

## Health Overview and Scrutiny Committee

### Monday, 25 November 2019, County Hall - 10.00 am

#### Minutes

#### Present:

Ms P Agar, Mr G R Brookes, Prof J W Raine,  
Mr A Stafford, Mr J Gallagher, Mr M Johnson and  
Mrs J Till

#### Also attended:

Mr J H Smith, Cabinet Member with responsibility for  
Health and Wellbeing  
Amanda Markall, Worcestershire Acute Hospitals NHS  
Trust  
Mel Collins, Worcestershire Acute Hospitals NHS Trust

Dr Kath Cobain (Interim Director of Public Health),  
Steph Simcox (Head of Finance), Lucy Chick (Senior  
Public Health Practitioner), Sheena Jones (Democratic  
Governance and Scrutiny Manager) and Jo Weston  
(Overview and Scrutiny Officer)

#### Available Papers

The Members had before them:

- A. The Agenda papers (previously circulated)
- B. The Minutes of the Meeting held on 19 September  
and 8 October 2019 (previously circulated).

(Copies of document A will be attached to the signed  
Minutes).

#### 945 Apologies and Welcome

The Democratic Governance and Scrutiny Manager  
explained that as Apologies had been received from both  
the Chairman and Vice Chairman, a Chairman for the  
meeting would have to be elected from those present.

Mr G R Brookes was elected as Chairman for this  
meeting.

Apologies had been received from Mr P A Tuthill, Mr P  
Grove, Mrs M A Rayner, Mr C Rogers, Mr C B Taylor, Mr  
M Chalk, Ms C Edginton-White and Mrs F Smith.

#### 946 Declarations of Interest and of any Party Whip

None.

#### 947 Public Participation

None.

**948 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the meetings held on 18 September and 8 October 2019 were agreed as a correct record and signed by the Chairman.

**949 Audiology**

Attending for this Item from Worcestershire Acute Hospitals NHS Trust were:

Amanda Markall, Director of Operations Surgical Division  
Mel Collins, Countywide Audiology Services Manager

The Audiology Services Manager referred to the Presentation attached to the Agenda and the following main points were highlighted:

- 1 in 6 people had a hearing impairment in the UK and it took on average 7 years for people to realise there was a problem and seek help
- Only 60% of people with hearing difficulties wore hearing aids
- The affect of hearing loss included isolation, depression and general acceptance that they will 'miss out'. There was also a possible link to dementia, although this was not proven
- Patient numbers in Worcestershire had been fairly stable in recent years, with around 48,000 adult consultations and around 14,000 paediatric consultations taking place in 2018
- Reception aged children were routinely tested in Schools by Worcestershire Health and Care Trust and if necessary referred to the Audiology Service
- Alongside the main hospital sites, the Service had a number of satellite sites around the County ensuring that patients did not have to travel for long periods for routine appointments or aftercare
- A recent initiative, where hearing aid batteries were distributed through Charity Shops in Worcester and Droitwich, had been well received by patients as these outlets were often more accessible than the main or satellite sites
- The service was nearly fully resourced, with 29 Clinical Audiologists amongst others, with 3 vacant posts being recruited to currently
- Performance was generally positive against the key indicators, although equipment failures at the Alexander Hospital in Redditch meant that some patients who would have had to travel further declined their appointments, thus affecting the performance figures
- An increasing number of GP surgeries were no longer removing ear wax, which was having an

impact on the service as patients were arriving with wax and could therefore not have their hearing test performed

- Advances in technology was having a positive impact for patients with hearing loss.

