

Health & Wellbeing Board 23 October 2013

Public Questions received prior to meeting:

1. From Ms Lizzie Webster:

I am disappointed that our local needs assessment, which is meant to understand the needs of the local population, does not include any or very little information on sight loss.

Every day 100 people in the UK start to lose their sight and shockingly 50 per cent of sight loss in the UK is avoidable. Some eye conditions, if identified early can in many cases be treated to ensure that further sight is not lost. It is really important that local authorities recognise this and put clear plans in place to tackle avoidable sight loss.

Losing sight can have a huge impact upon a person's life, affecting their mobility, independence and confidence. Older people with sight loss are also three times more likely than those without sight loss to experience depression.

There was an estimated 8,470 people living with sight loss in London Borough of Croydon area in 2011 and the number of people living with sight loss is set to increase.

It is therefore vital that local authorities and Health and Wellbeing Boards ensure that they are doing everything they can to understand the local needs of blind and partially sighted people and to ensure that people do not lose their sight unnecessarily.

1. When information on the needs of blind and partially sighted people and those at risk of losing sight will be included in the local needs assessment?

2. There are certain groups which are at a higher risk of developing sight loss, including older people, people from black and minority ethnic communities, people with diabetes, and people who smoke. What is the Health and Wellbeing Board doing to ensure these groups of people are supported and not losing their sight unnecessarily? (<http://bit.ly/17nWh2K> - RNIB website)

RESPONSE: To be provided at meeting on 4 December.

2. From Mrs Holly King:

Are you aware of a new law that now requires people to register with a new GP despite having been with them for numerous years?

RESPONSE: From Dr Jane Fryer (NHS England)






There is no change in the law but, if a patient has moved and is outside the practice's geographical boundary, then they may be asked to change to a more local doctor.

3. From Mr Bob Sleeman:

Two Questions:

JSNA Key Dataset 2013

Page 7 of Report

237 Adults accessing NHS dentistry (% visiting a dentist in last 2 years)	48.1%	47.1%	52.5%			
238 Experience of access to NHS dental services (% able to get an appointment)	92.2%	89.6%	93.0%			no data

Does this indicator take any account of residents who have opted for Private Dental Care which has significantly risen as a direct result of the 2006 reforms?

It is an omission that this Board does not include a representative from British Dental Association Croydon Section.

There are several indicators not included in the Report that appear worse than London & National, even though the trend is in the right direction.

Should some account be taken of those too?

e.g. Family Life: Abortions,
COPD conditions : Prevalence,
Community Life : Social Care,
Early Life: Looked After Children.

RESPONSE: From Jenny Hacker (Consultant in Public Health)

Indicators 237 and 238 on dentistry in the JSNA Key Dataset are measures of access to NHS dentistry. Information on access to private dentistry is not routinely available. Any interpretation of the information provided needs to take account of the provision of and access to private dental health care.

The report is intended as a summary of the 200+ indicators in the dataset. There are many ways of summarising the information and this year's report focused on trend data, although the key challenges are summarised in the appendix, where these are getting comparatively worse. Several of the specific areas sited have been the focus of previous reports: ie both abortion and looked after children were flagged in previous years as key challenges for Croydon and, as a result, have been the subject of JSNA 'deep dive' needs assessments. These, and all information on the JSNA, are available on the Croydon Observatory website.

Indicators 33, 80, 195 are not included in the text of the paper as they do not meet the criteria which was chosen for inclusion in this year's summary paper, specifically, they do not have information to show deterioration for BOTH one and three years to

show deterioration. Similarly, for indicator 66 there is no deterioration over either time period, so not included.

I would like to reassure you that this does **not** mean that these are not considered important, simply that decisions need to be made to in order to summarise information. Including those indicators where either one or three years were deteriorating is another way of summarising the data, but would have made the report much longer.

I have tried to stress in the report that there are numerous ways of summarising the data, and would also stress that this particular report is just one example of doing this.

RESPONSE: From Hannah Miller (Executive Director for Adult Services, Health & Housing)

Under the legislation for Health & Wellbeing Boards, there is a prescribed group of people but Croydon has gone wider, although we had not specifically asked the dental association. If we had a particular topic around dentistry, we could invite a relevant person to the meeting.

4. From Peter Howard:

I am being told that pneumonia injections are for life. I read in the papers and online that this is not so and there is justification by academics as to why. Is this correct or are we being told this to save money?

RESPONSE: From Mike Robinson (Director of Public Health)

There is a policy on who gets vaccinations when. For a particular type of pneumonia, when the inoculation has been given once, anti-bodies stay in the body for a prolonged period. There is no attempt to save money. The JCB has done a lot of research and sits on patients' board. Pages are on the web:

Question raised at the meeting:

5. From Peter Doye:

Regarding mental health and homelessness, please can you give some clarification about the 98% of homeless households which have somewhere to live: Is there any gender breakdown and what number of people are involved in homeless households?

RESPONSE: From Hannah Miller (Executive Director for Adult Services, Health & Housing) – to be provided at meeting on 4 December.