

**HEALTH AND ADULTS
OVERVIEW AND SCRUTINY COMMITTEE
Monday 11th September 2013**

PRESENT – Councillors O`Keeffe (Chair), Brookfield, Daley, Groves, Humphrys, Hollings, Riley, Sidat, Jacqueline Slater 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 Commissioning and Adult Care
Martin Eden	Link Chief Officer to the Committee
Heather Taylor	Senior Support Officer
Ben Aspinall	Scrutiny Manager

RESOLUTIONS

11. Welcome and apologies

The Chair welcomed everyone to the meeting.

Apologies were received from Councillor D Foster.

RESOLVED –

That apologies be noted from Cllrs D Foster and Groves

12. Minutes of the Health and Adults Overview and Scrutiny Committee meeting held on 15th July 2013

Members of the Committee agreed that the minutes of the Health and Adults Overview and Scrutiny Committee be received as correct record with an amendment to Steve Tingles title Director of Commissioning and Adult Care not Director of Adult Social Care.

RESOLVED –

That with a change to title outlined above that the Minutes of the meeting of the Health and Adults Overview and Scrutiny Committee held on 15th July 2013 be agreed as a correct record.

13. Declarations of Interest in items on this Agenda

No Declarations of Interest were received.

14. Work of the Executive – Pre-decision Scrutiny and the Forward Plan

Overview of Public Health in the Borough

The Director of Public Health referred the Committee to four slides included with the agenda which outlined the community health profile for Blackburn with Darwen in 2012. The Chair of the Committee asked at the outset for him to address the questions of whether the Borough was improving and if so how quickly were these improvements taking place. The Committee were advised that the Borough was doing marginally better based on the statistics: Reasons for progress being marginal were explained to the Committee as being attributable to 52% of the population living in the lowest 20% of deprivation; which impacts significantly on health outcomes. Members were advised that poor housing often offered low rent which attracted people with low income who in turn tend to experience the poorest health. It was explained that it was difficult to divorce social economic factors from public health outcomes. Members were also informed that inherited ill-health also played a significant factor in determining public health. Inherited in this instance referred to cultural, lifestyle and behavioural factors. In addition to these factors adverse childhood experiences were considered to impact on public health outcomes, and were to be subject of a wider review. The Director of Public Health offered to present pilot findings to the Committee.

The Director of Public Health was asked why there had not been a significant shift in outcomes as a result in investment to social housing stock. The Committee were advised that the issue was not straightforward, he advised that investment in housing stock would have positive outcomes, however that required all landlords (including the private rented sector) to contribute. Adding to this it was explained that many diseases are diseases of a lifetime, reliant on a series of factors and an accumulation of risk, with the impact being determined by a persons of avoidance, mitigation or acceleration of risks associated with such diseases: Tobacco consumption and alcohol consumption were specifically cited as examples. As referred to in the health summary chart both these domains ranked significantly worse than average with discounted alcohol remaining problematic for the Borough contributing to a ranking in the worst 10% for alcohol related harm (calculated as either direct cause or exacerbated i.e. drinking too much for too long).

Members of the Committee were advised that of the £13m Public Health spend, currently £4.2m was dedicated to alcohol or drug services, with the balance of spend currently with drug services, however members were asked to note that there was currently a review of spend currently underway with a comprehensive partnership approach (i.e. not just the Council) targeting a wide spectrum of alcohol related issues. Minimum price of alcohol was raised (again) with some debate as to whether the consequences would positively affect a reduction in consumption or contribute to an increase in family poverty. The Director of Public

Health was asked what initiatives were currently underway to address hospital stays for alcohol related harm. It was agreed that a list would be circulated to the Committee.

Members asked why Councils such as Sandwell had moved or in some cases disappeared from the league tables, and whether there were lessons to be learnt from other authorities and the way they tackled public health issues. The Committee were advised that the statistics played a significant part; in that data was affected by the Census recount of 2011 – the Office of National Statistics (ONS) setting the population against 2001 data (previous Census) and having to guesstimate each year in between. The outcome being that Blackburn with Darwen population was 7% higher than ONS anticipated. Notwithstanding the calculations, responding to the original question it was explained that Sandwell did have several examples of good practice.

There was some discussion and suggestion of widening the Landlord Licensing Scheme to incorporate a Borough wide approach: Members questioned this approach referring to previous advice which had outlined the approach needed to be initiated in pilot areas, and yet some London Boroughs were considering the wider option.

Differences between factors (people to do things) and conditions (e.g. housing) were explained, as was the fact that health services only contribute approximately 20% to the status of the population; that other factors such as income education and employment needed to be taken into account too.

Re:refresh was mentioned by the Committee as one of the Boroughs initiatives that had impacted positively on the lives of those 50+, with the suggestion that the scheme could be focussed on younger people to try and achieve the same results. It was explained to the committee that there was significant evidence to suggest that those of school age already participated in physical activity, with a drop in numbers being seen once a young person had left education. Some Members recalled the success of walking day initiatives at schools where they were Governors.

Executive Member for Health and Adult Social Care

The Executive Member gave the Committee a resume of the budget based on the Corporate Budget Monitoring Report 2013/14.

RESOLVED –

That the Executive Member for Health and Adults, the Director for Adult Social Care and the Director of Public Health be thanked for their attendance and contributions. Explanations were given to the Disabled Facilities Grant (DFG), and Telehealth slippage (underspend) from last year. Members asked if the DFG

was ring fenced with conditions and whether it applied only to Twin Valley Homes housing stock; it was explained that this was Twin Valley Homes contribution to the Disabled Facilities Grant. Members asked whether the delivery of the Telehealth to over 80s was on target and were advised that a decision had been taken 6 months ago to provide Telehealth to residential care homes to afford carers some time and space to deliver a wider variety of functions, and rather than create a new scheme, subsidising the use of existing providers (AgeUK and Twin Valley Homes) both of whom had comprehensive networks, was a better use of resource. Members were advised that a partnership Board had been setup, that 9 of the 24 independent sector providers had expressed an interest and that results would be known after 12 months. It was anticipated that the Borough would attract 1800 Telecare users by 2014. Members were also informed that the policy had been developed using the North Yorkshire model which was heralded as a national exemplar, and that Blackburn with Darwen Borough Council was set to exceed the numbers in the model. Some members of the Committee reflected their own personal experiences of Telecare for members of their families, giving very positive anecdotes and speaking highly of the Boroughs scheme.

Questions were asked of the housing budget (page 14 of the report), to which it was explained that the staffing budget currently sat with Adult Services, however staff were managed within the Neighbourhoods Housing and Customer Services portfolio, therefore a recurring transfer of £90,500 was required to realign budgets.

The Committee were advised that the portfolio remained on track to deliver its revenue budget by the end of the year and had currently achieved 47% of its efficiency target savings

Members asked in light of recent media announcements of possible winter month crises, whether the authority was prepared. It was explained to members that reserves had already been set aside as a contingency measure, and that the authority looks likely to receive additional funding from Central Government.

Response to 2012/13 recommendations made to the Children and Health Committee.

The Executive Member advised the Committee that responses to the recommendations were outlined in agenda item 4.2 and that he was happy to take any additional questions that may have arisen from the answers. He also advised that in specific reference to the Local Safeguarding Adults Board the Annual Report had been completed in readiness for the October 2013 deadline and was already due to be received by the Health and Wellbeing Board at their meeting on 23rd September. Members asked specific question on the loneliness recommendations that arose during the latter half of last years work programme.

Responses were as follows:

1. That the Executive Member for Adults Services considers appointing a visible champion for loneliness – a role that could either be absorbed by the older person's champion or one taken on by a partner organisation.
2. That regular briefing reports from the Older Persons champion are shared with members of the committee.

Recommendations 1 & 2: Following discussion it was agreed that a report would be brought back to the next meeting of the Committee.

3. That a centralised database of activities and services be promoted in both council and partner organisation outlets e.g. the new library based advice service, GPs surgeries, etc.
4. That the services both planned and currently on offer are more widely advertised and targeted.
5. That the older peoples forum reviews its services and client demography to establish those at "entry age" are given as much consideration as the majority of its membership who are 65+.

Recommendations 3, 4 and 5 are currently being reviewed by thematic leads at the Health and Wellbeing Board. The previous Chief executive from Age UK Leads this group.

