

<b>Report to:</b>	<b>Health Scrutiny Committee</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Decision/ Meeting</b>	25 <sup>th</sup> September 2014

## **BLACKPOOL CLINICAL COMMISSIONING GROUP**

### **1.0 Purpose of the report:**

1.1 The Committee to consider the update report from NHS Blackpool Clinical Commissioning Group (CCG).

### **2.0 Recommendation(s):**

2.1 To scrutinise the update, asking questions and making recommendations that are considered appropriate.

### **3.0 Reasons for recommendation(s):**

3.1 To ensure constructive and robust scrutiny of the report.

3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council? No

3.2b Is the recommendation in accordance with the Council's approved budget? N/A

3.3 Other alternative options to be considered:

None

### **4.0 Council Priority:**

4.1 The relevant Council Priority is

- Improve health and well-being especially for the most disadvantaged

## **5.0 Background Information**

### **5.1 Commissioning Strategic Plan**

5.1.1 The Committee will receive a briefing/presentation by Dr Mark Johnston on the Commissioning Strategy. The full strategy will be available shortly from the CCG's website at [www.blackpoolccg.nhs](http://www.blackpoolccg.nhs). This document is the strategy and plan for Blackpool Clinical Commissioning Group (CCG), for the period from 2014/15 to 2018/19. It sets out our strategy for the next five years, and some of the actions we will be taking to deliver that strategy. It is our part of the plan for the whole health and social care community, aligning with Blackpool's Health and Wellbeing Strategy and Better Care Fund Plan.

### **5.2 Lay Member Recruitment to CCG Governing Body**

5.2.1 The CCG has four lay members to help drive the work of the CCG. This is an important role within the Governing Body. The role of the lay members is to bring their knowledge as a member of the local community to the work of the governing body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day-to-day running of the organisation.

5.2.2 The role of the lay members is to ensure that the public and patients' views are heard through effective public and patient involvement, and that the CCG maintains effective governance arrangements. Each lay member will be assigned a particular area of responsibility dependent on skills, experience and expertise.

5.2.3 NHS Blackpool CCG is looking for up to two new lay members to join the Governing Body for a three-year term of office through to September 2017. Applicants will need to be local residents or people who have close links with the local community. Please note that people employed by the NHS or who work for an organisation where it is considered that there is likely to be a conflict of interest will not be eligible to apply. The role is a time-limited appointment with a remuneration of £8,041 per annum for a time commitment of 2.5 days per month, to include regular attendance at the Governing Body and committee meetings held on Tuesday afternoons. The closing date for receipt of applications was Tuesday, 23<sup>rd</sup> September 2014.

### **5.3 Eye Health**

5.3.1 National Eye Health Week will run from 22<sup>nd</sup> September to 28<sup>th</sup> September 2014. The CCG has responded to the NHS Call to Action to raise awareness and promote early identification locally. In partnership with Healthwatch and the Low Vision Committee, We have produced a range of literature and posters to outline key messages. Examples will be shown to Committee members at the meeting. In Blackpool we have an ageing population, as more people live longer. But, while this is good news, more people are living with multiple-long term conditions. We know that many of these conditions, such as diabetes and dementia, pose a significant risk to eye health. It is estimated that partial sight and blindness in adults costs the UK economy around

£22 billion per year. Now a 'Call to Action' will focus on a more preventative approach, early accurate detection and effective care in the community.

5.3.2 We want to improve eye health services for the people who use them, now and in the future but there are also compelling economic and social benefits for keeping the nation's eyes healthy:

- Eye health is socially very important as it allows us to more easily learn, work, travel and engage with other people.
- People who have suffered from sight loss are more likely to experience social isolation, depression and other psychological problems.
- There are close links between eye disease and avoidable health problems, such as falls - particularly amongst the elderly.
- One study (*Future sight loss UK: the economic impact of partial sight and blindness in the UK adult population*; Access Economics Pty Limited on behalf of RNIB, June 2009) estimates that partial sight and blindness in the adult population places a large economic cost to the country at around £22 billion per year.

5.3.3 Most people with eye health problems will have significant other health or social care needs. People with more serious eye care problems (including sight loss) may have particular health and social care needs, including for emotional support, psychological services and vision rehabilitation. We know that particular groups can experience difficulties in accessing appropriate health care services, including eye health services; these include people with mental health issues; frail elderly people; people with physical or learning disabilities; and homeless people

5.3.4 The key message is that people should not ignore or dismiss eyesight problems. They should seek advice and support; as it may be an indicator of underlying disease. Having an eye test will not only tell if someone needs new glasses or a change of prescription, it's also an important eye health check. It can spot many general health problems and early signs of eye conditions such as glaucoma, before people are aware of any symptoms – many of which can be treated if found early enough.

#### 5.4 **How Good Is Your Memory?**

5.4.1 Dementia is a serious and growing problem, not just in Blackpool but across England. There are 670,000 people living with dementia in England and this number is expected to double in the next 30 years.

5.4.2 Currently, less than half of people with dementia in Blackpool (47 per cent) receive a formal diagnosis. This is unacceptable. There were 2,004 people over the age of 65 diagnosed with dementia in Blackpool in 2012 and this is projected to rise to 2,212 by 2020.

5.4.3 Tackling dementia is therefore a priority for Blackpool CCG, working in partnership with social care and the third sector.

5.4.4 As part of our work around dementia, we have recently launched 'How Good is Your Memory?' The awareness campaign, launched under the partnership banner of Altogether Now – a Legacy for Blackpool, is aimed at those members of our community aged between 50 - 90. The message is a simple but effective one: if you are concerned, talk to your GP about memory screening.

5.4.5 Delivered in partnership with Empowerment; Blackpool and District Age UK; and Fylde Coast Carers Trust, the campaign explains what dementia is; highlights the signs and symptoms; and explains how everyone can lower their risk of developing dementia.

5.4.6 Free memory screening events are taking place across Blackpool as part of the campaign.

## 5.5 **Listening Event**

5.5.1 Healthwatch is facilitating a "Listening Event" with the CCG on the 17th October 2014 at 9.30am – 3.30pm to be held at the Imperial Hotel, Blackpool. The aim is to provide the public an update on commissioning schemes and gain feedback on our commissioning plans. The event will also include a Question and Answer session in the afternoon; with a panel of public sector representatives. Previous events have been well received and attended with very useful feedback. Approximately 100 attendees are anticipated and feedback will be reported at the next Health Scrutiny Committee.

## 5.6 **Witnesses/representatives**

The following persons have been invited to attend the meeting and report on this agenda item:

- Roy Fisher, Chairman, Blackpool Clinical Commissioning Group
- Helen Skerritt, Chief Nurse, Blackpool Clinical Commissioning Group
- Dr Mark Johnston, Head of Planning and Transformation, Blackpool Clinical Commissioning Group

Does the information submitted include any exempt information?

No

### **List of Appendices:**

None

## 6.0 **Legal considerations:**

6.1 N/A

**7.0 Human Resources considerations:**

7.1 N/A

**8.0 Equalities considerations:**

8.1 N/A

**9.0 Financial considerations:**

9.1 N/A

**10.0 Risk management considerations:**

10.1 N/A

**11.0 Ethical considerations:**

11.1 N/A

**12.0 Internal/ External Consultation undertaken:**

12.1 N/A

**13.0 Background papers:**

13.1 None