MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 11th DECEMBER 2014

Present:

Councillor M Mitchell (Chairman)

Councillors

D Coleman	Hunter	Elmes	Stansfield
Benson	Owen	H Mitchell	

In attendance:

Dr A Thornton and Mr A Rose, Lancashire Care NHS Foundation Trust.
Dr R Morgan and Mrs P Oliver, Blackpool Teaching Hospitals NHS Foundation Trust.
Ms L Donkin, Public Health Specialist, Blackpool Council.
Mr S Boydell, Senior Public Health Analyst, Blackpool Council.
Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.
Councillor E Collett, Cabinet Member for Public Health.

Also Present:

Ms B Charlton, Healthwatch Co-optee.

1. DECLARATIONS OF INTEREST

Councillor M Mitchell declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that he was a Governor of that Trust.

Councillor Benson declared a personal interest in agenda item 5, Blackpool Teaching Hospitals NHS Foundation Trust. The nature of the interest being that she was an employee of that Trust.

2. MINUTES OF THE MEETING HELD ON 6th NOVEMBER 2014

The Committee agreed that the minutes of the meeting held on 6th November 2014, be signed by the Chairman as a correct record.

3. PUBLIC SPEAKING

The Committee noted that there were no applications to speak by members of the public on this occasion.

4. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

The Committee received a presentation from Dr R. Morgan, Mortality Reduction Lead at Blackpool Teaching Hospitals NHS Trust. The presentation was focussed on mortality

rates at the Trust and what was being done to achieve reductions, in an area that had recorded historically high mortality indicators.

Dr Morgan explained that in 2012, the Trust had invited the Advanced Quality Alliance (AQUA) to conduct a 'deep dive', in order to examine anything that might have contributed to mortality rates within its area. This was superseded with and merged with the Keogh action plan, which in turn had been replaced with the Care Quality Commission (CQC) action plan.

The Committee was informed of the varying mortality indices that were taken into account when calculating mortality rates. Additionally, since July 2013, clinical pathways had been introduced to take into account the best possible evidence. The Trust had also dramatically improved its coding methodology. Palliative care coding, which the Trust used as a national outlier, still showed the Trust below both the North West and national average, although its rate of improvement was going up, which was an encouraging sign.

Dr Morgan responded to a number of questions from the Committee. On the subject of whether improved coding had led to better healthcare, he explained that there had been some component success stories and that there had been a big impact on pathways that were wholly attributable to clinical care.

Regarding how the Trust learned from experiences, Dr Morgan informed the Committee that as an aspiration, the Trust scrutinised all deaths at consultant level. He explained that some of those would, of course, be expected, but where survival was expected or probable, the scrutiny would be undertaken in much more detail. The Trust was seeking to achieve learning opportunities at all levels and this included collaborative working with other Trusts which had achieved positive results for mortality rates.

The Committee agreed to note the presentation and report.

Background papers: None.

5. THE HARBOUR

The Committee received a report and presentation from Dr A. Thornton and Mr A. Rose of Lancashire Care NHS Foundation Trust, on progress in relation to the construction and commissioning of the Harbour in-patient mental health unit.

Members were informed that construction work had commenced in April 2013 and was being undertaken by Integrated Health Projects, an organisation recognised as being a leading provider of outstanding healthcare solutions. The building was completed in November 2014 and was now being fitted out, in readiness for commissioning in March 2015.

Mr Rose provided the Committee with details of the specifications of the Harbour, which had been designed to be a welcoming and calm environment and not to look like a typical hospital. It would have 154 beds across 10 suites and each ward was being named after a famous author.

The Committee was shown a video presentation which fully explained the interior layout and functions of the new building.

Mr Rose and Dr Thornton answered a number of questions from the Committee. Regarding security, it was explained that The Harbour was not designed to be a secure unit, but there would be security. Each service user would be risk assessed and there would be controlled access from reception into the corridors and then additional access points onto the wards. On the subject of smoking on site, Dr Thornton informed the Committee that guidance from the National Institute of Clinical Excellence (NICE) had mandated that smoking should not be allowed from 5th January 2015. She explained that there were numerous factors to consider in relation to a site such as The Harbour and she was not sure that the Trust was ready to implement the guidance. At this stage, it was unclear how the NICE guidance would be responded to.

It was confirmed that the café at the Harbour would be operated by Richmond Fellowship and would be open to visitors and the general public. It would also be available to service users where possible, as they approached the end of their residential care period.

The Committee agreed to note the presentation and report.

Background papers: None.

6. LIFE EXPECTANCY AND PREMATURE MORTALITY RATES IN BLACKPOOL

The Committee received an update report on life expectancy and premature mortality rates in Blackpool. The report was presented by Mr S. Boydell and Mrs L Donkin, Public Health Specialists at Blackpool Council.

Members were informed that Blackpool continued to present the lowest life expectancy statistics in the country for males and the second lowest for females. It was also quite clear that within the town, average life expectancy decreased considerably within areas that were close to the town centre, which correlated with the areas of highest deprivation. Blackpool's population also led much shorter periods of healthy lives compared to the national average.

The Committee was presented with evidence which showed that behavioural patterns and lifestyle played a 40% proportional contribution to premature death. Healthcare, at 10%, although important, played a proportionately small role in preventing early deaths. The remaining factors were genetic predisposition at 30%, social circumstances at 15% and environmental exposure at 5%.

The Committee was informed of the actions and interventions being taken to increase life expectancy, which were explained as follows:

Shorter term actions:

- Secondary prevention for cardiovascular events
- Additional treatment for hypertension
- Warfarin for atrial fibrillation in the over 65s

- Improving management of diabetes
- Treating cardiovascular disease risk among chronic obstructive pulmonary disease patients
- Reducing smoking in pregnancy
- Reducing harmful alcohol consumption
- Increasing rates of early prevention for lung cancer
- Providing stop smoking interventions
- Reducing excess winter deaths, e.g. through warmer homes initiatives
- Providing flu vaccinations for those with existing health conditions

Medium and longer term actions:

- Addressing key lifestyle factors, including smoking, alcohol and drug misuse, excess weight, physical inactivity.
- Modifying the social determinants of health, including worklessness, poor housing, poverty, poor educational attainment.

In conclusion, an update was given to the Committee on current activities that were underway, including the Better Start Programme, the Health and Wellbeing Board Strategy and action plans (which included Mental Health, Healthy Weight, Tobacco and Alcohol) and the Council's strategies and work plans (which included the Child Poverty Strategy, the Welfare Reform Action Plan, the Homeless Strategy and the work being undertaken on mental health and worklessness).

The Committee agreed to note the content of the report.

Background papers: None.

7. BLACKPOOL HEALTH AND WELLBEING BOARD

The Committee considered the minutes from the meeting of the Health and Wellbeing Board that took place on 22nd October 2014.

The Committee agreed to note the minutes.

8. COMMITTEE WORKPLAN

The Committee considered its Workplan for the remainder of the 2014/2015 Municipal Year.

The Committee agreed to note the Workplan.

Background papers: None.

9. DATE OF NEXT MEETING

The Committee noted the date of the next meeting as Thursday 5th February 2015 at 6.00 p.m.

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Chairman

(The meeting ended at 7.55 pm)

Any queries regarding these minutes, please contact:
Steve Sienkiewicz, Scrutiny Manager.
Tel: 01253 477123.
E-mail: steve.sienkiewicz@blackpool.gov.uk