6. That leaflets are better targeted.- several organisations produce their own literature which promotes other organisations. In times of financial prudence the joint production of shared cost leafleting is an option the sub group would like to see council and partner organisations (through the JSNA) consider.
7. That the Health and wellbeing Board consider the use of the Campaign to End Loneliness toolkit as part of its ISNA formulation
[:http://www.campaigntoendloneliness.org.uk/toolkit/](http://www.campaigntoendloneliness.org.uk/toolkit/)
8. There is a need to better promote both the availability and usage of community transport services.
9. The sub group support the need for mentors to help to introduce people to new social groups e.g. hand-holding when they make the first visit.

15. Committees work programme

The Scrutiny Manager outlined to the Committee key issues that had been raised in earlier debate and where they could appropriately be included within the work programme.

As soon as possible – (and to be completed by September 11th meeting):

The Director of Public Health and Scrutiny Manager to provide the following:

- Health data for Blackburn with Darwen, specifically on obesity, smoking, alcohol, housing and any other areas that may be significantly underperforming;
- Comparative 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
- Examples of best practice and best outcomes in other areas to ascertain if similar principles could be applied to Blackburn with Darwen.

For the Scrutiny Manager to circulate the breakdown supplied by Public Health of the 55 Public Health contracts that have become a Council responsibility; and

For the Executive Member / Director of Public Health to provide an overview of 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.

For members of the Committee to discuss with relevant Directors their anticipated delivery of Public Health service initiatives.

November 13th meeting:

Presentation: Vaccination and Immunisation uptake rates in Blackburn with Darwen:

Requests were made for three representative bodies to attend the September meeting of the Committee to advise on the implementation of the new operating model, however due to long-standing leave commitments this item will now form part of the agenda for the Committee meeting on the 13th November.

Benchmarking:

1. Request the health data for Blackburn with Darwen, specifically on obesity, smoking, alcohol, housing and any other areas that may be significantly underperforming;

Update: This item is the subject of a presentation at the September meeting.

2. 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
3. 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.

Update: Item 1 forms part of the agenda for the September meeting, subsequently items 2 & 3 will be progressed from September to November.

Public Health inclusion:

1. For the Committee to be given a breakdown of the 55 Public Health contracts that have become a Council responsibility; and
2. 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.

Update: The Committee have received a breakdown of contracts and an explanation of how (in principle) the services will be promoted and embedded. The Committee were satisfied with the overview they received, choosing to conclude the initial scrutiny of this topic and revisit it later in the year (from January onwards).

Review methodology:

1. 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
2. If a review is not available for the Committee to follow, then the principles that have been outlined in other reviews should be followed.

Update: Ongoing.

PRE decision Scrutiny: Potential areas for consideration:

Adult Social Care

1. Future housing and care needs of frail older people, including care homes, sheltered housing and extra care
2. Tackling social isolation
3. Falls prevention

Update: None chosen to date. Social isolation was subject of a detailed review in the latter half of 2012/13.

Health

- 1) Keogh Review Report: due out late July with suggestions and recommendations for the hospital following their review. There is

potential for health scrutiny to review this report and make some possible further suggestions for actions the hospital could implement to address any of the identified problems.

2) Health and Wellbeing Strategy implementation.

3) Vaccination and Immunisation uptake rates in Blackburn with Darwen:
This would require scrutiny of Public Health England's plans for Blackburn with Darwen (as this became their responsibility from 1/4/13) and the new operating model for this system from April 1st.

Update: The Committee chose 1 & 3.

Keogh review: An informal discussion took place on 3rd September with the Chief Executive and Deputy Medical Director of the East Lancashire Hospital Trust and the Clinical Chief Officer and the Director of Quality from the Clinical Commissioning Group for Blackburn with Darwen. The working group comprised the Leader of the Council, Executive Member for Health and Adult Social Care, Chair of Local Health Watch, Chief Executive of AgeUk and cross party Scrutiny representation from this Committee. Recommendations and suggested further actions will be received by the Health and Wellbeing Board on the 23rd September.

15th January 2014 meeting:

For the Committee to receive from the Health and Wellbeing Board an update on the implementation and delivery of the Health and Wellbeing Strategy.

RESOLVED –

That progress on the Committee work programme as outlined above be noted.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....