GATESHEAD METROPOLITAN BOROUGH COUNCIL

CARE, HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE MEETING

Tuesday, 23 January 2018

PRESENT: Councillor S Green (Chair)

Councillor(s): M Charlton, K Ferdinand, M Hood, P Maughan, R Mullen, J Simpson, J Wallace, A Wheeler, D Bradford, M Hall, J Lee and M Graham

IN ATTENDANCE: Councillor(s): R Beadle, M Brain, M Foy, M Gannon, G Haley, B Oliphant and N Weatherley

APOLOGIES: Councillor(s): C Bradley, W Dick, B Goldsworthy, M Goldsworthy and I Patterson

CHW73 MINUTES OF LAST MEETING

RESOLVED - That the minutes of the last meeting held on 5 December 2017

were approved as a correct record.

CHW74 OSC REVIEW - WORK TO ADDRESS HARMS CAUSED BY TOBACCO EVIDENCE GATHERING

The Committee took part in an evidence gathering session into the work to address the harms caused by tobacco. A presentation was given by Hazel Cheeseman, Director of Policy, Action on Smoking and Health (ASH). ASH is a national charity, set up in the 1970's, with an aim at ending the harm caused by tobacco.

It was noted that the ongoing support of local authorities continues to be very important in terms of tobacco control. It was reported that since smoke free legislation came into force in 2007 there was a sense that the job was done, however there was still progress to be made. It was noted that good progress has continued to be made, for example there has been increased taxes above inflation every year since 2010, effective anti-smuggling strategies reduced illicit trade and restricted access to children. In addition, tobacco advertising and sponsorship has been banned, tobacco is kept out of sight in shops and there is now standardised plain packaging. As a result, since 2007 the UK has led Europe in the implementation of best practice tobacco policies, with only Australia achieving the level of legislation the UK has in terms of marketing tobacco to children and young people.

Committee was advised that the public support continues to grow with the majority of people still seeing government action as important to tackle tobacco control. In the

North East 78% of respondents supported further government action to limit smoking.

Tobacco related disease remains the lead cause of preventable illness, therefore there is challenge in terms of how ASH works with the NHS, as NHS focuses on treatment not prevention. Under the health service smokers are not universally encouraged to quit and given support and medication to do so, access to stop smoking services has become a postcode lottery. In addition, funding for tobacco control has been cut within local authorities and Trading Standards, in charge of enforcement, have diminished, this is as well as mass media campaigns being cut to the bone.

It was noted that 250 people per day die from smoking in the UK, with hundreds of children starting smoking for the first time every day. Smoking continues to show inequalities within the population, for example; 25% of manual workers smoke compared to only 10% of professionals, 40% of people with serious mental illness smoke and poorer people die on average nine years earlier. ASH is currently working to address mental health inequalities in terms of tobacco use as the rate of smokers is double in that population.

It was identified that the next steps to a smoke free future include; continued investment in comprehensive strategies nationally, regionally and locally, funding for tobacco control, reducing smoking related imagery and maximising the opportunities from e-cigarettes.

It was reported that youth smoking peaked in 1996, the first comprehensive strategy was in 1998 and this was the time when teen smoking rates plateaued, rates are currently at the lowest ever recorded. It was noted that only 8% of 15 year olds now regularly smoke, this is compared to 30% 20 years ago. Rates of tobacco use in England are now the lowest in Europe and have fallen faster than anywhere else in the continent over the last decade. It was also reported that only 15.5% of adults in England now smoke, this is compared 15.6% in Australia, which has widely considered to be the global leader in tobacco control and was the first country to introduce plain packaging.

ASH has a vision of achieving smoking prevalence of less than 5% in all socio-economic groups by 2035. In the North East the rate of decline is above the national average, although the smoking rate is higher in the region the gap itself is narrowing. Also, the gap between smoking in pregnancy figures between the North East and England is similarly narrowing.

