

## HEALTH AND WELLBEING SCRUTINY COMMITTEE

Wednesday, 24th September, 2014

**Present:-** Councillor Colin Eastwood – in the Chair

Councillors Allport, Mrs Astle, Bailey, Becket, Mrs Johnson, Loades and Owen

### 2. **APOLOGIES**

Apologies were received from Councillor Northcott.

### 3. **DECLARATIONS OF INTEREST**

Councillor Loades declared the following interests:

He was a Shadow Governor on the UHNS Board

A Member of North Staffs CPAG

A Member of Health Watch

A Member of the County Healthy Staffordshire Select Committee.

### 4. **MINUTES OF THE PREVIOUS MEETING**

**Resolved:** That the minutes of the previous meeting held on Wednesday 9<sup>th</sup> July be agreed as a correct record.

### 5. **MINUTES FROM THE HEALTHY STAFFORDSHIRE SELECT COMMITTEE (11.08.14)**

**Resolved:** That the minutes be noted.

### 6. **CLINICAL COMMISSIONING GROUP URGENT CARE STRATEGY**

A presentation was given by Marcus Warnes in relation to the Urgent Care Strategy for North Staffordshire.

Mr Warnes stated that the key to achieving the aims of the strategy was primary care but that less than 8% of the current budget was spent on this area. It was estimated that in order to achieve the pre hospital aims, an additional £37.00 per head was required which added up to approximately £20 million. It was fully recognised that if all patients were able to ring up and have a GP appointment that same day then it could make them less likely to go to the A&E department. At the moment the CCG did not commission GP practices but it was thought that this might change in the future.

Members considered whether primary care facilities could be located in Accident and Emergency Departments thus allowing many A&E attendees to be seen by a GP. This would also help to educate people as to what conditions GPs could actually treat, such as heart conditions. Mr Warnes stated that this practice was due to commence at the UHNS from 1<sup>st</sup> October 2014.

Mr Warnes also highlighted the emergence of federations of GPs which would allow for economies of scale and might include between 30 to 50 thousand members of the public (or 80,000 for acute services).

Members voiced concern regarding the management of social care and domiciliary care packages. Mr Warnes stated that in the past the County Council had in house services to deal with these areas but the way contracts were now awarded made it hard to sort a package of care in some circumstances (such as in rural areas). Travel time and zero hour contracts also proved barriers to the provision of services with patients coming out of hospital with more acute needs which companies were not commissioned to deal with. There was a requirement to make more use of the bundles of care and make them more accessible to patients.

Mr Warnes agreed to return to the Committee with an update once the strategy had been agreed.

## **7. HEARING AID CONSULTATION**

The Chair welcomed Marcus Warnes, Chief Operating Officer from the North Staffordshire Clinical Commissioning Group and Dr John Harvey to the meeting.

Mr Warnes provided a presentation to the Committee in relation to hearing aid provision in North Staffordshire. Mr Warnes emphasised to the Committee that no decision had yet been made nor had any formal consultation been commenced. The CCG sought the views and recommendations of the Committee prior to reporting back to the Commissioning, Finance and Performance Committee on 15<sup>th</sup> October and to the CCG Governing Board on 5<sup>th</sup> November 2014.

Mr Warnes outlined the commissioning and prioritisation processes and how they were used to identify priorities to ensure that the best use could be made of NHS funds locally and which investments should be made to deliver the best outcomes for patients.

The prioritisation process was led by the Clinical Priorities Advisory Group (CPAG) which ranked interventions in order of clinical importance prior to reporting back to the CCG; interventions falling below a certain threshold were not considered for investment and those that were already commissioned were considered for decommissioning.

Mr Warnes also provided information regarding the engagement activities that had taken place regarding the hearing aid question and the results that had come from that engagement.

Concerns were expressed by Members and the following questions were raised and answers given:

1. That, without a hearing aid, those with mild to moderate hearing loss could, in some cases, feel isolated and lose any sense of pride or achievement – how, therefore, was prevention of future illnesses given a zero rating in the CPAG?

*Dr Harvey agreed that there was evidence to show that a link existed between an individual's mental health and hearing loss but there was little or no evidence to show what impact a hearing aid would have on this.*

2. How had such a low rating been given to individuals with an existing health problem such as dementia or poor mental health?

*Again Dr Harvey emphasised the point that it was recognised that there could be an impact on the quality of life for those individuals with mild or moderate hearing loss through having a hearing aid provided, but that it was relatively small to other ranked interventions for other conditions. An enhanced ability to hear did not necessarily reflect in an enhanced quality of life.*

3. Had studies not shown that hearing aids did, in fact, help increase the quality of life along with a magnitude of other health benefits?

*Dr Harvey stated that he was not aware of any studies that had proven this. The CCG had reviewed a number of studies carried out in the USA by audiologists, which showed that those with more severe hearing loss benefited most from intervention and that the CCG had based its prioritisation on this scientific evidence.*

4. Was it surprising that a response to the engagement had been received from across the entire country?

*Mr Warnes stated that this was not unexpected as there was a huge amount of interest nationally in the project, especially with North Staffs CCG being the first to go down this route. All CCGs were in the same situation with increasing demand for services and less money.*

5. Was the CCG prepared to see people paying thousands of pounds for a hearing aid?

*Mr Warnes stated that hearing aids for mild to moderate hearing loss could be purchased from £349 up to £1500. The hearing aids for more severe hearing loss were more expensive (up to £3000) but these were not currently provided on the NHS, which only provided hearing aids that cost in the region of £400.*

6. Had the CCG considered making the NHS hearing aids available via means testing?

*Mr Warnes stated that yes there were three possible options – fully decommission, fully fund or a solution somewhere in the middle.*

7. Had the CCG taken note that every professional in the field has objected to the proposals

*The CCG was fully aware of this but highlighted the fact that all the responses received had come from those in the field (hearing aid users or audiologists) and that this still needed to be balanced against all other priorities and the CCG had the very hard job of trying to compare these priorities.*

8. If those with mild to moderate hearing loss are not supported now would not this just lead to greater problems and more cost in the future, including mental health issues that could be exacerbated or caused?

*Dr Harvey agreed that there could be progression and that this would be built in to any eligibility criteria. It was fully recognised that those with mental health concerns needed to be able to communicate as clearly as possible.*

9. Would there be a full consultation process following this engagement exercise?

*Yes, the engagement process was to help shape the actual proposal that could then be consulted upon. Mr Warnes was also fully aware that neither the County Council Healthy Staffordshire Select Committee nor Staffordshire Moorlands Health Scrutiny Committee were supportive of the current proposal.*

Members also questioned whether the Better Care Fund could be used to fund the provision of hearing aids but it was advised that this money was not new money and that money going into the BCF was currently being spent on services and that if it was to be spent on hearing aids then cuts would still have to be made elsewhere.

The motion was put forward that the Committee state that it was unable to support the current proposals and that this be fed back to the CCGs Commissioning, Finance and Performance Committee.

This was seconded and all were in agreement.

**Resolved:** That the Newcastle under Lyme Health and Wellbeing Scrutiny Committee do not support the current proposals put forward by North Staffordshire CCG in relation to hearing aid provision in North Staffordshire.

8. **NORTH STAFFORDSHIRE CLINICAL COMMISSIONING GROUP BRIEFING PAPER**

**Resolved:** That the briefing paper be noted.

9. **HEALTHWATCH, STAFFORDSHIRE**

**Resolved:** That the update be noted.

**COUNCILLOR COLIN EASTWOOD**  
**Chair**