In the ensuing discussion, the following main points were made:

- In response to a query as to whether the Audiology Service was proactive in reaching out to organisations which had hearing loop systems, to offer advice or support, it was reported that although some work had been done in the past, it would need to be revisited
- Members were extremely concerned to hear that GP surgeries were no longer removing ear wax which was having an impact on both the patient and Audiology Service. HOSC agreed to write to the Worcestershire Clinical Commissioning Groups to urge them to encourage GP surgeries to undertake ear wax removal before referral
- When asked whether a build up of ear wax could cause an infection later, it was suggested that there was no evidence to suggest this was the case
- In relation to current vacancies, these were part of the base budget and there were no new positions
- Members were interested to hear about the initiative whereby hearing aid batteries were being distributed through Charity Shops and wondered whether this was being developed in other areas? It was reported that although a popular scheme, other areas in the County had good access
- It was reported that the Service had put in a bid to replace the equipment at the Alexander Hospital in Redditch. Although those patients who could travel were mainly doing so, HOSC was made aware of examples where a patient living in Redditch declined an appointment elsewhere and there was concern from the clinicians that those patients could be at risk of not receiving treatment. In addition, equipment failures also resulted in audiology staff travelling to alternative sites as part of their working day
- The Team had grown due to increased demand and it was suggested that more clinics would be needed over time
- When asked whether hearing loss was noise induced, it was suggested that in some cases it

**950 Update on  
Public Health  
Ring-fenced  
Grant**

was. Different advice would be offered to patients when purchasing noise plugs if a DIY enthusiast or a Drummer for example

- A Member not on HOSC stated that deafness was a hidden disability and could result in a patient retreating from society and becoming very lonely. They suggested that generally people do not understand the impact. When asked whether the Audiology Service believed that they were not being fully supported by the whole health service, it was suggested that the Service was not always recognised until residents are referred
- In response to a question whether private providers were taking advantage of patients, it was suggested that solutions offered were not always the most appropriate. However, modern hearing aids were having a positive impact and technology was constantly changing
- In response to a comment about the lack of awareness of the service and of the impact of hearing loss, it was noted that the service ran audiology weeks and tinnitus awareness sessions.

The Chairman thanked those present for an informative and useful discussion.

Attending for this Item from Worcestershire County Council were:  
John Smith, Cabinet Member with Responsibility for Health and Well-being  
Kath Cobain, Interim Director of Public Health  
Steph Simcox, Head of Finance

HOSC Members were reminded that Public Health had transferred from the NHS to Worcestershire County Council in April 2013 and there was a duty on local authorities to take appropriate steps to improve the health of the people living in their areas.

The Public Health Ring-fenced Grant (PHRFG) was also created in 2013 and was payable to upper tier authorities to deliver public health duties under the Health and Social Care Act 2012.

The PHRFG for Worcestershire was £28,360m in 2019/20 but had reduced year on year since its introduction. The PHRFG had been cash limited for the last two years but was due to increase by 1% in 2020-21.

The Agenda Papers outlined the statutory duties, mainly

to improve population health and well-being and have regard to narrowing health inequalities, the role of the Director of Public Health and the structure of the Public Health specialist team.

The Vision of Public Health in Worcestershire was *'that Worcestershire residents are healthier, live longer, and have a better quality of life, especially those communities and groups whose health is currently poorest'*.

The Agenda Papers also provided a comprehensive overview of a number of performance metrics around public health, including health visitor activity, school nurses and the national child measurement programme, sexual health, drugs and alcohol and the NHS Healthcheck programme.

In comparison to other local authorities across England, Worcestershire generally performed well and on the individual indicators there was nothing of concern.

Public Health in Worcestershire generally spent less than its CIPFA neighbours but achieved better weighted outcomes.

In the ensuing discussion, the following key points were made:

- Members were disappointed to hear that the Government PHRFG funding was only available on an annual basis, which did not allow for long term planning, however, the Committee was encouraged to note that centrally there was a commitment to prevention services, although there was some uncertainty beyond 2020-21
- The Director clarified that the PHRFG was the total spend of the Team
- The Committee noted that the % of children, both at age 4-5 (Reception Year) and age 10-11 (Year 6) who were classified as being overweight or obese was around 22% in Reception and 33% in Year 6, which was concerning
- Oral decay was highlighted as a health inequality as only certain areas of the County were in water fluoridation schemes
- A Member asked about the relationship between the County Council and District Councils in relation to Public Health, to be informed that on occasion there was a disconnect and further work could be done to engage further for the benefit of residents
- Relationships with Worcestershire Health and

**951 Smoking Cessation**

Care NHS Trust in relation to sexual health were positive

- The Director was asked about the Joint Strategic Needs Assessment (JSNA) and the Committee was informed that although it was a statutory duty to undertake and publish it on a regular basis, it was not used to best effect. The County Council worked with the NHS on this and statistics were included to District level. However, local insights were needed to give context to statistics
- A Member noted the small decrease in the tackling obesity budget and although small, the Health and Well-being Board would continue to prioritise increased physical activity. It was suggested that Schools could do more to promote this, including Walk to School initiatives and further physical activity
- In relation to Best Value, Worcestershire scored very highly against other local authorities, for which the Committee commended the Cabinet Member and Director.

