

**CHILDREN AND HEALTH  
OVERVIEW AND SCRUTINY COMMITTEE  
Wednesday 17th October 2012**

**PRESENT** – Councillors O’Keeffe (Chair), Evans, Entwistle, Patel, Riley, D. Smith, Groves, Brookfield, Taylor, Walsh, S Hussain, Julie Slater, John Slater, Pearson, D. Foster.

**Co-opted –**

F Kershaw	Blackburn Diocese
P Harrison	Salford Diocese
B. Simpson	Chair of School Governor Forum

**Also Present –**

Cllr Kate Hollern	Leader of the Council
Sally McIvor	Executive Director for People
Dominic Harrison	Director for Public Health
Mike Zammit	Link Chief Officer
Janie Berry	Senior Supporting Officer
Ben Aspinall	Scrutiny Manager

**RESOLUTIONS**

**21. Welcome and Apologies**

The Chair welcomed everyone to the meeting and apologies were received from Cllr Denise Gee.

**22. Minutes of Meeting held on 12th September 2012**

**RESOLVED –**

That the Minutes of the meeting held on 12<sup>th</sup> September 2012 were agreed as a correct record.

**23. Declarations of Interest in items on this Agenda**

Declarations of Interest received from:

- Cllr B Taylor – Personal Interest – Adult Social Care

## 24. NHS Reforms

The Director for Public Health gave a presentation on the NHS Reforms and the impact on the Council and its services. The Committee were informed that new structures and organisations had been developed and that the Clinical Commissioning Group has responsibility for planning and buying local health services, which included:

- Planned hospital care
  - rehabilitative care,
  - urgent and emergency care,
  - community health services
  - mental health and learning disability services.
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- The Director of Public Health also informed the Committee that the Clinical Commissioning Group and the Council were exploring new options for joint working, including integrating some public health, adult's and children's social care and NHS commissioning functions.

In response to a number of queries raised by the Committee, the *Executive Director for People?* informed Members that specific services will become the responsibility of the Council from April 2013, which included:

- tobacco control smoking cessation
- **alcohol and drug misuse\***
- public health services for children and young people aged 5 – 19
- **child measurement programme**
- obesity services
- locally led nutrition initiatives
- increasing levels of physical activity
- **NHS health check assessments\***
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Interventions to reduce and prevent birth defects
- Cancer and long term conditions campaign
- Workplace health
- Immunisation and screening programmes
- **Comprehensive sexual health services\***
- Reducing excess deaths as a result of seasonal mortality
- Health protection incidents, outbreaks and emergencies
- Public health aspects of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Reducing public health impacts of environmental risks.

The Director for Public Health informed the Committee, that approximately £12m is provided to the Council from 1<sup>st</sup> April 2013 for inherited contracts, which mainly covers the expense that was previously being spent by the NHS. He further explained that of the 22 national areas of responsibility outlined above, 4 or 5 are mandatory\* and a directive and an allocation paper were expected in December, which would confirm which areas would have ring fenced funding with the length of time those contracts. The Director for Public Health also informed the Committee that if the ring fenced funding is not spent on public health it currently could be withdrawn.

Members raised a number of concerns regarding the change in health services and in response the Director for Public Health informed the Committee that what was important was how the Local Authority reacted to the challenges regarding the transformation of services and that the most important aspect were the outcomes of those services.

The Director for Public Health also informed Members that the Health and Wellbeing Strategy had gone out to consultation which provided an opportunity for all partners to contribute to the development of services, (Annex 2 the Strategic Needs Assessment for the Borough), this to be aligned as far as possible with the JSNS? and the outcomes of the consultation will be signed off at the next Health and Wellbeing Partnership Board.

## **RESOLVED**

- 1) The Chair thanked the Leader of the Council, the Executive Director for People and the Director for Public Health for their representation at the meeting and that the information presented to the Committee be noted.
- 2) That an update on the changes to health services be provided to the Children's and Health Overview and Scrutiny at a future meeting.

## **20 The Committees Work Programme**

The Chair provided the Committee with a brief verbal update on the Committee's Work Programme over the last 6 months, which covered:

### Adults Task Group

- Commissioning programme,
- Multi Agency Safeguarding Services/safeguarding hub/provider networks
- How alerts are raised/promotion
- What the local safeguarding board does and steps of intervention used.
- Partnering with Blackpool
- What the vision is for safeguarding
- Communication and promotion of the service
- Performance Indicators

- Information from users and case studies.
- Customer complaints policies and numbers

The Chair asked the Committee for comments / views of the effectiveness of the areas selected for scrutiny and whether there had been any gaps that should have been covered by the Task Groups. In response to information provided by the Chair it was felt that there had been a gap from the customers/clients point of view, particularly as there had been limited number of customer complaints (6 over a 18 month period) and also that the review had not covered the views from carers themselves.

#### Children's Task Group:

- Looked at the Strategic view of Children's services, where we are against the Inspection /Action Plan and thresholds,
- Looking at how Blackpool addressed their short comings.
- structure of LSCB and policy frameworks, quality and performance, staff support and capacity.
- How this links in with Public Health
- Looked at list of agencies in safeguarding /interagency/partnership views.
- Reviewed the use of Think Family Model approach from Joint Strategic Needs health (Universal Service) assessment/identifying issues Action Plans and referral specialists. Success difficult to measure -requires whole Council engagement/partnerships. Intensive/expensive.
- Important that families own their own action plans.
- Viewed a video of participants.

The Chair of the Children's Task Group informed the Committee of the areas that the group still had to consider included value for money of services, the consideration/integration of Think Family Approach, as the outcomes are better and the identification of any gaps.

The Chair of the Children's & Health Overview and Scrutiny Committee thanked Members for their involvement in the Task Groups and stated that the work on the new topic for the second half of the year was about to commence. The Chair asked the Committee to put forward ideas for work topics and in response to this, Members stated they would like to look at the work of the Health and Well Being Board, receive a presentation on Exam results and review the impacts of the introduction of the new free schools – independent Academies.

The Chair thanked all Members of the Committee for their work over the last 6 months and requested that the same level of commitment continue for the next 6 months.

#### **RESOLVED –**

- 1) That the work that has been undertaken by the Task Groups be noted.

- 2) That the Children's and Health Overview and Scrutiny Committee receive a presentation on Exam results
- 3) That the Committee consider undertaking a review of the work of the Health and Wellbeing Board and the impacts of the introduction of the new free schools/independent academies.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....