Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 13 January, 2015 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	B Murray
G Dowding	R Newman-Thompson
N Hennessy	M Otter
M Iqbal	K Sedgewick
A James	D Stansfield
Y Motala	

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Helen Jackson, (Rossendale Borough Council)
Councillor Susan Jones, (South Ribble Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Asjad Mahmood, (Pendle Borough Council)
Councillor Kerry Molineux, (Hyndburn Borough Council)

County Councillors Richard Newman-Thompson and Keith Sedgewick attended in place of County Councillors Niki Penney and Fabian Craig-Wilson respectively for this meeting, and Councillor Sue Jones (South Ribble Borough Council) attended in place of Councillor Mick Titherington for this meeting.

1. Apologies

Apologies for absence were presented on behalf of Councillors Carolyn Evans (West Lancashire Borough Council) Paul Gardner (Lancaster Borough Council) and Roy Leeming (Preston City Council).

New Member

It was reported that County Councillor David Stansfield had permanently replaced County Councillor Andrea Kay as a member of the Committee.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 25 November 2015

The Minutes of the Health Scrutiny Committee meeting held on the 25 November 2014 were presented and agreed.

In relation to item 4 - Healthy Environments, it was noted that, in agreeing to raise concerns, it had also been agreed to highlight that the planning officer at the county council with a Public Health remit would be available as a resource to the Districts.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 25 November 2014, subject to the amendment above, be confirmed and signed by the Chair.

4. Self-Care - Asset Based Approaches and Health Literacy

As part of the ongoing scrutiny of the 'Living Well' element of the Health and Wellbeing Strategy, the Committee was provided with a report which presented an overview of self-care, particularly concentrating on asset based approaches and health literacy.

A number of hyperlinks were included within the report and appendices attached to the report to provide members with further information.

The Chair welcomed Clare Platt and Gulab Singh, Public Health Specialists from the Directorate for Adult Services, Health and Wellbeing.

A PowerPoint presentation was used to further explain what was understood by self-care and health assets. It also explained the different forms of health literacy and why health literacy could affect health outcomes, and it briefly set out current activity and next steps.

A video about the 'European Health Literacy Survey 2012' was played to the Committee which is available via a link contained within the presentation, which is attached to these minutes.

Following the presentation members raised a number of comments and questions and the main points arising from the discussion are set out below:

- It was suggested that a national culture change and careful use of language would be necessary to achieve a greater emphasis on wellness rather than sickness, and it was important to consider what could be done at local level, including through elected members, to encourage and promote good health in terms of both self-care and health literacy.
- It was noted also that loneliness and isolation had a significant impact on health and wellbeing and it was considered important for people to have someone local to talk to and from whom to take advice, perhaps via contact details on a 'keep it for when you need it' type leaflet.
- The Committee was informed that in terms of self-care, this tended to impact on people already in the health care system, via primary care providers/professionals, with a strong input from social care providers also; there was much activity ongoing with providers to improve levels of self-care. The model was not yet fully developed and it was felt that there was an opportunity to take this forward through the Better Care Fund programme.
- Regarding health literacy there were ongoing Public Health campaigns aimed at raising awareness around health literacy and behaviour change to make healthy choices. The Committee was informed that many adults had a low level of reading and numeracy skills and this sometimes made it difficult to understand often complex instructions and guidance.
- A question was raised about the more effective use of community based resources such as school buildings, which tended to close in the evenings. In response it was explained that a policy decision would need to be taken to address and deliver services through resources such as school buildings. The Committee was informed that such resources were to some extent already being used, for example a successful scheme to deliver antenatal and breast feeding advice had been delivered from a school from 1.00 – 3.30 pm because many of those at whom the service was aimed would already be attending the school to collect other children and would not therefore need to make separate arrangements.
- Regarding self-care, the point was made that there would be people who could not afford to buy themselves the things that they really needed to feel well, for example there would be people who were lactose intolerant who could not afford to buy lactose free alternatives, which were often more expensive.
- It was noted that many third sector and voluntary organisations who could help deliver the types of programmes being suggested to improve health literacy and self-care, were themselves struggling in the current financial climate.
- It was suggested that enclosures with medicines and other relevant literature should be more clear and easy to understand, for example an instruction to take a tablet four times a day could be interpreted in many different ways. The responsibility was therefore not just with individuals, but with all those who communicate with them. It was also suggested that drug companies and supermarkets should be encouraged to address this issue; it was acknowledged that this was something that would need to be government led.
- The Committee was informed that the 'Health Living Pharmacy Initiative' aimed to reduce health inequalities and prevent poor health by using

