Lancashire County Council

Health Scrutiny Committee

Wednesday, 4 March, 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	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Meeting Held on 13 January 2015**	(Pages 1 - 6)
4.	**Health and Wellbeing - update**	(Pages 7 - 20)
5.	**Report of the Health Scrutiny Committee Steering Group**	(Pages 21 - 30)
6.	**Work Plan**	(Pages 31 - 36)
7.	**Recent and Forthcoming Decisions**	(Pages 37 - 38)
8.	**Urgent Business** An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.	

Lancashire County Council

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 14 April 2015 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 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
Meeting to be held on 4 March 2015

Electoral Division affected: All

Health & Wellbeing - update
(Appendix A refers)

Contact for further information:
Sakthi Karunanithi, 01772 536287, Adult Services, Health & Wellbeing,
sakthi.karunanithi@lancashire.gov.uk

Executive Summary
The Committee is being presented with a report that provides an update on:

Health & Wellbeing Strategy:

The three programmes of work – Starting Well, Living Well, Aging Well are underway and progressing well. The main risks to delivery have been identified. The Six Shifts JSNA is progressing well. Areas of synergy and opportunities for collaborative working are being identified and a final draft to be presented to the next Health & Wellbeing Board Meeting.

Better Care Fund (BCF) plan:

The plan has been approved and an implementation action plan has been developed by the Steering group on behalf of the Health & Wellbeing Board.

Relationship between the Health & Wellbeing Board and Health Scrutiny Committee:

Legislation underpins the role of health overview and scrutiny committees in holding health bodies, including health and wellbeing boards, to account. The centre for Public Scrutiny produced a report Spanning the System – Broader Horizons for Council Overview and Scrutiny to help support accountability through Overview and Scrutiny.

Recommendation

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

Background and Advice

Health & Wellbeing Strategy:

Three Programmes of Work.
The three programmes of work within the Health & Wellbeing Strategy are:
Starting well; Living Well; Aging Well.

Overall, there has been good progress made in all the programme areas since the last update report to the Board, and ongoing areas of work have been identified Summary information around each these programmes based on progress and the identification of key risks is detailed below.

Starting Well:
Progress:

- 58% of measures on the Children & Young People's Plan Performance Scorecard (Appendix A) have shown an improved performance.
- Five children's Partnership Boards have been established across Lancashire and committed to agree clear priorities and align with other local partnerships.
- Proposals to improve understanding across key strategic partnerships have been developed and agreed by some partnerships.

Key Risks:

- Embedding Liquidlogic Children's system. In mitigation, additional resource and capacity have been identified and agreed to support the transition to this new system.

Living Well:
Progress:

- A workshop with registered social landlords to address health inequalities was held November 2014. A draft action plan and follow up activity are in development.
- Work is ongoing to develop a multi-agency work programme to address premature mortality and raise awareness of and improve uptake of screening, immunisation and health checks services.
- Housing authorities have been contacted to consider use of selective licensing as a means to improve housing conditions in the privately rented sector.

Key Risks:

- Partner organisation capacity may potentially impact on ability to fully realise potential of interventions
- Commitment of partners to work areas may be variable

Aging Well:
Progress:

- New Initiative for Dementia Friends to target the South Asian Communities in East Lancs
- The Wellbeing Worker Service is currently being procured and expected to be fully operational by September 2015.
- Increasing numbers of GP surgeries are signing up to Connect 4 Life (C4L) service, so far 59 out of 64 GP surgeries are providing the service in Greater Preston and Chorley South Ribble area and 6 out 2 surgeries in the West Lancs area.

Key Risks:

- High risk of initiatives and efforts being duplicated as work priorities are being implemented by localities
- Benefits and impacts of community assets to reduce isolation and to improve wellbeing may not be realised if clear navigation capacity is not built into and funded as part of neighbourhood infrastructure

Health & Wellbeing Strategy: Six Shifts:

Lancashire's Health and Wellbeing Board is committed to making a number of important changes or 'shifts' in the way that partners work together for the benefit of our citizens and their communities. These shifts will fundamentally challenge the way that we currently work, but they are essential if we are to successfully improve health, wellbeing and the determinants of heath on a sustainable basis and within the resources that will be available to us in the coming years.

The shifts are outlined below:

- Shift resources towards interventions that prevent ill health and reduce demand for hospital and residential services
- 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
- Commit to delivering accessible services within communities; improving the experience of moving between primary, hospital and social care
- Make joint working the default option (for example by pooling our budgets and resources to focus on our priorities; commissioning together on the basis of intelligence about what can make the biggest difference and evidence of what we know works; sharing responsibilities for service delivery and combining services in the most effective way; sharing risk)
- Work to narrow the gap in health and wellbeing and its determinants

The Health & Wellbeing Board requested that a JSNA approach is used to work-up the six shifts.

The Scoping Group met on 5 February and:

- Started to identify what success looks like
- Started to identify what successful work is currently underway
- Established a project group.

