Durham at present. The Strategic Vision, which is the Statutory Community Strategy for the County, sets out twelve challenges to make County Durham a great place to live, work, visit and invest. One of the challenges is to improve health to match the national average.

- 3.6 The health of residents in the North-East of England generally compares unfavourably with many other parts of the country. A Child Health Summit took place in Durham City in March 2004 which drew attention to the inequalities in child health particularly in this area. Professor Alan Craft, Head of Child Health at the University of Newcastle, indicated at this summit that *'It is now more than ever clear that health in childhood determines adult health. Smoking in pregnancy and obesity are key targets'*.
- 3.7 This Scrutiny project received evidence from a wide cross-section of interests. Dr. Tricia Cresswell, the Director of Public Health for Durham and Chester-le-Street PCT who has an over-arching role in relation to children's health promotion throughout the County, gave a position statement. A visit was made to the Peterlee Child Centre to find out at first hand the benefits of Surestart schemes. Dr. Deb Wilson from the Health Protection Unit explained the County's position in relation to the immunisation of children. There was also evidence from Durham County Council's Social Care and Health Service about Looked After Children and evidence from each of the Directors of Public Health.
- 3.8 A number of recommendations were produced. To seek to ensure that these recommendations were given wide circulation and consideration, a

conference was held in November 2004 attended by over 80 people representing local interests. The conference was headed – ‘Child Health in County Durham – Is the Public Sector Doing Enough?’

3.9 The outcome was encouragement to all public sector bodies to pursue the following initiatives:-

- The introduction of policies and practice to promote breast feeding in the County and, in particular, in relation to public premises and for public sector workforces.
- The adoption of smoking policies particularly to protect young children from second hand smoke.
- The adoption of policies to seek to prevent obesity.

Obesity Strategy

3.10 The strategy to tackle childhood obesity in the County was considered. Durham and Tees Valley Strategic Health Authority area compares particularly unfavourably with the rest of the country in relation to obesity generally. The Sub-Committee will have an important role in monitoring progress to achieve the aims of the strategy.

Health Development Agency Conference

3.11 There were some important lessons from this Conference, in particular, the distinction between health improvement and health inequality. Health generally could be improved but there still could be a widening of inequalities and there was evidence that this was happening in this country. The importance of ‘mainstreaming’ health was emphasised and, in relation to older people, the challenge was, are we ‘adding years to life’ and also ‘life to years’.

Annual Report of the Chief Medical Officer, 2003

3.12 The report from Sir Liam Donaldson, the Chief Medical Officer, last year drew further attention to smoking and, in particular, that smoking prematurely ages the skin. This was part of targeting young people, particularly women who were increasingly taking up smoking. He also referred to obesity as the health ‘time bomb’ which needed to be addressed. In relation to the north-east, the regional topic was the significant variations in dental health amongst young children.

Choosing Health: Making Healthy Choices Easier – Department of Health White Paper

3.13



Following the report by Sir Derek Wanless earlier in the year – ‘Securing Good Health for the Whole Population’ and a very comprehensive consultation process, the Government issued a major White Paper – ‘Choosing Health: Making Healthier Choices easier’.

The under-lying principles of the White Paper are:-

- Informed choice with special arrangements being made for children and those whose personal choices may harm others.
- Personalisation – providing services in a way that meet the realities of individual lives.
- Working together in partnership.

3.14 The White Paper sets priorities for action in relation to the following areas:-

- Reducing the number of people who smoke.
- Reducing obesity and improving diet and nutrition.
- Increasing exercise.
- Encouraging and supporting sensible drinking.
- Improving sexual health.
- Improving mental health.
- Promoting health through local communities.

3.15 Sir Liam Donaldson’s comments were used as part of the consultation process for the White Paper – “

“Strengthening public health means that we need to inspire, we need to explain, we need to communicate, we need to create a commitment to change amongst all of society that builds on the impetus already gathering in communities and nationally”

Health Scrutiny can, perhaps, act as a catalyst in encouraging this theme.

3.16. The White Paper also included a number of very useful summaries which will be of assistance to the Health Scrutiny function. For example, there

are short factual summaries relating to obesity, diet and nutrition, physical activity, alcohol, tobacco and substance misuse.