community pharmacy staff to promote healthy living, provide well-being advice and services, and support people to self-care and manage long-term conditions themselves.

- It was considered important to address responsibility for self-care early and provide young people, through school, with the knowledge and skills to look after their own health.
- One member felt strongly that there should be specific reference in the report to ex service personnel many of whom were returning from difficult situations with post-traumatic stress disorders. It was explained that there was a government funded initiative, the Armed Forces Covenant, and specific arrangements for those with mental health problems.
- It was acknowledged that, with an asset based approach, the ability to step back at the appropriate point presented a challenge; it was important to build workforce understanding of social capital and empowerment, and provide support, but also have the ability to step away at the right point. A policy perspective was needed to embed such thinking into commissioning intentions and integrate activity over time; there were many challenges to get the most from available resources.
- The importance of signposting was emphasised, not just signposting to websites and numbers such as NHS Direct that deal with sickness, but to those sites and organisations which promote health. It was felt that libraries presented a good opportunity to reach people. It was also suggested that information could usefully be provided through a widely circulated community specific magazines. It was confirmed that much activity was ongoing in libraries to provide and promote services and resources, but perhaps more was required to increase footfall.
- It was suggested that useful assets to involve would be the Youth Council and PULSE (young people's health and wellbeing board) and also that patient participation groups, attached to GP surgeries, be asked to consider matters around health literacy. Officers agreed to speak to colleagues about these suggestions.
- It was recognised that there were successful community projects such as 'Green Dreams', which offered support for social problems and which referred to community based organisations, but brought no money to help deliver the schemes, which ultimately would make them unsustainable. It was acknowledged that this highlighted a gap which presented a challenge.
- It was explained that a number of contracts had moved over to the County Council with the responsibility for Public Health in April 2013 and there was now a period of consolidation following that transition. Much additional resource that community groups accessed came through lottery funding. It was acknowledged that many innovative programmes were coming forward from the voluntary sector which were not always getting technical support to lever funding, or funding was not available or difficult to access.

The Chair thanked officers for their informative presentation.

Resolved: That the report be noted.

5. Report of the Health Scrutiny Committee Steering Group

On 7 November the Steering Group had met to discuss the new congenital heart disease review prior to consultation. A summary of the meeting was at Appendix A to the report now presented.

On 28 November the Steering Group had met with officers from West Lancashire CCG and Southport and Ormskirk Hospital Trust to discuss breast services at Southport Hospital. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report be received.

6. Work Plan

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 reported that Sakthi Karunanithi, Director for Public Health, and County Councillor Azhar Ali, Cabinet Member for Health and Wellbeing had been invited to the next meeting of this Committee in March. They were to present a report on the overall health and wellbeing agenda with a focus on the Health and Wellbeing Board and the Better Care Fund plan. Members asked that, as part of this, they be provided with information about how the Better Care Fund had been developed and how it was to be implemented

It was also reported that a piece of work about the performance of the ambulance service in Rossendale was being carried out and that the findings and conclusions would be shared with this Committee.

It was confirmed that Occupational Therapy Service provision would be on a future agenda of the Steering Group and the work plan would be updated to reflect this.

Resolved: That the work plan, as now amended, be noted.

