

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Monday, 5th March, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Peter Britcliffe (Chair)

#### **County Councillors**

L Beavers	S C Morris
J Burrows	M Pattison
G Dowding	E Pope
S Holgate	A Schofield
M Iqbal	P Steen

#### **Co-opted members**

Councillor Barbara Ashworth, (Rossendale Borough Council)  
Councillor Colin Hartley, (Lancaster City Council)  
Councillor G Hodson, (West Lancashire Borough Council)  
Councillor Hasina Khan, (Chorley Borough Council)

The Health Scrutiny Committee noted the appointment of County Councillor Stuart Morris as Deputy Chair of the Committee.

The Committee was informed that County Councillor Lizzi Collinge had temporarily vacated her seat due to maternity related health reasons and would return later in the year. Her seat would be temporarily filled by County Councillor Steven Holgate.

County Councillor Alan Schofield replaced County Councillor Charles Edwards for this meeting.

#### **1. Apologies**

Apologies were received from Councillors Wayne Blackburn, Bridget Hilton and Julie Robinson.

#### **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

None were disclosed.

### **3. Minutes of the Meeting Held on 23 January 2018**

**Resolved:** That the minutes from the meeting held on 23 January 2018 be confirmed as an accurate record and signed by the Chair.

### **4. Health Education England**

The Chair welcomed Jane Mamelock and Calum Pallister from Health Education England (HEE) to the meeting. The report presented set out responses to the Health Scrutiny's requests for information on:

1. Inequity of funding for medical under-graduate and post-graduate training in Lancashire; and
2. Occupational Therapy and Physiotherapy workforce supply risks in Lancashire.

It was reported that inequity of funding was more of a result than a cause whereby funding followed NHS activity. If recruitment and training increased in an area then money to support the increase would follow. There were three main areas of resources for training:

- Under-graduate doctors
- Post-graduate doctors
- Non-medical

It was explained that by comparison Lancashire did not have the educational establishments that Manchester and Liverpool had. However, the government had committed to expand the number of places available for training. It was reported that the criteria to obtain additional places suited those areas that were difficult to recruit to and could therefore lead to increased opportunities in areas such as Lancashire.

The Committee was informed that Health Education England (HEE) working with NHS England was investing in recruitment in primary care in difficult to recruit areas. A targeted enhanced recruitment scheme had been launched.

Members enquired about the work being done to attract medical students back to Lancashire who had left to train abroad. The Committee was informed that there were supporting housing and supporting schooling packages in place as well as NHS bursary incentives for students. In addition to this Health Education England had implemented the 'Earn, Learn and Return Scheme' to help fill staffing shortages.

Recruitment and retention was a key issue and the Committee asked what the attrition rate was for under-graduates. It was reported there was a strong under-graduate infrastructure in place and that the attrition rate was low at under-graduate level which implied that the right trainees were being recruited onto programme and that the training and education met expectations. It was pointed

out that percentage wise the attrition rate was small. It was reported that the Higher Education Funding Council for England (HEFCE) was responsible for this information. The Committee requested details of attrition rates for Lancashire.

On funding for under-graduate medical placements, Health Education England made sure the full rates were paid and all the money received went out to the placements. Health Education England was looking at the whole under-graduate training programme to ensure there was no surplus.

Members were informed that dental recruitment in the North was successful as resources were linked to the six dental schools in the North supporting a high quality of dental care.

Regarding Occupational Therapy and Physiotherapy, it was reported that Health Education England was no longer responsible for commissioning the numbers that went into training for these areas and individuals no longer received bursaries. Health Education England would continue to be responsible for ensuring the NHS had the workforce it needed. However, it could not unduly influence the market on education training.

It was reported that the numbers coming through training were satisfactory. However some concern was expressed on where people went after their training had been completed. In terms of nursing, the new bursary system had led to a reduction in mature students coming through. Members enquired if universities had anything in place to attract mature students. An alternative range of work programmes for nurses were being looked at nationally. It was the fundamental responsibility of the employers to work closely with their local Higher Education Institutions (HEI) to be clear about what jobs they could offer.

**Resolved:** That the Health Scrutiny Steering Group be asked to identify any further recommendations following the discussion from this meeting.

## **5. Life Expectancy and Health in All Policies**

The Chair welcomed Aidan Kirkpatrick, Public Health Consultant; and Andrea Smith, Public Health Specialist, to the meeting.

The report presented outlined the most up to date estimated position on life expectancy and healthy life expectancy across Lancashire's districts and in particular its impact at ward level. Between 2005-2007 and 2014-2016 male and female life expectancy in the twelve districts had increased in line with the national trend. Across Lancashire the rate of these increases appeared to be slowing down and there was variation in life expectancy between the wards in the districts.

The report provided an overview of current activity at a Lancashire population level and at district level and how elected member engagement would further support this approach.

There were more specific areas that Public Health and Wellbeing Team was developing to embed Health in All Policies and improve the wider determinants including policies on housing, employment, planning and licensing, transport, and advocating for national healthy public policies. These included areas where elected members could provide influence at a district level to embed locally and work to remove barriers. The team was actively engaging people at the highest strategic level to influence plans. The team was also working with local planners at district level.

The Committee was informed that a wide range of factors affected life expectancy. There was no scientific breakdown that would give analysis at a localised level. There was always a variation year to year statistically in life expectancy. Members were therefore advised that it was best to look over a two to three year period to see what the impact of environmental factors had on life expectancy.

On current Lancashire and South Cumbria (STP) Level activity, whilst members supported the action to improve health inequalities and population health measures across Lancashire as set out at points (a) – (f) in the report; it was proposed and seconded that the reference to Integrated Care Partnerships be removed from point a). The amendment was put to the vote and was lost.

In considering points a) to f) further it was felt that an additional point (g) should be included: 'Expect the work of Health Inequalities to focus on wards with the lowest life expectancy.'

On the priorities of the Health and Wellbeing Board, the Committee was informed that there were a range of priorities which formed part of the Health and Wellbeing Strategy. Members requested a copy of the Strategy.

In considering the report it was felt that further advice be sought from Public Health Specialist on how a Health in All Policies approach can be effectively embedded on spatial planning and the economic determinant. Whereupon it was;

**Resolved:** That;

1. The report be noted;
2. Further advice be sought from the Public Health Specialist on how Health in All Policies can be effectively embedded on spatial planning and the economic determinant; and
3. The Committee supports the action to improve health inequalities and population health measures across Lancashire as set out in points (a) to (f) as set out on page 43 of the agenda and to include a further point – point (g) "To focus on those wards where need is greatest"

## **6. Report of the Health Scrutiny Steering Group**

The report provided an overview of the matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 7 February 2018.

**Resolved:** That the report of the Steering Group be received.

## **7. Health Scrutiny Committee Work Plan 2017/18**

The Work Plans for both the Health Scrutiny Committee and its Steering Group were presented to the Committee.

It was suggested that the matter of child poverty and health in the Morecambe area be considered by the Health Scrutiny Steering Group.

**Resolved:** That;

1. The report be noted; and
2. A briefing note on child poverty and health in the Morecambe area be provided to the Health Scrutiny Steering Group.

## **8. Urgent Business**

There were no items of Urgent Business.

## **9. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will take place on Tuesday 17 April at 10:30am in Cabinet Room 'C' (the Duke of Lancaster Room), at County Hall, Preston

L Sales  
Director of Corporate Services

County Hall  
Preston