

Lancashire County Council

Health Scrutiny Committee

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

Agenda

Part I (Open to Press and Public)

No.	Item	
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1.	Apologies	
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests	
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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 25 November 2015	(Pages 1 - 8)
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4.	Self-Care - Asset Based Approaches and Health Literacy	(Pages 9 - 40)
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5.	Report of the Health Scrutiny Committee Steering Group	(Pages 41 - 48)
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6.	Work Plan	(Pages 49 - 54)
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7.	Recent and Forthcoming Decisions	(Pages 55 - 56)
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8.	Urgent Business	
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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.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on **Wednesday** 4 March 2015 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 25 November, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	M Iqbal
Mrs F Craig-Wilson	A James
G Dowding	Y Motala
C Henig	M Otter
N Hennessy	N Penney
K Iddon	

Co-opted members

Councillor Carolyn Evans, (West Lancashire Borough Council)
Councillor Helen Jackson, (Rossendale Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Asjad Mahmood, (Pendle Borough Council)
Councillor Julie Robinson, (Wyre Borough Council Representative)
Councillor M J Titherington, (South Ribble Borough Council Representative)

County Councillor Christine Henig attended in place of County Councillor Bev Murray for this meeting.

1. Apologies

Apologies for absence were presented on behalf of Councillors Brenda Ackers, Fylde Borough Council, Trish Ellis, Burnley Borough Council, Paul Gardner, Lancaster Borough Council, Bridget Hilton, Ribble Valley Borough Council, and Kerry Molineux, Hyndburn Borough Council.

New Member

The Chair welcomed Councillor Helen Jackson, representing Rossendale Borough Council, who was permanently replacing Councillor Liz McInnes following her election as MP for Heywood and Middleton last month.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 7 October 2014

The Minutes of the Health Scrutiny Committee meeting held on the 7 October 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 7 October 2014 be confirmed and signed by the Chair.

4. Healthy Environments

As part of the ongoing scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the Committee was provided with a report which presented an overview of the opportunities to influence the development of healthy environments as a way of improving the health of the local population.

The report included:

- Planning system
- Sustainable development
- Affordable housing
- Licensing
- Current activities and opportunities

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

The Committee received a PowerPoint presentation which reflected the information contained within the report. The Committee's attention was drawn to the social gradient chart which illustrated the link between socio-economic factors and environmental inequalities. It was emphasised that district councils had a significant role to play especially in terms of the development of their Local Plans.

It was considered important to carry out health impact assessments earlier in the planning process so that factors which affect health and wellbeing could be influenced.

Regarding housing, it was important to understand that there was a distinction between 'low cost' housing and 'affordable' housing.

It was explained that licencing, a District Council function, presented an opportunity to influence the availability of healthy spaces. The Director of Public Health at the County Council could comment on licencing applications and also contribute to the development of licencing policy.

Members raised a number of comments and questions, the main points of which are summarised below:

- It was believed that whilst developers would offer to build a percentage of affordable housing in order to secure planning permission, it was often the case that a later viability study would lead to a much smaller percentage of affordable housing actually being provided. It was suggested that there should be a programme of work with developers to ensure that what was agreed at the planning stage was viable and sustainable. It was acknowledged that there would always be a viability issue connected with the provision of affordable housing, but it was important to 'champion' health and wellbeing as an important part of affordable housing provision.
- The Committee was advised that there was often resistance to high levels of on-site affordable housing and developers would sometimes look at providing off site affordable housing as part of the agreement.
- It was recognised that the objective of developers was ultimately to make a profit and it was incumbent on all members to address the challenges.
- It was suggested that Housing Associations would not support social housing where properties were in a mixed complex with private housing owing to possible issues between the two. (Housing associations - also known as 'registered social landlords' - are social housing providers run on a not-for-profit basis.)
- The appointment of a planning officer to maximise the contribution that planning policy and planning decisions could make to health and wellbeing outcomes was welcomed, however clarification was sought about how the impact of such an appointment could be assessed over time. It was explained that the purpose of the role was to raise awareness and understanding of all involved in planning.
- The Committee was assured that Public Health had already engaged with district council planning teams; it was important for all to understand the barriers and how they could be mitigated and also what levers could be applied. It was noted that the time frames leading to Local Plans were very long – winning 'hearts and minds' could be achieved quickly, but influencing policy was a long term process. It was suggested that a further report on activity could be brought back to the Committee in 12 months.
- One member raised concerns about existing affordable housing and that which had already been approved; specifically, she was most concerned about housing located very near to a waste transfer station in Burnley that had generated many complaints, for example the presence of rats, waste spilling out onto the footway, and odour. There was also a school and a medical centre nearby. Assurance was sought that all relevant agencies be involved in the planning process. In response, the Committee was advised that the planning process will have taken account of responses from all statutory consultees.

- It was suggested to the Committee that much could be achieved through negotiation and carrying out health impact assessments early in the process and to get 'buy in' through planning professionals. It was important to push boundaries but to also bear in mind the financial implications if a decision by the local authority to refuse an application was appealed.
- In response to a question about the capacity of existing sewage and clean water provision to cope with increased housing, it was acknowledged that United Utilities were finding it difficult to absorb the increased demand on many old, Victorian systems. Much work was being done to improve sewage disposal and treatment, for example there was a significant project ongoing in the Ribble estuary. The Committee was assured that the planning authorities and United Utilities were having ongoing discussions around this issue.
- The Committee was informed that whilst, over the last 30-40 years, understanding about the connection between planning and health had drifted, Government now recognised how planning could influence health and was taking much more interest. The Health and Wellbeing Board was taking an overarching, strategic approach, and there might be potential for the planning officer to work effectively with the HWBB especially given the range of partners involved with that body.
- It was noted that much housing stock in East Lancashire had been built over 100 years ago and the question was asked how Public Health could help to influence Government policy in terms of existing, old homes where many disadvantaged people live. It was felt that there was much pressure on local authorities to develop local economies to help fund current services, but it was important also to look at matters from a health perspective. The Committee was assured that the context in which councils were operating was well understood – Government policy talked about health and wellbeing in positive terms. However, everyone needed to be encouraged to take any opportunity to influence Government and raise the profile of needs in Lancashire; there was much compelling evidence, which was replicated around the county.
- It was suggested that there was much pressure on planning committees to deal with a high volume of planning applications, quickly, and that there should be a greater emphasis on the quality of decisions.
- It was suggested also that the new planning officer role could identify the main barriers to incorporating health and give confidence to planning committees.
- There was concern about the high number of properties that had been empty for more than two years, and it was felt that there should be more emphasis on bringing them back into use. It was agreed that there was a strong argument to bring empty houses back into use and important to take opportunities to encourage this. It had to be recognised however that there was ultimately a need for capital investment. It was reported that Rossendale BC had funded and managed a process to bring empty homes back into use with some success, and that learning from this could be shared
- It was suggested that the only way to deliver proper affordable and social housing was for local councils to themselves build housing and cut out developers.

The Chair thanked Clare Platt for her presentation.

He put a proposal to the Committee from one member to write to Planning Committees and Directors. It was:

Resolved: That the Chair of the Health Scrutiny Committee write to the Chairs of Planning Committees and Directors of Planning to make them aware of the concerns identified by members, and that a copy of these minutes be provided as a summary of the discussion.

5. Adult Social Care Complaints and Representations Annual Report 2013-2014

The report explained that the production of the Annual Complaints and Customer Feedback Report was a longstanding statutory requirement. It contained statistical information, analysis and learning for the organisation in relation to adult social care complaints, comments and compliments received from 1 April 2013 to 31 March 2014.

Angela Esslinger, Strategic Customer Quality Manager, Directorate for Adult Services, Health and Wellbeing, used a PowerPoint presentation to draw out the key points. It identified trends, summarised the headlines and key statistics for the year, and learning from complaints and customer feedback.

It was noted that the only service user group from whom the number of complaints had increased was that of physical disability. The Chair agreed to consider a suggestion that the Committee seek further information about Occupational Therapy services. It was confirmed that OT services were themselves already looking at their own processes and systems; there were long waiting lists in some parts of the county and some capacity issues.

It was acknowledged that advocacy service provision was complicated and for this reason a single point of contact had been introduced through which the caller would be 'triaged' and directed to the most appropriate service. This had been welcomed by the public.

It was noted that one of the recommendations of the Care Complaints Task Group had been that

"the Cabinet Member for Adult & Community Services consider having a 'single point of access' for people who wish to complain as a means of simplifying the procedure."

A further update from the Cabinet Member for Adult and Community Services was expected to be received by the Steering Group.

It was confirmed that the data presented was available by district, and pointed out that there was relatively little feedback from the more affluent areas in the county such as parts of the Ribble Valley where people tended to be self-funders.

Feedback was more likely from areas where health and social care needs were higher.

Resolved: That,

- (i) the Adult Social Care Complaints and Customer Feedback Annual Report 2013/14 be received and the associated learning from customer feedback for the past year be acknowledged; and
- (ii) it be agreed that the Adult Social Care Complaints and Customer Feedback Annual Report for 2013/14 can be shared as a public document.

6. Report of the Disabled Facilities Grants Task Group

The report was introduced by the Chair of the Committee on behalf of County Councillor Richard Newman-Thompson, Chair of the Task Group, who was unable to attend this meeting.

The Chair emphasised the need to maximise opportunities to take advantage of funding streams coming forward which would lead to more Disabled facilities Grants going to more people.

The Overview and Scrutiny officer referred members to a model of delivery that had been adopted by Norfolk County Council, details of which had previously been circulated to members. More detail about the Norfolk model was to be included in the final task group report.

The Task Group recommended that officers be asked to consider a delivery model similar to that developed in Norfolk in order to achieve a seamless process for the person in receipt of a grant.

The Chair commended the recommendations of the Task Group to the Committee and recommended that they be taken forward in time for the new financial year.

Resolved: That,

- i. The recommendations of the Task Group be supported; and
- ii. The Cabinet Member for Adult and Community Services be asked to provide an interim response within two months and a full and final response within six months.

7. Report of the Health Scrutiny Committee Steering Group

On 5 September the Steering Group met with officers from NHS England, Lancashire Area Team. A summary of the meeting was presented at Appendix A.

On 26 September the Steering Group met with officers from the Care Quality Commission. A summary of the meeting was presented at Appendix B.

On 17 October the Steering Group met with officers from Lancashire Teaching Hospitals Trust and Fylde & Wyre Clinical Commissioning Group. A summary of the meeting was presented at Appendix C.

Resolved: That the report be received.

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 13 January 2015 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall, Preston

Health Scrutiny Committee

Meeting to be held on 13 January 2015

Electoral Division affected: ALL

Self-Care – Asset Based Approaches and Health Literacy

(Appendices A - D refer)

Contact for further information:

Clare Platt, Adult Services, Health and Wellbeing (Public Health),

clare.platt@lancashire.gov.uk Tel: 07876844627

Executive Summary

As part of the on-going scrutiny of the 'Living Well' element of the Health & Wellbeing Strategy, the Committee is provided with this report which presents an overview of self-care, particularly concentrating on asset based approaches and health literacy.

A number of hyperlinks are included within the paper and supporting documentation attached as appendices to provide members with further information.

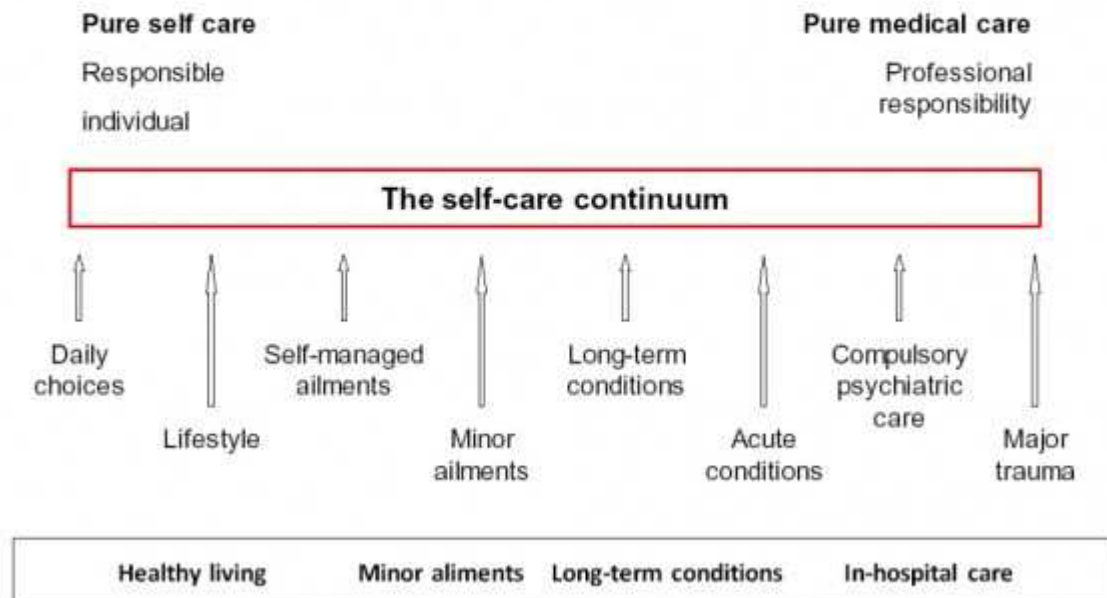
Recommendation

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

Background

1. Self-care can be understood in many different ways. In its simplest form, the term refers to our ability to function effectively in the world while meeting the multiple challenges of daily life with a sense of energy, vitality, and confidence. Self-care is initiated and maintained by us as individuals, and requires our active engagement.
2. The term self-care spans a full range of issues: physical, emotional, intellectual, and spiritual. It can be referred to as 'wellness', a 'healthy balance', and 'resilience'. It is important to note, though, that no matter how one breaks down the dimensions of self-care, in the end, all of these different aspects are interconnected. Failure to take care of oneself in one realm can lead to consequences in another.
3. Self-care can be considered on a continuum, as illustrated below:

The self-care continuum



4. The continuum illustrates the sliding scale of self-care, starting with the individual responsibility people take in making daily choices about their lifestyle, such as brushing their teeth, eating healthily or choosing to do exercise.
5. Moving along the scale, people can often take care of themselves when they have common symptoms such as sore throats, coughs etc., for example by using over-the-counter medicines. The same is true for long term conditions where people often self-manage without intervention from a health professional. This includes the Expert Patients Programme which is a self-management programme for people who are living with a chronic (long-term) condition. The programme aims to support people by:
 - increasing their confidence
 - improving their quality of life
 - helping them manage their condition more effectively
6. At the opposite end of the continuum is major trauma where responsibility for care is entirely in the hands of healthcare professionals, until the start of recovery when self-care can begin again.
7. Empowering people with the confidence and information to look after themselves when they can, and visit the GP when they need to, gives people greater control of their own health and encourages healthy behaviours that help prevent ill health in the long-term. In many cases people can take care of their minor ailments, reducing the number of GP consultations and enabling

GPs to focus on caring for higher risk patients. Furthermore, increased personal responsibility around healthcare helps improve people's health and wellbeing and better manage long-term conditions when they do develop. The [NHS Choices](#) website provides self-help information on a wide range of health and wellbeing topics.

8. It is estimated that around 80% of all care in the UK is self-care. The majority of people feel comfortable managing everyday minor ailments like coughs and colds themselves; particularly when they feel confident in recognising the symptoms and have successfully treated using an over-the-counter medicine before.
9. However people often abandon self-care earlier than they need to, typically seeking the advice of a doctor within a period of 4-7 days. The main reasons for this are:
 - Lack of confidence in understanding the normal progress of symptoms (e.g. that a cold can last up to 14 days)
 - The perceived severity and duration of symptoms
 - Reassurance that nothing more serious is wrong
 - A prescription to 'cure' the illness, even though the same medicine may be available over-the-counter
10. Often simple changes aimed at meeting the needs of local communities can be very effective at encouraging increased self-care. These include giving patients the information they need to care for their common ailments and to make healthy lifestyle choices, signposting people to the right local services and outreach work to provide health advice in non-traditional settings such as pubs, libraries and job centres.
11. This report looks specifically at improving self-care through asset based approaches and health literacy.

Asset Based Approaches

12. The Local Government Association produced the report [A Glass Half-Full: How an Asset Approach Can Improve Community Health and Well-being](#). It identified assets / strengths as 'any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses'.
13. Improving the public's health, reducing health inequalities and achieving other social goals have traditionally focussed on the deficits and problems of individuals and communities. Understanding communities by their high mortality and morbidity rates, high hospital admissions, high crime rates, high worklessness etc. is only seeing part of the picture. The common response to such problems has been to provide more services, valuing professional intervention as the answer and a focus on 'the failure of individuals and local communities to avoid disease rather than their potential to create and sustain

health and continued development'. All too easily communities are seen as problem areas and people as passive recipients of services.

14. In contrast, an approach that values assets identifies the skills, strengths, capacity and knowledge of individuals and the social capital of communities. It provides a different story of place that is a positive and outcome focussed picture that values what works well and where health and well-being is thriving. Community pride and spirit is therefore higher and people are engaged in solutions that are more sustainable for that community, with use of outside support where it is needed most.
15. By acknowledging how individuals and communities are currently contributing to health outcomes, their role as co-producers of health and well-being, as empowered producers and active participants, is enabled. Engagement is meaningful and empowering rather than tokenistic and consultative. People identify their own assets and work collaboratively to develop them. The process itself leads to increased well-being through strengthening control, knowledge, self-esteem and social contacts – giving skills for life and work.
16. Therefore in relation to the focus of this report, the asset based approach is integral to enabling greater condition management, self-care and care closer to home; it also can help improve individual and community resilience in challenging times; and is strongly connected to the issue of health literacy.

Health Literacy

17. Healthy literacy can be considered as:

'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

Or alternatively:

'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)

18. Evidence from the WHO publication Solid Facts shows that having higher levels of health literacy enables individuals to participate more fully in society and to exert a higher degree of control over daily events. A European health literacy survey was undertaken between 2009 and 2012. An animated info-graphic details the main outcome of the project, manifesting health literacy as a topic on the European health agenda.
19. Health literacy can be looked at in terms of three issues:
 - a. **Functional literacy:** ability to read, write, count (in health contexts)

- b. **Communicative/interactive literacy:** ability to discuss and participate (in health decisions) and gather and apply new (health) knowledge to changing circumstances and behaviour change
- c. **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

20. The Health Literacy Report of the Royal College of General Practitioners identified health literacy as an important determinant of health. People can be well educated and be very literate, yet have low health literacy, but low health literacy is most common in people with low basic skills. Recent surveys in the UK show that the percentage of adults below the literacy level expected at the end of full-time compulsory education (16 years) is 43%; for numeracy the percentage below the expected level at the end of compulsory education is 78%. This is reflected in the levels of health literacy. Forty-three per cent of the English adult working-age population cannot fully understand and use health information containing only text. When numerical information is included in health information, this proportion increases to 61%. For Lancashire this equates to just over 400,000 people with low levels of health literacy and almost 600,000 if the information includes numerical information.

21. In particular the report identifies those facing the biggest barriers are older people, black and ethnic minority groups, those with low qualifications, those without English as a first language, those with low job status and those living in poverty.

22. Health literacy is important for health and wellbeing because it affects:

- Self-care skills
- Health attitudes & beliefs
- Health behaviours
- Health outcomes

It is relevant in terms of health outcomes across the life course because:

- Most patient instructions are written (including those via the internet)
- Verbal instructions can be complex, delivered rapidly, and easy to forget in a stressful situation
- In an increasingly complex health system there is a wider range of medication, tests, screening and procedures with greater self-care requirements

Current Activity and Opportunities

23. A range of actions have been taken by various services to improve health outcomes through asset based approaches and promotion of health literacy, including:

- The Lancashire Community Asset Network is a collaborative of staff from a range of partners across Lancashire, set up to enable working across organisational boundaries to embed asset-based approaches into everyday practice. Members collaborate, sharing good practice, accessing learning and developing new tools and approaches to intelligence, commissioning, service design and delivery. The overall aim of this project is to understand and build community assets across Lancashire to enable Lancashire's citizens and communities to enjoy the best possible life chances.
- The Health and Wellbeing Board is making a number of important changes or 'shifts' in the way that partners work together. Two of the shifts relate to assets and self-care:
 - Build and utilise the assets, skills and resources of our citizens and communities
 - Promote and support greater individual self-care and responsibility for health; making better use of information technology and advice
- The Working Together with Families programme has utilised an asset based approach to ensure that, where appropriate, in every interaction with families and children, their strengths, assets, interests and ambitions were taken into account, and that they were encouraged to build on these to improve outcomes. The focus has been on developing strength based approaches to assessment and action planning, which was mainly done through embedding this approach throughout workforce development, as well as developing family voice opportunities. This approach is discussed further at Appendix A.
- Red Rose Recovery is an example of an organisation that takes an asset based approach to it's work with people in recovery from addiction and substance misuse. The organisation does not provide treatment services; rather it assesses people identifying what keeps them strong in their recovery, their skills, their motivations and their aspirations with regard to activity, learning and long term ambitions. Officers recruited from the recovery community then support individuals to connect with local resources and participate in opportunities they have identified, strengthening their personal capacity and reducing the likelihood of relapsing.
- Connect 4 Life utilises an asset based approach with community connectors, based with LCC and third sector organisations, to connect people to local community resources to improve wellbeing through support and reducing social isolation. Similarly Green Dreams is a social enterprise set up by a GP who noticed many patients were attending his surgery for social rather than medical needs. Workers support people to access provision in local communities and get involved in volunteering or personal development. Advice and support is provided to help people with issues such as housing, addiction, benefits and a range of other issues.
- A multi-agency conference has been held to raise the profile of the health literacy agenda and scope collaborative working (Appendix B).

- An independent researcher was commissioned to do a baseline study with a further education establishment on how health literacy is being delivered in adult courses or the potential to include this topic (Appendix C).
- A follow up workshop with further education providers was held to revitalise this agenda although there was some reluctance to engage further due to financial constraints. The workshop outcomes and next steps are attached at Appendix D.
- A two year commitment has been secured for implementing a public health campaigns programme led by the Communications Team. This will include alignment with Public Health England in terms of activity, looking at the effectiveness of social marketing to improve health literacy on priority areas of public health such as:
 - Smoking
 - Early diagnosis (symptomatic)
 - Youth risk behaviours
 - Eating well
 - Physical activity
 - Sexual health
 - Alcohol
 - Cancer
 - Dementia friends
 - Substance misuse
 - Health checks
- Health literacy is also being addressed through collaboration between Lancashire County Council, Liverpool City Council and Belfast City Council via the Healthy Cities programme. It is intended to produce a series of health literacy briefing papers for local politicians, policy makers, and commissioners of health, social care and adult education services. Once the papers have been produced a regional workshop is planned to progress this agenda, promoting the briefings and agreeing local action to tackle the health inequalities resulting from poor health literacy.

Consultations- 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 - N/A

Working Together with Families – Asset Based Approaches

The Working Together with Families (WTWF) Governance Group which is a strategic multi agency body reporting to the Lancashire Children and Young Peoples Board and Lancashire Children and Young People Safeguarding Board, has senior officer representation from Lancashire County Council, District Councils, Police, Police and Crime Commissioners Office, Public Health and Health Providers. The group established the role of Strategic Advisor, Asset Based Approaches, in June 2013, for a two year secondment period, running to May 2015.

On commencement there were three areas identified for development.

- Building on the strengths of Individuals and families
- Building on the strengths of communities
- Building on the strengths of organisations

The role was strategic, and therefore approaches were developed to aid in the transformation of the wider systems, rather than focussing on isolated projects.



Building on the Strengths of Individuals and Families

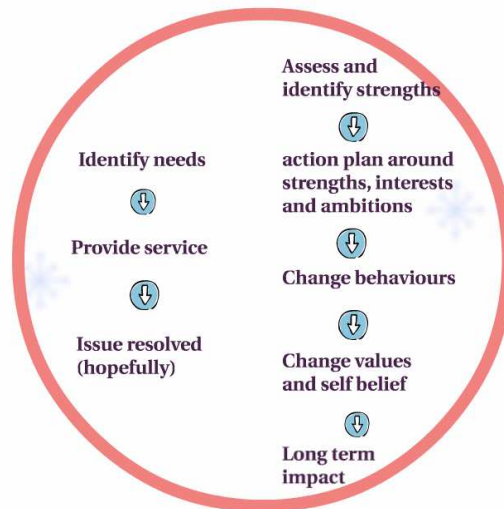
The aim of this was to ensure that, where appropriate, in every interaction with families and children, their strengths, assets, interests and ambitions were taken into account, and that they were encouraged to build on these to improve outcomes.

The focus has been on developing strength based approaches to assessment and action planning, which was mainly done through embedding this approach throughout workforce development, as well as developing family voice opportunities. Family Group Conferencing and use of the family star also impacts on this area but have been outside the workload of the post discussed.

Workforce Development

To achieve this, asset based approaches was threaded throughout some of the main training and development opportunities for Lead Professionals. This was to ensure that the approach is mainstreamed and becomes integrated as part of the normal

practice of the CYPF workforce. The main focus of this was changing the narrative of interventions which is illustrated below:



Common Assessment Framework Implementation

This included a significant input into the CAF training and implementation programme, to ensure that the tool is encouraged to be used in strength based ways. This is now a staple in the course, and is threaded and encouraged throughout the course. The CAF QA framework makes direct reference to strength based assessment and action planning, the findings of which will indicate the success of this approach within the training. The CAF training team were given training input to show the importance and the practice of asset and strength based interventions. The CAF implementation team will continue with including the approach in their training and in the QA framework to report on its impact.

Lead Professional Training

Lead Professional training already contained input on asset based approaches. This was developed further and will continue being delivered through the training and is in the quality assurance framework.

Introduction to asset and strengths based approaches – e learning

An e learning module, Introduction to Asset and Strength Based Approaches, was published in early 2014. 120 people have taken the e learning course. This is in the process of updating the course to an e learning format, which will allow for more evaluation and information. This should be completed by mid-December 2014. The e learning will then be hosted in conjunction with the workforce development team.

Solution Focussed Approaches Training

Solution focussed Brief Therapy training was commissioned for two pilot sessions in June/July 2014. Solution Focussed Brief Therapy is an approach used in family intervention which looks at the strengths of families and encourages them to use this in their own developments. The training was productive; however there was

significant crossover with the coaching module, which could lead to confusion. It was decided to discontinue the training and encourage attendance to the Coaching Training instead.

Family voice/engagement commissions

To ensure that as a service and a wider workforce we are listening to family voices in designing our services, a number of districts received commissions for work on engaging families and encouraging collective voices.

The table below shows a summary of the activity, which is due to be completed by mid-March 2015:

District	Provider	Overview of commission
Lancaster	Strawberry Fields Training	The aim of this project is to run forums with families and capture their voices. The aim is to help develop family led support forums. Expected outcomes: information regarding the families' experiences. An on-going forum for families to attend.
Chorley	Key	The aim of the project is to capture, through one to one and group engagement, the voices and views of children, young people and families. This will include visual and verbal responses, using art to show experience. Expected outcomes: final report detailing findings and showcasing visual and verbal responses.
South Ribble	Child Action NW	The project, called 'Raised in South Ribble' will use group setting events and meetings to capture local families' experiences and use arts based engagement tools to visual that experience, alongside families. For added value, family members will have the opportunity to undertake training and support to become mentors following the events Expected outcomes: final report detailing the findings of the engagement
West Lancashire	West Lancs. CVS	West Lancashire CVS are carrying out semi structured interviews with families to gather experiences. They will then, in partnership with Skelmersdale Artz centre, develop a drama depicting those experiences. Family members will have the opportunity to take part in the development of the drama piece. Expected outcomes: findings report and a drama piece
Burnley	CSNW	CSNW, working in partnership with YNOT, will hold a number of family engagement sessions, hosting families with a range of positive activities and gifts on offer. Throughout they will look to engage families, allow them to share stories and experiences, and put forward recommendations for improving services. Expected outcomes: report indicating findings from engagement

Pendle	Pendle Action for the Community	PAC is holding a survey and questionnaire exercise with families, alongside an engagement event and drop ins for families to engage and have their voices represented. Expected outcomes: findings report to feedback on engagement activity and families' views.
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Building on the strengths in communities

Asset based approaches recognises the resources in the community and looks to mobilise them. One of the major resources in communities is the diverse Voluntary Community Faith Sector (VCFS). The VCFS includes small local groups to major strategic partners that deliver regionally and nationally.

VCFS engagement events

VCFS engagement events were held throughout March 2014, where 90 people from the voluntary sector attended three events held across Lancashire, focussing on the role of the VCFS in the delivery of Prevention and Early Help (PEH) and Working Together with Families. These were some of the first events to bring together Early Support and Working Together with Families, and engaged a range of agencies in mapping support and developing better ways of working with the voluntary sector. Evaluations show that these events were useful in engaging with the voluntary sector, with many appreciating the networking opportunities and the chance to speak face to face with LCC. This event also helped inform the development of the Emotional Health and Wellbeing Directory, by tapping into knowledge of the voluntary sector and completing a mapping exercise of local resources per district. This set the foundation for developing a joint Emotional Health and Wellbeing Directory, developed and delivered by the Integrated Health Service. This event was planned as the beginning of a continuous conversation, meaning similar events would become a regular part of the CYP PEH offer.

These events will form part of the on-going offer for Prevention and Early Help, ensuring that the service maintains the momentum in continuing the conversation with the VCFS.

Public service market fairs

Following the VCFS engagement events it became clear that there were many community organisations and groups that were unknown to local lead professionals. District level fairs were developed, focussing on engaging Lead Professionals with local groups and organisations, with the following areas delivering events: Wyre, Fylde, Burnley, Chorley, South Ribble and Pendle; and events planned for the following districts: West Lancashire, Lancaster, Rossendale and Preston.

Volunteer Family Support Commissions

Four districts have been successful in gaining funding to develop support for families through voluntary support, as follows:

District	Provider	Overview of project
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Lancaster	Strawberry Fields Training	SFT will recruit and train families who have been through early support and WTWF, to enable them to act as mentors for families
Chorley	Chorley Borough Council	CBC will use a community development approach with families, engaging them in sports, arts and cultural activities to show the added value this can bring
Burnley	Community Solutions NW	CSNW will train and support a number of volunteers who can be called upon by lead professionals to support families with their low level needs
Pendle	Community Solutions NW	CSNW will train and support a number of volunteers who can be called upon by lead professionals to support families with their low level needs

Building on strengths of the organisation

Lancashire County Council is a major provider of services for Lancashire. The assets and resources within the organisation are significant. Part of the role has been taken up with developing strategic partnerships and alliances to allow a targeted provision for families, making use of the range of support in LCC.

Professional area	Area of work and progress
Lancashire Cultural Services (Libraries, museums and archives)	Cultural services hold a number of local community buildings and resources. Some of the work they carry out includes supporting literacy, supporting IT skills development and employability support. The initial focus of the work is to enable families to access the resources available, with a potential possibility to have supported volunteer opportunities within cultural services for families to take on as a step towards employment.
Lancashire Adult Learning	Lancashire Adult Learning delivers a significant number of courses and training for Lancashire residents. One of their primary aims is to develop opportunities for troubled families. Again, employability is one of their key outcomes.
East Lancashire Public Health	East Lancashire Public Health Team has a significant programme of work which includes development of asset based community development approaches across East Lancashire. This has developed into using locally based time banking methods.

For further information please contact:

Paul Hussey, Working Together with Families Co-ordinator; 01772 530145;
paul.hussey@lancashire.gov.uk

Health Literacy Workshop Summary Report**Background**

In early 2013 health literacy was formally recognised as a key programme of work for tackling health inequalities, and as such was incorporated within a number of partnerships across central Lancashire. One of the first stages of the work programme was to engage the adult education sector to explore if at all health literacy was included in their programmes. Details of the study are captured below. A key recommendation of the study was to hold a workshop with adult education providers to explore the feasibility to progress this work stream.

As such, a health literacy workshop was held on the 6th March 2014 which aimed to:

- Identify relevant adult education programmes delivered by Lancashire further education providers;
- Gain an overview of curriculum content;
- Ascertain scope for further curriculum support or development around health literacy;
- Identify barriers and drivers that could impact upon effectiveness of future health literacy across adult education programmes;
- Enable public health leads to make strategic decisions about how and where to target next-stage health literacy development.

Lancashire County Council is taking a three staged approach to addressing health literacy in Lancashire:

1. Raising literacy/numeracy levels of the adult population through access to skills based courses. (Reading, writing and counting in health contexts)
2. Facilitating healthy choices and behaviour change through provision of health promotion information and campaigns. (The ability to discuss and participate in health decisions but also to apply this knowledge)
3. Providing good guidance and support for people with long term conditions and promoting self-care. (The 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)

The Primary Care Trust for Central Lancashire led the first stage by commissioning the Developing Health Literacy in Adult Education across Lancashire scoping study. The key findings of the study included:

- There was generally a high level of interest and support;
- Some good practice is already taking place (English for Speakers of Other Languages (ESOL), community provision, previous projects, some in workplace settings);

- Pre-entry and entry level study held most initial potential for embedding health literacy;
- Up-to-date information and resources were not always available or flexible enough;
- There was an identified need for health information and confidence to deliver health messages.

Workshop 6 March 2014

The following presentations were delivered, leading to the group discussions:

- Health Literacy in Lancashire: Gulab Singh, Specialist in Public Health, Lancashire County Council
- Developing Health Literacy in Adult Education across Lancashire: Overview of Scoping Exercise: Gavin Turnbull, Independent Researcher
- Lancashire Adult Learning Community Learning: Embedding Health Literacy: Karen Wignall, Curriculum Manager: Public Programme and Matthew Corbett, Curriculum Leader - ESOL, Adult & Community Services, Lancashire Adult Learning

The group discussions explored the following questions:

- How can we best identify or develop up-to-date, relevant and robust / adaptable health literacy resources for use?
- How can we best build the capacity, capability, awareness and confidence of staff in order to further develop and deliver health literacy themes within and across programmes?
- What is the likely to be most effective way to develop health literacy initiatives across Lancashire? Pilot studies or blanket approach? How do we share information / skills / curriculum materials?

Key Points from Discussion

Developing health literacy initiatives across Lancashire:

- There was recognition that health literacy should be embedded into the core business of education settings, in the same way that Equality and Diversity has become part of everyday working. Two separate strands were identified:
 - Adult and Young People FE College programmes (e.g. ESOL, Functional skills, LLDD, workplace programmes, tutorial and other programmes)
 - Community learning

- There are opportunities to develop health literacy within vocational areas such as health and safety modules.
- Health literacy is already happening within classroom based ESOL programmes and it is important that this learning is shared but also that the impact is being measured. Some assistance with this may be required in some areas.

Identifying resources for use:

- Specific off the shelf resources were probably not the way forward and likely to be unpopular since they need differentiating by programme and tutor preference.
- A service directory for localities is also likely to be unhelpful since it is likely to go out of date very quickly and would require significant time investment to maintain.
- An information resource containing links to existing local and national service sites was deemed to be most useful and would encourage people to access local provider sites to obtain information on services.
- The short animation film to be produced by Lancashire County Council could be a useful mechanism for raising awareness amongst staff and to fuelling conversations on how health literacy relates to their areas. It was also seen as important to have examples of how health literacy themes have been integrated into different programmes.
- Curriculum staff and tutors were seen as best placed to incorporate context specific elements of health literacy into delivery of the curriculum.

Capacity, capability, awareness and confidence building of curriculum staff:

- There was a need to recognise that the term health literacy moves wider than just a focus on literacy.
- There are different levels of raising awareness of health literacy: organisational, staff and people.
- Raising awareness of health literacy amongst staff was seen as the key first step to improve general understanding and awareness of the importance of health literacy. The short animation film to be produced by Lancashire County Council could be a useful mechanism for raising awareness amongst staff and to kick start conversations on how health literacy relates to their areas.

Next Steps

1. Health literacy is already being incorporated as part of both Community Learning Programmes and Adult and Young People FE College programmes although may not be recognised as health literacy. It is important that case

studies of good practice are showcased in order to raise awareness of health literacy amongst staff.

Action:

- I. public health to compile template to capture case studies and disseminate
 - II. Interested parties to submit short case studies to share examples of good practice.
2. An information resource containing links to existing local and national service sites was deemed to be most useful and would encourage people to access local provider sites to obtain information on services.

Action:

- I. Lancashire County Council to lead on production of this resource with input from further education providers
3. The short animation film to be produced by Lancashire County Council could be a useful mechanism for raising awareness amongst staff.

Action:

- I. Once this animation is finalised, Lancashire County Council will forward this resource for use amongst community learning and Adult and Young People FE College programme staff.

Gulab Singh & Jenny Paul

March 2014

**"Working Together To Improve Health and Wellbeing in Lancashire"
A Joint Collaborative between Lancashire Adult Learning & Public Health**

SPECIAL BRIEFING

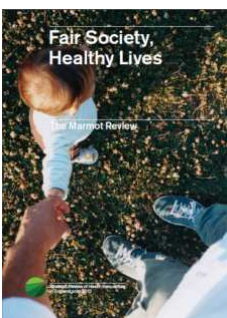
FOREWORD – DR SAKTHI KARUNANITHI – DIRECTOR OF PUBLIC HEALTH

It is my pleasure to be introducing this special briefing to you. Adult learning is a key component in improving the wellbeing of our residents and since the transition of public health into Lancashire County Council in April 2013, we have made good progress in working together with the adult learning services in pursuing our goal to improve health and wellbeing. The opportunities presented by this partnership could help us test innovative ways of improving awareness on health issues as well as connect people to share their experiences of learning. This briefing demonstrates the avenues that we have been working together across the organisation, and hopefully trigger new ideas. I wish you well in further enhancing our joint working and serving our communities.

PURPOSE OF SPECIAL BRIEFING

The briefing paper has been compiled to share with public health colleagues, the Lancashire Adult Learning Team and locality leads in the Environment Directorate to initiate stronger collaboration across programmes of work which are public health focused and aid primary prevention. There are a number of common themes that are already in place which are already being delivered across a range of settings and targeted at communities of interests. It is intended that over a period of time common agendas are formulated to have an integrated approach to LCC programmes of work such as the Integrated Health & Wellbeing Framework, health literacy, sustainable food Lancashire, health champions, social prescribing and much more. We anticipate that once colleagues have read this paper they can start to make links and connections to their local initiatives on public health.

INTRODUCTION



In April 2013, Lancashire County Council took on the responsibility of providing the government mandated Public Health service, previously carried out by the NHS. The County Council has taken on a new role that will see it play a bigger part in helping people to improve and protect their health. The County Council and the NHS will work together to tackle some of the key issues that affect people's health and wellbeing, helping people to stay healthy and prevent illness. This includes work on a whole range of things including diet, tobacco and alcohol, sexual health, children's health, mental wellbeing and long-term conditions. This will help tackle the wider determinants of health and to work together with our colleagues across all the Directorates to find pioneering and effective ways to reduce health inequalities in our county.

Tackling health inequalities is a real area of focus for Lancashire County Council. The County Council Cabinet and Management Team aims to embed Marmot priorities into the organisation and to use Marmot principles to inform the organisational re-design, have a focus on prevention, social value and scaling up our use of community assets approaches.

HEALTH LITERACY

Health literacy is a determinant of health which is socially determined. Evidence (WHO, Solid Facts) shows that having higher levels of health literacy enable individuals to participate more fully in society and to exert a higher degree of control over daily events.

Lancashire County Council is taking a three staged approach to addressing health literacy in Lancashire:

1. Raising literacy/numeracy levels of the adult population through access to skills based courses; these are everyday functional skills on reading, writing and counting.
2. Making health choices and behaviour change easier through effective health promotion information and campaigns; as well as having interactive skills to gain new knowledge, discuss and participate in health decisions.
3. Providing good guidance and support for people with long term conditions and promoting self-care; ensuring the individual can take greater control over their personal health circumstance based on health information and treatment.

A short animation DVD is in the process of being produced in order to raise awareness of health literacy and its importance. It is anticipated this resource will be finalised by July 2014.

A copy of the World Health Organisation document Health Literacy: The Solid Facts can be downloaded from <http://www.euro.who.int>

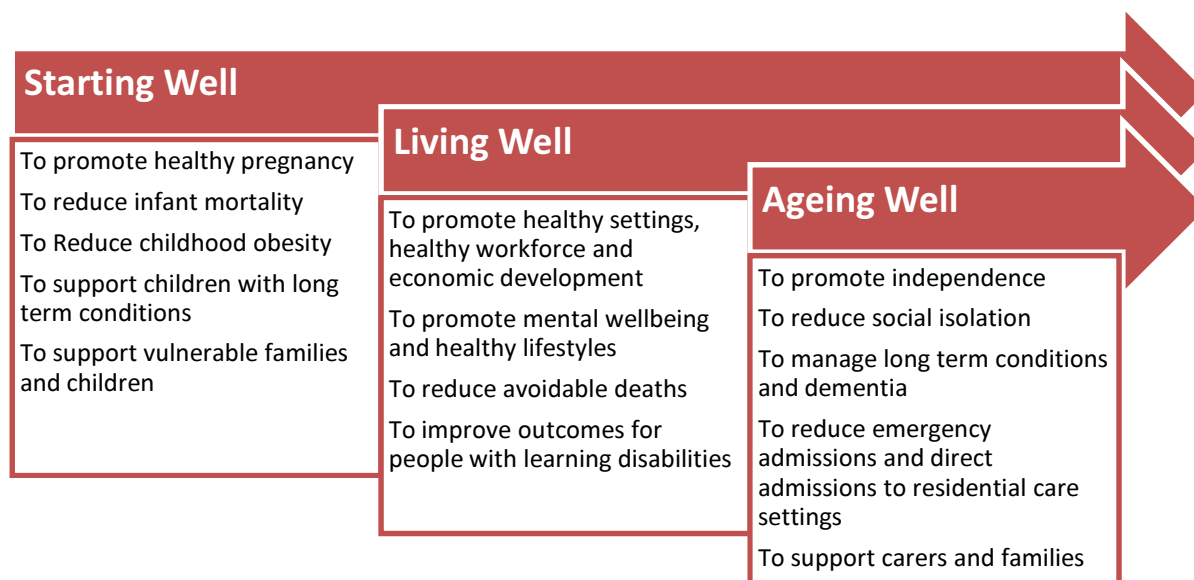
WORKING TOGETHER TO IMPROVE HEALTH AND WELLBEING IN LANCASHIRE:

LCC's Public Health vision is: "...that Lancashire's citizens, communities and organisations are healthy and resilient. By making sure that we have an effective local public health service we can support people's wellbeing now, and help to develop a healthier future for everyone." The vision will be delivered through the four public health priorities as set out in Figure 1 below:

Figure 1. Public Health Priorities	
1 - Address the impact of the economic downturn on health and wellbeing	2 - Tackle health inequalities
3 - Reduce the impact of long term conditions and an ageing population	4 - Improve quality, safety and health resilience

Lancashire Adult Learning (LAL) contributes significantly towards this vision and priorities as well as addressing those set out within the Health and Wellbeing Delivery Plan (Figure 2) by developing and delivering a programme of adult learning which addresses the factors that influence the health and wellbeing of citizens and their families, enabling the local population to achieve a healthier future. Overall, a coherent and holistic approach is required to work towards reducing the incidence of long term conditions, supporting individuals and those around them to live well and maintain good health.

Figure 2 Health and Wellbeing Delivery Plan



Work is being developed across the LAL Service to devise a programme of learning which helps to address the issues of health inequality across Lancashire and provide citizens with the skills to improve and maintain their own health and wellbeing, within local community settings and neighbourhoods.

TYPES OF PROVISION

HEALTH AND WELLBEING

LAL delivers a range of accredited and non-accredited courses in accordance with the Health and Wellbeing Curriculum Framework, which underpin some key programmes of work such as sustainable food and general wellbeing. The courses include First Aid, Health and Safety, Food Safety, Cookery and Nutrition, Complementary Therapies, Exercise and Fitness. These courses also aim to further develop health literacy skills where appropriate. Courses are delivered in a variety of locations, including the college facilities as well as community venues such as libraries, community centres, health centres, church halls, schools/children's centres and partnership facilities where available. Courses are delivered to suit all ability levels ranging from Pre-Entry to Level 3 qualification courses.

Funding for Community Learning is prioritised for people who are both materially and socially disadvantaged. There is evidence that participation in learning transforms destinies by developing confidence, providing motivation and training which can increase employability prospects and the digital and financial literacy of individuals. This strengthens communities by creating stronger, more self-sufficient and pro-

active citizens. Family learning has been found to be particularly beneficial. County-wide advancements around the LCC Digital Inclusion agenda contribute to the development of people's digital literacy skills, ensuring that they can access readily available information about their health and self-management of long-term conditions, including the ability to order prescriptions and book appointments online. Providing ICT skills beyond the use of social media sites will prepare people for the 'Digital by Default' society that we are becoming.

Informed evidence as demonstrated within the Marmot report on empowerment, participation and confidence building tells us that community learning increases wellbeing, not just because of the subjects taught, but the actual process of attending courses contributes to the principles for 5 Ways to Wellbeing.

The programme caters for a number of population groups, including:

- Senior citizens and work in partnership with Age UK – Courses are often delivered within centres of Supported Living Housing and consist mainly of Chair Based Exercise and Falls Prevention type classes, although they often incorporate healthy eating.
- People living in areas of high deprivation – teaching adults how to improve their health and wellbeing. Exercise on prescription in Hyndburn provides an excellent example of collaborative working with the NHS where GPs have referred people to this exercise programme. Learners have been able to develop gentle exercise strategies that promote self-management and understand what they can do to improve their lifestyle.
- Adults from ethnic minority groups – courses are developed in the community in partnership with groups such as Sahara and Pendle Women's Centre.
- Carers – giving support for their own healthy lifestyle (healthy eating, stress relief and exercise options) as well as those they care for. Working closely with LCC's carers strategy officer, and linking to the National carers strategy 2008-18 putting carers at the heart of 21st-century families and communities
- Courses are delivered in Galloway's centres across Lancashire, and in partnership with local groups in Burnley, Accrington and Over Kellett, for people who are blind or visually impaired. A comprehensive suite of courses has been delivered and is tailored to the needs of this cohort of learners, creating a framework for confidence building and helping to improve the quality of people's lives, health and wellbeing. This programme includes: personal and social development courses, positive wellbeing, independent living skills such as healthy lifestyle and cookery.
- Children's Centres – working with parents to provide courses such as Paediatric First Aid, Healthy Eating etc.
- Health/Day Centres including a variety of activities for people with Alzheimer's or Dementia.
- Volunteers – from a variety of organisations, access courses relevant to their needs e.g. Emergency First Aid at Work, Paediatric First Aid Foundation & Qualification

- Employability – Empowering Parents, Hubs, Bail Hostels. Delivering First Aid courses, H&S and Food Hygiene.
- Supporting people in Need - Counselling and Drug Awareness

AWARENESS COURSES

(Further details available in Annex 1)

- Mental Health
- Dementia Awareness
- Dyslexia Awareness
- Disability Awareness
- Managing Hearing Loss
- Autism & Asperger's Awareness
- Safeguarding
- Breast Awareness

PERSONAL AND SOCIAL DEVELOPMENT

The Personal and Social Development Curriculum provides a framework for building learners' confidence and self-esteem where courses are designed to enable learners to achieve skills in communication, self-awareness and establishing social relationships. This programme supports many individuals with low levels of self-confidence to participate in activities in ways that will give them more control over their lives, helping them to develop a sense of well-being, physical, mental and emotional health. Key target learners (listed below) are engaged through successful partnership working, where vulnerable people are able to make progress, achieve personal learning goals, and make choices about developing a healthy lifestyle.

- People recovering from drug or substance abuse
- Blind/Partially sighted
- Unpaid carers
- People suffering from mental ill-health
- People with learning difficulties
- People with physical disabilities
- Long-term unemployed
- Travellers
- Vulnerable & isolated older learners
- Minority ethnic groups
- People living in areas of high deprivation

"Arts on prescription", is an example of successful PSD provision, delivered through a 'social prescription' model. This has provided opportunities for people with mild to moderate mental health problems to participate in structured learning in a flexible and informal environment, in the heart of the community where some have chosen this type of non-medical intervention to support their recovery. The majority of people who have attended these courses have expressed that they have

experienced benefits to health and wellbeing, providing a lasting impact through wider social networks, less isolation and weekly attendance on courses. Many learners have acquired new skills that they were able to use away from class to help them to maintain their wellbeing

COMMUNITY HEALTH AND WELLBEING PROJECTS WITH THIRD SECTOR ORGANISATIONS

- Leonard Cheshire Disability charity
- UK Older People's Campaign
- World Mental Health Campaign
- Age Concern
- Regenda –Sheltered Housing
- Arts on Prescription
- More Music
- Lancashire Women's Network
- Learn Share Grow
- Emmaus
- Women's Centre
- Women's Refuge
- Disability Equality
- Caritas Care
- Express Yourself
- Community Deaf Awareness and British Sign Language project

CONTRIBUTION TO ECONOMIC GROWTH AND DEVELOPMENT

Lancashire Adult learning delivers accredited learning from Entry level to level 5. The types of programmes we deliver include; employability skills, functional skills, vocational courses and work-based learning. Work-based learning programmes include; apprenticeships, pre-apprenticeships, traineeships and stand-alone qualifications. Our strategy is to engage with learners in deprived communities to develop skills that meet local employer demand. Many of the learners we work with have a range of complex health needs including mental health and substance misuse. Our delivery plans include how we will support these learners and we work with a network of external support organisations that provide additional support.

Our SME partnerships allow us to offer work placements for learners that are supported by bespoke education and training that meet the needs and interests of employers. We support local employers to recruit new employees and provide work-based learning that contributes to the growth of the business and meets some of the LEP priorities. In addition to this, we support employer networking to link employers with similar business interests to add value and build capacity. We also support employers to embed education and training within their organisations by providing training and support for their staff.

For further information, please contact:

Lancashire Adult Learning	Public Health
Linda Carter – Assistant Principal	Gulab Singh – Specialist in Public Health
Karen Wignall - Curriculum Manager	Jenny Paul – Senior Public Health Coordinator

AWARENESS COURSES**Mental Health**

Introduces learners to some of the causes of mental ill health and explores some of the common myths and preconceptions that are frequently linked to a mental health diagnosis and the associated impact this may have on an individual's wellbeing.

Dementia Awareness

Gives people a better awareness and understanding of Dementia and Alzheimer's, covering what Dementia actually is and how to develop the Person Centred Approach. Also discusses the difficulties facing people with Dementia including their carers and explore some coping strategies.

Dyslexia Awareness

Raises awareness of the different issues surrounding dyslexia and explores some of the common ideas dyslexia along with accepted definitions. Also examines some of the impact of dyslexia and develops knowledge of the rights of those who have dyslexia.

Disability Awareness

Looks at the social and medical models of physical disability and give an insight into the difficulties faced by people who have a physical disability. Raises awareness of different types and causes of physical disability and how society can support and enable people to access their environment and the community.

Managing Hearing Loss

With a large section of the population, 1 in 6 people having some degree of hearing loss, they and the people they come in contact with are affected by this. On the whole people do not receive any advice on how to manage this and this can be frustrating for all concerned. With a few simple tips, communication and everyday life can become a lot easier and less frustrating.

Autism & Asperger's Awareness

As soon as we meet a person we make judgements about them. From their facial expression, tone of voice and body language we can usually tell whether they are happy, angry or sad and respond accordingly. People who are on the autistic spectrum can find this difficult. The course explores this difficulty and the varying degrees of the "autistic spectrum", what issues can arise and how this impacts as well as some approaches to support.

Safeguarding

Provides a basic introduction to the issue of safeguarding and raises awareness of the types of abuse which may occur and how to intervene to safeguard all vulnerable adults who are potentially or actually at risk. Reference to key legislation and local initiatives will be included throughout to help identify statutory and individual responsibility.

Breast Awareness

Designed to make people more breast aware which can have benefits to health the course explores a variety of topics including why it is important to be breast aware, how to be breast aware and the issues surrounding breast screening.

Healthy Literacy Collaboration – Developing Understanding to Tackle Health Inequalities across Settings

Workshops

There were six workshops facilitated by lead specialists within particular programme areas covering:

- Mental Health and Wellbeing
- Health Literacy in the Workplace
- Long Term Conditions
- Neighbourhoods and Communities
- Health Literacy and Social Media
- Adult Education and Literacy Programmes

Each facilitator was asked to cover key questions (listed below) and to identify three key actions to take forward. A summary of the responses to the questions asked is provided below.

1. Is health literacy a concept which people currently use and work with?

The term health literacy is not widely recognised in communities. The term 'literacy' is often interpreted as just reading and writing which often comes with a stigma attached.

Overall, organisationally health literacy is understood but to a limited extent and furthermore, it is not embedded within practice. For example, professionals need to take account of the audience they are engaging with and people's ability to interpret and engage.

There are concerns that health literacy is perceived to be too big to be tackled as a single issue, however, different communities, individuals and organisations will need different responses.



2. How could the profile of health literacy be raised as a tool to tackle health inequalities?

There was recognition that now is a good time for different sectors to work together and engage with health literacy as a priority within their work programmes. This could be achieved by using existing networks within and between communities and organisations.

3. Is there work already in place which could be replicated or showcased?



International work is being developed via the WHO Healthy Cities Network. There have been national developments, for instance with offenders using health trainer networks and there are local examples using health and learning champions, adult education and English as a second language courses. There is significant potential for using social media, digital and visual media within communities.

One outcome from this Lancashire Workshop should be a scoping of effective practice.

4. How can partners work together to support an integrated approach to developing health literacy across Lancashire?

Partners can support an integrated approach by understanding the context and cultures of individuals, communities and organisations. This can be done by engaging through existing networks.

There is a need for key actions to be undertaken at different levels using a variety of approaches. One size will not fit all. Explore a range of models such as investing in people (peer mentors and champions) rather than leaflets to take work forward.

Develop an inventory of on-going activity which works and share best practice.

Be prepared to let communities take the incorporating an asset based approach to health literacy.



lead

Next Steps

1. To establish a multi-agency task and finish group to take forward actions from the conference. The collaboration between education and health sectors will be key.
2. To scope key opportunities for building commitment to developing health literacy within the emerging health structures and priorities for the new public health system in Lancashire (including the Health and Wellbeing Board) at county and district levels.
3. Explore the feasibility of incorporating health literacy within education led programmes such as Skills for Life and English as a second language.
4. To explore the opportunities for introducing health literacy qualification Level 1 for frontline workers whose role might impact on others' health and wellbeing. The qualification will develop an awareness and understanding of health literacy and how this supports individuals in different settings to achieve better health and learning outcomes. This will be in addition to the health champion's programme.
5. Embed health literacy within the workplace health programme.

6. Utilise social media techniques to systematically include health literacy approaches in public health campaigns.
7. Include health literacy within a new bespoke induction for new staff in Lancashire County Council and other local authorities. To embed health literacy within the “Self Care” work stream for the Health & Wellbeing Strategy.

Agenda Item 5

Health Scrutiny Committee

Meeting to be held on 13 January 2015

Electoral Divisions affected: All

Report of the Health Scrutiny Committee Steering Group

(Appendices A and B refer)

Contact for further information:

Wendy Broadley, 07825 584684, Office of the Chief Executive,

wendy.broadley@lancashire.gov.uk

Executive Summary

On 7 November the Steering Group met to discuss the new congenital heart disease review prior to consultation. A summary of the meeting can be found at Appendix A.

On 28 November the Steering Group 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 can be found at Appendix B

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.

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
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

NOTES

Health OSC Steering Group Friday 7 November 2014

Present:

- County Councillor Steve Holgate
- County Councillor Yousuf Motala
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle

Notes of last meeting

The notes of the Steering Group meeting held on 17 October were agreed as correct

In relation to Lancashire Teaching Hospitals Trust, Steve would like the Trust to be asked to consider consulting on a single site large hospital for all the population (possibly located at the side of the motorway) – Wendy to forward those views to Trust officers.

