Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 10 June, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	M Otter
N Hennessy	N Penney
M Iqbal	C Wakeford
A James	

Co-opted members

Councillor Julia Berry, (Chorley Borough Council Representative)
Councillor Melvyn Gardner, (South Ribble Borough Council Representative)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Helen Jackson, (Rossendale Borough Council Representative)

1. Apologies

County Councillor Christian Wakeford replaced County Councillor keith Iddon, and Councillors Helen Jackson and Melvyn Gardner replaced Councillor Liz McInnes (Rossendale) and Mick Titherington (South Ribble), respectively, for this meeting.

Apologies for absence were presented on behalf of County Councillor Andrea Kay and Councillors Brenda Ackers (Fylde Borough Council), Julie Robinson (Wyre Borough Council) and Betsy Stringer (Burnley Borough Council).

2. Appointment of Chair and Deputy Chair

It was reported that Full Council, at its meeting on 15 May 2014, had approved the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Mohammed Iqbal as Deputy Chair for 2014/15.

Resolved: That the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Mohammed Iqbal as Deputy Chair for 2014/15 be noted.

3. Constitution, Membership and Terms of Reference

A report was presented on the Membership and Terms of Reference of the Committee.

It was noted that, not all district council nominees had yet been confirmed and a further update would be reported at the next meeting.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported, be noted.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

5. Minutes of the Meeting Held on 22 April 2014

The Minutes of the Health Scrutiny Committee meeting held on the 22 April 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 22 April 2014 be confirmed and signed by the Chair.

6. Public Health England

The report explained that over the next 12 months the Health Scrutiny Committee would look in greater detail at the current and emerging strategies developed to deliver public health services to the residents of Lancashire. As part of that undertaking representatives from Public Health England (PHE) and NHS England had been invited to attend Committee to provide members with information on:

- Their roles and responsibilities
- Priorities
- Partnership working with other organisations to deliver the priorities

The Chair welcomed

- Jane Rossini, Centre Director - Public Health England, Cumbria and Lancashire Centre.
- Jane Cass, Head of Public Health - NHS England – Lancashire Area Team.

Jane Rossini explained that PHE is a national organisation with a local presence and that national and local priorities were similar. She delivered a PowerPoint presentation which briefly set out Public Health England's national priorities for 2013/14 and explained how their agenda was to be delivered locally. It explained their role and how PHE would work with partners. It also listed the main areas of focus for health improvement.

Jane Cass then delivered a presentation which focussed mainly on the commissioning of public health services across Lancashire. It showed which stakeholder organisations NHS England works with and the role that each of the various stakeholders has in improving public health and delivering services.

A copy of both presentations is appended to these minutes.

There then followed a discussion, the main points of which are set out below:

- It was recognised that Scrutiny could add value to the public health agenda, for example, a recent joint scrutiny report, with which Lancashire councillors had been involved, had made a significant contribution towards understanding the current picture relating to NHS Health Checks.
- In response to a question how PHE's role would fit with the role of Health and Wellbeing Boards, it was explained that PHE was collecting evidence and examples of good practice, which would be shared with stakeholders as appropriate. It was recognised that there could be a real benefit working alongside partners where it was sensible to do so.
- It was acknowledged that cervical cytology screening was a significant public health intervention where the target was not currently being met within certain communities. This was an issue that would need to be jointly addressed by a number of partners, including primary care settings where conversations could be had to alleviate concerns, and also local authority public health teams who could play their part in increasing uptake. There was a commitment to delivering on this issue in the coming year.
- Cervical cytology screening had already saved many lives, however it was acknowledged that more could be done. PHE was looking at a social marketing strategy across all screening programmes.
- Engaging with young people not in employment, education or training (NEET) was a challenge and it was acknowledged that there was a need to think "more laterally" about how best to capture that group. It was suggested that County Councillor Niki Hennessy as the Lead member for Schools might be able to help.
- Members considered it especially important to educate and empower young people to take care of themselves and prevent ill-health as they grow older.
- In response to a question whether there was any evidence that GPs, through their commissioning, were focussing on prevention, it was explained that there were different types of prevention – primary and secondary – CCGs invested in secondary prevention, for example where there was already an established condition such as Diabetes or COPD (chronic obstructive pulmonary disease). There were examples of investment in developing community assets, though

it was noted that some CCGs were doing better than others. NHS England undertook to provide further details to the Committee.

- PHE shared concerns about how CCGs were settling in to their commissioning role, particularly in the currently constrained times, and in the first year of the new arrangements it was difficult for CCGs to focus on prevention given their role as a provider.
- PHE, nationally, was trying to define what was expected from CCGs in terms of advice and support. There was a need to ensure that all CCGs, in their provider role, were meeting their obligations in terms of quality. A small group at regional level (five centres) had been established to give a sharp focus to this going forward. It was important to ensure best use of investment in primary care in their provider role. A further report would be provided to the Committee on request.
- There was a clear role for local authorities with responsibility for public health to provide advice and support to CCGs.
- It was emphasised that responsibility for public health was fragmented across a number of organisations and it was a challenge to achieve a joined-up, co-ordinated approach.
- The point was made that some of the determinants of ill-health, such as housing and employment fell within the remit of local authorities, and assurance was sought that public health would link in with district councils when prevention was being addressed. PHE was fully aware of the need to support local government to energise issues at grass roots level and the need for a strategic approach. A programme of work was coming forward which would be much more focussed on the role of district councils, for example licencing, the shaping of town centres, fast food outlets; and there would be a comprehensive framework for such an approach.
- Regarding the Preston, South Ribble and Lancashire City Deal and consequent implications for issues such as housing and transport, the Committee was assured that the impact on public health had been discussed. There were plans for public health impact assessments to be carried out on local masterplans and Dr Karunanithi, Director for Public Health, who came to the table to respond to this point, welcomed the level of importance attached to the health implications.
- The member who raised this point emphasised that it was important to consider the impact on public health when shaping such plans rather than try to mitigate plans at a later stage after they had been implemented.
- A question was raised about the Healthy Child Programme and in particular the apparent lack of emphasis on dental health and oral hygiene, and whether there were any plans to lobby large food producers about the quantity of sugar in their products. The Committee was informed that dental public health experts were embedded in the NHS Area Team and much proactive work was being undertaken both with adults and children. The 'Smile for Life' programme for children was to be adopted as a national model.
- There had been much debate around food; not just the implications for dental health, but also for obesity, and discussions were ongoing at a national level to consider how behaviours and access to sugar could be influenced.
- A question was raised about the level of public engagement particularly relating to 0 – 5 services, for example with Surestart centres and the role they

play, with neighbourhoods about the issues they face, and access to data which was important to be able to determine where the focus should be. It was acknowledged that the public were fundamental and central to decisions taken. It was recognised, however, that NHS England had not done as much engagement in the last 12 months as it would have liked whilst at the same time also setting up a new organisation. The Committee was informed that 0 – 5 services, as part of The Healthy Child Programme, would be transferring to local authorities in October 2015 and there was a lot of work to be done to ensure that an effective and engaged service was handed over.

- In response to a question about targets not currently being achieved, the Committee was informed that Cervical screening and breast screening coverage and uptake were not yet being delivered at a level expected and these would be areas of focus over the next twelve months. The majority of other programmes were on track. The commissioning and delivery of services in prisons in terms of screening and immunisation programmes was satisfactory, but there would, in future, be a need for more stop-smoking support as prisons became smoke-free.
- Specialist services were delivered through the Cheshire, Warrington and Wirral area team and further information would be provided to the Committee about these.
- It was confirmed that PHE was encouraging those from whom it commissions services to pay the living wage; officers were not aware of a commitment to make it obligatory that the living wage be paid, but would report back to the Committee on this.
- Domestic abuse was a most important issue and a significant drain on resources; it was essential to ensure, through education, that violence, including forced marriage, genital mutilation and honour based violence was unacceptable.

The Chair thanked guests for their attendance and for a very interesting session.

Resolved: That the report be noted and that the Committee would be provided with further information as set out above.

7. Update on Lancashire County Council Response to the Francis Inquiry

The report explained that Sir Robert Francis had been commissioned in July 2009, to chair a non-statutory inquiry into the happenings at mid Staffordshire. A recommendation had been made that there needed to be an investigation into the wider system to consider why issues had not been detected earlier and to ensure that the necessary lessons had been learned.

The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry had made 290 recommendations, grouped into themes. It was recommended that all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations and decide how to apply them to their own work. Further sharing of information across Lancashire

County Council was continuing to identify all the relevant work areas, and to consider if there were any further significant actions or opportunities to improve our work.

The report briefly set out the conclusions of the Francis report and the key actions taken by the county council so far.

Dr Sakthi Karunanithi, Director of Public Health, attended to present the report and take questions from the Committee. A brief summary of the main points arising from the discussion is set out below:

- In response to a question about whether patients, carers, elected members and the public were involved in the monitoring of services in a transparent way, Dr Karunanithi explained that the report now presented was a summary of only what the county council is doing in response to Francis; Healthwatch had an important role to play also. Decisions about the use of county council resources would be led by county councillors and available for the public to view. The Committee was invited to submit suggestions about how they would like elected members to be more involved. Dr Karunanithi acknowledged that the public have much to contribute and he confirmed that more thought would be given about how this could be achieved.
- The third sector, who it was acknowledged work very closely with local communities and were facing challenges in the current economic climate, had not been directly involved in the drafting of the county council's response to the Francis report, however they were fully engaged in the quality and safety agenda and had an important role to play.
- Ofsted style ratings were welcomed, but there was some concern that the Care Quality Commission might operate a selective approach to inspections / reports and assurance was sought that a more holistic approach would be taken in future. Dr Karunanithi explained that the county council could not influence the CQC however he was aware that discussions were ongoing about how to measure the organisation within which the relevant service was provided and that a broader view was to be taken about how well led the organisation being inspected was.
- Regarding opportunities to identify and report concerns about safeguarding issues, for example when carrying out of adaptations in people's homes, Dr Karunanithi acknowledged that safeguarding was an important, multi-agency issue; there was a process in place to trigger actions. In terms of who was responsible, there had to be some reliance on professional values and how well informed and well trained the relevant staff were. Quality and safety would always be a priority.

Resolved: That the report be noted.

8. Work Plan for 2014/15

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. The topics included had been identified at the work planning workshop that members took part in during April 2014.

It was noted that the Steering Group were to look at access to welfare rights and it was pointed out that there was currently a working group looking at the Care and Urgent Needs Support Scheme, which might overlap with this work.

Wendy Broadley explained that it was intended to invite a range of relevant partners to Committee for each topic in order to give members the opportunity to get a holistic view.

It was requested that speakers be asked to avoid using jargon and to provide practical examples to illustrate policies and strategies, where relevant, to enable members to acquire a clear understanding of the topic being discussed.

Members were invited to feed back any further suggestions.

Resolved: That the report and the comments made be noted.

9. Report of the Health Scrutiny Committee Steering Group

On 4 April the Steering Group had met with Janice Horrocks, Consultant working with Southport & Ormskirk Hospital Trust and West Lancashire CCG, to receive an overview of the Care Closer to Home Programme. Damien Reed, Deputy CEO/Finance Director had also attended to provide an update on the partnership arrangement with St Helens & Knowsley NHS Trust for pathology services. A summary of the meeting was at Appendix A to the report now presented.

Resolved: That the report be received

10. 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.

11. Urgent Business

No urgent business was reported.

12. Dates of Future Meetings

It was noted that the next meeting of the Committee would be held on Tuesday 22 July 2014 at 10.30am at County Hall, Preston.

2014/15 Timetable of Meetings

It was reported that future meetings had been scheduled for:

2 September 2014
14 October 2014
25 November 2014
13 January 2015
4 March 2015 (Wednesday)
14 April 2015

All meetings would be held at 10.30 am in Cabinet Room C - The Duke of Lancaster Room, County Hall, Preston

Resolved: That the report be noted.

I M Fisher
County Secretary and Solicitor

County Hall
Preston