At a meeting of the HEALTH AND WELL-BEING SCRUTINY COMMITTEE held in the CIVIC CENTRE, SUNDERLAND on WEDNESDAY 12TH JANUARY 2011 at 5.30 p.m.

Present:-
Councillor Walker in the Chair

Councillors A. Hall, Maddison, Old, Padgett, Shattock, D. Smith and Snowdon.

Also in Attendance:-

Councillor Tate	-	Chairman of Management Scrutiny Committee
Councillor Morrissey	-	Observing
Karen Brown	-	Sunderland Council
Joan Carney	-	Member of the Public
Nonnie Crawford	-	Sunderland Teaching Primary Care Trust
Bill Craddock	-	Member of the Public
Claire Harrison	-	Sunderland Council
Emma Hindmarsh	-	Sunderland Council
Carol Harries	-	City Hospitals
Lorraine Hughes	-	Sunderland Council, TPCT
Sharon Lowes	-	Sunderland Council
Keith Moore	-	Sunderland Council
Raj Singh	-	Sunderland Council

Apologies for Absence

Apologies for absence were received on behalf of Councillors Chamberlin, Fletcher and N. Wright.

Minutes of the last Meeting of the Committee held on 8th December, 2010

1. RESOLVED that the minutes of the meeting of the Committee held on 8th December, 2010 be confirmed and signed as correct record subject to the inclusion of a question from Councillor Smith. He had enquired whether there had been a problem with Direct Payments. Ms. Lowes confirmed there had not.

Declarations of Interest

There were no declarations of interest made.

Prevention on Sexually Transmitted Infections and Promotion of Good Sexual Health

Report of the Commissioning Lead for Sexual Health & Health Improvement Practitioner, Sunderland Teaching Primary Care Trust (copy attached).

(For copy report – see original minutes)

The Chairman advised that the item had been postponed due to the presenting officer being ill.

2. RESOLVED that the committee agree to postpone the item to a future meeting.

Cancer Drugs Fund

The Chief Executive submitted a report (copy circulated) to make members of the committee aware of the proposals for the Cancer Drugs Fund and other supporting measures around cancer services.

(For copy report – see original minutes)

Dr. Nonnie Crawford, Locality Director of Public Health, Sunderland Teaching Primary Care Trust was in attendance at the meeting and presented the consultation document.

Dr Crawford advised the Committee that the North of England Cancer Drug Approval Group (NECDAG) had been established a number of years ago to ensure all patients with cancer in the North East received equitable access to a clinically defined appropriate range of cancer medicines. The PCT were committed to funding this approach and Dr. Crawford advised that the proposals in the consultation would not significantly alter the way Sunderland operated in terms of cancer drugs.

Drawing on her personal experience, Councillor Shattock advised that she had received outstanding cancer treatment in the north east compared to her siblings' experiences elsewhere in the country.

Councillor Shattock enquired whether the fund would be adequate and if pressure was put on drugs companies to reduce the price of drugs.

Dr. Crawford advised that the Coalition Government was working with drug companies regarding cost. Drugs companies argue that new drugs cost a lot of money to bring to the market however commissioners propose that if they cost less, they could buy more.

In response to a question from Councillor Shattock regarding the future of NICE, Dr Crawford advised that the organisation would continue to give guidance on treatments that the NHS in England and Wales would be required to fund until 2014.

From that point a system of value-based pricing of new drugs will be in place and NICE will have an essential role in helping regulate drug prices based on an assessment of their cost-effectiveness at the point the license is granted. She informed the Committee that North of England Cancer Drug Approval Group had approved drugs that NICE had not.

Dr. Crawford advised that cancer drugs were considered as first, second, and third line. First-line treatment is usually the standard treatment given when someone is diagnosed with a particular disease or condition. Second-line treatment is treatment for a disease or condition after the initial treatment (first line) has failed or stopped working. Third-line drugs might be useful but might not be approved possibly because their efficacy had not been proven. Dr. Crawford stated that it was important to get the balance right for everyone.

In response to a question from Councillor D. Smith regarding the possibility for an individual to move freely around hospitals, Dr Crawford advised that the NECDAG approved funding across the 13 PCT's in the North East region and hence that freedom did exist.

The Chairman queried the extent to which the Department of Health funding would be used on early awareness and diagnosis. Dr Crawford advised that there was not clear evidence regarding what works best for certain people. For example, it was still difficult to find a solution to the problem of men not coming forward to receive services sooner. However, it was known that drug treatments work and therefore funding them would provide recognized improvements.

The focus of the work to prevent cancer and promote awareness and early diagnosis would take place at primary care trust level. Public health and primary care teams work closely with local authority partners and communities to build awareness and encourage people to seek advice for symptoms which may be associated with cancer at an early stage.

