Lancashire County Council

Health Scrutiny Committee

Tuesday, 7 October, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Agenda

Part 1 (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the meeting held on 2 September 2014**	(Pages 1 - 8)
4.	**Public Health actions to address the impacts of economic downturn**	(Pages 9 - 18)
5.	**Report of the Health Scrutiny Committee Steering Group**	(Pages 19 - 24)
6.	**Work Plan 2014/15**	(Pages 25 - 28)
7.	**Recent and Forthcoming Decisions**	(Pages 29 - 30)
8.	**Urgent Business** An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.	

Lancashire County Council

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 25 November 2014 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 2 September, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	R Newman-Thompson
N Hennessy	M Otter
M Iqbal	D Stansfield

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
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 Liz McInnes, (Rossendale Borough Council Representative)
Councillor Asjad Mahmood, (Pendle Borough Council)
Councillor M J Titherington, (South Ribble Borough Council Representative)

County Councillors David Stansfield and Richard Newman-Thompson attended in place of County Councillors Andrea Kay and Niki Penney respectively.

1. Apologies

Apologies for absence were presented on behalf of Councillors Kerry Molineux, Hyndburn Borough Council, Julie Robinson, Wyre Borough Council and Julia Berry, Chorley Borough Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 22 July 2014

The Minutes of the Health Scrutiny Committee meeting held on the 22 July 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 22 July 2014 be confirmed and signed by the Chair.

4. Lancashire Children and Young People Plan: our starting well strategy

The Chair welcomed Richard Cooke, Children's Trust Manager from the Directorate for Children and Young People.

He explained that the Children and Young People's Plan (CYPP) 2014-17 was the key multi agency strategy for children and young people in Lancashire, which had been endorsed by the Health and Wellbeing Board and adopted as the Starting Well strand of the Health and Wellbeing Strategy. The CYPP was a three-year strategy that set out how the county council wanted to work alongside children, young people and families and in doing so, the outcomes the council wanted to achieve. It was a statement of collective ambition for how services, teams and individuals involved in improving the wellbeing of children and young people would work together in a way that provided the best support.

There was an emphasis on early intervention and working with the whole family.

The CYPP has been developed through analysis of data and information, through consultation with partners and most importantly, through talking to Lancashire's children and young people. Over 2,000 children and young people told the council what Lancashire is like now, what they would like it to be in the future, and what would help them to get there.

A short video, available via the link below, was played which explained the Plan's vision

http://www.lancashirechildrenstrust.org.uk/CYPPlan/?clickthr=home

Following the video, the Chair suggested that any questions relating to this item be held over until after the presentations for the following, related item on school nursing and health visiting.

Resolved: That the report now presented be received.

5. School Nursing and Health Visiting

As part of the ongoing scrutiny of the 'Starting Well' element of the Health & Wellbeing Strategy the Committee had agreed to look at the services relating to school nursing and health visiting.

To enable an effective understanding of the whole approach to these services officers representing both commissioners and service providers had been invited to attend Committee to provide members with information relating to the different roles and responsibilities they each carry out.

A number of appendices were included with the report to provide members with additional background:

- Appendix A – Maximising the school nursing team contribution to the public health of school-aged children (guidance to support commissioning)
- Appendix B – A two-page briefing aimed at Lead Members of Children's Services on School Health Service (produced by the Department of Health and Local Government Association)
- Appendix C – The National Health Visitor Plan: progress to date and implementation 2013 onwards

The Chair welcomed the following officers:

From **NHS England, Lancashire Area Team** (service commissioners 0 – 5 years):

- Jane Cass – Head of Public Health.
- Tricia Spedding – Public Health Commissioning Manager.

From the **County Council** (service commissioners 5 -19 years):

- Sheridan Townsend, Public Health Specialist (Children, Young People & Families), Adult Services, Health and Wellbeing Directorate.

From **Lancashire Care Foundation Trust** (service providers):

- Michelle Cox – Service Line Manager, Universal Services.
- Glenda Fox - Service Integration Manager, Universal Services.

From **Blackpool Teaching Hospitals Trust** (service providers)

- Nicola Parry – Head of Universal Children's Services.
- Maureen Huddleston - Team Leader for School Nursing and Health Visiting North locality.

A PowerPoint presentation was delivered on behalf of each of the organisations represented. A copy of all four presentations is appended to these minutes.

NHS England - the presentation explained which commissioning responsibilities were to transfer to local authorities from October 2015 and which were to stay with NHS England. It set out key milestones and progress to date, and also listed a number of 'unknowns' including contracting arrangements and how/when funding would be transferred.

LCC – the presentation briefly summarised the council's responsibilities for child health and relevant commissioned services. It set out what had been done so far in relation to school nursing services and complexities still to be addressed. It included details of health inequalities in Lancashire and relevant statistics.