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 Wednesday 4 March 2015 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Health Scrutiny Committee

13 January 2015

Self Care

Looking at …

- Self care
- Asset based approaches
- Health literacy
- What's happening

Self Care

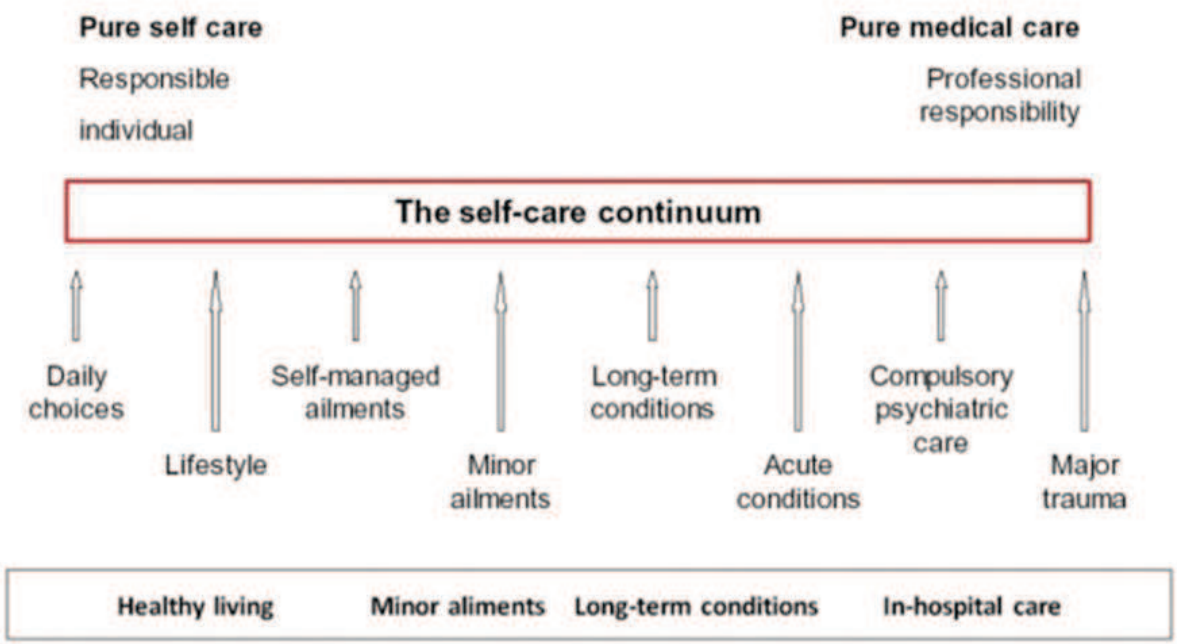
- Looking after yourself in a healthy way e.g.
  - brushing your teeth
  - taking medicine when necessary
  - keeping active
  - seeing friends and family
- It involves looking at what you can do and want to do, rather than what you can't do

Self Care

Self Care

Self Care Forum
Helping people take care of themselves

The self-care continuum



Lancashire County Council

Why Abandon Early?

- Lack of confidence
- Perceived severity & duration of symptoms
- Reassurance that nothing more serious is wrong
- A prescription to 'cure' illness is available

What is an Asset?

- "A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses."

Antony Morgan, associate director, National Institute for Health and Clinical Excellence (NICE), 2009

Assets include …

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local residents
- the networks and connections (social capital) in a community, including friendships, neighbourliness, local community and voluntary associations
- the physical and economic resources of public, private and third sector organisations that are available to support a community

A Set of Values and Principles

- Which
  - sees citizens and communities as the co-producers of health and well-being, rather than the recipients of services
  - promotes community networks, relationships and friendships that can provide caring, mutual help and empowerment
  - supports individuals' health and well-being through self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge and personal resources
  - empowers communities to control their futures and create tangible resources such as services, funds and buildings.

