CHILDREN AND HEALTH
OVERVIEW AND SCRUTINY COMMITTEE
Wednesday 16th January 2013

PRESENT – Councillors O'Keeffe (Chair), Riley, Entwistle, D Foster, Groves, Hussain, Patel, Pearson, D. Smith, John Slater, Julie Slater and Walsh.

Co-optees - *F Kershaw, B Simpson.*

Also Present –

Cllr M Khan	Executive Member for Adult's Services
Dominic Harrison	Director of Public Health
David Fairclough	Director of HR and Legal
Christian Williams-White	Principal Solicitor
Ben Aspinall	Scrutiny Manager
Michelle Arthur	Democratic Services Officer

RESOLUTIONS

37. Welcome and Apologies

The Chair welcomed everyone to the meeting and apologies were received from Councillors Brookfield, Evans, Gee, Mahmood and Taylor. Apologies were also received from Mike Zammit, Link Chief Officer.

38. Minutes of Meeting held on 12th December 2012

RESOLVED –
That the Minutes of the meeting held on 12th December 2012 were agreed as a correct record. Cllr John Slater asked for future apologies to be recorded with the full name for Members with same surnames.

39. Declarations of Interest in items on this Agenda

No Declarations of Interest were received.

40. Update on Public Health

The Chair welcomed the Director of Public Health to the Committee and invited him to give a brief update on Public Health and the implications for the Local Authority. The Director for Public Health gave a brief history and the background to the NHS Reforms to date.

The Committee were also informed that the Government is returning responsibility for improving public health to local authorities due to their population focus, their ability to shape services to meet local needs, Local Authorities ability to influence wider social determinants of health and in tackling health inequalities. Members were further informed of the budget allocation, of £12,776,000 in 2013/2014 (year 1) and £13,134,000 in 2014/2015 (year 2), a total of approximately £26m. This is roughly £84-88 per head per year.

Members raised a number of queries regarding the "Public Health in Local Government Factsheets: (Department of Health 2011)" and in response the Director of Public Health informed the Committee that:

Q: (Refers to Page 9); Who determines what is appropriate and what mechanisms will be in place to make those determinations - I.e. who will be consulted and what will the process be?

A: It would be up to the local authority to have a leadership role, the Director of Public Health would identify the issues in an Annual report and a list of ideas that could or should be recommended to address the issues, and it was up to the council to take this forward. Public Health staff would work with Directors across the Council to ensure Public Health issues were considered in their areas of work.

Q: Will Public Health have an influence on or affect the Council's policies?

A: Yes – although this may take time and Member development would be a key issue in policy development. However, it takes time to influence and educate individuals to change often lifetime behaviours/habits which may not be popular and therefore, the Councils leadership role is very important.

Q: It was a long time before there was acceptance of the issue of smoking, how do we go about laying the ground for this to be understood?

A: Previous models of Public Health have tended to blame the victim (e.g. obesity), however we need to look at what causes this and the risk conditions that generate those conditions, e.g. increase in the number of fast food outlets, easier access to poor quality food and cost issues and the correlations with obesity. Therefore there needs to be a change in the social and political environment which the closer alignment of Public Health with local Councils is an important factor.

Q: Does advertising have an influence on people's choice?

A: Advertising does have a major influence on individuals particularly with children, in terms of encouraging people to buy poor quality food, which had little nutritional value.

Q: Is the £26m ring fenced and can it be used for other things such as un-fit housing?

A: The Public Health budget was partly ring fenced. There are approximately 56 existing contracts that have to be maintained and fulfilled and there are a number of Public Health services that are mandatory that have to be delivered to a good standard of delivery. Once those contracts end the authority can prioritise the Public Health expenditure with appropriate deference to the mandatory areas, but there was flexibility for non ring fenced funding to address local priorities.

Q: Where in your Opinion should the Public Health Portfolio sit?

