

**HEALTH AND ADULTS  
OVERVIEW AND SCRUTINY COMMITTEE  
Monday 17<sup>th</sup> June 2013**

**PRESENT** – Councillors O’Keeffe (Chair), Brookfield, Daley, D Foster Humphrys, Hollings and D Smith.

**Co-optees** - none.

**Also Present –**

Cllr Khan	Executive Member for Health and Adult Services
Dominic Harrison	Director of Public Health
Steve Tingle	Director of Adult Social Care
Martin Eden	Link Chief Officer to the Committee
Ben Aspinall	Scrutiny Manager

**RESOLUTIONS**

**1. Welcome and apologies**

The Chair welcomed everyone to the meeting.

Apologies were received from Councillors Groves, Riley, Sidat and Heather Taylor (Senior Support to the Committee.)

The Chair gave a brief explanation as to why the Committee had changed. He advised that at the Annual Council, Members voted to change the structure of scrutiny at Blackburn with Darwen, adopting a more holistic approach specifically regarding children and young people, health, public health and adult social care. Addressing the remit of this Committee he explained that aspirations were for it to have a remit to scrutinise all things health, public health and adult social care.

The Committee were also advised that when deciding their work programme there would now be a specific challenge to include issues that had been raised by, or would have a significant impact on, Looked After Children.

**RESOLVED –**

1. That apologies be noted from Cllrs Groves, Riley, Sidat and Jacqueline Slater; and
2. That the changes outlined and agreed at Annual Council be noted.

**2. Minutes of Children and Health Overview and Scrutiny Committee meeting held on 13<sup>th</sup> March 2013**

It was noted that Cllr B Taylor and Mr F Kershaw should have been included as present at the meeting held on the 13<sup>th</sup> March 2013 and that the Committee had been separated into two new individual Committees being renamed the Children and Young People Overview and Scrutiny Committee, and the Health and Adults Overview and Scrutiny Committee.

**RESOLVED –**

1. That subject to the inclusion of Cllrs B Taylor and F Kershaw as attending; and
2. That the Minutes of the meeting of the Children and Health Overview and Scrutiny Committee held on 13<sup>th</sup> March 2013 be agreed as a correct record.

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

There were No Declarations of Interest were received.

**4. Work of the Executive – the Corporate Plan and Executive Member priorities 2013/14**

**Executive Member for Health and Adult Social Care**

The Chair welcomed the Executive Member for Health and Adult Social Care and invited him to present his priorities, challenges and pledges for 2013/14. Councillor Khan advised the Committee that within his priorities for Health were:

- Delivering health improvements identified in the Health and Wellbeing Strategy and Public Health Outcomes Framework;
- Delivering ‘health in all policies’ across the whole Council through:
  - 5 PH targets per Directorate; and
  - Integrated Health/Equality Impact Appraisal.
- Making sure the Council delivers on its new responsibilities for health as part of the NHS reforms:
  - HWB Board, Health-Watch and Public Health.
- Joining up the planning, buying and delivery of Public Health, Adults and Children’s Services.

The Executive Member continued by outlining the challenges for Health as:

- Recession and welfare reform will make many public health outcome indicators worse;
- NHS reforms have de-stabilised the wider ‘NHS system’ i.e. LA Public Health picking up remedial work (Measles, Keogh’s Hospital Review etc);
- New responsibilities for Local Government PH still emerging after 1/4/13 (e.g. Radiation response);

- Public Health Teams operating effectively in new Local Government environment (having much to learn!);
- Demand - new expectations from Local Government and continued expectations from NHS for Public Health input, but with only the same specialist resources available.

Councillor Khan advised the Committee that within his priorities for Adult Services were:

- Engaging with local residents and supporting people within communities to do more to help each other;
- Putting support in place early so that people can stay independent for longer;
- Joining up services so there is seamless support for people with significant needs and their carers;
- Enabling and empowering the people who receive our care services by providing choice and control; and
- Safeguarding vulnerable people.

The Executive Member continued by outlining the challenges for Adult Services as:

- Demographic pressures from an ageing population and complex needs;
- Reducing resources – £17M taken out of ASC by April 2015;
- Welfare benefit impacts;
- National minimum eligibility on the way (likely to be at our current level);
- Raising quality whilst demand rises and resources fall;
- LGA figures suggest BwD is already underfunded by £2M, based on a national shortfall of £4bn by 2014;
- Increased numbers mean an additional £2M worth of residential care beds and £3M worth of additional home care funding by 2020; and
- Dilnot will reduce how much individuals pay, but does not address the global funding shortfall.

The Executive Member concluded with an outline of the following pledges for his portfolio:

*By 2015, we will have ensured that the Council has:*

- Helped residents to live longer, healthier lives;
- Effectively managed rising social care demand and put money back into more preventative services;
- Implemented its new responsibilities for improving health and well-being;
- Brought together all of its key commissioning services for health and wellbeing, to improve services and value for money;
- Supported more vulnerable people to live at home for longer;
- Made sure that more people with care needs, who want to stay in their own homes, can do so; and
- Increased the number of residents who take control of the care services that they receive.

Members of the Committee raised questions under the following headings and received the following responses:

Roles responsibilities and accountability:

The Executive Member was asked that in light of the number of new bodies and organisations that had evolved in the last 12 months, was there an outline of whose role it was to scrutinise which function. The Committee were advised that the Scrutiny Manager was giving a presentation on this specific issue to the Health and Wellbeing Board the following week. It was agreed that the report on which that presentation was based would be circulated to all Members of the Committee.

The Executive Member was asked what structures were being put in place to ensure other departments take up their new Public Health responsibilities and how was that going to be monitored to ensure compliance? And how was the impact going to be monitored? The Committee were advised that the key rational was to get Public Health on everyone's agenda, and that all Directors had been approached personally by the Director of Public Health to carryout Public Health activities in their Directorates, over and above their current roles. Each Director was being tasked with 5 priorities to deliver within the "Public Health Outcomes Framework".

Integrated commissioning:

Members were advised that commissioning of services had been brought together and a whole system approach was going to be adopted in a key number of areas: social isolation was cited, with reference that the design and delivery of solutions would involve the public. It was also explained that investment in preventative services could result in better, cheaper and improved outcomes. The Falls Prevention Service was given as an example, where the relatively small amount of money spent on the service (which currently supported approximately 200 people in the Borough) had much better value for money outcomes than the expensive costs associated with the treatment of hip fractures. It was also explained that there was a significant focus on following outcomes as opposed to organisational targets.

Statistics and benchmarking:

Members of the Committee asked if there were any statistics that could be analysed to establish a benchmark against other Local Authorities, and from which to understand the delivery of best practice in other areas. The Director of Public Health advised that the National Institute of Clinical Excellence produced Best Practice guidance on several Public Health themes.

Care package entitlements:

The Committee asked who monitors if individuals receive the care packages they are entitled to. It was explained that the Council as Commissioners of the service did this and that as part of that monitoring service users were asked for their views. It was explained that there were issues regarding travel time; that in every hour ten minutes could be allocated to travel time, yet some care recipients

saw the full hour as being their entitlement. It was further explained that when a half hour is commissioned this would normally be described as a specific task to be undertaken. A common misunderstanding was that once the task had been completed the carer would usually leave as opposed to completing a further variety of other duties that had not been commissioned.

Finally, the Committee were advised that the independent body, the Care Quality Commission (if asked) would advise that Blackburn with Darwen were considerably better at delivering commissioned care than others.

The Executive Member, the Director of Public Health and the Director of Adult Services were thanked for their attendance and contributions.

#### **RESOLVED –**

1. That the Local Government Association / Centre for Public Scrutiny joint report “Local Healthwatch, health and wellbeing boards and health scrutiny – Roles, relationships and adding value” be circulated to Members of the Committee; and
2. That the Executive Member for Health and Adults and his team be thanked for their attendance and contributions.

#### **5. Committees work programme**

The Scrutiny Manager led the Committee through a précis of the discussion that had taken place with the Executive Member, highlighting the main issues of debate that had been raised.

Prior to choosing the work programme, at this point the Chair of the Patient Voice Group, Russ McClean was invited by the Chair to address the Committee. He advised that he agreed with the principles outlined for elderly social care and residents of the Borough, advising that the Patient Voice Group were involved in a number of initiatives which would bring about positive results.

#### **RESOLVED –**

1. That the Chair of the Patient Voice Group be thanked for his attendance and contribution;
2. That a detailed work programme be brought to the July meeting of the Committee for approval; and
3. That the Committee agreed the following areas be further developed into a realistic work programme.

Benchmarking:

- Request the health data for Blackburn with Darwen, specifically on obesity, smoking, alcohol, housing and any other areas that may be significantly underperforming;
- Compare health data against some of our nearest neighbour comparators, in order that the Committee can study the areas of underperformance and challenge how this is being addressed; and
- For the Committee to look at best practice and best outcomes in other areas and ascertain if similar principles could be applied to Blackburn with Darwen.

Public Health inclusion:

- For the Committee to be given a breakdown of the 55 Public Health contracts that have become a Council responsibility; and
- For the Executive Member to demonstrate how those services are being promoted and embedded into the main function of the Council; outlining the key individuals taking responsibility for ensuring their delivery.

Review methodology:

- For the Committee to analyse the National Institute for Clinical Excellence (NICE) data to ascertain if reviews have been done in the areas of interest the Committee may choose; and
- If a review is not available for the Committee to follow, then the principles that have been outlined in other reviews should be followed.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....