The presentations from **Lancashire Care NHS Foundation Trust and Blackpool Teaching Hospitals NHS Foundation Trust** each explained what services were delivered by them as provider organisations, and in which parts of Lancashire, and included an explanation of the four levels of support;

- universal;
- universal plus;
- universal partnership plus; and
- safeguarding

Following the presentations the Chair commented that the video about the CYPP had communicated very effectively how closely connected health and wellbeing were and how important it was therefore for the county council to always consider the impact on health and wellbeing in connection with all it does.

Members then raised a number of comments and questions and the main points arising from the discussion are summarised below:

- In response to a question about how 'hard to reach' families were being engaged, the Committee was assured that families could always be found; they might not be found in the places traditionally expected, but they could be found.
- Members were referred to the 'Troubled Families Programme' launched by the government in 2011. The government was to work alongside local authorities to support them in working with families in ways the evidence showed was more effective, such as joining up local services and dealing with each family's problems as a whole rather than responding to each problem, or person, separately.
- It was explained that the approach being undertaken was to appoint a single key worker to get to grips with the family's problems and work intensively with them to change their lives for the better for the long term, and using a mix of methods that supported families and challenged poor behaviour. This one professional would work directly with the family and would co-ordinate all relevant agencies, ensuring that relevant information was shared.
- Regarding the at present 'unknowns' referred to in NHS England's presentation, the Committee was informed that there was currently a national team working on a sustainable, co-ordinated approach for the transfer of services; plans would become clearer over the coming months. In terms of funding, it was confirmed that at present funding matched the current contract values, however future funding following transfer of services was as yet unknown; the county council should expect to receive sufficient funding to pay for the services it had to provide.
- It was confirmed that commissioning support (not staff) would transfer from NHS England.

- Regarding staffing levels, the Committee was assured that the target number of health visitors would be achieved by both provider organisations and that staffing levels were closely monitored.
- The Committee acknowledged that it was important for members to understand the back office function, but it was important also to understand how services could be accessed, for example if a youngster was showing signs of anorexia or ADHD. Speakers explained in some detail how health visitors and school nurses could signpost people to other professionals such as a community paediatrician or GP. The Committee was assured that there was currently much focus on providing health visitors and school nurses with the skills to recognise issues and opportunities to then provide and/or signpost appropriate support.
- It was confirmed that all schools had in place means of ensuring that parents knew how to access the school nurse and many schools also held drop-in sessions to enable parents/families to seek advice and support.
- Members were assured that there were many streams of support for families and/or young people who fell outside the scope of the health visiting and school nurse services under discussion, for example if the youngster was no longer attending school.
- One member referred to recent publicity about child abuse in other authorities and sought reassurance that children in Lancashire were being listened to. In response the Committee was informed that school children knew who the school nurse was and that they could see her/him if they wanted to; and each child completed a questionnaire about their needs at regular intervals throughout their school lives. The nurse would work with the school to get a perspective on the child's needs and produce an action plan. It was recognised that it was not only important that children were heard but also that their concerns were responded to and acted on as appropriate. There were many ways through which young people could be heard and safeguarding roles were in many different guises with a variety of agencies gathering intelligence and working collaboratively.
- It was emphasised that the CYPP had been informed by young people and monitoring of performance was about capturing information from young people too. There was a strong culture in Lancashire of listening to families and then responding by delivering appropriate services; this view of Lancashire was supported by Ofsted and other relevant inspectorates.
- In terms of measuring the success of the strategies in place, it was explained that there were 39 measures behind the CYPP some of which were looked at monthly and some quarterly; these were shared with the Health and Wellbeing Board and the Children's Trust who were responsible for delivering the strategy. There would be pockets and pinch points that would present challenges, and a need to target resources at certain parts of the county where there were particularly vulnerable families. Many services were being brought together under one umbrella for commissioning purposes and to strengthen pathways. It was agreed that information about the 39 measures would be provided to the Committee (via Wendy Broadley).
- In response to a question about what training was being provided to staff to protect children from exploitation, it was explained that a newly qualified practitioner would have a dedicated specialist (preceptor) and mentor during

an intense period of support, and all staff had access to dedicated supervision. It was agreed that more detail about this aspect of training would be provided to the Steering Group to consider who would report back to the Committee as appropriate.

- It was suggested that the majority of health visitors and school nurses were likely to be female and that, in light of the increasing number of lone parent families without a male role model, there was a need for more men in these roles. This was recognised and much was already being done to involve fathers from the outset; it was important also to consider all relevant services and various 'touch points' and how more men, not just fathers, could be encouraged to get involved. It was confirmed that there were some male health visitors with an additional one starting this September. It was agreed that statistics relating to male school nurses and health visitors would be provided to the Committee (via Wendy Broadley).
- In response to a question how quality of service would be maintained when services were transferred from NHS England to the County Council, the Committee was assured that much work was ongoing to achieve a fully integrated approach and to ensure that there was a connected pathway for 0-19 year olds.
- It was confirmed that the Director for Public Health would be the accountable officer responsible for commissioning and delivery; plans for procurement of services had not yet begun, however there would be an opportunity for private sector providers to tender. The Chair made the point that it was important that providers hoping to tender had a 'level playing field' and be given the opportunity to provide the best service possible.