MRSA

- 3.17 As a result of concern expressed by one of the members of the Health Scrutiny Sub-Committee, Dr. John Sloss, Consultant Microbiologist, explained the position about MRSA in County Durham hospitals. This issue continues to be high-profile and an up-date has been requested to monitor progress in addressing MRSA in the County.

National Standards, Local Action – Department of Health

- 3.18 The Department of Health has produced a set of national standards with target dates to achieve various improvements both in relation to outcomes to the health of the population generally but also inputs relating to services. For example, targets have been set for the maximum wait for out-patient appointments and a maximum wait for in-patients with more detailed targets for specific areas.

Exercise Referral Schemes

- 3.19 A brief review took place of the recommendations following a previous investigation into Exercise Referral Schemes in operation throughout the County. Each PCT area has their own scheme and the opportunity was taken to compare practice and out-puts. Overall, considerable progress has been made. The recommendations from the Sub-Committee to seek to bring schemes to patients by outreach work and also to make schemes more accessible are being addressed wherever possible.

Commission for Public and Patient Involvement in Health

- 3.20 It was noted that the recently established Commission will now be abolished. This provided some uncertainty for Patient Forums and there is a need for clarity at an early stage about how Forums are to be assisted and their future organisation.

4. CONSULTATION ISSUES

- 4.1 Following the abolition of Community Health Councils, the Sub-Committee is now the statutory consultee in relation to substantial variations or developments in the provision of health services in the County.
- 4.2 It is not always easy determining the definition of 'substantial'. Because of the number of health trusts who operate in the County, substantial has been set at a more strategic level particularly bearing in mind the requirement for health bodies to consult with the public and patients widely for any proposed changes.
- 4.3 There were formal consultations from the Dales Primary Care Trust in relation to Homelands Hospital and also the Priority Trust sought views

about the development of adult mental health services in North Durham. One consultation during the year proved to be somewhat controversial. This was the consultation by the Priority Trust in respect of the temporary transfer of the facilities provided by the Tony White Unit in the County Hospital, Durham City, to West Park Hospital in Darlington. This transfer would clearly have an impact on patients and visitors. The Sub-Committee saw their role as ensuring that patients and the public who had direct involvement with these services should have a full opportunity to make representations and for those representations to be taken into account. The staff who work on the Tony White Unit made strong representations about their concerns relating to the closure of the Tony White Unit. The Sub-Committee requested a delay in the process to allow full discussions to take place with staff. At the end of the day, some members of staff from the Unit were not satisfied with the justification for the proposal. The Priority Trust were convinced that the move was in the interests of patients bearing in mind the physical restrictions of the Unit. The Sub-Committee came to the view that there had been a comprehensive consultation process and has agreed to monitor the impact on patients.

- 4.4 The Sub-Committee is also providing representatives to serve on a Joint Committee which is considering the Advance Project – consultation by the Tees and North East Yorkshire Health Trust about mental health facilities affecting the Tees Valley and the southern part of Easington. This Joint Committee is required under the legislation in situations where more than one Scrutiny committee area is affected by a proposed substantial variation in service.
- 4.5 There have also been a number of enquiries from health trusts about consultation exercises not amounting to substantial variations. Building up the right sort of relationship for such consultation processes is an important factor.

5. **CONSOLIDATING RELATIONSHIPS**

- 5.1 Positive relationships need to be forged with the many health bodies providing services in the County.
- 5.2 The number of Health Trusts operating within the County presents a challenge but also can provide a strength for the Sub-Committee's work. One of the themes which Government foresaw for Health Scrutiny was to identify health inequalities. The opportunity to compare services provided in each primary care trust area presents the Sub-Committee with a unique opportunity to identify health inequalities in the County. This, for example, was of assistance in relation to the Exercise Referral Schemes project and should also provide a useful tool for future projects.
- 5.3 Closer working is being encouraged with Patient Forums, PALS and Public and Patient involvement health professionals. Discussions with the Regional Public Health Observatory and the Health Development Agency (soon to become part of the National Institute for Clinical Excellence) are seeking to ensure that Health Scrutiny fits in

appropriately to all the other research and advisory bodies operating within the current Health Service

