

CANNOCK CHASE COUNCIL
MINUTES OF THE MEETING OF THE
HEALTH SCRUTINY COMMITTEE
MONDAY 5 DECEMBER, 2011 AT 4.00 P.M.
IN THE CIVIC CENTRE, BEECROFT ROAD, CANNOCK
PART 1

PRESENT: Councillors

Bernard, Mrs. A.F. (Chairman)
Holder, M.J. (Vice-Chairman)

Ball, G.D. Molineux, G.N.
Beddows, J.

Also Present: Councillor P. Jones, Staffordshire County Council Representative
 Councillor J. Rowley, Staffordshire County Council

32. Apologies

Apologies for absence were received from Councillors D.N. Davies and Mrs. D. Grice.

33. Declarations of Interests of Members in Contracts and Other Matters and Restrictions on Voting by Members

<u>Member</u>	<u>Nature of Interest</u>	<u>Type</u>
Bernard, Mrs. A.F.	Member's Granddaughter attends Birmingham Children's Hospital	Personal

34. Minutes

AGREED:

That the Minutes of the meeting held on 31 October, 2011 be approved as a correct record.

With the agreement of Members of the Committee the Chairman changed the order of the Agenda.

35. Services Provided by Birmingham Children's Hospital

The Chairman and Members of the Committee welcomed Mr. Rob Checketts, Director of Communications, Birmingham Children's Hospital.

Mr. Checketts gave a presentation to Members of the Committee on the current position with

regard to Birmingham Children's Hospital.

A Member referred to the Paediatric Intensive Care Unit (PICU) and although the PICU was the largest in the Country, he commented that 22 beds did not seem enough.

Mr. Checketts explained that the unit would rise to 31 beds in the next 5 years and that the unit was intensive in terms of staffing and support and employed around 200 staff. He advised that most of the time the facility was adequate, although it was in high demand over the winter period. He also suggested that if the unit did have more beds, they would not be used the majority of time.

Mr Checketts confirmed that a decision to transfer a sick child would be decided between Birmingham Childrens Hospital and the referring Hospital. Birmingham Childrens Hospital had specially equipped vehicles that could provide intensive care level facilities during the transfer.

Mr. Checketts then provided statistics to Members of the Committee on the number of patients from Cannock who had visited the hospital between 1 April-29 November, 2011, although he could not provide detailed information into the reasons why they had attended.

Members discussed the current situation with regard to Mid Staffs NHS Foundation Trust and their previous problems. In response to this Mr. Checketts explained that although the Children's Hospital had previously received a poor report, they were now investing in services, trying to be more efficient and also making sure that they listened to staff.

In response to a question raised by a Member regarding funding, Mr. Checketts stated that the hospital was under the same pressures as other public sector organisations and there was a requirement to be more efficient.

The Chairman referred to a report entitled 'The Tip of the Iceberg' which looked at mental health services and asked about the current situation within the District.

Mr. Checketts advised the Committee that he was unable to provide information and could only comment on the Tier 4 Child and Adolescent Mental Health Services (CAMHS); however he talked about improving support to children and young people and explained that there was less investment into the CAMHS, although there were more people that would require support and need to access the services.

In response to a question raised by the Chairman, Mr. Checketts explained that Birmingham was the trauma centre for paediatric care, however there had not been any significant increases in funding. He then discussed recent fundraising initiatives with Members.

36. Air Pollution Issues Associated with Waste Incineration

The Chairman and Members of the Committee welcomed Dr. Kibble, Health Protection Agency.

Mr. S. Shilvock, Head of Environmental Health reported that Staffordshire County Council's Planning Committee had recently declined a planning application for an energy recovery facility in the area due to public concerns. He indicated that the application could go to

appeal although in the meantime it was still in the Committees interest to receive information from the Health Protection Agency in respect of air pollution issues.

Dr. Kibble then gave a presentation to the Committee on The Impact on Health of Emissions to Air from Municipal Waste Incinerators. He also commented that information provided by the Health Protection Agency was independent.