Resolved: That,

- The report be noted; and

- Further information as set out in the minutes above be provided to the Committee, via the Steering Group or the Scrutiny Officer, as appropriate.

6. Report of the Health Scrutiny Committee Steering Group

It was reported that on 4 July the Steering Group had met with:

- Tony Pounder, Head of Care Act Implementation - Adult Services, Health and Well Being Directorate
- Khadija Saeed, Senior Business Partner - County Treasurer's Directorate
- County Councillor Tony Martin, Cabinet Member for Adult and Community Services

The Steering Group had received an update on the implications of the Care Act, Home Care Procurement and Telecare.

The Steering Group had also met with a number of officers from Lancashire Teaching Hospitals Trust (LTHT):

- Carole Spencer, Strategy & Development Director
- Steve O'Brien, Assistant Director - Quality

- Paul Howard, Trust Secretary

They attended Steering Group to discuss a presentation to be provided to the Care Quality Commission at the start of the inspection process and receive feedback on a draft bulletin for scrutiny members. A summary of the meeting was at Appendix A to the report now presented.

On 25 July the Steering Group had met with Mark Youlton, Director of Finance - East Lancashire Clinical Commissioning Group and David Rogers, Communications & Engagement – Commissioning Support Unit, to discuss Clinical Commissioning Group's commissioning of services from Calderstones NHS Trust. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report be received.

7. 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.

Resolved: That the work plan be noted.

8. 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.

9. Urgent Business

No urgent business was reported.

10. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 7 October 2014 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on 7 October 2014

Electoral Division affected:
ALL

Public Health actions to address the impacts of economic downturn

Contact for further information:
Clare Platt, Adult Services, Health and Wellbeing [Public Health],
Clare.platt@lancashire.gov.uk Tel:01772539248

Executive Summary

As part of the ongoing scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which presents an overview of the actions being taken to address the impact of the economic downturn on the health and wellbeing on the population of Lancashire

A number of hyperlinks are included within the paper to provide members with further information.

Recommendation

The Committee is recommended to note and comment on the paper.

Background

"People with higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. This link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus." (Marmot, 2010)

Marmot also emphasised that it is not just the causes of health inequalities, such as behaviours or biological risk factors, but the causes of the causes, which reside in the social and economic arrangements of society – what is often termed "the social determinants of health" – which affect people's health and wellbeing. Some examples of these are:

- Income
- Employment / working conditions / employment grade
- Food
- Housing

Lancashire County Council

- Education

Health inequalities are closely related to social and economic inequalities.

The Effects of Economic Downturn on Health

It is well understood that any economic downturn has an effect on health and wellbeing. It is useful to consider a couple of reports relevant to this issue, and from which we can learn more:

Report: <u>The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London (2012)</u>

The University College London Institute of Health Equity has produced a report – 'The Impact of the Economic Downturn and Policy Changes on Health Inequalities in London'. It identifies evidence from previous economic downturns suggesting that across the population there will be short term and long term health effects. The outcomes of the report are summarised below, suggesting that the following health impacts might be anticipated:

- More suicides and attempted suicides; possibly more homicides and domestic violence
- Fewer road traffic fatalities
- An increase in mental health problems, including depression, and possibly lower levels of wellbeing
- Worse infectious disease outcomes such as tuberculosis and HIV
- Possible negative longer-term health effects

It also identified that an economic crisis is likely to have a significant impact on the social determinants of health, with evidence from past recessions suggesting that inequalities in health according to socioeconomic group, level of education and geographical area are likely to widen following an economic crisis.

Employment:
Unemployed individuals, particularly the long-term unemployed, have a higher risk of poor physical and mental health compared with those in employment, and unemployment is associated with unhealthy behaviours such as increased smoking and alcohol consumption and decreased physical exercise. The health and social effects resulting from a long period of unemployment can last for years.

Being in work is mainly protective of health when it is good quality work which gives employees some control over their work, rewards achievements, is safe and provides a decent standard of living. Worse self-rated health has been reported by those in employment during an economic downturn as well as those who are unemployed – perhaps due to higher levels of anxiety regarding job security, bigger work demands, financial problems resulting from pay constraints and lack of control over their work situation.

Income:
Children born into poverty have increased risk of developing physical and mental health, developmental and social problems both immediately and throughout their life-course. Living in poverty is associated with worse mental health outcomes, particularly among women, though the relationship may be mediated by debt – a further determinant of poor mental health.