It was noted that implementing policy, enforcement and smoking cessation is challenging across the country, a drop in terms of the Public Health budget therefore creates further challenge. It was suggested that as the tobacco industry is very wealthy it should be required to pay a levy to resource such activity. This has been applied successfully in the USA where money from levies of tobacco companies is invested in tobacco control. However, in order to do so will require political support which is not currently on the political agenda. The tobacco supply chain was also highlighted, no license is required to sell tobacco however given the damaging effect of tobacco use it was suggested that the whole supply chain should be licensed. The

case was taken to government but they did not want to take this forward, it was confirmed that ASH will continue to campaign for action from government.

Committee was advised that rates of smoking continue to reduce in children and young people, in 2007 the tobacco sale age was increased to 18 and this impacted on the number of young people smoking. Illicit tobacco has decreased, however the tax gap remains at an estimated £2.5 billion. There is strong support from the public and retailers for a licensing scheme to be introduced which would help address the issue of illicit tobacco. Government did acknowledge retail registers but this is not currently in England.

It was reported that in 2012 the US Surgeon General Report found a causal relationship between depictions of smoking in the movies and the initiation of smoking among young people. Also, the British Board of Film Classification stated that classification decisions would take into account any promotion or glamorisation of smoking. Ofcom published guidance which stated that inclusion of smoking pre-watershed or at times when children are particularly likely to be listening must be editorially justified. It was noted however that the definition of 'editorially justified' is not clear and recently this was discussed in the House of Lords.

It was confirmed that the number of people trying e-cigarettes has increased, the use of e-cigarettes in ex-smokers has also increased. It was noted that this is a big harm reduction strategy, however the use in young people stopped because of an increase in people who thought e-cigarettes were more or equally harmful than smoking. However, it was confirmed that e-cigarettes are a lot less harmful therefore there is concern that some people are missing this opportunity.

The next steps in terms of addressing the harms caused by tobacco were highlighted and included; addressing misperceptions of harm, embedding access to e-cigarettes across support services, national action to promote development of licenced product and consider ways in which access to e-cigarettes can address entrenched inequalities.

The point was made that if Gateshead parents were helped to stop smoking it could lift 3,000 families out of poverty. It was also pointed out that previously young people started smoking as a rite of passage, however this does not seem to be the case today. It was acknowledged that progress has been made in this respect and smoking in young people continues to reduce due to national comprehensive plans and a re-shaped adult world, therefore young people today have less chance of taking up smoking.

It was noted that a lot has been achieved in the North East but that national policy has a massive impact. Also, although e-cigarettes are seen as a very important tool under Gateshead's policy they are treated that same as tobacco in order to de-normalise smoking. It was confirmed however that Gateshead's smoke free policy is currently being reviewed. It was acknowledged that people using e-cigarettes are making a positive choice and therefore it is important to ensure this is incentivised.

The issue of pension fund investment in tobacco companies was queried. It was confirmed that there is a definite move away from pension funds being invested into

tobacco companies. Updated guidance for local authorities is due to be published which will provide advice in this area.

The point was made that tobacco companies have such wealth therefore government should be keen to get them to pay a levy. It was acknowledged that it is hard to understand why government is not taking this suggestion forward but that it was good to see implementation of the sugar levy which is a similar idea.

It was suggested that there should be guidance about where to buy genuine e-cigarettes and also information about them as some smokers may be convinced that they are as harmful as tobacco.

The point was made that the pictures on cigarette packages which show the harm caused by tobacco does not impact on children and young people as it is too far away for them. Instead, therefore more needs to be done to relate to young people. It was recognised that health messages do not resonate with young people but there is a wider context in terms of social norms and family smoking which has a bigger impact than interventions in schools. It was therefore suggested that there should be more education of adults instead. It was also suggested that young people care more about what they look like now than in previous years, therefore this message could be used to stop young people taking up smoking.

It was noted that smoking prevalence is higher than average in deprived communities and there has been some success seen through creative approaches such as budgeting and housing. It was confirmed that these approaches would continue to be monitored to see any impact.

It was queried why the Philip Morris company was not taken up on the offer to support local authorities to run quit campaigns. It was noted that the statement made by Philip Morris is a sign of the times, but that Article 5.3 of the Framework Convention on Tobacco Control protects health policy from tobacco companies therefore the offer could not be accepted. However it was pointed out that this could be done through a levy.

It was suggested that there should be information contained at places like vets surgeries to show the impact of smoking on pets. It was also stated that there would be no tolerance on parents taking drugs, therefore there should be more enforcement on those parents who smoke during pregnancy.

The point was made that although the price of cigarettes has gone up considerably since 1992 there are still a lot of people on a low income smoking, this shows that market mechanism only has limited impact. It is therefore important to find a way to reach that hard core group. It was recognised that taxation is the best single lever but in order to reach those groups on low income or smoking during pregnancy more of a community approach is required. This is about embedding support where it is most salient, i.e. places where the consequences are evident and allowing people to move from cigarettes to e-cigarettes.

RESOLVED - (i) That Committee noted the approach and content as set

out in the report and presentation.

(ii) That the views of the Committee on the information presented was noted.

CHW75 BLAYDON GP PRACTICE - CONSULTATION ON OPTIONS

Committee received a presentation on the possible future of the Blaydon GP led practice. Members were advised that a consultation was held on future options for the GP led practice as the existing emergency contract expires on 30 June 2018. It was noted that the current contract has already been extended and can't be extended further. An updated patient list size figure of 2,040 was provided.

A period of engagement for phase one was completed in September 2017. This included engaging with members of the public, patients and stakeholders. The results of phase one informed phase two, a period of consultation to consider the options available for the future of the service.

Under phase one, patients reported the service they received to be either very good or good. Based on the feedback two options were identified;

- Option 1 – Keep a GP Practice in Blaydon Primary Care Centre
- Option 2 – Close the GP Practice

Option one would mean a procurement exercise would be undertaken for providers to apply to run the GP practice. Patients would automatically transfer to the new provider or would have the choice to register with another practice. Option two would not affect the walk-in centre at the Primary Care Centre and patients would be given advice about registering at another GP surgery in the area.

It was noted that that the practice has previously been subject to procurement exercises which were unsuccessful. This was possibly due to the relatively small patient list size.

The consultation methodology was noted and it was confirmed that the events organised with Healthwatch were well attended. 334 responses have been received to date (a 16% response rate).The closing date for responses was 14 January 2018. A report will now be written on the information and feedback received. This will be presented to the NHS Newcastle Gateshead CCG's Primary Care Commissioning Committee for a decision to be made on 27 February 2018.

It was queried what would happen to those patients who currently use Chainbridge Practice and are sent to Blaydon Practice as overspill. It was confirmed that the consultation only relates to the GP practice and not the walk-in centre or extended access hub. These will continue to support all other practices.

Members wanted reassurance that if the practice were to close there would be enough capacity at other GP practices in the West to take on the additional patients. It was confirmed that NHS officers have contacted the Chainbridge Practice and it is actively looking to increase its patient list and appoint additional GPs (although the

difficulties in recruiting GPs was noted). In terms of other practices in the West, members were advised that the report will identify which practices have capacity, including which have a medium or small patient list. It was also pointed out that a number of patients are travelling some distance to practices (including Blaydon) and, therefore, there is a need to widen the net in terms of GP practice areas when identifying potential solutions.

The point was made that there seems to be an issue in the West generally around sustainability, with some practices struggling and, therefore, there are also wider issues linked to the sustainability of the Blaydon site.

It was suggested that public transport is not always conducive to accessing smaller practices and this is something that needs to be looked at in the wider picture. The fact that there is a bus stop outside Blaydon PCC is one of the reasons why the Blaydon practice is valued by patients. It was confirmed that ease of travel is a factor that is looked at when evaluating practices.

It was also noted that when the consultation started all practices in the area were contacted to seek their views on the potential impact on them if Blaydon closed.

It was questioned whether the reality of the situation was that if no GP provider was willing to run a practice from the Blaydon site, it would close anyway. It was confirmed that it could work but it is difficult to attract GP providers with such a small patient list size and, therefore, there is a risk that any further procurement exercise would be unsuccessful. It was requested that every effort be made to identify flexible solutions in order to secure the future of the practice. It was reported that NHS officers are looking at this; however, if there is no appetite amongst providers to take it on, then there may be no alternative but to close the practice. Committee was advised that GP practices are paid per patient on their registered list, therefore the contract income would be small for Blaydon as well as the provider having to pay a service charge for the building. The current provider has stated that there is no real capacity to increase the patient list size unless changes to the use of rooms and layout are made at the primary care centre.

It was pointed out that there are housing developments planned in Crawcrook, Ryton, High Spen, Blaydon, Winlaton and Metro Green and other areas which should help to grow the list size in the future. It would seem short-sighted, therefore, to close the practice given the housing developments that are due to come on stream in future years. However, it was noted that there were some issues around capacity within the practice and that the practice cannot be subsidised in terms of service charges, although rent and rates are reimbursed through the NHS. The service charges set by NHS Property Services were a significant cost for the practice and members felt that representations should be made to have these reduced.

Concerns were raised that if the practice were to close this would impact on meeting patient needs at other practices, for example people waiting longer for appointments.

It was suggested that due to the ongoing and future housing development in the area any decision should be delayed. Committee was advised, however, that the

current practice is operating on an emergency contract which has already been extended and no further extension can be made under NHS regulations. It was also noted that this is an expensive way to operate. It was confirmed that the housing developments will be identified in the report to the Primary Care Commissioning Committee.

The point was made that NHS services at Metro Riverside were originally given temporary planning consent which had been extended. It was suggested that these services could be moved to the Blaydon PCC to make it more viable. It was confirmed that conversations are ongoing around the Metro Riverside facility. However, such a move would not impact on the level of service charges incurred by the Blaydon practice. It was also suggested that the Blaydon practice could be used as a satellite base for another practice.

With regard to the scope for extending the existing emergency contract, it was suggested that the Secretary of State could be asked for an exemption to NHS regulations on this issue. Members were advised that this would have to be explored through NHS England.

In addition, it was suggested that the level of service charges imposed by NHS Property Services on the Blaydon GP practice could also be raised with the Secretary of State whereby potential bidders for the contract beyond June 2018 could be asked to identify the maximum level of service charge they could pay, consistent with running a sustainable GP practice at Blaydon PCC going forward. The Committee was informed that service charges are set in accordance with a national framework and they would be difficult to alter; it would also be highly unlikely that an exemption to the application of NHS regulations would be granted in the case of the Blaydon GP practice.

The point was made that the Blaydon GP practice is unique in Gateshead in that it is co-located with a leisure facility and other NHS services at the primary care centre. When the facility was opened, it was seen as a forward looking and innovative approach to the co-location of services – it was felt that it would therefore be a backward step if a GP practice could no longer be provided as part of the ‘offer’ from the centre. It was also suggested that, given the move towards the provision of GP services at scale, wrapped around other complementary services, it would be a missed opportunity not to build upon what is already in place at Blaydon PCC, with the GP practice being seen as integral to existing and future arrangements as a key hub for the West of Gateshead.

A flexible approach should be taken to best ensure the sustainability of the practice (until future housing comes on stream) and to maximise the benefits to local residents.

NHS colleagues were commended for the consultation process that had been undertaken, consistent with NHS guidelines.

RESOLVED - (i) That the Committee’s comments on the options under consideration be noted and forwarded to NHS Newcastle Gateshead CCG, particularly in relation to the comments

on future housing development, the request to pursue flexible options for the future development of the Blaydon practice and the need to re-examine the service charges imposed on the Blaydon practice.

(ii) That Committee is satisfied with the adequacy of the consultation by NHS Newcastle Gateshead CCG.

(iii) That Committee support option one and are satisfied that this option is in the best interests of the local health service in the area.

CHW76 OSC WORK PROGRAMME

The Committee received a report outlining proposed changes to the annual work programme for the municipal year 2017-18.

RESOLVED - (i) That the provisional work programme be noted.

(ii) That further reports will be brought to the Committee to identify any additional policy issues which the Committee may be asked to consider.

Chair……..