

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 14th May, 2019 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Peter Britcliffe (Chair)

#### **County Councillors**

J Burrows	E Pope
N Hennessy	M Salter
S Holgate	P Steen
S C Morris	C Towneley
M Pattison	

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

Councillor David Borrow, (Preston City Council)  
Councillor Bridget Hilton, (Ribbles Valley Borough Council)  
Councillor Alistair Morwood, (Chorley Borough Council)  
Councillor Julie Robinson, (Wyre Borough Council)  
Councillor Viv Willder, (Fylde Borough Council)

County Councillor Matthew Salter replaced County Councillor Charlie Edwards for this meeting only.

#### **1. Apologies**

Apologies were received from Councillors Margaret Brindle, Burnley Borough Council, Barbara Ashworth, Rossendale Council and G Hodson, West Lancashire Borough Council.

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

None were disclosed.

#### **3. Minutes of the Meeting Held on 2 April 2019**

County Councillor Towneley requested the following points of accuracy be made to the minutes:

Item 5 Whyndyke Garden Village:

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It was requested that the paths were made multi-use to incorporate the needs of all non-motorised users **including equestrians**, not just walkers and cyclists.

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1. c) Ensuring that multi-user paths proposed in future developments cover all non-motorised users, **including equestrians** and also extend to the wider network.

The Chair, County Councillor Britcliffe also requested that the following point of accuracy be made to the minutes:

Item 6 Report of the Health Scrutiny Steering Group:

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Resolved: That;

1. The report be noted.
2. The factual error in relation to the report of Steering Group presented at the Committee's meeting on 11 December 2018 be noted.

**Resolved:** That subject to the above amendments the minutes from the meeting held on 2 April 2019 be confirmed as an accurate record and signed by the Chair.

#### **4. Social Prescribing**

The Chair welcomed Linda Vernon, Healthier Lancashire and South Cumbria Integrated Care System (ICS); Kathryn Kavanagh, West Lancashire Clinical Commissioning Group (CCG) and Christine Blythe, Burnley Pendle and Rossendale Council for Voluntary Service (CVS).

The report presented provided an overview for developing the digital infrastructure to support local social prescribing programmes across the Lancashire and South Cumbria Integrated Care System (ICS).

The Committee provided feedback regarding the report and sought further clarification as follows:

- It was explained that the Healthier Lancashire and South Cumbria ICS viewed social prescribing as a way of enabling people to access the wider community. NHS England described the process as a patient being referred to a link worker to guide them to resources in their area, such as social groups, in order to treat and prevent health issues. Digital social prescribing referred

to the technology that could support the process, such as a robust and accurate directory of trusted services and platforms to assist healthcare professionals to make appropriate referrals.

- The GP determined which services best serve patients in terms of health and the digital model explored how this can be achieved without the face to face interaction, when this is the preferred option for the individual. This would help to develop effective pathways that work well for local communities. The NHS long term plan had pledged to fund more link workers within primary care networks across England and their remit would include tackling motivational issues. GP time was still important to explore the problems presented, the best way to address them and how best to signpost the person. It was confirmed that currently in East Lancashire, the CVS link worker connected with the patient and agreed an appropriate personalised pathway. It was noted that not everyone wanted the GP face to face interaction and the digital platform would enable everyone to access social prescribing. Additional funding from East Lancashire Clinical Commissioning Group had enabled the CVS to promote community services.
- Some members expressed concern that the model built expectations to prescribe to voluntary and community organisations that were not sustainable in the longer term due to lack of funding. The Institute of Fiscal Studies (IFS) had warned in a recent report on inequalities of the impact of social determinants on public mental and physical health. Such issues in society would benefit significantly from social prescribing. It was clarified that the NHS funding focus was on providing link workers, however there had to be community services to connect with to enable the initiative to work. Only 20% of health outcomes were related to health care and the rest were influenced by socio economic factors. The CVS were also concerned regarding the impact on organisations as referrals increased. Grants had been made available to such services from CCGs and from other local businesses for social prescribing and further investment would be required, particularly for voluntary organisations. It was confirmed that the West Lancashire CCG also worked with the local CVS to enable a connection with the third sector and this was critical to the success of the initiative. The CCG were able to directly commission services with organisations that were able to provide a contract.
- Some members expressed concern regarding the description as a sickness model rather than a wellness model, and suggested this initiative was duplicating work already in place at district council level. It was explained that the work had been commissioned as a result of people presenting at the GP with no medical issues and the initiative aimed to find an interface to address issues that couldn't be resolved in a short visit with the GP. The work built on collaboration and aimed to prevent duplication by sharing information, including the good work already in place and presenting this to the public. It was suggested that the information from the report be shared with district councils to enhance collaboration and prevent duplication of work.