In Lancashire the average (median) gross weekly earnings by place of residence in Lancashire were about 8% below the Great Britain average in 2013.
Four Lancashire authorities (Burnley, Hyndburn, Pendle and Preston) are in the "top 50" most deprived in England according to the Index of Multiple Deprivation 2010 (rank of average rank).

Changes to the welfare system are likely to mean that many households are financially worse off and will need to live on a lower income. The welfare changes are likely to impact low-income households, and in particular:

- Workless households and households in more than 16 hours per week of low-paid work
- Households with children
- Lone parents, more than 90 per cent of whom are women
- Larger families
- Some minority ethnic households
- Disabled people who are reassessed and considered ineligible for the Personal Independence Payment

There are long-term problems in the county for working-age benefit dependency. Five Lancashire authorities have percentages of working-age people reliant on benefits that are in excess of the national average. In contrast, two Lancashire authorities have rates that are well below the national average.

Housing:
Homeless people have a higher risk of physical and mental health problems. They are more likely to die from cancer or commit suicide, and their average age at death is just 40–44 years old. They also have higher rates of alcohol and substance misuse, smoking and tuberculosis.

Living in a cold, damp home leads to a higher risk of poor health outcomes, including cardiovascular and respiratory diseases and mental health problems, among all age groups. Living in a cold home also has indirect negative health impacts, for example on dexterity and children's educational attainment. High housing and energy costs, and energy inefficient properties, detract from a household's disposable income with resulting health implications.

Adequate housing may be more difficult to afford during an economic crisis and households may be forced to live in environments that may constitute a risk to health, such as homeless situations, overcrowded housing, and housing in a poor physical condition.

Report: **Due North - The report of the Inquiry on Health Equity for the North (2014)**

This report about wider health inequalities was commissioned because the North of England has persistently had poorer health than the rest of England and the gap has continued to widen over four decades and under five governments. There is a gradient in health across different social groups in every part of England: on average, poor health increases with increasing socio-economic disadvantage, resulting in the large inequalities in health between social groups that are observed today. There are several reasons why the North of England is particularly adversely affected by the drivers of poor health.

Firstly, poverty is not spread evenly across the country but is concentrated in particular regions, and the North is disproportionately affected. Whilst the North represents 30% of the population of England it includes 50% of the poorest neighbourhoods. Secondly, poor neighbourhoods in the North tend to have worse health even than places with similar levels of poverty in the rest of England. Thirdly, there is a steeper social gradient in health within the North than in the rest of England meaning that there is an even greater gap in health between disadvantaged and prosperous socio-economic groups in the North than in the rest of the country.

The report makes the following recommendations:

- Tackle poverty and economic inequality within the North and between the North and the rest of England
- Promote healthy development in early childhood
- Share power over resources and increase the influence that the public has on how resources are used to improve the determinants of health
- Strengthen the role of the health sector in promoting health equity

Current Activity
In addressing the impact of the economic downturn, the vision of the Public Health service business plan is to develop Lancashire as a healthy place to be born, live, work and retire. Supporting this vision are four key priorities for the service, the first of which is to address the impact of the economic downturn on health and wellbeing. This priority includes the following actions:

i. We will tackle fuel poverty by developing affordable warmth projects
ii. We will tackle food poverty by developing a sustainable food strategy and supporting Lancashire County Council's approach to food banks

In addition to these, are actions to tackle health inequalities by implementing the Marmot recommendations, the development of healthy settings approaches to improve health and wellbeing in specified settings and improving the levels of health literacy to ensure that our citizens are able to keep themselves healthy and resilient. More information on these actions is detailed here as follows:

We will tackle fuel poverty by developing affordable warmth projects
Fuel poverty in Lancashire continues to be a significant issue across Lancashire, and in every district. It can exacerbate people's health conditions, make it more difficult to live independently and seriously impact on the quality of life of the most vulnerable people.

Professor Hill's independent review, recommended a new fuel poverty indicator that is more sensitive to low incomes and unaffordable energy costs. It considers the heating needs of the occupants (for example, those more vulnerable groups who typically stay in the home longer such as older people and those with young children). This indicator was used for the first time last year.

The new indicator finds a households to be in fuel poverty if:

1. It has required fuel costs that are above the national median level; and
2. Were the household to spend that amount it would be left with a residual income below the official poverty line (that is less than 60 per cent of median income).

Diseases which are known to be affected by the cold account for almost three quarters (73%) of excess winter deaths. We also know that excess winter respiratory hospital admissions increase in cold weather, respiratory conditions are exacerbated by cold weather and cold homes.

