

SOUTH EAST WALES REGIONAL COMMITTEE

MINUTES OF COMMITTEE MEETING

Date: Friday 10 March 2000

Time: 9.30am to 12.45pm

Venue: Civic Offices, Holton Road, Barry

Attendance:

Members:

Carwyn Jones (Chair)	Bridgend
Lorraine Barrett	Cardiff South and Penarth
Peter Black	South Wales West
Christine Chapman	Cynon Valley
Jane Davidson	Pontypridd
Geraint Davies	Rhondda
Ron Davies	Caerphilly
Sue Essex	Cardiff North
Michael German	South Wales East
Janice Gregory	Ogmore
John Griffiths	Newport East
Brian Hancock	Islwyn
Jane Hutt	Vale of Glamorgan

Pauline Jarman	South Wales Central
David Rhys Lloyd	South Wales West
David Melding	South Wales Central
Jonathan Morgan	South Wales Central
Lynne Neagle	Torfaen
Jenny Randerson	Cardiff Central
Owen John Thomas	South Wales Central
Phil Williams	South Wales West

In attendance:

Fiona Peel	Chair, Gwent Health Authority
Dr Eddie Coyle	Director of Public Health, Gwent Health Authority
Dr Peter Donnelly	Director of Public Health, Iechyd Morgannwg Health
Dr Sharon Hopkins	Director of Public Health and Policy, Bro Taf Health Authority
Jan Williams	Chief Executive, Bro Taf Health Authority
Cllr Mike Hedges	Welsh Local Government Association
Colin Jones	Welsh Local Government Association
David Seal	Welsh Local Government Association

Andrew Jones	Welsh Local Government Association
Peter Johns	Chief Officer, North Gwent Community Health Council
Colin Hobbs	Chief Officer, Caerphilly Community Health Council
Rosamund Thomas	Chief Officer, Vale of Glamorgan Community Health Council
Richard Dykes	Group Managing Director, Mail Services, The Post Office
Lewis Evans	Chairman, Post Office Board Wales
Moelwyn Jones	Head of Welsh Affairs, Post Office Board Wales

Officials:

Dr Ruth Hall	Chief Medical Officer
Julie Gregory	Health Service Strategy Division
Heulwen Evans	Health Service Strategy Division

Secretariat:

Martin Stevenson	Clerk
Vaughan Watkin	Deputy Clerk
Ian Dawes	Acting Deputy Clerk

Apologies for absence

1. Apologies for absence were received from Rosemary Butler, Alun Cairns, David Davies,

Janet Davies, Jocelyn Davies, William Graham, Peter Law, Huw Lewis and Rhodri Morgan.

Opening remarks

2. The Chair welcomed Members to Barry and thanked the Vale of Glamorgan Council for the use of their facilities. He said that one of the key aims in *betterwales.com*, the Assembly's strategic plan, was to secure better health and well being for the people of Wales, and that the meeting provided a timely opportunity to consider health inequalities in the region.

Item 1: Minutes of the meetings held on 3 December and 4 February:

SEWR-04-99 (min) and SEWR-01-00 (min)

3. The minutes of the meetings held on 3 December and 4 February were approved.

Item 2: Health inequalities: Paper from the Assembly Secretary for Health and Social Services: SEWR-02-00 (p.1)

Item 3: Health inequalities: The health authority perspective:

SEWR-02-00 (p.2)

4. Introducing her paper, Jane Hutt said that health inequalities were typically associated with poor social and economic circumstances, and had to be considered within the context of community regeneration, social inclusion, equality of opportunity and the accessibility of services. To reduce health inequalities, she felt that it was essential for the Assembly to work in partnership with the broader health economy, local authorities, community health councils, the voluntary sector and the private sector.

5. Jane Hutt said that the Chief Medical Officer's Annual Report for 1998 had set out some disturbing trends. Health in Wales was poorer than in England, and although health overall in Wales has been improving, the gap in health between the most and the least deprived communities had been widening. This reinforced the findings in Sir Donald Acheson's report on health inequalities, which had concluded that although there had been a marked increase in prosperity over the last twenty years, the health gap between those at the top and the bottom of the social scale had widened.

6. It was important for the Assembly and its partners to address the origins of poor health and health inequalities, given that the end result was the increasing pressure on the NHS. The key factors had been categorised as social and economic; biological and genetic; environmental; lifestyle; and the availability and accessibility of health services in relation to need. Social and economic factors included social class, poverty, deprivation, discrimination, poor housing, unemployment, lack of social support and low educational achievement. The Assembly Secretary endorsed the approach put forward by Sir Donald Acheson for the use of health impact assessments across all policy areas.

7. Jane Hutt suggested that research, partnership, fairer allocation of resources and strategic planning were the main themes in tackling health inequalities. On research, there was a need to enhance the evidence base of the factors causing ill health and health inequalities, as well as the relationship between health inequalities and access to health services. Partnership and collaboration were vital, and the Assembly Secretary was keen to further encourage joint working between the broader health economy and local authorities, including the development of Local Health Groups and Local Health Alliances. Work was in hand to develop a fairer formula for the allocation of resources to health authorities. On strategic planning, Health Improvement Programmes were the key vehicle for delivering health improvement and improved health services.

8. Summing up, Jane Hutt emphasised the need for the whole Assembly to work together to tackle the underlying social, economic and environmental causes of health inequalities, and identified the availability of Objective 1 funding as a unique opportunity to tackle health inequalities in the Valleys.

9. Introducing the health authorities' paper, Fiona Peel said that she was delighted for the three health authorities to be able to make their presentation jointly, given the work in hand to tackle health inequalities in the region. She highlighted the advent of Local Health Groups, which had brought about a cultural change in the way health authorities and local authorities worked together. In addition, Health Improvement Plans were important strategic planning tools which looked positively at the contribution of the NHS and its partners in tackling health improvement. She endorsed the Assembly Secretary's view that there should be ongoing research which should feature routinely in the planning cycle.

10. Dr Sharon Hopkins said that the three health authorities were fully committed to working with the Assembly and other partners to tackle health inequalities, and supported the approach in *Better Health Better Wales*. Throughout the region the predominant pattern of ill-health was one of chronic disease, much of which was amenable to prevention and promotion strategies although the health improvements were likely to take many years to become apparent. In allocating their scarce resources, health authorities had to strike a balance between their

prevention and promotion strategies and supporting ill-health through their hospital services. In tackling health inequalities, it would be necessary to consider how to redistribute the available resources both within and across health authorities, with major implications for the configuration of services. The health authorities supported the targeting of resources at the more deprived communities, and felt that deprivation should feature in the formula for the distribution of resources.

11. The following points were raised in discussion:

- Members agreed that it was vital to place health inequalities in their wider economic and social context. They felt that health improvement and the reduction of health inequalities should be a central part of the Assembly's commitment to achieving sustainable development.
- It was important to shift the focus of the public debate on health away from service-based issues such as waiting lists and hospital beds onto more relevant areas such as health profiles, lifestyle issues and health promotion. Members agreed that there was a need to build a consensus on the overall strategy for tackling health inequalities, which would involve some difficult decisions.
- Members supported strongly the inclusion of deprivation as a factor in the formula for distributing resources to health authorities, although it was recognised that it would be difficult to develop a methodology which was fair and objective. The health authorities suggested that under the existing formula South East Wales, with its burden of chronic ill-health related to socio-economic deprivation, was effectively subsidising health services in the rest of Wales.
- There was a need to co-ordinate work on the development of the formulae used to distribute resources to health authorities and local authorities. It was noted that the standard spending assessment formula for local authorities was also being revised to incorporate a measure of deprivation.
- In allocating resources, it was important to get the right balance between prevention and promotion strategies and the service areas dealing with ill-health. The health authorities felt that there was a need to prioritise between the various policy objectives, as it was unrealistic for them to simultaneously reduce waiting lists, achieve financial balance and

retain all existing health facilities.

- It was noted that Bro Taf Health Authority planned to remodel their services in 2000-01, which would involve moving resources from the south to the north of the Authority's area. It was suggested that the University Hospital of Wales should be funded separately, rather than through Bro Taf Health Authority, given its central role in the NHS in Wales.
- There was a need for small area data to identify pockets of deprivation in relatively prosperous areas. As well as improving information on health at the local area level, it was important to improve the available information on resources, not just from health authorities but also from local authorities, other public sector bodies and European Union programmes.
- There was a need for a better understanding of the links between deprivation and ill-health. If more money was to be targeted on deprived areas, then it was important to be able to assess the impact on the health of the local population within the health authority's performance management framework. With Objective 1 funding, it was vital that the plans and programmes put forward by each local partnership should include a health impact assessment.
- Members supported strongly the development of partnership working between health authorities and local authorities, given local authorities' responsibilities for social services and environmental health services. It was suggested that eventually local authorities, as democratically accountable elected bodies, might adopt the role of health purchasers.
- Members supported strongly the principle of Local Health Alliances and were keen to ensure that they worked effectively with Local Health Groups in improving the health of local populations. It was noted that Local Health Alliances, which were concerned with social and economic factors, had a wider role in tackling health inequalities than the Local Health Groups. The Welsh Local Government Association said that they were keen to establish Local Health Alliances within every local authority area in Wales.
- It was suggested that Health Action Zones might be relevant for the most deprived areas. It was noted that this issue was currently being considered by the Health and Social Services Committee. The health authorities urged caution in focusing attention exclusively on areas, given the need to link up with relevant programmes for people,

such as training.

- With NHS Trusts now dealing with both community and acute healthcare provision, there was concern that mental health provision should not be downgraded.
- It was suggested that it would be appropriate to reconsider the case for a second medical school in Wales to train medical and nursing staff to work in Wales.
- There was concern about differences in prescribing practices, with certain drugs for treating cancer and heart disease not being prescribed in some health authority areas. It was noted that there were also variations in clinical practice by doctors.
- It was suggested that health authorities should reconsider the provision of services for children within their community services. It was also suggested that there would be widespread support for a Children's Hospital in Wales. The Assembly Secretary said that the independent Children's Commissioner would consider health provision issues.
- It was noted that smoking was the main avoidable cause of disease. The health authorities were increasing their expenditure on the interventions which were known to be effective in addressing smoking, including the initial funding of nicotine replacement therapy for those with limited resources.

12. The Chair thanked the Assembly Secretary and the three health authorities for their written submissions and presentations.

Item 4: Health inequalities: The local authority perspective:

SEWR-02-00 (p.3)

Item 5: Health inequalities: The community health council perspective: SEWR-02-00 (p.4)

13. Cllr Mike Hedges introduced the Welsh Local Government Association paper by welcoming the recognition of local government as a partner in tackling health inequalities. He emphasised that there was a need to overcome the perception that health was only about hospitals and GPs, when housing, employment, income, community safety, transport and the environment all had major effects on people's health. Hospitals and GPs treated the consequences but could not alone tackle the causes.

14. The Welsh Local Government Association wished to continue to work in partnership with the Assembly, health authorities and others in order to make the best possible use of the available resources to improve health. They were keen to get elected local authority Members onto the Boards of NHS Trusts and health authorities as well as Local Health Groups, in order to secure a greater common understanding of the issues. Similarly local authorities were willing to involve representatives of NHS Trusts, health authorities and Local Health Groups in their own structures.

15. The Welsh Local Government Association felt that health improvement should be a central part of community planning, so that plans were put in place to reduce health inequalities. They emphasised the need to identify pockets of poverty or health inequalities in relatively prosperous areas, which would involve looking below ward level to census enumeration districts or even areas defined by postcodes.