The project group met on 8 April and agreed:

- A methodology to identify a more full definition, actions, success measures, areas of potential cost
- A governance structure which will report progress to the Health & Wellbeing Board.

The Project group has continued to meet on a regular basis.

Next steps are:

- The Project group will produce a near-final draft in March
- The Project group will consider undertaking a Health Impact Assessment of the JSNA
- There will be a Scoping Group event in March to:

- Prioritise the actions
- Identify areas of synergy
- Identify areas where similar work is already underway

The final draft of the JSNA will be presented for approval to the Health & Wellbeing Board at its next meeting.

Better Care Fund:

A copy of the Better Care Fund is available to view via the agenda for the Health and Wellbeing Board 7 January 2015. Click on the following link and scroll to the bottom of the page to find the document:

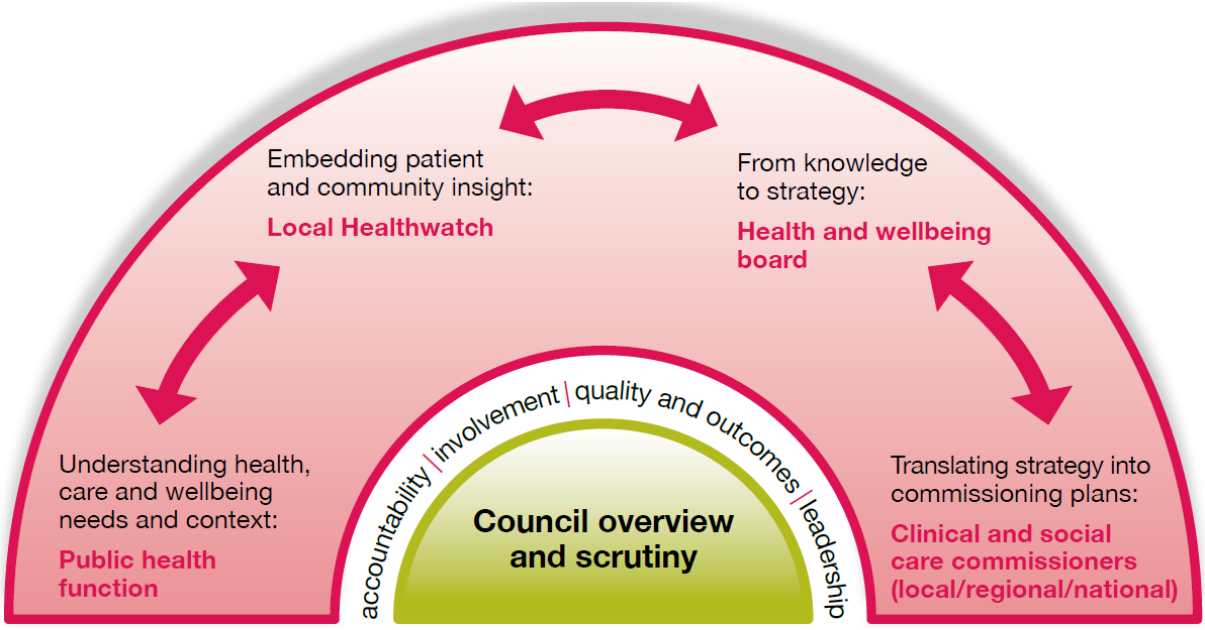
http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=825&MId=4366&Ver=4

Lancashire's Better Care Fund (BCF) plan was submitted to NHS England on 9th January. This plan sets out the council and its partners' vision and intention to deliver integrated health and social care systems to reduce the demand on acute hospital and care home provision in favour of a sustainable integrated neighbourhood health and social care system. There have been several iterations of the plan that have been overseen by the Health and Well-being Board with the final submission being signed off on 7 January 2015. Notification that Lancashire's plan has been authorised without conditions was received on 6th February 2015.

As directed by the Health & Wellbeing Board, the BCF steering group has produced a draft implementation action plan based around governance arrangements, pooled funding and hosting; performance management and reporting; communications. The draft plan is being fine-tuned by the programme managers group (which works to the steering group) and will be signed-off by the steering group on 24th February.

Relationship between the Health & Wellbeing Board and Health Scrutiny Committee

Legislation underpins the role of health overview and scrutiny committees in holding health bodies, including health and wellbeing boards, to account. The centre for Public Scrutiny produced a report Spanning the System – Broader Horizons for Council Overview and Scrutiny to help support accountability through Overview and Scrutiny. The diagram below illustrates the role that scrutiny has across the spectrum of health, care and wellbeing: from helping to understand the local context, through embedding the insights of patients and communities, to checking that strategy, commissioning and delivery are actually improving outcomes.