Current activity:
This winter will be the second year that LCC public health grant will be used to support district councils housing authorities, to deliver affordable warmth interventions with their third sector partners. The work builds on experienced district delivery partnerships that were previously funded by the Departments of Health's Warm Homes Healthy People funding. The funding that has been put in place in a timely manner, allows partners to plan and prepare for winter and to continue to provide support to some of our most vulnerable citizens. Varying weather conditions and the individual needs of vulnerable people will determine the specific interventions delivered, however the majority of measures are expected to include;

- Physical interventions to repair and if necessary replace heating systems, for example boiler repairs and work such as draught proofing and frozen pipe repairs.

- Support and advice to help households make the most efficient use of their heating systems. It includes support from partners such as Citizens Advice that can provide income maximisation and benefits advice.

- Temporary and Emergency measures such as emergency heaters, loan of oil filled radiators that provide immediate relief from crisis whilst longer term measures can be put in place.

Other measures include supporting districts with additional enforcement action to improve the housing conditions of people in the private rented sector and helping volunteers to provide community and neighbourhood support.

The funding is targeted to people that are most vulnerable to the negative health effects of cold homes, including people with long term health conditions, young and older people. The private rented sector and low income owner occupiers are the tenures where people are most vulnerable to fuel poverty, caused by houses with poor energy efficiency ratings. Social housing has seen significant improvements in recent years with regards to energy efficiency and measures to improve thermal comfort.

For further details and background on this issue, please click on this link, which contains the 16 July 2014 Cabinet Member for Health and Wellbeing decision paper on affordable warmth.

Energy Company Obligation:
The county has provided information and analysis to support the writing of the Lancashire Green Deal and ECO Study produced earlier this year, for the three Lancashire Directors of Public Health. One of the main purposes of this report is to maximise the uptake of Energy Company Obligation (ECO) funding in Lancashire. The funding is for physical energy efficiency improvement measures and comes from energy companies who are required to meet various carbon reduction targets.

In the short-term the Lancashire Energy Officers group, comprising district council, unitary and LCC officers, is working to secure ECO funding and take forward opportunities to make best use of this funding source.

We will tackle food poverty by developing a sustainable food strategy and supporting Lancashire County Council's approach to food banks

Food poverty is the inability to afford, or have access to, the necessary food for a healthy diet (Department of Health, 2006). It is about the quality of food as well as quantity. It is not just about hunger, but also about being appropriately nourished to attain and maintain health.

"Tackling Food Poverty in Lancashire" provides an overview of food poverty in Lancashire and the implementation of a small grants system (through non-recurrent funding from the public health budget of £150,000) to enable the infrastructure which addresses food poverty and access to nutritious food to be strengthened in order to support clients with their social, economic and health needs.

It highlights the rising demand on Lancashire food banks having seen a dramatic increase over the last year with the situation being regularly highlighted by the local media. Three food bank summits were held during December 2013 to assess the impact of food poverty in Lancashire and opportunities to tackle it. The Equality Impact of Food Poverty in Lancashire report is also provided for further information.

Current activity:
The County Council currently supports local food banks to provide a food parcel to those deemed to be in need. The paper reports that that through the release of non-recurrent funding of £150,000 from the public health grant, pump priming will be available, via a small grants system, to build on the partnership support to address wider food poverty issues. This may include developing the infrastructure, for example shared sourcing of food, integrated IT systems/databases, offer healthier provision of food parcels including recipes, and support for individuals, for example equipment, training around cooking skills, strengthen and improve access to advocacy services such as Citizens Advice Bureaux, volunteering. This will enable the 'hand-up' aspect of food banks, rather than just the 'hand out', by improving both the pathway through to support and the amount of support available.

Lancashire County Council recognises the health inequalities, issues and impacts that food poverty and the food environment has on the quality of life for Lancashire residents. In order to tackle the multi-factorial nature of the wider food environment at a local level, evidence shows that integrated programmes of activity are required, combined under one overarching approach. In Lancashire this is being approached via the Sustainable Food Lancashire movement.

Lancashire County Council is working towards achieving three Goals:

Goal 1: to call to action all key partners to tackle the root cause of food poverty and strengthen the supporting infrastructure that addresses food poverty and access to nutritious food

Goal 2: to play a key role in the movement to achieve the aims and 2014/15 priorities of Sustainable Food Lancashire

Goal 3: to mobilise levers within the gift of Lancashire County Council, specifically in planning, procurement and partnerships

The workplace as a healthy setting

The rate of growth of the Lancashire economy has for a number of years lagged behind the national rate of change. The longer-term implication of this differential growth rate is quite substantial as the gap between the rate of change at the county and national levels continues to widen. The differential is accentuated by the dramatic growth of the financial services sector in the city of London, but there is also the fact that in times of economic growth the Lancashire economy has under-performed in comparison to many other areas of the UK. The county is under-represented in the higher value service sector employment categories.

