Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 14 January, 2014 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
Mrs F Craig-Wilson
G Dowding
N Hennessy
M Iqbal
A Kay
Y Motala
B Murray
M Otter
N Penney
B Yates

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Jean Cronshaw, (Chorley Borough Council Representative)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Julie Robinson, (Wyre Borough Council Representative)
Councillor Mrs D Stephenson, (West Lancashire Borough Council Representative)
Councillor M J Titherington, (South Ribble Borough Council Representative)
Councillor David Whalley, (Pendle Borough Council Representative)
Councillor Dave Wilson, (Preston City Council Representative)

1. Apologies

Apologies for absence were presented on behalf of County Councillor Alycia James and Councillors Liz McInnes (Rossendale Borough Council), Tim O'Kane (Hyndburn Borough Council) and Besty Stringer (Burnley Borough Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed.

3. Minutes of the Meeting Held on 3 December 2013

The Minutes of the Health Scrutiny Committee meeting held on the 3 December 2013 were presented

Resolved: That the Minutes of the Health Scrutiny Committee held on the 3 December 2013 be confirmed and signed by the Chair.

4. Lancashire County Council's Public Health Responsibilities

The Chair welcomed Dr Sakthi Karunanithi, Director of Public Health, Adult Services, Health and Wellbeing Directorate.

Dr Karunanithi presented the report which explained that responsibility for the majority of public health services had transferred from the NHS to Lancashire County Council on 1 April 2013 providing a number of opportunities to more closely integrate public health interventions with other local authority services and to increase local democratic accountability for public health.

The report provided a brief overview of the County Council's public health responsibilities and highlighted key public health challenges to help inform the Health Scrutiny Committee about potential areas of public health for it to focus on.

Dr Karunanithi used a short PowerPoint presentation to further explain the role of public health, focusing on resources, how the County Council would work with its district council partners and the key challenges facing the county council. A copy of the presentation is attached to these minutes.

The Chair invited members to put questions to Dr Karunanithi, the main themes and points arising are summarised below:

Staff

- In response to a question whether staff in the Public Health team were now fully integrated in to the County Council, Dr Karunanithi explained that staff from three primary care trusts had come together into one Public Health unit, merging different cultures and ways of working. The primary objective had been for the County Council to understand what it had inherited and that the transition had gone smoothly.
- A named director would provide a link between Public Health and the other Directorates within the county council.

- It was relatively early days in terms of the new arrangements, not only for the County Council but for its partners too. There were also wider organisational changes to come to enable the County Council to adjust to significant financial pressures, and there would inevitably be a further period of change. Whilst it was difficult to give an end date by which Public Health staff would be fully embedded, Dr Karunanithi felt that it would take some 18-24 months.
- Dr Karunanithi believed that there was a good mix of skills within the Public Health team and also among other colleagues within the County Council and district councils with whom they would be linking. The approach would not be 'business as usual' and it was recognised that there would be a need to change and adapt to local needs.

Health Checks

- Members were concerned that the number of GPs who had signed up to deliver health checks was too low and that some of those who had signed up were not actually carrying them out. It was felt that Public Health had a duty to ensure that health checks were working as intended.
- Dr Karunanithi explained that health checks were a mandated public health service funded by the Public Health Grant; the County Council was responsible for commissioning the service that GPs provide.
- Public Health had a responsibility to ensure that people were being offered health checks; Dr Karunanithi confirmed that 85% of GPs had signed up to deliver health checks, but he acknowledged that monitoring performance presented a challenge.
- Health checks were a corporate priority, the county council was working closely with the NHS, and progress was regularly reported to the Cabinet Committee on Performance Improvement.
- It was hoped to improve uptake and there was to be an awareness campaign at the end of January.
- It was acknowledged that historically, people only went to see their GP when they were ill and it was necessary for Public Health to promote health checks as a 'wellness' service and to ensure that GP practices had appropriate support.
- It was suggested that there needed to be more control to ensure that GPs were actually carrying out the health checks that they had signed up to, and this was perhaps something that the Health Scrutiny Committee could look at in more detail.

Health Inequalities

- It was felt that there should be a whole-system approach to Public Health looking more at early intervention and prevention including matters such as planning, housing and the provision of open spaces, all of which have an impact on wellbeing.
- It was suggested that there should be some sort of inequality 'proofing' process in place and that a greater number of decisions taken within the County Council should be subject to a health and wellbeing impact

assessment. For example, the proposal to cut evening or weekend bus services would affect the least wealthy and could lead to social isolation.