Having thanked Dr. Crawford for her report it was:-

3. RESOLVED that Members of the Committee note the proposals around cancer services.

Sunderland's Child and Family Poverty Strategy and Action Plan 2010-11 Phase 2

The Executive Director of Children's Services submitted a report (copy circulated) to update the Scrutiny Committee on the progress and achievements of Phase 1 of the Sunderland Model in reducing Child and Family Poverty and seek approval to progress to Phase 2 with a revised and focussed strategy based on the outcomes of the consultation process and the needs assessment.

(For copy report – see original minutes)

The Chairman welcomed Mr. Raj Singh, Extended Services and Attendance Group Manager to the committee and invited him to present his report.

Mr Singh provided a progress update and highlighted changes to the revised Child and Family Poverty Strategy. He outlined the two priorities contained within the Strategy:
Priority 1 – Make child and family poverty everybody's business through adopting an approach to 'child and family poverty proof' Strategic Plans of all partners as routine practice.
Priority 2 – Developing integrated neighbourhood models of service to re-target and deliver Early Years and Early Intervention Action Plan.

Referring to paragraph 2.4 which stated that the Coalition Government had introduced a new NI116 Child Poverty measure and HM Revenue and Customs had produced a national dataset which related to families below 60% of median income, Councillor Walker enquired how the level of Child and Family Poverty in Sunderland of 25.4% compared nationally.

Mr Singh advised that Sunderland compared favourably especially compared to certain areas in London. This was in part as a result of the way the statistics were worked out yet the figure of 25.4% was still unacceptable and was at the higher end in comparison to the region.

The Chairman stated that the Committee's policy review in 2009/10 had looked at health inequalities and he questioned what the main barriers were to improving child poverty.

Mr Singh advised that there were a number of building blocks including health, education, financial inclusion and environmental factors (e.g. quality housing). Income poverty was a very significant contributing factor.

Councillor A. Hall acknowledged that, like health inequalities, child and family poverty was a huge and complicated agenda. In the past focus had tended to centre on the more deprived wards; however it had been increasingly recognised that there were poorer families living in relatively wealthy wards.

Councillor Hall commented that the Sure Start initiative had not fully been accessed by the people it was created to help and she queried how people could be encouraged to engage.

Mr Singh advised that it was important to look at neighbourhoods on a micro level as deprivation within specific localities could differ greatly. One of the key messages from the Marmot Review advised that to reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This was called proportionate universalism.

Councillor Hall acknowledged the importance of working with all agencies and partners. She also expounded the importance of utilizing the local understanding ward councillors would have of their locality when looking at poverty within wards.

In response to a question from Councillor D. Smith, Mr Singh confirmed that the Department for Work and Pensions were a statutory partner on the Child Poverty Board.

Councillor Smith advised that National agencies like the Department for Work and Pensions (DWP) and HM Revenue and Customs (HMRC) collect information in relation to the level of resources and income in the household on a regular basis so that specific data sets could be obtained at small area level. However each separate agency was working on different geographical area levels causing gaps and variation in the data.

Mr Singh advised that this problem had been flagged with the respective agencies and conversations were taking place as to how it could be addressed.

Councillor Shattock referred to the fact that income poverty was one of the greatest determinants of UK child poverty and advised that it would be difficult for a significant number of one parent families to work. This would be compounded for many other families by the government cuts in welfare. Accordingly, Councillor Shattock questioned whether the second phase of the Strategy would acknowledge that the situation for families was likely to get worse.

Mr. Singh advised that in partnership with the DWP the authority would work hard to mitigate such circumstances.

Mr. Keith Moore, Executive Director of Children's Services broadened the discussion and advised that secure and effective education was also crucial in the fight against child poverty. He informed the Committee that Sunderland had just published the most recent GCSE figures (5A* - C) and for the first time ever Sunderland had hit the national target of 53%. This acknowledged the excellent work that schools, teachers and parents had done.

On behalf of the Committee, the Chairman offered his congratulations to all those involved in obtaining the excellent GCSE results in the city.

Having thanked Mr. Singh for his report, it was:-

4. RESOLVED that the committee:-

i) Note the progress and the products from Phase 1 of the Sunderland Model to reduce Child and Family Poverty in Sunderland.
ii) Consider and comment on the move to Phase 2 with a revised Strategy reflecting the Consultation and Needs Assessment outcomes.
iii) Consider and comment on the structure of the revised Strategy and priorities as set out.
iv) Receive a further update report on Phase 2

Healthy Lives, Healthy People: Public Health White Paper

The Chief Executive submitted a report (copy attached) to provide a briefing to the Scrutiny Committee about the Public Health White Paper, Healthy Lives, Healthy People: the strategy for public health in England, published on 30 November. The strategy expands on the proposals for public health originally set out in Equity and Excellence: Liberating the NHS.

