

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 22nd July, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	A Kay
Mrs F Craig-Wilson	Y Motala
G Dowding	M Otter
N Hennessy	N Penney
M Iqbal	

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Julia Berry, (Chorley Borough Council Representative)
Councillor Trish Ellis, (Burnley Borough Council)
Councillor Carolyn Evans, (West Lancashire Borough Council)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Roy Leeming, (Preston City Council)
Councillor Asjad Mahmood, (Pendle Borough Council)
Councillor Mrs Kerry Molineux, (Hyndburn Borough Council)
Councillor Julie Robinson, (Wyre Borough Council Representative)
Councillor M J Titherington, (South Ribble Borough Council Representative)

1. Apologies

County Councillors Christian Wakeford and Richard Newman-Thompson attended in place of County Councillors Keith Iddon and Bev Murray respectively and Councillor Helen Jackson attended in place of Councillor Liz McInnes (Rossendale Borough Council).

Apologies for absence were presented on behalf of County Councillor Alycia James and Councillor Bridget Hilton (Ribble Valley Borough Council)

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 10 June 2014

The Minutes of the Health Scrutiny Committee meeting held on the 10 June 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 10 June 2014 be confirmed and signed by the Chair.

4. Starting Well: A scrutiny overview of pregnancy, early years and healthy lifestyles

The Chair welcomed officers from the Adult Services, Health and Wellbeing Directorate:

- Mike Leaf, Director of Health Improvement;
- Karen Thompson, Consultant in Public Health;
- Sheridan Townsend, Public Health Specialist (Children, Young People & Families); and

From the Directorate for Children and Young People:

- Theresa Moore, Early Years Lead.

The Health Scrutiny Committee had previously agreed to structure its work programme around the three key strands of Lancashire's Health and Wellbeing Strategy: Starting Well, Living Well and Ageing Well. As part of Starting Well the Committee had requested additional information about pregnancy, early years and healthy lifestyles.

The report now presented therefore provided a focus on: pregnancy, early years initiatives and support for families to make healthy lifestyle choices. It provided brief background information to each of these themes and suggested how elected members could contribute to the Public Health agenda.

A PowerPoint presentation was used to set out some key statistics relating to breast feeding, vaccination coverage, obesity, oral health, chlamydia, and under age 18 conceptions. It included brief details of a range of current initiatives to encourage healthy lifestyle choices. There was also information about services and initiatives delivered by Lancashire Children's Centres. It highlighted key

challenges and opportunities for the future. A copy of the presentation is appended to these minutes.

Members raised a number of comments / questions and below is a summary of the main points:

- There was some discussion about the reasons for a drop-off in breast feeding after 6-8 weeks, for example return to work, lack of facilities in public places, peer pressure. It was suggested also that problems could arise when babies were being weaned owing to lactose intolerance, especially among Asian families.
- In response the Committee was assured that health visitors worked hard with new mothers to encourage breast feeding and they were very familiar with a range of possible barriers / complications and able to provide support strategies for weaning. Health visitors now routinely made an antenatal visit, which provided an opportunity to talk about breast feeding before the birth and therefore address any concerns at that stage also. Health visitors were currently commissioned by NHS England, however the county council would commission their services from October 2015.
- It was a key challenge to reach a point where breastfeeding was universally accepted in this country, as it currently was abroad. It was considered very important to tackle a negative perception of breast feeding in public and to promote and publicise facilities.
- Hyndburn Borough Council had been awarded gold standard for its baby friendly initiative, which included local businesses, and it was suggested by the district councillor that the approach taken by Hyndburn might be rolled out countywide.
- It appeared that the message about the importance of breast feeding in the early weeks had been effective and the benefits now well understood, but perhaps a changed message should now be promoted to extend the period during which some mothers breast feed. Officers agreed that there were many reasons to promote breastfeeding beyond just the early weeks and that health visitors would be key to achieving this.
- It was suggested that there should be more emphasis on the role of fathers, for example through the Bump to Birth and Beyond (BBB) programme intended to provide support to new families; there was evidence of an increase in domestic violence around the time a new baby was born and support for new fathers was important.
- In response, the Committee was assured that much work was ongoing through Children's Centres to involve fathers and that events/services were delivered at different times of day to make them accessible. Services were advertised across the district and delivered by professionals including trained midwives and health visitors. Details of the services available would be provided to members on request.
- The BBB sessions enabled vulnerable families to be identified and appropriate interventions offered. Access levels to Lancashire Children's Centres were higher than the national average.