6. HAS THE SUB-COMMITTEE MADE A DIFFERENCE?

- 6.1 There is a statutory requirement to set up a Health Scrutiny Sub-Committee. Its main purpose, perhaps, should be seen as providing added value. Unless there are some tangible benefits which can be attributed to the Sub-Committee which improve the health of people in County Durham, it cannot be said to be achieving its main aim.
- 6.2 It is still early days, but the work in relation to exercise referral has been a catalyst for improvement. Similarly, the work relating to child health improvement has already stimulated a quicker pace for change in some areas. 'Outcomes' in health often takes many years before firm evidence can prove improvement. Nevertheless, the 'direction of travel' of the strategies in the County point to overall improvement. The three themes of obesity, smoking and breastfeeding are compatible with the approach of the White Paper. The monitoring of these issues will be a key to determining whether the desired outcomes are being achieved.
- 6.3 The Democratic Health Network pointed out, at an early stage, that the main determinants of people's health and well-being are not related to health services but to environmental and social issues over which local government have significant control. This provides an important opportunity for this Sub-Committee.
- 6.4 One important element of the role of the Committee is to improve understanding of the Health Service by local government to assist in introducing improvements. The Scrutiny process must be based on evidence and a clear understanding of the issues under investigation. In respect of those areas which have been considered by the Sub-Committee, there has been a significant increase in knowledge which can be applied in the work of each Sub-Committee member. This can provide a resource for local authorities within the County to ensure that focus on health is evident in the services for which they are responsible. Members of the Sub-Committee are steadily increasing their knowledge and understanding of the health economy in the County.
- 6.5 Another way of expressing this is to 'mainstream' health. This recognises that issues raised by the health economy may well be very relevant for local government. Last year, the Chief Medical Officer's 'Ten Tips for Better Health' were recommended to all public sector bodies. This year, there are many messages from the Choosing Health White Paper which need to be pursued by Local Government.

7. DEVELOPMENT ISSUES – FUTURE PROGNOSIS

- 7.1 The new White Paper, 'Choosing Health', provides a clear background to the work of the Health Scrutiny Sub-Committee. The Government's stated commitment to place patients and public at the centre of health services provides the incentive to the Sub-Committee to seek to assist in

promoting health improvement in County Durham and also reducing health inequalities in the way in which this statutory function is exercised.

- 7.2 Sir Brian Briscoe, Chief Executive of the Local Government Association, has expressed concern about the danger of Health Scrutiny Sub-Committees spending a disproportionate amount of their time dealing with consultation issues. If the Sub-Committee is to promote health improvement in the County, it is likely to have more impact if it acts proactively under its own agenda rather than that set by consultation processes. Health Scrutiny can have an impact, for example, in relation to child health, by being a bridge between health bodies and local authorities. The time available to Health Scrutiny Sub-Committees is, itself, limited which makes it all the more important to focus on priorities.
- 7.3 It is also noted that the Healthcare Commission (formerly the Commission for Health Improvement) is suggesting that Overview and Scrutiny Committees are to be asked for their comments in relation to the assessments they make of each health trust. This is being put forward on the basis that it is an opportunity for comments to be made rather than a requirement. Nevertheless, at this early stage, there may well be limited added value in the comments which can be made without the Sub-Committee using up resources to gain a more comprehensive picture of each health trust. This will need to be an issue which is monitored.
- 7.4 The general prognosis, however, is a positive one. Whilst the health of people in County Durham is a priority for improvement, there is a great deal of enthusiasm and partnership working which suggests that improvements will be delivered hence the title of this Annual Report – ‘Good Health’. The title also reflects the choice seen by Central Government as key. The Sub-Committee needs, however, to monitor progress on behalf of patients and the public and continue to promote health improvement in County Durham.

“We are not tinkers who merely patch and mend what is broken.... We must be watchmen, guardians of the life and the health of our generation so that stronger and more able generations may come after”.

Dr. Elizabeth Blackwell (the first woman doctor):

From the Wanless Report – ‘Securing Good Health for the whole Population – February 2004

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Please contact: The Scrutiny Team, 0191 383 3506