(For copy report – see original minutes)

Dr. Crawford presented the report and advised the Committee that since the White Paper had been published two further papers had been released. The paper 'Healthy lives, Healthy People: consultation on the funding and commissioning routes for public health' describes in more detail the proposed key public health functions and responsibilities across the public health system and sets out the proposed commissioning and funding arrangements for delivery of public health services. The second document related to an NHS Outcomes Framework. Dr. Crawford advised that the majority of the public budget would be spent on local services, either via local authorities through a ring-fenced grant or via the NHS.

She advised that that local authorities would have a duty to establish Health and Well Being Boards, which were intended to lead on improving the strategic coordination of commissioning across NHS, social care, and related children's and public health services.

In response to a comment from Mr. Craddock, member of the public regarding GP consortia, Dr Crawford advised that the aim was to promote competition, raise standards and make providers more responsive. In the North East all hospitals had achieved Foundation status and had therefore proved their worth. During the transition process the selected GP pathfinders would test the new commissioning arrangements to ensure they were working well before more formal arrangements came into place.

The Chairman queried the feeling in Sunderland with regard to the GP Consortia and was advised by Dr. Crawford that in Sunderland there were 3 practice based commissioning groups and it was acknowledged this would need to be reduced to one.

Having thanked Dr. Crawford for her report it was:-

5. RESOLVED that the Committee note the proposals in the White Paper

Review of the Management of Malnutrition and Dehydration in Hospitals

The Chief Executive submitted a report (copy attached) to provide evidence to the Scrutiny Committee about the Age UK campaign 'Hungry to be Heard' as part of the review of malnutrition and dehydration in hospitals.

(For copy report – see original minutes)

Mr. Alan Patchett, Director of Age UK Sunderland addressed the Committee and advised that Age UK Sunderland had recently carried out a Hospital Meals Survey in support of the national Hungry to be Heard campaign. Mr Patchett took the committee through the results of the survey.

Councillor Maddison enquired whether patients received guidance on malnutrition when they left hospital and was advised by Ms. Carol Harries, City Hospitals that such support was available and if necessary G.P's were also informed.

Mr Patchett stated that Age UK had developed a leaflet and had also produced a fridge magnet reminding people of the importance of eating. As 40% of older people were malnourished when they were admitted to hospital he advised that there was a piece of awareness raising work to be done in the community. He advised that the government had made £70 million available to re-able people who had been discharged from hospital.

Councillor D. Smith questioned the methodology of the survey and cited question 13 as an example. In this question 45 people had advised that they had witnessed people having difficulties at mealtimes. Councillor Smith stated that in theory the 45 people could have been looking at the same individual and the question might have had more accurate results if it had been directed at the individuals.

Mr Patchett advised that the people taking the survey would not be regarded as the most vulnerable because they did not have an assessed need. It was unlikely that 45 people could be looking at the same individual as the wards concerned contained small numbers of people.

A member of the public reflected on his recent stay in hospital and advised that he was never shown a menu and never offered fruit. Ms. Harries acknowledged that there were sometimes problems with choice. The reality was that when the food left the hospital kitchen sometimes communication could break down. Staff were able to contact the kitchen and patients should be informed of this. Better staff training would ensure greater consistency.

Referring to the seven steps to end malnutrition in hospital, Councillor Shattock stated that it was important people always had help and noted the suggestion of using mealtime volunteers.

Ms Harries stated that the issue of volunteers was being looked at. There had been reluctance in the past to use them due to clinical concerns.

Mr. Patchett advised that the use of volunteers at meal times had been successful elsewhere.

Having thanked Mr Patchett for his report it was:-

6. RESOLVED that the Committee note the evidence received about the campaign and the implementation of the seven steps to end malnutrition in hospitals and give consideration to how the campaign issues are complementary to the review

Policy Review: Food in Hospitals – Service User Engagement

The Chief Executive submitted a report (copy attached) to provide a progress report to the Scrutiny Committee about the involvement of service users as part of the review of malnutrition and dehydration in hospitals.

(For copy report – see original minutes)

Ms. Karen Brown, Scrutiny Officer presented the report and informed the Committee that a written consultation was currently taking place with service users asking for their views on various aspects of the hospital food service.

7. RESOLVED that the contents of the report be received and noted.

Forward Plan – Key Decisions for the Period 1st January, 2011 – 30th April, 2011

The Chief Executive submitted a report (copy circulated) to provide Members with an opportunity to consider the Executive's Forward Plan for the period 1st January, 2011 – 30th April, 2011

(For copy report – see original minutes)

Ms. Claire Harrison, Acting Scrutiny Officer presented the report.

6. RESOLVED that the contents of the report be received and noted.

Annual Work Programme 2010 - 11

The Chief Executive submitted a report (copy circulated) for the Committee to receive an updated work programme for the 2010-11 Council year.

(For copy report – see original minutes)

Ms. Claire Harrison, Acting Scrutiny Officer presented the report.

7. RESOLVED that the Committee note the updated work programme.

The Chairman then closed the meeting having thanked Members and Officers for their attendance.

(Signed) P. WALKER,
Chairman.