Accountability across the spectrum is summarised below, identifying the role of different agencies, and the potential for scrutiny to hold them accountable:

Accountability across the spectrum – summary table		
Organisation/ function	Role	What council scrutiny can do to hold them accountable
Public Health	**Understanding broader health and wellbeing needs & context:** focusing on population data, public health evidence, prevention, health information, reducing health inequalities & galvanising action on wider determinants of health.	Ensure public health teams are aware of the role of scrutiny & understand their duties. Ensure scrutiny is aware of the role of public health. Connect their work to the Joint Strategic Needs Assessment and Health & Wellbeing Strategy to review the needs and context analysis and focus on outcomes. Understand and analyse public health spending – ensuring that funding is allocated appropriately.
Local Healthwatch	**Embedding patient and community insight:** creating multiple ways for individuals, groups and communities to shape planning, commissioning, design, delivery and review of health and care services in the locality.	Ensure local Healthwatch representatives are clear of their role in terms of voice and also a health and wellbeing board member. Collaborate with local Healthwatch to gather evidence of impact and experience of people who use services and communities affected by health and care strategy locally. Consider utilising the complementary powers of local Healthwatch's 'enter and view' and scrutiny's call in and referral powers.
Health and wellbeing board	**Translating knowledge about health, care and wellbeing needs into meaningful strategy:** through its meetings that draw the commissioning system together and through key tools: the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.	**The Board itself** Ensure that the Board is effective and that its work is improving outcomes. Ensure Board members work together and with others to balance treatment and prevention and to integrate budgets and provision. Ensure that there is equality in the board - is local Healthwatch an equal partner? Challenge the Board around the integration of health and social care.
		The Joint Strategic Needs Assessment Be proactive and provide some of the evidence base through outcomes from scrutiny reviews. Scrutinise the extent to which the Joint Strategic Needs Assessment reflects the needs and aspirations of communities for their health, care & wellbeing.
		The Joint Health and Wellbeing Strategy Check that strategic priorities are evidence-based, respond to patient and community insight and reflect a high level of ambition to improve local health and care. Ensure that there is a commitment to narrowing the gap in health inequalities as well as improving outcomes for all.
Clinical and social care commissioning	**Translating strategy into commissioning plans:** drawing on the health and wellbeing strategy to ensure provision on the ground meets its aims.	Ensure clinical commissioning groups, the NHS Commissioning Board and councils work together to translate identified needs and strategic priorities into services. Check that commissioned services are leading to improved outcomes for people who use services and to integrate care.

Consultations

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Directorate/Tel
N/A		

Reason for inclusion in Part II, if appropriate

N/A

Lancashire's Children and Young People's Plan

2014 – 17

Performance Monitoring Scorecard: Quarter Two

Produced: November 2014

Lancashire Children and Young People's Trust

Lancashire County Council

Lancashire's CYPP 2014 – 17 - Performance Monitoring Scorecard

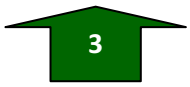
Outcome One	Previous	Current	Trend	Target	vs Eng	vs NW
To feel safe						
No and rate (per 10,000 population) of CYP on Child Protection Plans	1,011/	965/39.7	▼	⇩	**42.1 (Mar 14)**	**50.8 (Mar 14)**
No of referrals received by children's social care due to Domestic Violence	245	329	▲	⇩	-	-
No of domestic incidents Involving children	2,399	2,270	▼	⇩	-	-
No and rate (per 10,000 population) of CYP who are Looked After	1,579 / 60	1,622 /66.6	▲	⇩	**60.0 (Mar 14)**	**81.0 (Mar 14)**
No of CYP recorded as missing by the Police	671	600	▼	⇩	-	-
Outcome Two	**Previous**	**Current**	**Trend**	**Target**	**vs Eng**	**vs NW**
To do well						
% pupils gaining level 4 or above in Reading, Writing and Maths at KS2	77% (2013)	80% (2014)	▲	⇧	**79% (2014)**	**79% (2014)**
% of pupils achieving five or more GCSEs A*to C including Eng and maths	61.2% (2013)	56.1%* (2014)	▼	⇧	**52.6%* (2014)**	**55.1%* (2014)**
% of educational establishments rated as good or outstanding by Ofsted	82% (Mar 14)	85.5% (Jun 14)	▲	⇧	**80.1% (Jun 14)**	**83.9% (Jun 14)**
Rate (per 100,000) of first time entrants to Youth Justice system	470 (Jan 13/Dec 13)	444 (Apr 13/Mar 14)	▼	⇩	-	-
% of CYP 0-19 living in poverty	17.8% (2011)	16.5% (2012)	▼	⇩	**18.6% (2012)**	**20.7% (2012)**
% of care leavers in employment, education or training	82.8%	84.4%	▲	⇧	-	-
% of care leavers in suitable accommodation.	44.8%	43.8%	▼	⇧	-	-
Young people who are Looked After achieving five A*-C GSCEs or equivalent	12.9% (2013)	8.0%* (2014)	▼	⇧	**15.3% (2013)**	**15.7% (2013)**