In response to further questions it was confirmed that:

- The list of social prescribing initiatives in the report provided an example of what was available but was not exhaustive.
- Social isolation in rural communities and the importance of link workers having a good working knowledge of the community they work in had been considered to ensure effective social prescribing to the smallest groups and services. The model was co-produced with GP's and community groups to support a dual health programme.
- Kendal Town Council had teamed up with Lancaster University to create a mobile device application called the 'Mobile Age App' which mapped the directory of services in the area against bus routes to determine the feasibility of accessing social prescribed services. It was anticipated this would identify any gaps in services and the transport infrastructure currently in place.
- The digital work had been undertaken to empower those who preferred this, however it was clear this was not a viable solution for everyone. The digital platform would free up capacity for link workers and healthcare professionals for those who required face to face interaction. The initiative aimed to provide a spectrum of resources. The platform had been co-designed in conjunction with a consultation with service users representing groups such as Age UK to ensure individual needs were taken into consideration.
- Members recommended building links with other local universities as well as Lancaster, such as the University of Central Lancashire and Edge Hill University.

**Resolved:** That

1. The report giving an overview of key programmes of work for developing the digital infrastructure to support local social prescribing programmes across the Lancashire and South Cumbria Integrated Care System be noted.
2. The Health Scrutiny Committee receive an update on progress with the programme of work in 12 months.

## **5. The issue of Period Poverty and how it can best be addressed**

Andrea Smith, Public Health Specialist presented a report, providing an outline of the issue of period poverty and how engagement with the national government taskforce would further support a collaborative approach across Lancashire.

It was explained that the council were currently awaiting the outcome of the government taskforce recommendations before formulating its response.

In response to questions it was confirmed that:

- It was not clear if the Council's Corporate Communications Group had been requested to carry out a campaign regarding period poverty or if Lancashire Youth Zone had been asked to assist in any campaigns or education programmes. However it was likely that both service areas would be involved in taking forward the outcome of the government's taskforce recommendations and a further update would be provided.
- It would be beneficial to have a collaborative approach with district councils and other partners such as the providers of school nursing to the task force recommendations.

Members made the following observations:

- The link between period poverty and pupils in receipt of free school meals was highlighted and a member shared their experience in a school working with students on formulating a plan on how best to address the issue. It was suggested that as central government had pledged funding for both primary and secondary schools an action plan could be presented to the Schools Forum.
- With regard to addressing the stigma of period poverty, this should be with regard to people of all ages and gender.
- Members requested more specific detail and information to enable measurement of success. It was confirmed that there was a link within the report for UK data and that the council would link with other counties to understand the issues around stigma and lack of knowledge. The positive work done in local business and groups to raise awareness was also referenced.

**Resolved:** That

1. The Leader of the Council and the Cabinet Members for 'Health and Wellbeing' and 'Children, Young People and Skills' give consideration to implement an education programme and campaign to address the issue of period poverty across all schools in Lancashire in partnership with Lancashire YouthZone, Lancashire Care Foundation Trust, Blackpool Teaching Hospitals Trust and VirginCare.
2. CC Hennessy be appointed as rapporteur to report to the Health Scrutiny Committee on the activities of the Government's joint taskforce on period poverty in the UK.

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

The report presented provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 17 April 2019.

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

**7. Health Scrutiny Committee Work Programme 2018/19**

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

**Resolved** that:

1. The report be noted.
2. The work programming for the 2019/20 municipal year would be undertaken by the Health Scrutiny Steering Group at its meeting scheduled for Wednesday 19 June at 10:30am.

**8. Urgent Business**

There were no items of Urgent Business.

**9. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 July 2019 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston