Appendix A

NOTES

Health OSC Steering Group
Friday 21 February 2014

Present:
- County Councillor Steve Holgate
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle

Apologies:
- County Councillor Mohammed Iqbal

Notes of last meeting
The notes of the Steering Group meeting held on 31 January were agreed as correct.

Public Health
Debs Harkins, Director of Health Protection and Policy, attended Steering Group to discuss with members the recommendations from Committee on 14 January, which were:

It was agreed that:
1. *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.*
2. *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*
3. *It be recommended that a greater number of decisions taken within the County Council be subject to a health and wellbeing impact assessment*

During the discussion the main points were:

- Different ideas for ways to scrutinise topics for the future – keeping it focused, manageable etc., the value of external NHS orgs coming to scrutiny and the level of influence we have in the work they do.
- Public health as an internal LCC service enable the committee to exert greater influence so that should be the main priority of members – particularly in view of the Better Care Fund.
- For next 12 months the committee to look at more internal services rather than NHS – Public Health and Social Care.
- Arrange for quarterly meetings with CQC/Monitor to discuss the issues of the Trusts in Lancashire – this could identify concerns to take up with the PH team (such as health care acquired infections).

- How do we measure the effectiveness of the different forms of PH communications e.g. radio advertising?
- The Health Check Programme has a 30K budget for communications – this takes many different forms and includes paid advertising. Have some targets to achieve for the campaign. Twitter and Facebook have had unprecedented take up. Intention is to deliver HCs from alternative providers e.g. pharmacies.
- Health Living Pharmacies – mainly in the east at the moment but will be rolled out across the county.
- Hard to reach population – this is an issue for any programme or service delivery – needs innovative ways of thinking.
- Ethnic minority groups – issues with female patients seeing a male doctor.
- Armed forces veterans – have an LCC champion and often local councils have one too.
- Difficulties around the business model of GPs and how they can be 'told' to do things differently. – How do we effectively influence them?
- Thinking about the health of socially excluded groups and more how our public health services reach these individuals – maybe focus on one group/one service to scrutinise
- Community covenance – county and districts signed up to this.
- Business plan – by early April – workshop to take place tail end of April. To include responsible officers, targets, costs, measures etc. Priorities and milestones, what resources are needed
    - P1 – addressing the impact of the economic downturn on health and wellbeing
    - P2 – tackle health inequalities by implementing the Marmot recommendations
    - P3 – reduce the impact of long-term conditions and an ageing population
    - P4 – improve quality, safety and health resilience
- All four to be briefly explained prior to the workshop – so members don't go into the work shop cold.
- Each priority is being looked at in detail by the district teams to identify delivery mechanisms/commissioning decisions/areas of influence
- CAMHS is a good example of fragmented arrangements and there is the danger that no-one takes the lead on quality service design and delivery. PH has the responsibility for the emotional wellbeing of children.
- Future ideas include integrated well being services – research shows that people from deprived areas had more than one unhealthy behaviour whereas those living in more affluent areas are more likely to only have one.. Prevention services tend to be delivered separately, i.e. smoking cessation, nutrition etc – these need to be joined up into one service so patient is receiving a more holistic approach. These will bundled with Help Direct and offered to the 'well' to keep them well – single access and assessment.
- Another opportunity is to look at the other issues that influence health, income, housing etc.
- Liaise with CCGs to ask them about what they are doing PH wise
- Let all GPs know what we're going to look at – maybe make them a focus of scrutiny.
- Workshop to be split into 4 groups (one per priority) – to look at 4-5 priorities for the work plan
- Need to hold Cabinet Members to account a bit more.

Appendix A

Quality Accounts
Members agreed to the historic approach to providing a response to QAs, by producing a summary of the engagement a Trust has had with members over the previous twelve months.

Dates of future meetings

- 14 March – Dr Jay Chillala – Diabetes & F&WCCG long term strategy development update.
- 4 April – Janice Horrocks on behalf of Southport and Ormskirk Health Trust re Care Closer to Home.
- 2 May – Mark Hindle, Chief Executive, Calderstones.
- 23 May – East Lancs Clinical Commissioning Group re proposals for Health Access Centre in Hyndburn.