16. Introducing the community health councils' paper, Peter Johns welcomed the opportunity to address the Committee. He explained that the community health councils endorsed the view that effective partnerships were necessary to take forward strategies to tackle health inequalities. However, there was a risk that the strategies would fail unless issues like that of single-handed GP practices were addressed.

17. The community health councils did not feel that it was a coincidence that health inequalities existed in the more deprived parts of the region where single-handed GPs were prevalent. Furthermore, the problems associated with such practices were likely to become more acute in the next few years. The community health councils had endorsed Dr Julian Hart's paper *Going for Gold* in relation to the need to focus on primary care and the delivery of services to people in their own locality. They felt that it was vital to have effective, well-run, well-governed primary care services in all areas, and within the region priority should be given to addressing the problem of single-handed GPs.

18. The following points were raised in discussion:

- Members were keen to see improved co-operation between health authorities and local authorities. The Welsh Local Government Association confirmed their commitment to working in partnership with health and other bodies in tackling health inequalities. The Association had argued that the Local Government Bill currently before Parliament should be strengthened to impose a duty on local authorities to establish community leadership. They felt that the only way forward was to break down the territorial barriers and to work together.
- It was suggested that there should be a much higher profile for the partnerships between health authorities and local authorities, with clear targets and regular reports on performance. There were a number of practical suggestions for improved liaison, for

example, an annual joint report on health inequalities, secondments between health authorities and local authorities and the dissemination of best practice on joint working.

- Members supported the Welsh Collaboration for Health and Environment as a good example of health authorities and local authorities working together. The collaboration was highly effective in both helping the professional development of the relevant staff and forging links between the organisations involved.
- Members welcomed the publication of a joint report on health by Gwent Health Authority and Caerphilly County Borough Council. There were also excellent examples of joint working in relation to housing. In one unitary authority area, there were joint commissioning teams to help develop the Housing Strategy and Operational Plan.
- Members felt that it was imperative to tackle the issue of single-handed GPs because many of these GPs were due to retire in the next few years. It was important to create a culture which would attract new GPs to the areas where the vacancies would be created. The Assembly Secretary said that she was keen to encourage innovation, such as salaried GPs and nurse-led initiatives.
- The community health councils suggested that the Royal Colleges could have a major influence on the effectiveness of primary care services. They felt that there was scope to review clinical practice, performance and application. It would be necessary to develop a new breed of GPs who would have increased opportunities for specialisation. This would facilitate the further development of caring for patients in the community and relieve the pressure on secondary services.
- The Welsh Local Government Association suggested that it was important to move from a finance-led to a policy-led relationship between the National Assembly and local government. There was a need to focus more on the underlying problems and the desired outcomes. The future relationship would be based on policy agreements, which would specify the problems as well as how to measure progress in tackling them.
- There was an urgent need for better information on the causes of demand for NHS services. It was suggested that single-handed GPs under pressure might be referring patients to hospital who could more appropriately be dealt with in the community.
- Members felt that there was a need to further develop the approach to promoting good health through schools, particularly in relation to the problem of drug and alcohol abuse. There was also concern about the condition of school buildings in some areas, many of which had been built over 100 years ago.

- It was suggested that there was a need to increase the resources available to community health councils, who could be at a disadvantage when responding to consultation exercises undertaken by health authorities. The community health councils felt that it should not be necessary to rely wholly on additional resources to deal with consultation programmes; instead there were opportunities to make overall cost savings by working in collaboration with the health authorities, NHS Trusts and other bodies on such programmes. Similarly there was scope to make savings on the work done on auditing and monitoring services on behalf of patients.

19. The Chair thanked the Welsh Local Government Association and the community health councils for their written submissions and presentations. The Assembly Secretary said that all the contributions would be considered carefully. With the emerging consensus, she felt that it was now possible to move forward with a strengthened vision about how to tackle health and social inequalities in South East Wales. She was keen to spread the key messages to the rest of Wales through the other regional committees and the Assembly as a whole.

Item 6: Postal addresses: Presentation by the Post Office

20. The Chair welcomed the Post Office representatives to the meeting. He explained that the Post Office would give a presentation and answer general questions from Members about the way postal addresses were changed, but were not prepared to respond to questions on individual cases. Nevertheless, Members would be free to raise any specific concerns they may have in the form of submissions rather than questions.

21. Introducing the presentation, Lewis Evans said that the Post Office had been unable to attend the Committee on two previous occasions for genuine reasons. He explained that the purpose of the Post Office Board Wales was primarily advisory and representational, with no executive power or responsibility. The Royal Mail accounted for about 80 per cent of the Post Office's activity in Wales, with some 1,500 outlets and around 11,000 staff.

22. Richard Dykes said that the Post Office faced a major programme of change. There was competition in virtually every area of its operations, with the old monopoly protection beginning to erode. The commercial environment was changing rapidly with the development of e-commerce. The Postal Services Bill would convert the Post Office to private limited company status, although still wholly owned by the Crown, and appoint for the first time an independent regulator with wide ranging powers. Finally, there was a real threat to the post office network, following the Government's withdrawal from a project which would have allowed benefit

payments to continue being made through post offices using plastic cards.

23. On the process of handling changes, the Post Office adhered closely to a code of practice which had been agreed with the Post Office Users' National Council. There was a balance to be struck between the interests of the business as a whole and the Post Office's social obligation to protect the services offered in virtually all communities. The Post Office understood that change, such as the closure of a post office or a change to postal addresses, could concern people deeply. However, there were occasions when it simply was not possible to reach a compromise which satisfied everyone's interests.

24. The following points were raised in discussion:

- Members felt that it was unacceptable for the Post Office, as a public sector service provider in Wales, to refuse to answer specific questions from elected representatives taking up issues on behalf of their constituents.
- There was concern about the changes in postal addresses in a number of Valleys communities, which had been amended to include postal towns (the town where the sorting office was located). One example was Blaenavon where the postal address had been changed to include Pontypool. Members felt that these changes went against the strong sense of community which was the backbone of Welsh life, denied people the sense of identity which they derived from their postal address and undermined the status of the towns. It was reported that there was strong local opposition to the changes.
- The Post Office said that in making these changes they had followed the procedures set out in their code of practice, which had involved Members of Parliament, town and community councils, the Post Office Advisory Committees and prominent business people. It was noted that the consultation exercises had been undertaken before the advent of the National Assembly. The Post Office gave an assurance that Assembly Members would be included in any future exercises.
- It was reported that the changes in postal addresses had led to a higher incidence of misdirected mail, for example, where street names were identical in Blaenavon and Pontypool. The Post Office agreed to look into this problem. Overall, they said that there was some limited evidence that the quality of service had improved since the changes had been made.
- Members supported the proposals in the Postal Services Bill to strengthen the role of

the Post Office Users' National Council.

- There was concern that the increased rationalisation of sorting offices could lead to local job losses.
- Members felt strongly that the post office network should not be allowed to decline. It was noted that the Assembly had recently approved a motion noting with concern the Government's proposals to introduce Automatic Credit Transfer for the payment of benefits and the subsequent impact on the livelihood of sub-post offices. The Post Office said that they would welcome ideas for bolstering support for local post offices. It was suggested that there might be scope to use post offices as an outlet for Government information or to use new technology to develop banking or ticketing services.

25. The Chair thanked the Post Office representatives for attending the meeting.

Item 7: Date of next meeting

26. The Chair confirmed that the next meeting would be held on 9 June at Clydach Vale in Rhondda Cynon Taff. The theme of the meeting would be post-16 education and training. The following meeting on 7 July would be held in Pontypool.

Committee Secretariat March 2000