- Dr Karunanithi acknowledged that successfully addressing and removing health inequalities was the ultimate 'holy grail' which would necessarily involve the private and third sectors also. He agreed that it was important to consider how to minimise the impact of decisions and how best to allocate resources. He made the point that health inequalities had not been successfully addressed in years of growth; the challenge was even greater in times of austerity and the social impact was now starting to show in areas such as employment, housing and relationships.
- One member suggested that employers were not considering people with long-term disabilities for employment because they were under increasing pressure to reduce absence levels.
- It was suggested also that employment brought health benefits and it was important to encourage businesses into the county who would employ local people.
- The importance of working with the district councils who could usefully contribute to the public health agenda was emphasised - South Ribble Borough Council had addressed the issue of health inequalities in its task group report 'Mind the Gap' and had identified areas within the borough where life expectancy and long term ill health were issues of serious concern.
- Dr Karunanithi agreed that health inequalities could not be addressed by just one agency and the role of the districts was vital. The solutions did not lie in providing more services, but in addressing the underlying determinants of health.
- In response to a question about provision of services for mental wellbeing, particularly psychosis and schizophrenia in young people resulting from use of cannabis, Dr Karunanithi confirmed that a lot of resources were being put into addressing substance misuse. He would report back to the Committee on this issue.
- It was noted that the list of performance challenges set out in the presentation did not include the issue of on-line grooming and sexual exploitation, which was a serious and growing problem. There had been recent examples of such cases in Lancashire. It was suggested that it was essential to tackle the common underlying causes of the challenges facing Public Health. Dr Karunanithi again assured the Committee that the need to address root causes in order to reduce the need for services further down the line was well understood. Addressing the wider determinants of health was a priority. Partnership working was being strengthened and, regarding the specific example of child exploitation, the Public Health team was working with a range of partners including Community Safety and the Health and Wellbeing Board.
- There was some concern that social landlords were not providing appropriate facilities for disabled tenants. Dr Karunanithi referred to the Disabled Facilities Grant which was part of the Better Care Fund – a joint pooled budget. He asked the councillor who had raised this point to refer any specific concerns to him outside the meeting.

Other

- One member raised a question about discrepancies in the population figures for Burnley; there was a difference of some 11,400 depending on the source referred to. This was a large discrepancy and she believed that it was important to ensure this figure was correct, particularly in a deprived area such as Burnley because it would affect funding and health service provision. It was also necessary to have reliable figures to be able to plan services for dementia care into the future. Dr Karunanithi undertook to look into this and get back to her. He explained that dementia had not been referred to on the slide headed 'Performance Challenges' because this list included only those issues that required improvement.
- In terms of procurement, Dr Karunanithi explained that it was important for the county council to understand what contracts it had inherited, what the public health needs were, and how resources were currently committed. There was no intention to simply re-commission services and, as contracts came to an end, there would be an opportunity to consider need and address services in a more joined-up, equitable way based on need and not history. Decisions would be published in the usual way for members and the public to see.
- It was suggested that good practice arising from 'Health Cities' be shared with the Committee, in writing initially (The Healthy Cities Network is a global movement that engages local authorities and their partners in health development through a process of political commitment, institutional change, capacity-building, partnership-based planning and innovative projects).

Following the discussion, it was suggested that to enable the Health Scrutiny Committee to best decide how it could contribute to the Public Health agenda it would be helpful for it to receive details of Public Health programmes, including the responsible officer, timescales, how objectives would be achieved, and how outcomes would be measured. The Committee could then take part in a half day workshop to consider what aspects of Public Health it could usefully scrutinise.

Resolved:

It was agreed that:

i. A list of programmes of work being undertaken by Public Health be provided to the Health Scrutiny Committee. The list to include the responsible officer, timescales, how objectives would be achieved; and how outcomes would be measured.
ii. A workshop be held to enable members of the Health Scrutiny Committee to consider the programme of work referred to at (i) above and identify topics for further scrutiny
iii. It be recommended that a greater number of decisions taken within the County Council be subject to a health and wellbeing impact assessment.

5. Report of the Health Scrutiny Committee Steering Group

On 8 November the Steering Group had met with officers from Lancashire Teaching Hospitals Trust to discuss the work and performance of the Trust. A summary of the meeting was set out at Appendix A to the report now presented.

On 29 November the Steering Group had met with the Chief Executive of Lancashire Healthwatch. A summary of the meeting was set out at Appendix B to the report now presented.

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

6. 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.

7. Urgent Business

No urgent business was reported.

8. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 4 March 2014 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston