

**HEALTH AND ADULTS  
OVERVIEW AND SCRUTINY COMMITTEE  
Wednesday 10<sup>th</sup> September 2014**

**PRESENT** – Councillors O’Keeffe (Chair), Riley, Whittle, Humphrys, D. Smith, H. Akhtar, Jacqueline Slater, Brookfield, Hardman and K. Foster.

**Also Present –**

Cllr M Khan	Executive Member for Health and Adults Social Care
Cllr Taylor	Lead Member for Health and Adult Social Care
Dominic Harrison	Blackburn with Darwen Director of Public Health
Martin Eden	Director of Culture, Leisure, Sport and Young People
Heather Taylor	Head of Service Committee Support
Ben Aspinall	Head of Democratic Services
Rebekah Mercer	Scrutiny Support Officer
Martin Hodgson	Director of Service Improvement, East Lancashire Hospital Trust (ELHT)
Debbie Nixon	Chief Operating Officer Blackburn with Darwen Clinical Commissioning Group (CCG) and Director of Mental Health commissioning
Steve Winterton	Engagement Director, Lancashire Care Foundation Trust (LCFT)
Dr Helen Park	Associate Medical Director, Lancashire Care Foundation Lancashire Care Foundation
Joe Slater	Chair Blackburn with Darwen Clinical Commissioning Group
Mark Rasburn	Chief Executive, Blackburn with Darwen HealthWatch

**RESOLUTIONS**

**1. Welcome and Apologies**

The Chair welcomed everyone to the second meeting of the Health and Adults Overview and Scrutiny Committee for 2014. Apologies were received from Councillor Hollings and Professor Eileen Fairhurst Chair of East Lancashire Hospital Trust.

**RESOLVED –**

That the apologies be noted.

## 2. Minutes of Meeting held on 7<sup>th</sup> July 2014

The Committee agreed that the Minutes of the Health and Adults Overview and Scrutiny Committee held on 7<sup>th</sup> July 2014 be received as a correct record.

**RESOLVED** –That the Minutes of the meeting held on 7<sup>th</sup> July 2014 be agreed as a correct record.

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

There were no Declarations of Interest received.

## 4. Partnership priorities, common agendas and collaborations.

In light of the priorities and challenges outlined by the Executive Member for Health and Adults at the previous meeting, senior representatives of the Clinical Commissioning Group, East Lancashire Hospital Trust, Lancashire Care Foundation, Healthwatch and Public Health were invited to a Collaborative Inquiry discussion as to whether their respective organisation agendas had the same priorities, and explore the possibilities of a collaborative approach to future service delivery.

The Director of Public Health outlined the three priorities chosen by the Committee at the beginning of the Municipal year; Obesity, Social Isolation & Loneliness and Welfare Reform. He gave a brief overview of the problems faced by the department, and took the enquiry through a discussion as to what is being done, what more could be done and what could be taken forward as a recommendation.

Members were informed of the obesity rates in Blackburn with Darwen and were advised that in children of Reception age, 10.5% were obese which was higher than the national average of 9.3% and only 24% of adults eat healthily, which was worse than the national average of 28.7%.

The committee was advised that the Public Health department had targeted the following areas with the aim to reduce obesity and its related diseases;

- **Maternity**
  - 12 week pregnancy book in BMI assessment and care plan
  - Breast feeding peer support pilot, BFI Stage 3 Accredited
- **Early Years 0-5**
  - HENRY parenting programme delivered across Children's Centres
  - Healthy Start programme / Vitamin D Shine campaign
- **Children & Young People**
  - NCMP: Proactive feedback of weight category results to parents/carers
  - ACES (Active Children Eating Smart) family weight management programme
- **Adults**

- Community weight management services, linked to Wellbeing Service offer
- Food skills and nutrition education services
- **Wider determinants**
  - Recipe4Health Healthy Catering Business Award
  - Fast Food Restriction Policy
  - Access to fruit and vegetables e.g. Allotments / delivery to vulnerable groups,
  - Regional lobbying campaign 'Food Active' to reduce obesity / sugary drinks

The Director of Public Health advised the areas where the department felt there was room for improvement in the challenge to combat obesity;

1. Review local strategy and expand scope
2. Routine assessment of BMI at 2-2.25 year check
3. Adopt Growth Policy across all key organisations
4. Develop workforce - Routine raising the issue of weight, Making Every Contact Count
5. Increase age appropriate interventions for adolescent health and wellbeing opportunities
6. Ratify and implement local Fast Food Restriction Policy
7. Strengthen Healthy settings approach
8. Develop Sustainable Food Procurement Policy
9. Develop safe places to play and access to green spaces
10. Public health campaigns and behavioural insights

In addition, the department felt that those of South Asian origin need to be particularly targeted with any healthy living campaigns, as it was pointed out that this particular cohort was significantly more at risk of developing complications from obesity and its related diseases.

The Director of Public Health explained that the rate of underweight children in the borough was almost double the regional and national average; and this would be monitored via the National Child Measurement Programme (NCMP).

Members told the Inquiry that over the last few weeks, discussions had taken place with Members of the Licencing Committee and Department, with the aim to work collaboratively to campaign for change to Licencing Laws to allow restrictions on the basis of concern for Public Health and alcohol related harm.

The Associate Medical Director (Dr Park) advised that a lot had been done behind the scenes by health visitors and school nurses to date and agreed that these services could be utilised further to focus on obesity by bringing the focus to physical activity and food into current tests. She added that this would need to have a collaborative and consistent approach.

Members questioned if it was now more difficult to work with schools as many had become Academies/Free Schools and were therefore no longer under the

control of the local Authority. The Associate Medical Director advised that this was not something that had been considered but that it was something that would be taken on board going forward.

Concerns were raised by Members around the choice that people have to eat anything and exercise as much or as little as they want. Members welcomed a campaign to demonstrate the effects of an unhealthy lifestyle, similar to that launched about the repercussions of smoking. The Director of Public Health advised that whilst consumers did have choice; the marketing and product placement by large, international, companies influences that choice. He added that products with high fat, salt and sugar contents were being directly marketed at children and these companies needed to be targeted for change.

The Inquiry heard that there had already been many successful campaigns within Blackburn with Darwen such as the Refresh Scheme within Culture, Leisure & Sport and Young Peoples Services. Members raised concerns that not all employees knew about all the services on offer to residents and felt that development of the workforce to make every contact count would be beneficial.

The Chief Operating Officer of Blackburn with Darwen Clinical Commissioning Group (CCG) informed the Inquiry that input from all agencies would be welcomed to assist with the implementation of an integrated healthcare service. She explained that the aim was to develop a single point of access for healthcare professionals, where all information is stored, allowing for co-ordinated multi-agency working. The Chief Operating Officer stated that work had begun to formulate a central hub that would hold all service information to allow for co-ordinated, multi-agency working and to assist in making every contact count.

Members noted that there were many untapped resources within the borough such as Youth Zone and Knott Street Community Centre which could be utilised for talks and activities around healthy living to young people in the borough.

The Director of Public Health gave an overview of social isolation and loneliness and advised that it was important to recognise that it was both a cause and a consequence of ill health. He explained that success in Public Health had led to people living longer but had also increased the potential for isolation and loneliness.

The Committee was advised that those most at risk of social isolation and loneliness were;

- those on low income
- those who live alone
- men
- older people, particularly aged over 80

To try to combat social isolation and loneliness, the Director of Public Health told the enquiry that the Community Wellbeing Coordinators Team were working with community centres to set up good neighbour schemes, and with isolated people, to try and get them involved in their community by signposting them to activities at their local Community Centre and other local services. The team obtained referrals from Police Community Support Officers who were based in neighbourhood teams, and posted leaflets through people's doors to raise awareness.

Members were informed that Age UK Blackburn with Darwen provided a befriending service for older people called the Caring Neighbourhood Scheme Befriending Service (CNS). Demand for this service was high and the needs of the scheme users had continued to increase. Participants received a weekly "Phonelink" or a visitor or both depending on their need and the service was provided to older people who were housebound and socially isolated. The delivery of the service was provided by volunteers of whom there were 10 Phonelink volunteers and 35 visiting volunteers who provided 4500 hours to support the delivery of the service.

The Director explained that there were paradoxes to social isolation and loneliness as knowledge needed to be gained about those who are isolated before being in a position to help integrate them. He advised that gaining knowledge had proved to be difficult.

Members heard that 70% of people in hospital were those with long term conditions and the biggest determinant independent living was if the person had social support; if residents had people to assist them with daily living, it was likely that this would prevent them being hospitalised.

Reducing loneliness and isolation would help to address health inequalities, build stronger communities with enhanced social assets and greater cohesion and Effective prevention and early intervention would be relatively low cost, and in turn brings significant cost savings.

The Chief Operating Officer advised that another Authority had looked at those on assisted bin collection to identify those who may be in need. She explained that a big issue was to ensure that there was an easy way for people to tap into the services that they may need; it was hoped that there would be a single number and system that would direct a service user to whichever service they need. It was advised that this was in the pipeline and would be a huge asset.

Cllr Taylor, as representative of the Older People's Forum, advised that there were many social events on for residents of the borough that people do not know about. He told the Committee that a coffee morning was held every week at the Sunnyhurst Centre for people to gather and talk, there was also a coffee shop at Darwen Leisure Centre but these resources are not advertised fully; and many residents were bussed in from nursing homes rather than from the local community. He felt that there needed to be a better system in place for senior citizens with more co-ordination.