Outcome Three	Previous	Current	Trend	Target	vs Eng	vs NW
To be happy						
% of primary pupils getting on with other children at school	94.1% (11/12)	94.1% (12/13)	▶	⇑	-	-
% of secondary pupils getting on with other children at school	94.4% (11/12)	93.6% (12/13)	▼	⇑	-	-
% of primary pupils who enjoy taking part in after-school activities	86.8% (11/12)	86.6% (12/13)	▼	⇑	-	-
% of secondary pupils who enjoy taking part in after-school activities	53.2% (11/12)	64.0% (12/13)	▲	⇑	-	-
% of primary pupils who are being bullied whilst at school	8.6% (11/12)	11.5% (12/13)	▲	⇓	-	-
% of secondary pupils who are being bullied whilst at school	8.2% (11/12)	7.6% (12/13)	▼	⇓	-	-
% of primary pupils who are bullied on the way to or from school	4.2% (11/12)	4.1% (12/13)	▼	⇓	-	-
% of secondary pupils who are bullied on the way to or from school	4.7% (11/12)	3.5% (12/13)	▼	⇓	-	-
Rate of hospital admissions as a result of self-harm (per 100,000 population of 10-24 years)	-	476.3 (12/13)	-	⇓	**346.3 (12/13)**	**432.9 (12/13)**
No CYP who are adopted	84 (12/13)	109 (13/14)	▲	⇑	-	-
Outcome Four	**Previous**	**Current**	**Trend**	**Target**	**vs Eng**	**vs NW**
To be healthy						
% of parents smoking at time of delivering babies	16.6% (Q4 13)	15.8% (Q1 14)	▼	⇓	**11.5% (Q1 14)**	**15.4% (NoE)**
Breastfeeding initiation rate	69.7% (Q4 13)	69.3% (Q1 14)	▼	⇑	**74% (Q1 14)**	**64.5% (Q1 14)**
Vaccination rate in children under one year (5 in 1 jab)	94.1% (12/13)	93.3% (13/14)	▼	⇑	**94.3% (13/14)**	**96% (13/14)**
Rate of conceptions in girls aged 15 to 17 per 1,000 (rolling average)	27.6 (June 13)	27.0 (Sept 13)	▼	⇓	**24.8 (Sept 13)**	**28.2 (Sept 13)**
Chlamydia diagnoses rate in 15-24 year olds per 100,000	2,358 (Q1 14)	2,060 (Q1 14)	▼	⇑	**1,901 (Q1 14)**	**2,132 (Q1 14)**

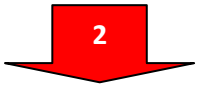
** Provisional figure*

Performance Analysis

Outcome One: To Feel Safe



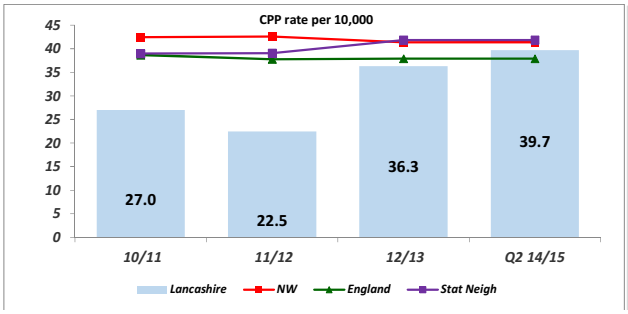
Improving indicators

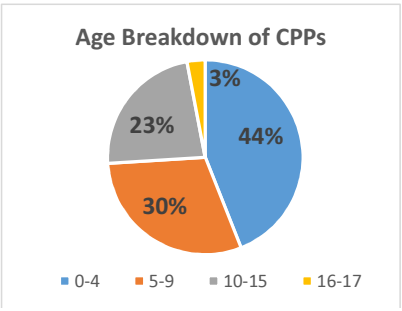


Declining Indicators

Child protection Plans

The **number of children with child protection plans (CPPs)** **reduced** to 965 from 1,011 in quarter one. Despite this reduction the CPP rate currently stands at 39.7 (per 10,000) slightly above the national rate (42.1), but below the statistical neighbour and regional (50.8) rates in 2013/14.





74% of the cohort of children with a CP plan are aged 0 – 9 years, whilst the majority of CPPs in Lancashire are due to neglect (41%) and Emotional Abuse (35%). This is mirrored nationally.

The number of children reported missing to the police had **decreased**, with 71 less children reported missing in quarter two 2014/15, than the previous quarter, that's a reduction of 10.6%. The proportion of missing children who were looked after however **increased** to 8.2%, an increase of 1.8% when compared to the previous quarter.