What's Happening

- Community Asset Network
- Health & Wellbeing Board
- Working Together with Families
- Connect 4 Life

Health Literacy in Lancashire

Gulab Singh
Specialist in Public Health

Health Literacy

Health literacy is a social determinant of health and equally, it is socially determined. Higher levels of health literacy enable individuals to participate more fully in society.

- *'the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions*'

  Institute of Medicine, USA

- *'The cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health*'

  World Health Organisation (WHO)

Health Literacy

Health literacy can be looked at in terms of three issues:

- Functional literacy: ability to read, write, count (in health contexts)
- Communicative/interactive literacy: ability to discuss and participate (in health decisions) and gather and apply new (health) knowledge to changing circumstances and behaviour change
- Critical literacy: ability to look at health information, decide whether it applies to you and is best for you, and to take greater control over life events and situations that influence health; especially for people with long term conditions.

Literacy is Context and Content Specific

- More accurate to talk about literacies for example:
  - financial literacy,
  - Media literacy,
  - IT literacy and,
  - **health literacy**


2 26 October 2008 • THE NEW PAPER ON SUNDAY

News Exchange

THE BUZZ

Make financial literacy an A-level subject

EUGENE WEE
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I KNOW the A-level exams are just over a week away, so what I'm about to suggest may get some very heavy textbooks thrown at me.

Here about we add another compulsory subject to the A-levels – financial literacy.

With the recent incidents of investors losing huge chunks of their savings to the failure of DBS High Notes 5 and Lehman Minibonds investment products, there's no better time to relook whether we should make financial literacy a part of our school curriculum.

In a street poll poll of 100 people done by The New Paper earlier this year, nine out of 10 people believe that financial literacy should be taught in schools.

Last week, one reader wrote to The Straits Times Forum page advocating the same thing – that financial literacy be made a core subject in schools rather than being relegated to supplementary or enrichment lessons.

I think we should go even further – make it an examinable subject.

Even better, it should eventually become an A-level subject. I can almost hear the chorus of outraged parents now – why burden our children, who are stressed enough as it is, by making them study for yet another exam?

Why not just make it a non-examinable subject that they can just learn without having to worry about how to score another "A"?

Here's why: If the subject isn't interesting, it's going to be a case of one ear in, one ear out.

For a teenager, financial literacy is about as juicy and interesting a subject as advanced thermodynamics.

However, learning how stock markets work, how unit trusts function, and how to diversify your investments at different points of your life are skills that everyone will need sooner or later.

Far more students will find themselves in need of this knowledge in their adult lives than, say, calculus and titration.

And by making financial literacy examinable, you force students to internalise the concepts that they will no doubt make use of later in their lives.

If we are made to learn about financial literacy, then maybe we won't be caught in the situation of the many retirees who plonked their nest eggs into a single risky structured fund without knowing that they could lose it all.

This would have been covered in Chapter 3: Diversifying your portfolio, and Chapter 13: Types of investment products and how they work.

Others who were close to retirement would also not have put all their retirement savings in unit trusts, which have shed by half due to the financial turmoil.

They would have known that the closer you are to retirement, the larger the proportion of your savings should be in safer investments like bonds.

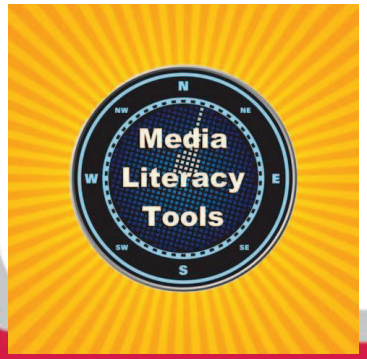
That would have been covered in Chapter 7: Asset allocation for retirement.

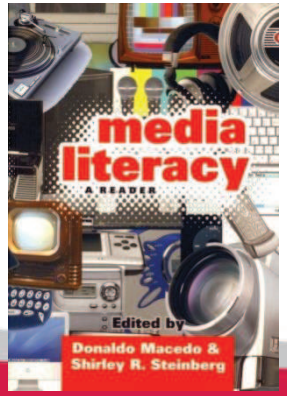
Of course, even then, students won't likely be able to understand the inner workings of the Minibonds product. They won't have to, as long as they know it belongs to a category of products that can be considered risky so that they can make more informed financial decisions in the future.

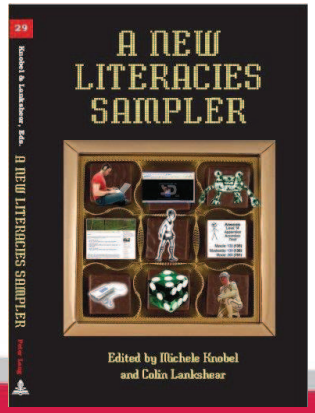
Studying subjects like chemistry and advanced mathematics may be all well and good because they teach you thinking skills.

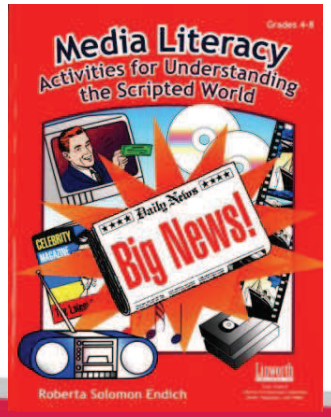
But financial literacy is a life skill, something that's not just nice for you to know, but something that you will need to know if you want to retire well.

Can't say the same for trigonometry now, can we?







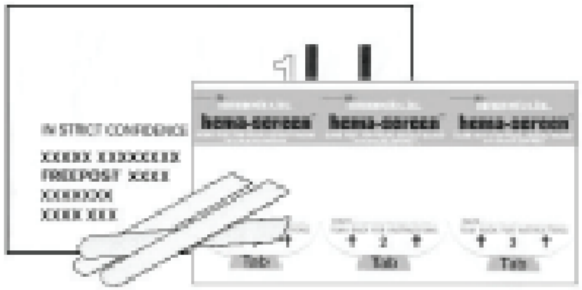


Slide courtesy of Dr Gill Rowlands, Kings College

Lancashire County Council

Example: Bowel Cancer Screening Kit

- ☑ A prepaid return envelope
- ☑ 6 cardboard sticks
- ☑ An orange and white cardboard test kit



There are 3 parts to the kit, for 3 separate bowel motions.

Only open one flap at a time.

Do not separate the 3 parts.

Important:

Your kit will last for many months unopened, but it must be completed and received for testing **within 14 days** of the first sample being taken. Please note that kits will not be tested on weekends

2. Doing the test

On the side with **your name printed on it**

Why is it Important?

- Has been shown to have an effect on:
  - Health knowledge
  - Self-care skills
  - Health attitudes and beliefs
  - Health behaviours
  - Global health outcomes

Why might health literacy affect health outcomes?

- Most patient instructions are written.
- Verbal instructions:
  - complex
  - delivered rapidly
  - easy to forget in a stressful situation
- Increasingly complex health system:
  - more medications, tests, and procedures
  - greater self-care requirements

European Health Literacy Survey 2012 Video

- Health Literacy Survey Info-graphic

What's Happening

- To embed health literacy within policy, service re-design and public health programmes targeted at improving population health and increasing access to services.
- Develop a health literacy awareness resource to be shared within LCC and service providers
- Incorporate health literacy:
  - as part of service improvements in Clinical Commissioning Group (CCG) work programmes
  - within health champion provision
  - within basic skills courses (numeracy and English) delivered by further education providers across Lancashire

Next Steps

- A two year commitment for implementing a public health campaigns led by the Communications Team , in alignment with Public Health England programme of social marketing
- A collaboration with Liverpool CC & Belfast CC to produce two briefings for local politicians, policy makers commissioners for health & wellbeing based on the WHO Solid Facts document
- In collaboration organise a regional workshop to mobilise action across sectors and settings.

Discussion

Thank-you