Attending for this Item from Worcestershire County Council were:

John Smith, Cabinet Member with Responsibility for Health and Well-being  
Kath Cobain, Interim Director of Public Health  
Lucy Chick, Senior Public Health Practitioner

HOSC Members were reminded that as part of reductions to Public Health Ring-fenced Grant (PHRFG) funding, the Council had discontinued commissioning of smoking cessation services, except for pregnant women.

Nationally, smoking prevalence in England had fallen to 14.4% and in Worcestershire, for adults, this figure was 11.7%, although there were District variances. Redditch Borough Council had the highest estimated proportion of current smokers at 20.5%, compared to the lowest in Wychavon with 6.8%.

There was a national vision to create a smokefree generation, which would be achieved when smoking prevalence was at 5% or below. The Government had set out a series of ambitions which would help focus tobacco control across the system, including reducing the prevalence of smoking in young people, parity of esteem for those with mental health conditions and a smokefree pregnancy for all.

In Worcestershire, 13.1% of pregnant women still smoked at the time of delivery, equating to more than 600 babies born each year. As part of the new Tobacco Control Plan, the Government had set an ambitious goal to reduce smoking in this group to 6% by the end of 2022.

The NHS Long Term Plan had also highlighted that smoking was in the top five of various risk factors that caused premature death in England, along with poor diet, high blood pressure, obesity and alcohol and drug use. By 2023/24, all people admitted to hospital who smoked would be offered NHS funded tobacco treatment services. Furthermore, a universal smoking cessation service would be available for users of long-term specialist mental health services and learning disability services.

E cigarettes had been regulated for use since 2016 and delivered nicotine in a vapour rather than in smoke. It was estimated that they were 95% less harmful than ordinary cigarettes but public understanding of their relative harm had worsened over time and was often inaccurate. In Britain, almost all users were either ex or current smokers and there was no evidence that they had led to an increase in smoking in young people.

In the discussion that followed, Members raised the following points:

- Research was ongoing to determine what the long term side effects of vaping were and further trials would need to be undertaken
- In the USA, some States had introduced bans on either flavours or products, which could be counter productive as it would make the activity potentially more illicit
- Smoking activity in Redditch and Wyre Forest was reported to be at a higher rate, although it was noted that the data was not always accurate. However, the data associated with the number of pregnant women still smoking at time of delivery was accurate as that was recorded by the NHS
- When asked whether there was any evidence to suggest that if an individual smoked, would they also drink or take drugs, it was reported that this wasn't always the case, but there would likely be multi factorial issues
- In response to a query about monitoring of smoking cessation, it was reported that there was lots of encouragement to give up, both online and face to face

- A needs assessment was being planned which would address some of the points raised at the meeting
- The Managing Director of Healthwatch Worcestershire, Simon Adams, was invited to comment and asked whether the Director was confident about the data being used, other than that for pregnant women. The Director responded that there were 2 separate data sources and whilst she agreed that smoking in pregnancy was accurate, other data was gathered from surveys, so was less well defined. The Senior Public Health Practitioner was working with the NHS and reference was made to the Ottawa model for tackling smoking reduction. Mr Adams offered the support of Healthwatch in any data collection process, especially for ethnic groups.

**952 Health Overview and Scrutiny Round-up**

Members had nothing to report at this time.

**953 Work Programme**

The Cabinet Member recommended, and HOSC agreed, to add a visit to the Worcestershire Integrated Sexual Health (WISH) service, which had recently relocated to Aconbury North on the Worcestershire Royal Hospital site.

The meeting ended at 12.30 pm

Chairman .....