Within Lancashire, there are pockets of severe social and economic deprivation, including a high proportion of "hidden" and long-term unemployed with low levels of basic skills. Four authorities, Burnley, Hyndburn, Pendle and Preston, are in the "top 50" most deprived in England according to the Index of Multiple Deprivation 2010 (IMD 2010 rank of average rank). In addition to this there are long-term problems in the county regarding working-age benefit dependency with some Lancashire authorities having percentages of working-age people reliant on benefits that are well in excess of the national average.

Fair and good employment is essential for health and wellbeing. Not only does is provide us with financial reward, it provides a social and learning environment. Supporting "Good work for all" (Marmot, 2010) by providing good quality jobs which allow employees more control, autonomy and involvement in the way their work is done (Coats and Lekhi, 2008) and within the work environment is essential.

The development of healthy working practices such as the culture of an organisation, the type of business and the personality and management style of those in positions of authority are all factors that can influence the health of Lancashire employees in the workplace. Others influences can be the individual's own experiences such as growing levels of workplace ‘stress’, personal debt and family breakdown and their links to poor mental health alongside general health problems which can be attributed to diets, growing obesity, smoking, drinking and more sedentary jobs and lifestyles all playing their part.

Current activity includes the promotion and delivery of NHS Health Checks in local workplaces and training of health advocates in the workplace to Royal Society for Public Health (RSPH) level 2 standard is available.

Lancashire County Council is addressing and supporting the needs of its own workforce as it embarks on transformational change and the restructure of its workforce. It is developing an overall package of workplace support for employees and managers to support positive mental health and build resilience.

Further statistics on Lancashire's economy are contained in the link here

Mental health
Evidence from previous economic downturns suggests that population health is affected by an increase in mental health problems, including depression, anxiety and lower levels of wellbeing[1]

A Public Mental Health Strategic group has been established to steer and focus on strategy development and oversight of a series of sub-groups which undertake operational responsibility. The sub-groups include training; children and young people's emotional health; suicide prevention; resilient communities; dementia; anti-stigma and the physical health of people with mental health conditions.

The Suicide Prevention work-stream undertakes a regular audit which informs strategy development. This includes recording the postcodes of those audited and an analysis of prevalence of deprivation, highlighting the location in relation to deprivation. The association between the economic disadvantage and experience of poorer mental health and well-being can be identified in relation to the prevalence of suicide in the following areas:

- Exclusion and discrimination;
- Educational attainment;
- Employment - not only un/employment rates themselves, but also security of employment and quality of working experience;
- Environmental/ecological factors: for example, quality of living and working environment, safety;
- Adverse life events, for example relationship breakdown, financial crisis.

This indicates targeting suicide prevention interventions at those at risk and by up skilling agencies working with this sector through provision of Applied Suicide Intervention Skills Training, to for example, debt and employment advice services.

Improving the mental wellbeing of the population through promotion, prevention and early intervention has the potential to contribute to far-reaching improvements in physical health and wellbeing, a better quality of life, higher educational attainment, economic wellbeing and reduction in crime and anti-social behaviour. Investing time and resources now in improving mental wellbeing has the potential to achieve these outcomes and rebalance investment.

[1] www.instituteofhealthequity.org/projects/indicator-set-the-impact-of-the-economic-downturn-and-policy-changes-on-health-inequalities-in-london

The economic impact of mental illness is both serious and substantial. Preventive strategies not only promote population mental wellbeing, reduce levels of mental distress (depression especially) in the general population, but also reduce significantly the most damaging consequences of mental disorder for the individual.

Action to improve mental wellbeing can be undertaken separately by local organisations, but better cost effectiveness can be achieved by strategically integrated action by partner organisations. Working together they can better build individual and community resilience by:

- Improving the housing, income, neighbourhoods and communities that people live in.
- Focusing on opportunities for learning and work, including maintaining a healthy work-life balance.
- Improving people's material circumstances.
- Extending opportunities for leisure, culture and sociable lives.
- Building the foundations for child development.

This is supported by a rapidly developing evidence base on the protective, risk and environmental factors associated with mental health and of the interventions that can promote mental wellbeing at an individual and social level. To achieve this, models of social prescribing have been commissioned across the county, which will merge into the future Integrated Well-being Service. These models offer an infra-structure in which to embed the following principles:

Using a life course approach to ensure a positive start in life and healthy adult and older years: With such an approach, people develop and share skills to continue learning and have positive social relationships throughout life.

- Build strength, safety and resilience: address inequalities and ensure safety and security at individual, relationship, community and environmental levels.
- Develop sustainable, connected communities: create socially inclusive communities that promote social networks and environmental engagement.
- Integrate physical and mental health: develop a holistic view of well-being that encompasses both physical and mental health, reduce health-risk behaviour and promote physical activity.
- Promote purpose and participation to enhance positive well-being through a balance of physical and mental activity, relaxation, generating a positive outlook, creativity and purposeful community activity.