The Chairman reported that she had received a letter from a local person who she had invited to the meeting but was unable to attend. She then read out two questions. The first question referred to a report by the Health Protection Agency published in 2007 in respect of the harm to health caused by incinerators; and the second question referred to a report published in June 2011 with regard to waste and health and a co-funded project by the European Commission, where research had confirmed the health impact on people living near incinerators.

Dr. Kibble explained that if incinerators were operated correctly, the emissions would be extremely low compared with other sources. He explained that particulate matter emissions from incineration was 0.02% of the total in the atmosphere with road traffic being 18%. The estimated effects, if detectable, are likely to be very small.

He then referred to the Key Health Studies/reviews undertaken by Enviros/University of Birmingham, SAHSU (Small Area Health Statistics Unit), The Committee on Carcinogenicity, and the Health Protection Agency. Studies of cancer amongst 14 million people living near 72 waste incinerators had been reviewed which showed that the risk was extremely low and not measurable by modern techniques.

At this point the Chairman welcomed Dr. Afza, Health Protection Agency to the meeting.

Dr. Afza reported that there was evidence that the level of pollutants was very low with no evidence linking the pollutants to cancer. She also explained that Cannock had a low average life expectancy and high mortality rates which could be linked to the past coal mining and industrial activities. With regard to the report published in 2011 she concurred with Dr Kibble and explained that information on the internet would not be vetted and therefore was unsure how credible it was.

She indicated that road traffic pollution was around 18% worse than that of the pollution from an incinerator and commented that air pollution contributed to around 30,000 deaths a year in the UK, and by reducing air pollution this could impact upon the health of people which meant people could live around 11 months longer. It was explained that the levels of particles nationally with regard to incinerators was less than 0.02%.

A Member discussed the air pollution problem within Cannock and in particular the A5 corridor which in his opinion was the worse area in the Country for pollution. He appeared unhappy and stated that it was not acceptable to have extra pollution as there was a duty to protect residents and also improve life expectancy. Members then discussed what the way forward was to improve air quality and how it would impact on people's lives.

(At this point County Councillor P. Jones and Councillor G.N. Molineux left the meeting).

A Member referred to previous discussions and was of the opinion that there was no

evidence to suggest that air pollution was worse in Cannock compared to anywhere else. He explained that the A5 corridor did have higher levels of pollution, although it was still within the limits that had been set although very close. He then discussed health impacts from pollution and asked what the difference was between the old incinerators and the new ones. He was also concerned about the lack of monitoring and control of incinerators.

Dr. Kibble explained the process of how incinerators burned waste and how the waste gases were cleaned and stated that incinerators would have monitors attached to them and an alarm would be set if pollutants exceeded the set limit. He also advised that the Health Protection Agency had no regulatory powers, and regulations were set by the Environment Agency who monitored sites very closely.

A Member asked about statistics between the past and the present day with regard to air pollution.

Dr. Kibble advised that air pollution figures were significantly better due to a number of changes. Those changes included less coal being used which meant that particles had been reduced and also stated that the ozone level had been stable for the last 10 years.

Members then discussed the Clean Air Act and the impact other Countries pollutants would have on the UK.

37. Items Arising from Staffordshire County Council's Health Scrutiny Committee

Closure of the A&E department at Mid Staffs Hospital

The Chairman reported on the decision to close the A&E department temporarily between certain hours at Mid Staffs Hospital.

Members discussed the closure of the A&E department and concern was raised that they would not want to see a permanent closure, although it was accepted that due to the problems with recruiting A&E consultants and nurses the department would have to close.

38. Work Programme

The Head of Environmental Health reported on the remainder of the work programme for the year and advised that he would not be able to obtain information in respect of the GP Commissioning Service.

In response to this a Member asked about government policy. The Head of Environmental Health advised that this was currently at the House of Lords stage.

He also reported on the previous proposals for a health centre for Cannock and advised that this would no longer be going ahead.

In response to a question raised by a Member, the Head of Environmental Health reported that there was no 24 hour pharmacy within the District however there was a pharmacy located in Sainsburys supermarket which was open for approximately 100 hours per week. He advised Members that a complaint had been received whereby a member of the public could not access medication which resulted in the person going to hospital. However, he

reported that if a GP had been called out, they would always carry a supply of certain drugs.

CHAIRMAN

(The meeting closed at 5.40 p.m.).