Members felt that it would be beneficial to have a lead Member to co-ordinate the service.

In response to questioning from Members, the Chief Operating Officer advised that in theory there was a system in place to identify those that were vulnerable to other agencies once they were discharged from hospital, but many staff did not know about the range of services that were available. She advised that there had been a lot of work on three major system changes; intensive home support scheme, keeping people out of hospital and enhanced discharge arrangements and there would be a live, comprehensive hub, that would be piloted for 18 months, to allow all healthcare providers to see all health services. She added that there was a task group with officers from many agencies working together to roll the hub out, initially to other professionals, with the aim that the 2% at most risk upon discharge from hospital would have a multi-agency care plan in place.

The Associate Medical Director advised that studies had shown that 70% of benefit to the management of a condition was peer group support and offered the assistance of the Lancashire Care Foundation as this hub would support the work already being done in the Trust.

Members felt that working with the environment department was a good idea and that more needs to be done to ensure that workers who may encounter vulnerable residents know where to report their concerns.

The Director of Public Health explained key approaches to help target social isolation and loneliness;

- Public health interventions designed to address other key health challenges could also, if properly targeted, impact on social isolation e.g. efforts to increase physical activity or prevent falls also create opportunities to increase social interactions and build networks.
- Use an 'action research' approach, which involves recruiting community researchers with interest in/experience of loneliness in mapping local assets available to support lonely and isolated people (Joseph Rowntree Foundation Neighbourhood approaches to loneliness programme)

He then gave the Inquiry an overview of the effects of the welfare reform and explained that because it was known that there would be further budget cuts in the future; the Public Health service needed to be based on 'predict and prevent' strategies. Working in a similar way to the private sector to strive for early interventions would save money in the long term.

Members heard that with 52% of BwD Population was in the most deprived 20% in England and that the population was simply more vulnerable to the negative consequences of the welfare reform.

Members noted that the foodbanks in the area recently had to expand due to the high demand; and this was a direct result of changes to the welfare system.

The Director of Public Health advised that in 2013/14;

- 3362 foodbank vouchers were distributed (a voucher is for 3 meals a day for 3 days)
- 7460 people in the household to which vouchers were provided
- 67140 meals were provided (I.E 9 per person)

Concerns were raised by Members that the Foodbanks were voluntary, and if further residents were signposted to them via the new hub then there would be an increased pressure on the service. It was felt that this should be changed from goodwill to an institutional service.

In response to questioning from Members, The Director of Public Health advised that greatest determinant as to why residents were out of work in the borough are mental health illnesses; stress, anxiety etc. He added that these illnesses have the highest long term diagnosis in the area and such illnesses are exacerbated by economic decline.

The Inquiry was shown graphs denoting life expectancy was much lower in the borough in comparison to other areas, and the Director of Public Health explained that the Local Authorities with high mortality rates have had much greater budget cuts than the average since 2010.

It was noted that Life Expectancy 2001-2011 had improved at a slower rate for the most deprived 20% in the North compared to the same group in the south. The director of Public Health Advised that Blackburn with Darwen faced many challenges to improve the life expectancy of the borough. He explained that because of the high risk nature of the demographic combined with the welfare reform and food poverty, progress was slow.

The Inquiry heard that there was a report (“Due North”) to be published in the coming weeks which portrayed improvement to live expectancies between 2001 and 2010. The Director of Public Health informed Members that Blackburn with Darwen was in the top 25% of boroughs who had improved live expectancy. He added that this was a great achievement but there was still a long way to go, and with further budget cuts expected to public services, the community needed to be made resilient in different ways.

#### **RESOLVED –**

- 1) That the members of the East Lancashire Hospital Trust, Clinical Commissioning Group (Blackburn with Darwen), Lancashire Care Foundation Trust and the Director of Public Health be thanked for their attendance.
- 2) That the presentation by the Director of Public Health be noted.

#### **5. Committee’s Work Programme**

The Head of Democratic Services informed the Committee that two task groups had been held, one discussing the implementation a fifth licencing objective and an in depth briefing on Public Health. He advised that a further

meeting would be set up to discuss social isolation and its consequences and the notes from these briefings would be circulated.

Members heard that the Committee meeting was to open the lines of communication between agencies and begin to work towards a collaborative and appreciative enquiry. It was felt that the meeting achieved its aims as there were several issues raised that would make for sound recommendations going forward.

It was agreed that the Chair, Vice-Chair and Head of Democratic Services hold a separate discussion to bring forward a list of recommendations from which the Committee can then prioritise and decide upon the work programme going forward.

**RESOLVED –**

- 1) That the Chair, Vice Chair and the Head of Democratic Services meet to bring forward a list of Recommendations for the Committee to agree.
- 2) That the notes from Public Health and Licencing briefing be circulated to the Committee.

Signed.....

Chair of the meeting at which the Minutes were signed

Date.....