Current public health activity includes:

- Social prescribing services have been commissioned across the county.
- Mental Health First Aid and Applied Suicide Intervention Skills Training, focusing on targeted groups who are most at risk, has been rolled out.
- 'Bring yourself sunshine' social marketing campaign, introducing the Lancashire Wellbeing website – www.lancashirewellbeing.co.uk
- 5 ways to wellbeing tour at Museum of Lancashire.
- Transition protocols into mental health services from social prescribing have been developed.
- Dementia Friendly activity – dementia information; memory boxes; BME dementia project.

- Building mental health and a psycho-social determinant approach into the new Integrated Wellbeing Service.
- Books on prescription – rolled out in every Lancashire Library and this will include a dementia offer from January 2015.
- Building capacity in schools and colleges around emotional wellbeing supported by child psychology services.
- Instigation of a 'resilience movement' that is promoting a salutogenic*, assets approach to wellbeing across multiple partners in the county. (*salutagenesis is an approach that focuses on factors that support human health and well-being, rather than on factors that cause disease).
- Anti-stigma activity – including a Time to Change pop up village to promote wellness and challenge mental illness related stigma, and world mental health day campaigns.
- Suicide prevention strategy and multi-agency network to roll out actions.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management implications arising from this report.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

Health Scrutiny Committee
Meeting to be held on 7 October 2014

Electoral Divisions affected:
All

Report of the Health Scrutiny Committee Steering Group
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Office of the Chief Executive,
wendy.broadley@lancashire.gov.uk

Executive Summary

On 15 August the Steering Group met with officers from North West Ambulance Service to discuss their 5 year plan and Lancashire Care Foundation Trust who provided an update on inpatient facilities. A summary of the meeting can be found at Appendix A.

Recommendation:

The Health Scrutiny Committee is asked to receive the report of the Steering Group.

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

Lancashire County Council

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

NOTES

Friday 15 August 2014

Present

- County Councillor Margaret Brindle
- County Councillor Fabian Craig-Wilson

Apologies

- County Councillor Steve Holgate
- County Councillor Mohammed Iqbal

Notes of last meeting
The notes of the Steering Group meeting held on 25 July were agreed as correct.

NWAS 5 year plan
Officers from the North West Ambulance Service attended Steering Group to discuss the Trust's 5 year plan. In attendance was:

- Maddy Edgar, Senior Communications Manager
- Peter Mulcahy, Cumbria and Lancashire Head of Service

A number of documents were attached for information:

- Stakeholder briefing Summer 2014
- Good2Great – 5 year plan
- G2G Powerpoint presentation

Officers talked members through the presentation and a discussion took place the main points being:

- Maddy explained that they had written to all Health Overview and Scrutiny Committees, HealthWatch and Members of Parliament with regard to the 5 year plan.
- G2G was put together following a consultation with staff – decided to use standard NHS principles and mission statement – i.e. Culture of Change
- Economic pressures – all NHS trusts having to save 4% of their budget while having a rise in activity. (national issue, not unique to the NW)
- Looking at how to handle the minor cases differently – doing this frees up the service for emergency calls. The Trust to look at helping people to find alternatives to hospital admission.
- Work ongoing looking at the types of calls they have received where they have determined that many could be dealt with by a GP – rather than take them to hospital.
- Delivering safe care closer to home – asked staff what it meant to them, resulted in changes to the service.
- Crews have greater freedom in terms of the services they can deliver – and the Trust are training and up-skilling them accordingly.

- Only take paramedic recruits from universities – they need to have a foundation degree in paramedic skills – many local universities provide this course.
- Trying to improve the overall culture of the organisation – merged 4 Trusts in 2006 to NWAS.
- Members asked what the percentage of bariatric patients the Trust have to deal with - Peter to provide the information.
- Long term it will be an additional cost to provide services for obese patients.
- Lancashire operate a pilot on sharing electronic records that are available to the ambulance crews.
- "Lions pots" – information that paramedics can find in a person's house, (if they are unable to communicate) about their condition and/or medication.
- Staff can be off sick with stress and the Trust have a self-referral counselling service – can be as a result of violence and aggression towards staff.
- Lancs/Cumbria has the highest clinical performance in the NW.
- #team999 – campaign that dealt with people's expectations of the service – surveys before and after the campaign and it did demonstrate a better understanding of the service.
- Always pass feedback onto staff that is received by the public.
- The Trust are assisting in the 'dementia friends' campaign, looking at how frequent fallers can be dealt with differently.
- Working with care homes re skills in dealing with residents who fall to make sure they can deal with them safely and effectively and don't just call the Trust to put someone back in bed.
- Trust getting a lot of dental calls to the 111 number.

It was agreed that any additional comments on the G2G plan to be forwarded to the Trust for consideration.

Lancashire Care Foundation Trust – update
Alastair Rose attended the meeting to provide an update about the East Lancashire site and he will be joined by Network Director for Adult Mental Health. He was joined by Tanya Hibbert who provided an update on the transition from the existing service to the new and related bed reduction as per the 2006 consultation.

Attached were a number of documents for information:
- Plan on a page summary (previously provided to Blackburn OSC)
- Pennine Lancashire Mental Health briefing (forwarded to all East Lancs CCs)

A discussion took place and the main points were:

- Lancaster site opened in June.
- Harbour opens in March.
- Pennine Lancashire unit – similar format to the harbour. Will include strategic expansion space – future proofing for changes to service.
- 12 September – planning permissions for 116 beds but will only be creating 72.
- The central Lancashire unit can then be built for whatever service provision is still needed.
- Ribbleton site is already owned by the Trust and may be used for central Lancashire site.

- East Lancashire Clinical Commissioning Group are looking to commission specialist dementia nursing home care within the area.
- Transport issues that need to be dealt with by Blackburn with Darwen – Shuttle bus between Burnley/Blackburn - can that be used? – not sure, maybe look at community provision.
- Community based services – plan over next 5 years is to reduce the overall number of beds. Managing to turn patients around faster on the wards and now in a position to reduce by another 22 beds (male only ward) (ward 18 on Burnley) – and aim to close completely by Jan next year. Contingency plans by reducing some female beds across the whole system so the hit isn't all taken by male beds.
- Once the Harbour is opened next March, that becomes the dementia beds for the county. After that can review what other need there is. Hopefully the perfect model would be something similar to the Buckshaw village model.
- Ideally have something similar in each district – needs to be commissioner driven.
- Further update due – after planning decision (December)
- Trust and Wendy to organise a visit round the Harbour before patients go in.
- Start Feb 2015 – moving in late 2016, official launch early 2017

Work plan – work in progress
The current work plan for the Committee and Steering Group was attached for comment and update.

Dates of future meetings
- 5 September – Richard Jones, NHS England: Lancashire Area Team
- 26 September – Care Quality Commission.
- 17 October - tbc

Health Scrutiny Committee
Meeting to be held on 7 October 2014

Electoral Divisions affected:
All

Health Scrutiny Committee Work Plan 2014/15
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Office of the Chief Executive,
wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in during April 2014 and also additions and amendments agreed by the Steering Group.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations
N/A.

Implications:
This item has the following implications, as indicated:

Risk management
This report has no significant risk implications.

Lancashire County Council

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Appendix A

Health Scrutiny Committee Work Plan 2014/15

Amendment date: 22.9.14

Starting Well		
Date	Health Scrutiny Committee	Steering Group
22 July	Families:- • Pregnancy • Early years • Healthy lifestyles	• NHS England Lancashire Area Team • Home Care Procurement update • Care Act implementation – challenges for LCC • Lancashire Teaching Hospitals Trust – pre CQC inspection discussion • NWAS – 5 year plan • CCG commissioning arrangements for enhanced support services for adults with learning disabilities • CQC – information sharing protocols • Lancashire Care Foundation Trust – inpatient facilities update • NHS England – Lancashire Area Team: relationship with scrutiny
2 September	• Health needs assessments of families • School nurses • Health visitors	
Living Well		
7 October	Economic Impact:- • Links between economy and public health (food banks, fuel poverty)	• Specialised Commissioning • Drop-In Centres • NHSE consultation on LATs • East Lancs CCG – Health Access

25 November
 	
13 January
	• Role of the LEP
	• Impact on services – who is affected most?
	Self-Care:-
	• Improving health literacy to make healthier lifestyle choices
	• Community assets/local solutions – identification and support
	Environment:-
	• Healthy spaces
	• Healthy work places
	• Housing
	  ○ Planning processes
	  ○ Affordability
	  ○ Sustainability
		Centre
		• F&WCCG – commissioning plans
		• Response from Cabinet Member to NHS Health Checks task group report
		• Renewable energy
		• Policies affecting different demographics
		• Getting maximum impact from voluntary sector – how they are supported
		• Access to welfare rights
		• Access to sexual health services
		• Emergency planning
		• Climate change
		• Update on recommendations of the Care Complaints task group
		• Health & Wellbeing Board
		• Trust Board Governance

Ageing Well		
4 March 14 April	Independence:- • Dementia friendly boroughs • Support for carers • Social isolation • Falls prevention • Access to services for people with LTCs	• Mortality reduction • Complaints of domiciliary care (from the Care Complaints task group) • Standards of care in residential and nursing homes
Task Groups		
June – to report in November	Disabled Facilities Grants	Chair: CC Newman-Thompson

Health Scrutiny Committee
Meeting to be held on 7 October 2014

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:
Wendy Broadley Office of the Chief Executive, 07825 584684
wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about 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 can 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

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a)to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b)to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

Lancashire County Council

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A