A: The Public Health portfolio was currently under review as to where it would be placed within the Authority and there are challenges that raise some ethical dilemmas in terms of then making policies coherent. The Council must also reflect legislative expectations. There are distinct accountabilities in the Director of Public Health role which link to the Chief Executive, similar to other statutory posts, and the current proposal to align in the People portfolio would seem appropriate.

Q: Will the £26m expenditure be clearly delineated?

A: As part of the grant approval letter, the Chief Executive of the Authority would sign off where the money had been spent. The Clinical Commissioning Group are stakeholders of the Health and Wellbeing Board and there are co-dependencies between local government and the Clinical Commissioning Group as a key partner.

Q: (Refers to page 10); This role is to commission as opposed to deliver - what mechanisms will be in place to ensure "a diverse provider model based on local needs and priorities" is fit for purpose?

A: There was a percentage of the funding allocated to commissioning costs. The Public Health team would be transferred under TUPE to the Local Authority but there was no distinct commissioning team transferring. It would make sense to have a joint Commissioning team with Children's and Adult's Services with Public Health and the Public Health Team are looking to have a wider diverse range of good quality providers. There was a commitment to have an integrated local government procurement services with other public sector partners. The local authority procurement framework was more agile. The ending of the Section 75 agreement releasing staff skills and resources to facilitate a new approach.

Q: (Refers to Page 11); This would suggest there isn't currently a model to follow who will own any risk assessment carried out on new and joint approaches to payment by outcomes?

A: The payment by outcomes would not come on line for another 2 years. However, there are risks with this as it tends to encourage providers to work with those individuals who are easiest to fix in order to receive the payment and not work with those with the greatest need.

Q: Will there be partnership arrangements with the new Police and Crime Commissioner and Public Health?

A: Public Health Services are statutorily required to collaborate with the Police and Crime Commissioner regarding violence prevention as statistics show that alcohol and drugs directly leads to domestic violence and an increase of hospital admissions, therefore leading to a higher demand on a range of local government services. Therefore they were working with the police on shared issues, shared approaches and potentially pooled budgets.

Q: How will the Director of Public Health ensure that the budget for Public Health is spent responsibility and ensuring that this is also in line with Children and Adult's Services.

A: The Public Health portfolio would have its own budget and budget lines but would work with the Executive Members for Children's and Adult's Services on how best to invest this money.

Q: There is currently a domestic violence worker post that is funded for a half day, is it possible that this post could be funded and extended to a full day out of the Public Health budget?

A: When considering expenditure on initiatives, consideration should be given to who in that system should be the best fit, e.g. domestic violence outreach staff – this possibly should be the Clinical Commissioning Group. The Public Health initiatives and budget should be focussed on preventing something from happening (primary) whilst the secondary provision e.g. the Clinical Commissioning Group should focus on stopping something from getting worse.

Q: Is there likely to be a higher demand for existing services for Public Health and is there a plan in place for this?

A: Yes, there is likely to be an increased demand for services as a result of the reduction of other services. There would be a set of approximately 65 outcomes of which the Public Health Budget would be used to improve these. The role of the Director of Public Health is to advise how the funding should be spent and would be accountable for it.

Q: Who will be scrutinising what Public Health does?

A: The Health and Wellbeing Board would be monitoring what the Director for Public Health does. Healthwatch would scrutinise and can call in any

decisions of what the Health and Wellbeing Board does and receive complaints. The Health and Wellbeing Board would have Stakeholders such as the local authority, community representatives etc and would be responsible for holding each other to account. The Health and Wellbeing board is expected to report to the Children and Health Overview and Scrutiny Committee twice a year.

Q: (Refers to page 12); What is Life Course?

A: Life Course is the best way of dealing with matters at different stages of life of an individual, as we require different forms of treatment at different ages, therefore it is categorised and described as Life Course.

Q: It is not all down to diet will exercise be built in to the Public Health Programme?

A: The Public Health agenda would also encourage enhancing life through physical activities and the Public Health funding could be made available if this was seen as a continuing priority.

Q: It is a considerable list of responsibilities for the Local Authority – how do we ensure everything we do and deliver matches these aims? For example tobacco control and smoking cessation, obesity, local led nutrition initiatives – are you confident and clear and could you robustly defend criticism that the Council does not promote any policies or actions that would contradict these policies?

A: The Director for Public Health would be working with the Executive Member and senior staff to understand what the role and function of the Public Health Director is, to increase resources for advertising potentially using initiatives such as Your Call.

Q: What provision is being made for children under 5's, is the transfer of Public Health to Local Authorities going to cause us problems in funding Children's Centres?

A: In 2015 there would be a further £2.5m. Central Government has decided to increase the number of Health Visitors in England; therefore Health Visitors and School Nurses could be part of the commissioning of services. There would be a link with General Practitioners but this would not cover 0-5 age range yet. Heath Checks are part of the group of mandatory services that the Public Health funding had to undertake, unfortunately current research shows there was no evidence that Health Checks improve health or decrease deaths.

RESOLVED -

1) The Chair thanked the Director for Public Health for his presentation
2) That the information be noted.

41. Committee Work Programme 2012/2013

The Chair provided Members with an update on the Committee's Work Programme. Members were informed that the Children's Task Group had completed the first review on Safeguarding Children and Young People and had held one meeting on the second topic review – "Strengthening the Voice Across the wider community and increasing its impact. The Chair of the Children's Task Group also informed Members that it had been decided that it would be useful to engage with groups of children and young people to try to gain their impressions of local services for young people and children. However in order to have some meaningful conversations this topic may take longer to review and as there is no election this year, the topic could run on to end of April.

The Chair of the Children and Health Overview and Scrutiny Committee updated the Members on the work of the Adult's Task Group, stating that the first review Topic – Safeguarding across the wider community had been completed and had discovered that the Integrated Commissioning and delivery of Adult's Services was exemplary, therefore there would be no benefit in reviewing this topic.

The Chair asked the Director of Public Health on what in his view would be a suitable topic for the Adult's Task Group to review. The Director of Public Health stated that he would like to discuss this with the Executive Member for Adult's Services and therefore it was agreed a meeting with the Executive Member for Adult's Services and the Scrutiny Manager would be arranged.

Some Members were keen to be given the opportunity of pre-decision scrutiny on the next Health and Wellbeing Board Strategy

The Director of Public Health also suggested that the Single Integrated Plan of the Clinical Commissioning Group was due to be signed off in the autumn, therefore this could come to the Children and Health Overview and Scrutiny Committee in August.

RESOLVED -

1) That a meeting be set up with the Executive Member for Adult's Services, the Director for Public Health and the Scrutiny Manager to consider an appropriate review topic for the Adult's Task Group.
2) That the Health and Wellbeing Board Strategy be submitted to the Children and Health Overview and Scrutiny Committee meeting in July / September 2013, for pre-decision Scrutiny.
3) That the Single Integrated Plan of the Clinical Commissioning Group be submitted to the Children and Health Overview and Scrutiny Committee in June 2013.

42. Other Areas for Consideration

The Chair provided the Committee with an update on the Lancashire Dementia Consultation stating, that it had previously been agreed to join the Lancashire County Council's Committee for the Dementia Consultation, but that the Council reserved the right to bring the decision back to the Children and Health Overview and Scrutiny Committee. Members were informed that two options had been put forward, these were Option 1 – Services located solely in Blackpool and Option 2 Services located in Blackburn and Blackpool.

Member's views were sought on the two Options and it was recommended that the preferred Option for Blackburn with Darwen was Option 2. Members were further informed that a decision was due to be made soon on the location of services and that the Committee would be updated on the outcome of that decision in due course.

Signed……

Chair of the meeting at which the Minutes were signed

Date……