Referrals relating to Domestic Violence

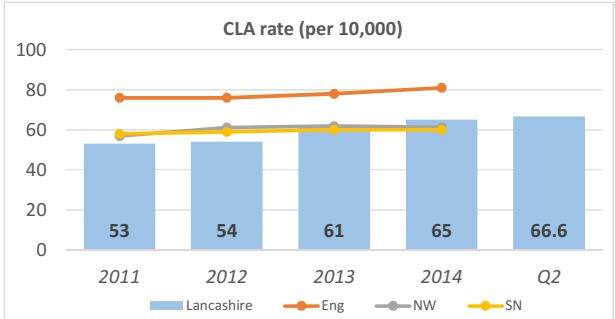
There was an increase of 84 referrals relating to DV in Q2 when compared with Q1. The numbers are spread across the County, with Chorley/South Ribble (47), Hyndburn/Ribble Valley (45) and Preston (43) recording the highest. 53% of the referrals relate to children aged 0 – 5.

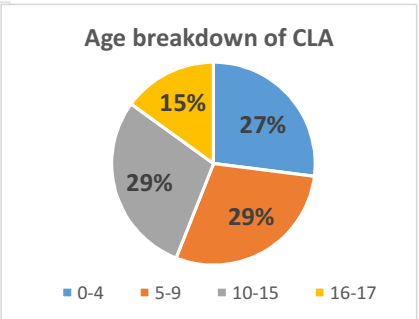
Due to the recent change in definition of referrals, further analysis of trends are not yet available.

Children Looked After

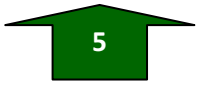
Analysis of data shows that the **number of children looked after** had increased again by 1.55% when compared to the previous quarter. Data shows the number of children in care **increased to 1,622** children, that's 25 more children looked after when compared to the previous period. Lancashire's number of children looked after has levelled off over the last few months, after big increases over the last three years.

The **CLA rate** (66.6 per 10,000), remained **higher** than the 2013/14 national rate (60.0) and similar to the statistical neighbour (67.5) rate but significantly lower than the regional (81.0) rate. 58% of CLA are 0-9 years old.





Outcome Two: To Do Well



Improving indicators

Declining Indicators

KS2 & 4 Attainment

There is a strongly improving trend in pupil attainment at the end of Key Stage 2 in recent years with the proportion of pupils reaching level 4 or above in reading , writing and mathematics combined being consistently above the national average. In 2014 attainment rose by 3% compared with the previous year and was 1% above the national average.

Provisional data suggests approximately 7,120 pupils (56.1%) achieved five GCSEs grades A*-C including English and Maths in 2014. Whilst this is a reduction from the previous year, Lancashire remains above the nation average of 52.6% of pupils (which also reduced in 2014).

Provisional figures suggest the proportion of CLA pupils achieving 5 GCSEs A* to C including English and Maths **reduced** by 4.9% in 2013/14. Although the KS4 attainment has reduced, detailed individual pupil tracking reports suggest the majority of pupils made good academic, educational, social and emotional progress in relation to their baseline and circumstances, and are moving on to further education.

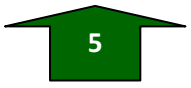
Care Leavers

The definition for care leaver measures has changed in 2014/15, in that children who are not in contact with social workers or who have returned home to parents **should not** be included in the calculation. This change improves Lancashire's figures. Comparison against comparator groups or previous years is not yet possible.

- The proportion of Lancashire **care leavers in suitable accommodation increased** to 84.4% during quarter two 2014/15 (27 out of 32 care leavers). The average for the current year is 83.6%.
  Three care leavers were in custody in Q2 (in Burnley, Hyndburn/Rib Valley, and Chorley/South Ribble), whilst two where classed as being in temporary accommodation (in Hyndburn/Ribble Valley and Lancaster).
- The proportion of Lancashire **care leavers in employment, education or training** (43.8%) also **reduced** during quarter two 2014/15 (14 out of 32 care leavers). The average for the current year is 44.3%. Five of the care leavers were not in EET during quarter two due to illness/disability (3) and pregnancy/with child (2). A district breakdown of the care leavers NEET is provided below:

Burnley	3	Hyndburn/R Valley	3	Sth Ribble & Chorley	1	Rossendale	1
Fylde &Wyre	2	Pendle	2	West Lancashire	1		

Outcome Four: To be Happy



Improving Indicators

Worsening Indicators

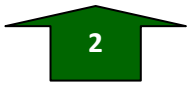
Bullying and positive activities

The most recent survey suggests the proportion of Lancashire pupils getting on with other children had decreased and the proportion of primary pupils being bullied at school and taking part in after school activities had also decreased. There was an increase in the number of children being adopted during 2013/14 (up 23% from previous year).

Self Harm

Rates of hospital admissions as a result of self-harm (per 100,000 population of 10-24 years) was higher than the national and regional rates.

Outcome Three: To be Healthy



Improving indicators

Declining Indicators

Smoking during Pregnancy

The proportion of Lancashire mothers smoking at the time of delivery (15.8%) **decreased** further during quarter one 2014/15 when compared with previous quarter (16.6%). The latest figures suggest 479 mothers were smoking at the time of delivery. However, the latest rate had remained significantly worse than the national (11.5%) but similar to the regional (15.4%) rates during the same period.

Vaccinations of one year olds

There was a **reduction** in the vaccination rate of one year olds during 2013/14. Around 11,800 children (93.3%) were given the five in one jab. Although vaccination coverage in Lancashire remains below the World Health Organisation (WHO) target of 'at least 95 per cent', four CCGs recorded rates above the target (Chorley/S Ribble (97%), Lancs North, West Lancs, and Fylde & Wyre (96%)). Data quality issues were reported for East Lancashire leading to lower levels of reported coverage in 2013-14.

Breastfeeding

There was a slight **reduction** in the rate of breastfeeding initiation in the Lancashire CCG area for Q1. Out of 4,091 maternities – 68.7% (2,809) of babies were initiated breastfeeding in some form – a reduction from 69.5%. Lancashire remains below the national average of 74%. East Lancashire CCG recorded the highest rate with 71% - however this rate is slightly down on Q4 2013.

In respect of breastfeeding continuation at 6 – 8 weeks, data returns for three CCGS areas did not meet the required data checks, and 5 CCGs did not provide any data (according to the published data). This issue is mirrored nationally.

Sexual Health

The chlamydia diagnoses rate in 15-24 year olds per 100,000 in Lancashire, **reduced** from 2,358 to 2,060 in Q1 2014. The national target for each local authority is 2,300 per 100,000, with Lancaster (3,138) and Fylde (2,538) meeting the target.

Health Scrutiny Committee
Meeting to be held on 4 March 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 19 December the Steering Group met to discuss the work of the Healthy Lifestyles team within Lancashire Care Foundation Trust and the strategic plans of Blackpool Teaching Hospitals Trust. A summary of the meeting can be found at Appendix A.

On 5 January the Steering Group met with officers representing Greater Preston and Chorley South Ribble Clinical Commissioning Groups. 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;

Lancashire County Council

- 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

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

NOTES

Health OSC Steering Group
Friday 19 December 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 28 November were agreed as correct

Lancashire Care Foundation Trust
Tracey Sutton and Helen Hatcher from the Healthy Lifestyles team attended Steering Group to provide members with information on the work of the team

Tracey informed members that officers from the team came to the recent public health briefing session held on 30 October.

Both officers explained their roles and the types of services offered and a discussion took place with the main points being:

- The service is not provided to the whole of the county (all of central Lancashire including West Lancs, and only Hyndburn in the East)
- Not commissioned to deliver services for the north of the county
- Do lots of community based outreach activity
- Rural and urban communities present different challenges in terms of access to facilities' and where session can be held – they use a variety of settings.
- Rotate the venues (key ones used in high areas of deprivation) – more rural communities rotate sessions to get to the smaller groups of the community
- Locate themselves next to weight watchers/slimming world session venues as keen to offer an alternative.
- Marketing is very important for engagement so it's important that people access the service through a single point of access. Now offer exercise on referral rather than exercise on prescription so doesn't need to be referred only by a GP.
- Commissioned by LCC public health and confirmed it was based on an inherited commissioning arrangement. Members keen to see how this can be delivered differently in the future
- It's an adult service – through several partnerships the knowledge is shared with children and young people's services – the Trust signpost to partner organisations that deliver the services they don't
- Single point of access is one of the successes – assessment and personal plan

- Needs a consistent approach – and linked together. Needs to be a family based approach/pathway rather than separate ones for children and adults.
- Needs to be an inclusive service – challenges around not having control over providers of leisure services (e.g. gym owners – so cannot make it accessible for every individual)
- Service is looking at a DVD which shows exercises that can be done at home for all abilities – e.g. chair based exercises.
- The service has recognised that need to offer a variety of ways to access – some is within the control of the Trust and some isn't
- Services need to be developed further for dementia patients and adults with learning disabilities who have weight issues. Need to tap into with the work of other partners – e.g. Fun Cafes for adults with learning disabilities.
- Acknowledged that so much more could be achieved if it was effectively commissioned.
- Work been undertaken with GPs to make them aware of what is available and to get the message across that it's not just about diet and that a healthy lifestyle doesn't need to be restrictive.
- Started with NRF and then developed the service based on the types of referral they were receiving.
- Receive self-referrals, GP referrals and from Acute Trusts as follow up for rehabilitation.
- Some service users needed an enhanced service to provide more intense support – this was developed. Offered to share the evaluation of the pilot with members and it should be a useful tool to get a greater understanding of the challenges the patients experience. The group of service users now have a voice and are able to help develop future services.
- Members felt that the public health team could be asked to look at the data the Trust has collected to help develop future commissioning plans –
- Sometimes surgery is the answer but the service can help prepare people for it and support them afterwards
- Being overweight can affect the mental health of patients – many also have a long term condition, pain management, personal hygiene problems, transport issues
- Issue that housing isn't always suitable for people with extreme weight problems
- Can identify more complex cross cutting issues – employment, housing, education etc. Lots of these issues are a national concern and need to be addressed at that level.
- Post natal support – the service accept referrals to develop an individual programme. Uptake isn't great even though it's marketed.
- Officers felt that the public health team were very supportive and are keen to continue to work with them.
- Future commissioning needs to take regard of what has happened/delivered so far
- Maybe more public engagement around obesity that could identify gaps in service provision.

Blackpool Teaching Hospitals Trust

Vicki Ellarby attended the meeting to discuss the current strategic plans for the Trust

Members were provided with a copy of the Trust's Strategic which formed the basis of the discussion of which the main points were:

- 5 year plan – key issues, changes in models of care and the impact on the population.
- Background – NHS has previously been good at producing 1 and 2 year plans. Monitor only every requested a 2 year plan in the past but now they want a 5 year strategic plan. Done in partnership with Blackpool and F&WCCGs – so will be similar to theirs
- Worked with the Board and clinical divisions to produce the plan. Challenges include the ageing population.
- Need to think of a way to address the change in patient demographic whilst meeting expectations
- 15% of their population equate to 90% of their spend so this area needs to be addressed.
- Looked at who the 'frequent' users are and how/why they access services
- NHS no good at joining up its own services - a person with 3 long term conditions may need to go to 3 different outpatient services etc. Not good at signposting people elsewhere than A&E. NHS partly to blame by introducing lots of different services and not explaining which service people should access.
- Risk sharing is not happening in an effective way as the Urgent Care Centre and A&E are run by 2 different organisations and therefore also can't share staff. It would be better if the 2 were run by the same organisation – but current contract needs to run its course and then the CCGs as commissioners need to think how they can change it for the future.
- Culture that a frail person can't manage their whole conditions – and they are subject to over investigation to find everything that’s wrong.
- Need to join up better with GPs and social care who will have a greater history of a patient and what support they need/have. The new model of care will hopefully address these issues.
- Will start in Spring 2015 – tested model (used in the USA). Putting the patient at the centre and joining up services around them looking to introduce a multi-disciplinary team that is medically led but has all the relevant partners. Making as much of the care possible in the community. A hospital consultant will move out into the community and treat a speciality identified group of patients to deal with them in a different way. Will be a holistic approach – one of the key roles in the team will be a wellbeing support officer (not clinical). To help patient with identifying goals, accompanying appointments, also navigate voluntary sector system. Early conversations taking place with social care providers – needs to be developed how they will work with the MDT.
- Integrated computer systems are key to the overall success – is this possible? Healthcare systems are compatible – still working out how to share information between health and social care.
- Does the Trust have the capacity to meet the demands of the ageing population bearing in mind the financial constraints on many of their partners?
- It's recognised that lots of patients are on a lot of medication – this will be addressed within the new service.
- Expectation that people should be taking some medication. Examples of GPs and other NHS staff giving out mixed messages in relation to what medication is available. Trust looking at the wider issue of over prescribing particularly antibiotics – led by Chief Pharmacist.

Dates/topics of future meetings

- 5 January – Greater Preston and Chorley South Ribble CCG
- 26 January – NHSE re Healthier Lancashire programme
- 23 February – ELCCG re Hyndburn Health Access Centre

NOTES

Health OSC Steering Group
Monday 5 January 2015– B15
2.00pm

Present:

- County Councillor Steve Holgate
- County Councillor Yousuf Motala
- County Councillor Margaret Brindle

Apologies:

- County Councillor Fabian Craig-Wilson

Notes of last meeting
The notes of the Steering Group meeting held on 19 December were agreed as correct

Greater Preston and Chorley, South Ribble CCGs
As per a request from CC Motala representatives from the CCGs were invited to discuss issues and challenges.

The following officers attended:

- Iain Crossley - Chief Finance and Contracting Officer
- Helen Curtis - Head of Quality, Safety and Effectiveness

A general discussion took place around the current work of the CCG and its plans for the future. The main points were:

- Iain talked about the geography of the 2 CCGs that are represented – although there are 2 they only have 1 management team (but have separate governing bodies.) Done to get best value of resources and makes sense as cover same Acute Trusts etc.
- CC Holgate asked about whether the relationship between Greater Preston and Chorley South Ribble was productive. Iain stated that the 2 have more in common with each other rather than East Lancs or Lancs North. However the challenges faced by all can be shared amongst all the CCGs
- Challenges for primary care relate to the diversity of the population and how it's been planned to accommodate this. City Deal will also have an impact on new GP practices in terms of new housing developments.
- Biggest challenge apart from the Acute Trusts is how to modernise primary care – will bring in an external consultant to look at this in detail. Thinking about how could change the way that GPs are contracted although the CCGs don't currently do this.
- Another challenge is the issue of estates – also the location of the hospital sites, all to be reviewed and delivered differently without any additional funding.

- There are a lot of GPs coming up to retirement but that's nothing new – the model has changed however, many don't want to be partners in practices with the associated investment and commitment required, but would rather be a salaried GP (leaves them with more flexibility to move)
- Pressure on public sector and individuals within it has increased over the years to take on more work, need to be aware of more medical conditions and latest developments.
- The CCG can look at options to change the way that the service is offered.
- CQC are now doing inspections of GP practices – a number of practices in Preston have been inspected as part of a pilot scheme. The next round of inspections will publish the ratings for each practice.
- Need to acknowledge that many services are not just a medical model and that the wider community based services contribute to the same outcomes.
- They are compared against national standards on what they can currently measure but that isn't the same as measuring what is good or bad about the service.
- The CCGs are rolling out the integrated neighbourhood team model, more embedded in some areas than others. The idea that people won't have to travel too far or wait too long.
- Issues around CAMHS services – inappropriate services, however lots of work being done to improve things
- Some targets can be a good thing but mental health targets have lagged behind
- Need to use different ways to engage with the community, such as football grounds, pharmacies etc.
- Aiming that the Urgent Care Centre in front of A&E will take 40% of the workload from A&E. Dealing with chaotic urgent care is more expensive and takes up more space than planned care.
- Still financial disincentives in the system to keep people out of hospital
- How does the CCG see its role in the extra care housing agenda? – Iain explained that this is an example of where the Better Care Fund can come into its own as a mechanism to deliver integrated services
- Need to promote self-care and self-management. CC Holgate suggested that people coming up to retirement should be able to access advice and guidance on how to adjust to a different lifestyle.
- Seems that there is an expectation that everyone will get a prescription if seen by a GP or that they are already on something.
- Over prescription – lots of work being done to keep prescribing down. The public could be educated to challenge GPs in terms of letting them know they don't want to take all/some of the medication.
- Hard to reach groups – is this a deep seated problem. Will always be individuals that don't want help or to access services. Cannot force people to accept or seek the help that is available.
- Do GPs now readily accept exercise on prescription? – it's a mixed picture. Felt there was a greater emphasis should be placed on alternatives to prescribing medicine.
- CC Motala felt there was an issue around GPs handing out anti-depressants (over prescription) – why not look at prevention measures.
- Blood tests that could be done by nurses at GP surgeries rather than be referred to a hospital – stream line the process.

- In terms of LTHT – post CQC inspection, requires action and the CCG are working with them to develop new pathways and services. Action plans have been submitted to the CQC and after a period they will carry out a re-inspection.
- The CCG are involved in the Winterbourne review exercise – 6 patients undergoing a review of care and treatment
- Infection prevention – nurse resource transferred from NHSE to LCC as part of public health transfer. Concern of the CCG. It was agreed that Helen's contact details be forwarded to the LCC officer responsible for infection prevention.

Dates/topics of future meetings

- 26 January – NHSE re Healthier Lancashire programme
- 23 February – ELCCG re Hyndburn Health Access Centre & Calderstones post CQC inspection discussion.

It was also suggested by CC Holgate that the Steering Group meet with Non-Executives from the individual Trusts – Wendy to arrange.

Health Scrutiny Committee
Meeting to be held on 4 March 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.

Lancashire County Council

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

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Appendix A

Health Scrutiny Committee Work Plan 2014/15

Amendment date: 12.2.15

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

25 November
 	
13 January
	• Role of the LEP
	• Impact on services – who is affected most?
	Environment:-
	• Healthy spaces
	• Housing
	  ○ Planning processes – role of 'Health Planner'
	  ○ Affordability
	  ○ Sustainability
	
	Annual complaints report – Angela Esslinger
	
	Disabled Facilities Grants task group report – Richard Newman-Thompson
	
	Self-Care:-
	• Improving health literacy to make healthier lifestyle choices
	• Community assets/local solutions – identification and support
		• New congenital heart disease review
		• Breast services at Southport Hospital
		• Healthy Lifestyles team – Lancashire Care Foundation Trust
		• Blackpool Teaching Hospitals Trust strategic plans
		• Healthier Lancashire Programme – NHS England
		• East Lancs CCG – Health Access Centre
		• Calderstones – post CQC inspection and action plan update

Ageing Well		
4 March	CC Azhar Ali and Sakthi Karunanithi to attend HSC to discuss: • HWB Strategy • BCF development & implementation • Relationship between the Board and HSC	• Response from Cabinet Member to NHS Health Checks task group report • LCFT inpatient facility update • Healthier Lancashire programme

14 April	Independence:- • Dementia friendly boroughs • Support for carers • Social isolation • Falls prevention • Access to services for people with LTCs	
Task Groups		
June – to report in November	Disabled Facilities Grants	Chair: CC Newman-Thompson
Topics for further consideration/inclusion in a future work plan		
• Renewable energy • Policies affecting different demographics • Getting maximum impact from voluntary sector – how they are supported • Access to welfare rights • Access to sexual health services • Emergency planning • Climate change • Update on recommendations of the Care Complaints task group • 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		

Health Scrutiny Committee
Meeting to be held on 4 March 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.

Lancashire County Council

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

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

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

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

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A