New Congenital Heart Disease Review: consultation on draft standards and service specifications

Dr Alison Rylands, Deputy Medical Director (Clinical Strategy), Cheshire, Warrington & Wirral Area Team NHS England attended the meeting to discuss the forthcoming consultation.

- Cheshire, Warrington & Wirral Area Team NHS England are the lead responsibility for commissioning this service.
- Previous review had issues – Leeds earmarked for closure (NW location is Alder Hey) – The Independent Reconfiguration Panel concluded that the consultation process was flawed. Therefore a new consultation has been devised.
- It's not about the individual hospital units, it's about the standards – there are lots (one set for adults one for children) – the service covers the whole life pathway.
- Previously children born with this condition wouldn't have survived into adulthood so they require continued care.
- Clinical advisory group devised the standards – lot of work being done to develop them. They don't just apply to the specialist centre but also apply to what should happen in a local hospital – whilst surgery would be carried out in a specialist hospital the continuing care would take place at the local level.
- The standards include the need for a network of care – various charities have been involved in their development.
- One point that has been raised is the transition from child to adult services – as a service user from a medical point of view but also the emotional development of patients.

Appendix A

- Service users have expressed their frustration at continually explaining their condition at hospitals often to staff who are not experts in the field so have limited levels of understanding of the issues.
- The service relates to anatomical defects identified at birth rather than lifestyle or hereditary factors that manifest as heart problems.
- Current situation is that the consultation is open until mid-December – don't anticipate much change although parents and families are in a clear position to influence the content.
- Pregnancy and contraception – ante natal scans can now pick up issues (e.g. hole in the heart). Women who have the disease obviously need special support. Part of the aim is to improve the ante natal diagnosis – so birth takes place in the right hospital
- Dental treatment– issues re bacteria in the blood for these types of patients.
- Next stage is for NHSE is to see what this means for services in the NW
- Currently adult services in Manchester, children's services in Liverpool. Standards suggest they should be on the same site. Evidence suggests that there better outcomes are achieved if the services are co-located.
- Role of GPs – push to increase their knowledge and awareness to signpost to specialist services.
- Work with CCGs to let them know about the specialist commissioning.
- Degrees of severity of the disease – however you've either got it or not.
- Once the standards have been agreed the commissioners will then have to produce service delivery plans from them.
- Could take up to a couple of years to conclude to the new service plan.

Steering Group thanked Alison and stated that the Committee support the consultation process and asked that be kept updated of progress.

Work plan – work in progress

The current work plan for the Committee and Steering Group was attached for comment and update.

- Steering Group also discussed the outline plan for a further work planning workshop to be held towards end of March. (or after April Committee)
- Look at continuing with the process that all NHS Trust issues are dealt with at SG and that the Committee continue with a Public Health theme but scrutinise topics in greater detail
- Need to review existing topics looked at and in conjunction with performance data and other influencing factors determine what topics to look at in more detail
- A suggestion was that possibly try to treat each Committee as a one-off task group to discuss and conclude a particular topic with a very clear remit and resolutions.

Dates of future meetings

- 28 November – WLCCG/SOHT – Breast services at Southport Hospital
- 19 December – Healthy Lifestyles team (LCFT) and Blackpool Hospital Trust re strategic plans

- 5 January – topic tbc
- 26 January – NHSE – Healthier Lancashire Programme.
- 23 February – ELCCG re Hyndburn Health Access Centre

NOTES

Health OSC Steering Group Friday 28 November 2014

Present:

- County Councillor Steve Holgate
- County Councillor Yousuf Motala
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle
- County Councillor Nikki Hennessey
- Councillor Carolyn Evans (West Lancs BC)

Notes of last meeting

Notes of the meeting on 11 November 2014 agreed as a correct record.

Breast Services at Southport Hospital

Present:

- Jackie Moran, Head of Quality, Contracting and Performance, West Lancs CCG
 - Damian Reid, Deputy CEO/Finance Director, Southport & Ormskirk Hospital Trust
 - Dr Paul Mansour, Deputy Medical Director, Southport & Ormskirk Hospital Trust
 - Jeanette Abraham, Assistant Director, Planned Care, Southport & Ormskirk Hospital Trust
-
- SOHT had been planning to develop breast services further
 - Had experienced difficulties with recruitment to specialist positions. Of 2 existing Radiologists, 1 had been removed from their duties due to an investigation, the other was due to retire at the end of September.
 - Arrangements for a Locum to start at the beginning of August fell through – the hospital received no notice of this.
 - There is a national shortage of radiologists, and smaller hospitals can find it harder to attract staff anyway. In this case, for example, Southport does not have a plastics unit for reconstruction
 - This left SOHT with 1 month to resolve the problem. Other hospitals were contacted to see if they could support, but, whilst there were offers, none would offer an appropriate model.
 - At the end of August, SOHT concluded that a safe service could not be provided, and so the service was ended.
 - The CCG was notified on 28 August (although it had previously received a warning).
 - Messages were sent to the media, and all patients were contacted. It was confirmed that all patients currently under the care of SOHT would continue to be so (the specialist deferred retirement to honour this)

Appendix B

- A hotline was opened up to existing patients staffed by trained nurses. Some concerned calls, but in general SOHT were able to provide reassurance, and no major complaints have been received.
- New arrangements have now been developed with neighbouring hospital trusts (Wigan, Warrington & Leigh, Aintree as well as Royal Liverpool) to provide a service. Communication has taken place with GPs to help patients understand the choices available.
- It was noted that the geographic nature of West Lancs meant that many patients already chose these other hospitals. In addition, these hospitals offered the full range of services, so could, for example, offer a mastectomy and reconstructive surgery on a same day basis.
- Remaining services have been improved at Southport, with previous patients offered an annual mammogram
- It was confirmed that all patients already in the system were being seen through the full process, and that there had been no detrimental effect on waiting lists.
- It was also recognised that this service did not impact in any way on the general screening programme, which is a Public Health function
- All parties involved felt that the resolution of the issues had been a very collaborative exercise with no long term negative outcomes, and at no extra cost to the CCG in the long term
- In terms of numbers, it was estimated that the Southport unit had been seeing 2,200 patients per year, 800-900 from West Lancs.
- It was felt that some public engagement work would be beneficial, through local media. The Steering group offered their support and advised that they would be willing to help with newspaper publicity etc.

The Steering Group considered other issues relating to SOHT and the West Lancs CCG. The West Lancs Health Centre was praised, and it was noted that the next project was to strengthen the other walk in centres. Although the precise impact couldn't be confirmed yet, it was the case that A&E admissions at Southport had not increased last year, in contrast to the national picture. It was also reported that SOHT had a new Chair, Sue Musson. In addition, the Trust had just had its Chief Inspector of hospitals Inspection, with the results due in mid-Feb. No immediate concerns were raised, and there was praise for the hospital's caring attitude and end of life care

Possible future topics

- Medical Schools, training for Doctors and Nurses & links to the local NHS

Dates of future meetings

- 19 December – Healthy Lifestyles team (LCFT) and Blackpool Hospital Trust re strategic plans
- 5 January – topic tbc
- 26 January – NHSE – Healthier Lancashire Programme.
- 23 February – ELCCG re Hyndburn Health Access Centre

Agenda Item 6

Health Scrutiny Committee

Meeting to be held on 13 January 2015

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.

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

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Committee Work Plan 2014/15

Amendment date: 17.12.14

Starting Well		
Date	Health Scrutiny Committee	Steering Group
22 July	Families:- <ul style="list-style-type: none"> • Pregnancy • Early years • Healthy lifestyles 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Health needs assessments of families • School nurses • Health visitors 	
Living Well		
7 October	Economic Impact:- <ul style="list-style-type: none"> • Links between economy and public health (food banks, fuel poverty) 	<ul style="list-style-type: none"> • F&WCCG – 5 year plan and annual review • Lancashire Teaching Hospitals Trust – update

	LTCs	<ul style="list-style-type: none"> • 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 • Specialised Commissioning • Drop-In Centres • NHSE consultation on LATs • 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 13 January 2015

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.

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
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N/A

Reason for inclusion in Part II, if appropriate

N/A