- One member suggested that it was important to educate young people, before puberty, about issues such as the dangers of unprotected sex, the effect of smoking and drinking on fertility, and the benefits of breast feeding.
- Officers were asked whether there was any data on the growth of e-cigarette shops and how / whether they influenced smoking among pregnant women. Mike Leaf undertook to check if there were any local or national figures and report back to the Committee.
- It was noted that inconsistent delivery and fragmented commissioning were among the key challenges listed in the report and officers were asked what was being done to meet those challenges to ensure that services were reaching the most vulnerable. It was explained that allocation of resources would be driven by Marmot's principles, the social determinants of health, sometimes referred to as the 'causes of causes', and also the '1001 critical days manifesto', a cross party political vision for improving the lives of children from conception to age two which would have a lifelong impact on mental and emotional health.
- It was recognised that there were many determinants of health and wellbeing and that some GPs were now recognising the importance of prevention rather than their traditional diagnostic / treatment role, however not all were yet taking this approach.
- In response to a question asking specifically how priorities were determined and resources allocated, it was explained that there was now a need for a sophisticated formula approach and confidence that providers could deliver what was needed. Currently, spending tended to be based on historical factors and wasn't needs based. It was acknowledged that work was needed to establish a needs-based process.
- Members were reminded that there had been a huge reorganisation in health services and that the 'dust was only now beginning to settle', but the time was right to start detailed discussions. GPs had not previously had the opportunity to commission services as they now had through their membership of Clinical Commissioning Groups, but change could be difficult where behaviour was entrenched.
- There was a view from the Committee that as responsibility for Public Health had now been with the county council for 16 months it was time to move forward.
- It was explained that the county council was bound by legal contracts that it had inherited from the NHS trusts, some of which would require 12 months' notice. It was important for the county council to be clear about what services need to be re-commissioned. There would be some 500-600 contracts from April 2016. It was confirmed that Members could see contracts on request.
- Regarding Children's Centre priorities, the Committee received a detailed explanation of the approach used to in each catchment area to ensure that issues were identified, priorities set and outcomes reviewed; priorities differed from area to area, for example in some areas breast feeding wasn't an issue.
- There was some concern that University Hospitals of Morecambe Bay NHS Trust and Lancashire Teaching Hospitals NHS Trust had not engaged with the UNICEF UK Baby Friendly Initiative accreditation. Officers reassured the Committee that these Trusts were maintaining the process, but agreed that

scrutiny was important and engagement with partners was key to future success.

- Officers confirmed that it was possible to evaluate and test outcomes depending on the evidence base. If a performance indicator was 'red' it was important to understand why and what needed to be done to make a difference. Public Health was looking at the core offer and whether adjustments were needed. Pump priming would be necessary to fund innovative approaches.
- The Committee was assured that infant mortality (deaths of babies under one year of age) was monitored very closely. The number of deaths per year was reducing but was higher than the national average and there were significant variations between wards within divisions. A whole-system approach was necessary and it was essential that all partners addressed this issue.
- One member suggested that the subjects being discussed were too broad for one meeting. She also requested that any statistics provided to members be broken down by division to ensure relevant issues were being targeted.
- Regarding challenges around obesity, it was pointed out that the food industry made millions of pounds from selling processed food containing high levels of fat and sugar. In this context much work was needed both nationally and internationally. There was a need to educate people and encourage healthy behaviours such as breastfeeding, regular activity and lifestyle choices. It was important for the county council to take opportunities to encourage and support active lifestyles, for example the building of a new road could provide an opportunity to include a cycle track and / or a safe walking facility.

The Chair thanked officers for an informative session. He felt that the Committee needed to be confident that the county council's approach to Public Health was having a positive impact on the health and wellbeing of Lancashire residents, and that it was in a position to measure outcomes.

Resolved: That,

- The report be noted; and
- A further report on the 'Starting Well' theme be brought to the September meeting of this Committee, after which the Committee would consider clear recommendations regarding its preferred Public Health priorities.

5. Report of the Health Scrutiny Committee Steering Group

It was reported that on 2 May the Steering Group had met with Mark Hindle, Chief Executive of Calderstones NHS Trust to update members on the Trust's annual and 5 year plans and also received a further update from Lancashire Care Foundation Trust on inpatient facilities. A summary of the meeting was at Appendix A to the report now presented.

On 13 June the Steering Group had met with University Hospitals Morecambe Bay Trust to discuss the forthcoming publication of the CQC inspection report and other recent developments. A summary of the meeting was at Appendix B to the report now presented.

It was confirmed that there had been an exchange of correspondence between the Steering Group and University Hospitals Morecambe Bay Trust about pharmacy services and there was to be a meeting between the two parties to discuss this issue.

6. Work Plan 2014/15

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

It was suggested that when the Committee was to consider the theme 'Ageing Well' that 'exercise on prescription' be included as part of that item.

Resolved: That the work plan be noted subject to inclusion of 'exercise on prescription' as referred to above.

7. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

Resolved: That the report be received.

8. Urgent Business

No urgent business was reported.

9. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 2 September 2014 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston