

# Public Document Pack

# Blackpool Council

3 December 2014

To: Councillors Benson, D Coleman, Elmes, Mrs Henderson MBE, Hunter, H Mitchell, M Mitchell, Owen and Stansfield

Co opted Members

The above members are requested to attend the:

## HEALTH SCRUTINY COMMITTEE

Thursday, 11 December 2014 at 6.00 pm  
in Committee Room A, Town Hall, Blackpool FY1 1GB

## A G E N D A

### 1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Services in advance of the meeting.

### 2 MINUTES OF THE LAST MEETING HELD ON 6TH NOVEMBER 2014 (Pages 1 - 6)

To agree the minutes of the last meeting held 6<sup>th</sup> November 2014 as a true and correct record.

### 3 PUBLIC SPEAKING (Pages 7 - 10)

To consider any applications from members of the public to speak at the meeting.

### 4 BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST (Pages 11 - 22)

To receive a presentation on mortality rates at the Trust.

**5 THE HARBOUR** (Pages 23 - 26)

To receive a presentation on progress in relation to the construction and commissioning of The Harbour in-patient mental health unit.

**6 LIFE EXPECTANCY AND PREMATURE MORTALITY RATES IN BLACKPOOL** (Pages 27 - 50)

To receive a report from Public Health on life expectancy and premature mortality rates in Blackpool.

**7 BLACKPOOL HEALTH AND WELLBEING BOARD** (Pages 51 - 58)

To consider the minutes from the meeting of the Health and Wellbeing Board on 22nd October 2014.

**8 COMMITTEE WORKPLAN** (Pages 59 - 66)

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

**9 DATE OF NEXT MEETING**

To note the date of the next meeting as Thursday 5<sup>th</sup> February 2015, at 6.00pm

**Venue information:**

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

**Other information:**

For queries regarding this agenda please contact Steve Sienkiewicz, Democratic Services, Tel: (01253) 477123, e-mail [steve.sienkiewicz@blackpool.gov.uk](mailto:steve.sienkiewicz@blackpool.gov.uk)

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at [www.blackpool.gov.uk](http://www.blackpool.gov.uk).

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER 2014

### **Present:**

Councillor M Mitchell (Chairman)

Councillors

D Coleman   Hunter   Elmes   Stansfield

Benson   Owen

### **In attendance:**

Mr R Fisher and Dr A Doyle, Blackpool Clinical Commissioning Group.

Ms W Swift, Blackpool Teaching Hospitals NHS Foundation Trust.

Mr M Samangaya, NHS England, Lancashire Area Team.

Ms L Donkin, Public Health Specialist, Blackpool Council.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

### **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.

Councillor Owen declared a personal interest in all agenda items. The nature of the interest being that he was an officer of Blackpool, Fylde and Wyre 38 Degrees NHS Support Group.

### **2. MINUTES OF THE MEETING HELD ON 25<sup>th</sup> SEPTEMBER 2014**

The Committee agreed that the minutes of the meeting held on 25<sup>th</sup> September 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 CLINICAL COMMISSIONING GROUP**

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER 2014**

Dr A Doyle OBE, Chief Clinical Officer at Blackpool Clinical Commissioning Group (CCG), provided an update to the Committee in relation to a complaint that had been made by Spire Healthcare Limited against the CCG.

The Committee was informed that in September 2013, Spire Healthcare Limited had complained to Monitor that Blackpool CCG and Fylde and Wyre CCG had taken a number of actions which had led to patients being directed away from Spire Fylde Coast Hospitals and towards Blackpool Teaching Hospitals NHS Foundation Trust, specifically;

- Entering into a 'block' contract with Blackpool Teaching Hospitals.
- CCG's had not met their obligations to ensure that GP's offered patients a choice of provider for first out-patient appointments or publicised the availability of choice.

In September 2014, Monitor concluded its investigation and found no evidence to support the allegation that patients were being directed away from Spire, although did conclude that the CCG's could do more to ensure choice was offered. Specifically, it found that posters regarding choice options were not displayed in GP surgeries and that information on choice was not available on the front page of the CCG website. Dr Doyle did point out that Blackpool was in fact one of the highest users of choose and book. It was also pointed out that there had been no change in pattern over a 3 year period regarding referrals to Blackpool Victoria Hospital under the choose and book system.

The Committee observed that the investigation following the complaint must have taken up a huge amount of resource, which was unable to be justified. Dr Doyle agreed to provide an update to the Committee at its next meeting as to the undertakings that were to be agreed with Monitor following the complaint findings.

The Committee was then provided with an update regarding the NHS Listening Event that had been held at the Imperial Hotel in Blackpool on 17<sup>th</sup> October. The event consisted of several presentations, including the CCG commissioning plans and patient choice. There was also a question and answer open session. The Committee was informed that Healthwatch Blackpool had been disappointed with the attendance figures, which were around 60 in total, although the Blackpool, Fylde and Wyre 38 Degrees NHS Support Group had reported that it had been a very good event.

The Committee agreed to note the report.

Background papers: None.

### **5. BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST**

The Committee received a presentation from Ms W Swift, Deputy Chief Executive and Director of Strategy at Blackpool Teaching Hospitals NHS Trust, entitled 'Moving Forwards, Future Pathways and Strategy'.

The Trust's strategic objectives were outlined to the Committee as follows;

- To provide an holistic model of care, with treatment undertaken in community settings wherever possible

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER 2014

- To prevent unnecessary emergency admissions to hospital through delivery of new service models that provided enhanced support in community settings and integrated care for the most needy and frail patients
- To provide safe, high quality and patient centred care using evidence based pathways to deliver standardised approaches to care with positive outcomes
- To be financially viable, managing services within available resources, allowing future investment
- To support and develop a skilled, motivated and flexible workforce that was able to innovate in the development of services

Ms Swift went on to outline 4 key areas of focus within the objectives as follows;

- Frail elderly and those with multiple and complex health and/or social needs – development of new models of care that were aligned with the NHS Five Year Forward View, published in October 2014
- Urgent and emergency care services – streamlined access to services in the most appropriate environment
- Community based services – increased number of services in community settings centred around neighbourhood models of care
- Planned care – partnership working to ensure safe, sustainable services for the Fylde Coast

The Committee then received more detailed information around the 4 key areas of focus, including more details of the Extensivist model of care that was being developed for the Fylde Coast.

Responding to questions from the Committee, Ms Swift confirmed that whilst the community nurse service did not currently operate 24 hours, the Trust was looking to extend the service. She confirmed that Hospital Trust Community Services was exclusively staffed by NHS employees and that Adult Social Care employed outside agencies that were strictly regulated.

The Committee received assurances that information sharing between GP surgeries and the Hospital Trust was now linked and that Moor Park and other health centres would have consultancy services. The Committee observed that an improved coalition of working between consultants and nursing staff would be a good thing.

The Committee agreed to note the presentation and report.

Background papers: None.

### 6. IMMUNISATION IN BLACKPOOL

Mr M Samangaya, Screening and Immunisation Manager for NHS England, Lancashire Area Team, presented a report to the Committee on the delivery and take up of immunisation programmes in Blackpool.

Members were informed that immunisation was an extremely safe and cost-effective public health intervention. It reduced the human suffering and loss of life previously associated with vaccine preventable disease, reduced levels of post-infection disability

## MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER 2014

and long term ill health and had a positive impact on the financial burden that would otherwise fall on families, health and social care services.

Mr Samangaya explained that Immunisation programmes in England had traditionally been delivered via primary care in GP practices. Some of the targeted immunisation like BCG and Hepatitis B were also delivered in acute setting or community clinics by specialist teams. The national immunisation programmes were well planned, well-resourced and uptake levels were high, although in some areas uptake was low and did not achieve the rates required for robust herd immunity.

The Committee was informed of a number of new immunisation programmes for 2013/2014. Amongst those was Shingles for people aged 70 and 79 and it was confirmed that this was available across all GP's in Blackpool.

The statistics reported that immunisation uptake figures across Blackpool had been good and above the national average although there were still pockets of un-immunised children in the area. Following the national measles outbreak last year, a specialist immunisation team undertook some work to target the hard to reach communities and identify children with outstanding immunisations.

It was reported that immunisation uptake figures remained poor for the following programmes; Age 2 1st MMR, Age 5 2nd MMR and the preschool booster which were recorded below 90%. This highlighted that there was a cohort of children starting primary school with incomplete immunisation, which made them susceptible to vaccine preventable diseases. The majority of the childhood immunisation programmes were delivered in primary care and uptake could be dependent on the flexibility of GP practices with their immunisations clinics. The practices that did not have enough clinic slots for immunisations meant there was a long list of children still waiting for appointments. However, it was reported that there had been issues with data recording in some areas, where details of the children immunised in primary care was not being fed back to the Child Health Information System (CHIs), causing under reporting and inaccurate uptake figures.

Mr Samangoya went on to outline future plans for the service as follows:

- To continue to engage with CCGs, local authorities and providers via the three immunisation sub-groups in order to ensure improvement of immunisation uptake figures.
- The practice visits by the Screening and Immunisation Co-ordinators commenced in August 2014 and were targeting poor performing practices, supporting them with relevant issues on performance and how to improve immunisation uptake.
- The Screening and Immunisation Co-ordinators had been engaging with Practice Nurse Forums and would continue to work closely and support forums.
- The Screening and Immunisation Team was monitoring the immunisation waiting list via the Child Health Teams who schedule the immunisation clinics. The practices with long waiting lists would be contacted by the Screening and Immunisation Co-ordinators.

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER 2014**

In summary, Mr Samangaya concluded his report by explaining that the childhood immunisation uptake figures were generally good across Blackpool and Lancashire. However, there had been on-going reporting and data issues in some parts of Lancashire which was currently being addressed via the 0-5 and targeted immunisation sub-group working with GP practices, CCGs and child health teams. It was acknowledged that with some of the programme, the recommended 95% uptake target was not being met and therefore there were pockets of unvaccinated children susceptible to vaccine preventable diseases.

The Committee discussed the situation where take up rates were below 90% and asked questions as to what could be done to further improve the situation. It was acknowledged that the MMR immunisation scare that took place some years ago may still be a minor contributory factor, although assurances were given that the MMR vaccine was now perfectly safe. The Committee suggested that more could be done around publicity and Mr Samangaya agreed to look into doing more to provide posters that could be displayed in children's nurseries and to investigate possible commissioning arrangements to undertake vaccinations in children's centres.

The Committee also discussed the alternatives to injections, for children and adults who were needlephobic. Mr Samangoya advised that nasal applications were available to all GP's for children's flu and that Rotovirus was available as an oral drop. He suggested that GP surgeries would be able to advise in relation to certain adult cases.

The Committee agreed to note the content of the report.

Background papers: None.

### **7. 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.

### **8. DATE OF NEXT MEETING**

The Committee noted the date of the next meeting as Thursday 11<sup>th</sup> December 2014 at 6.00 p.m.

### **Chairman**

(The meeting ended at 7.35 pm)

**MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 6<sup>th</sup> NOVEMBER  
2014**

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



<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>3</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	11 <sup>th</sup> December 2014

## PUBLIC SPEAKING

### 1.0 Purpose of the report:

1.1 The Committee to consider any applications from members of the public to speak at the meeting.

### 2.0 Recommendation(s):

2.1 To consider and respond to representations made to the Committee by members of the public.

### 3.0 Reasons for recommendation(s):

3.1 To encourage public involvement in the scrutiny process.

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 N/A

## **5.0 Background Information**

5.1 At the meeting of full Council on 29<sup>th</sup> June 2011, a formal scheme was agreed in relation to public speaking at Council meetings. Listed below is the criteria in relation to meetings of the Health Scrutiny Committee.

## **5.2 General**

5.2.1 Subject as follows, members of the public may make representations at ordinary meetings of the Council, the Planning Committee, the Scrutiny Committee and the Health Scrutiny Committee.

With regard to Council, Scrutiny and Health Scrutiny Committee meetings not more than five people may speak at any one meeting and no persons may speak for longer than five minutes. These meetings can also consider petitions submitted in accordance with the Council's approved scheme, but will not receive representations, petitions or questions during the period between the calling of and the holding of any election or referendum.

## **5.3 Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting**

5.3.1 A person wishing to make representations or otherwise wish to speak at the Scrutiny Committee or Health Scrutiny Committee must submit such a request in writing to the Head of Democratic Services, for consideration.

The deadline for applications will be 5pm on the day prior to the dispatch of the agenda for the meeting at which their representations, requests or questions will be received. (The Chairman in exceptional circumstances may allow a speaker to speak on a specific agenda item for a Scrutiny Committee or Health Scrutiny Committee, no later than noon, one working day prior to the meeting).

Those submitting representations, requests or questions will be given a response at the meeting from the Chairman of the Committee, or other person acting as Chairman for the meeting.

## **5.4 Reason for Refusing a Request to Participate at a Scrutiny Committee or Health Scrutiny Committee Meeting**

- 5.4.1
- 1) if it is illegal, defamatory, scurrilous, frivolous or offensive;
  - 2) if it is factually inaccurate;
  - 3) if the issues to be raised would be considered 'exempt' information under the Council's Access to Information Procedure rules;
  - 4) if it refers to legal proceedings in which the Council is involved or is in

contemplation;

5) if it relates directly to the provision of a service to an individual where the use of the Council's complaints procedure would be relevant; and

6) if the deputation has a financial or commercial interest in the issue.

Does the information submitted include any exempt information?

No

**List of Appendices:**

None.

**6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 To ensure that the opportunity to speak at Scrutiny Committee meetings is open to all members of the public.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background papers:**

13.1 None.

<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>4</b>
<b>Relevant Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	11 <sup>th</sup> December 2014

## BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST

### 1.0 Purpose of the report:

1.1 The Committee to receive a presentation on mortality rates at the Trust.

### 2.0 Recommendation(s):

2.1 To note the contents of the presentation, ask questions and make 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 Improve health and well-being especially for the most disadvantaged.

### 5.0 Background Information

5.1 Members from the Trust will be in attendance at the meeting to deliver the

presentation and address any questions.

**5.2 Witnesses/representatives**

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

- Mrs Pat Oliver, Director of Operations, Blackpool Teaching Hospitals NHS Foundation Trust.
- Dr Richard Morgan, Trust Mortality Reduction Lead, Blackpool Teaching Hospitals NHS Foundation Trust

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 4a, Mortality Presentation

**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.

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# MORTALITY

## Health Scrutiny Report Dec 2014

Dr Richard J M Morgan

BTH Mortality Reduction Lead

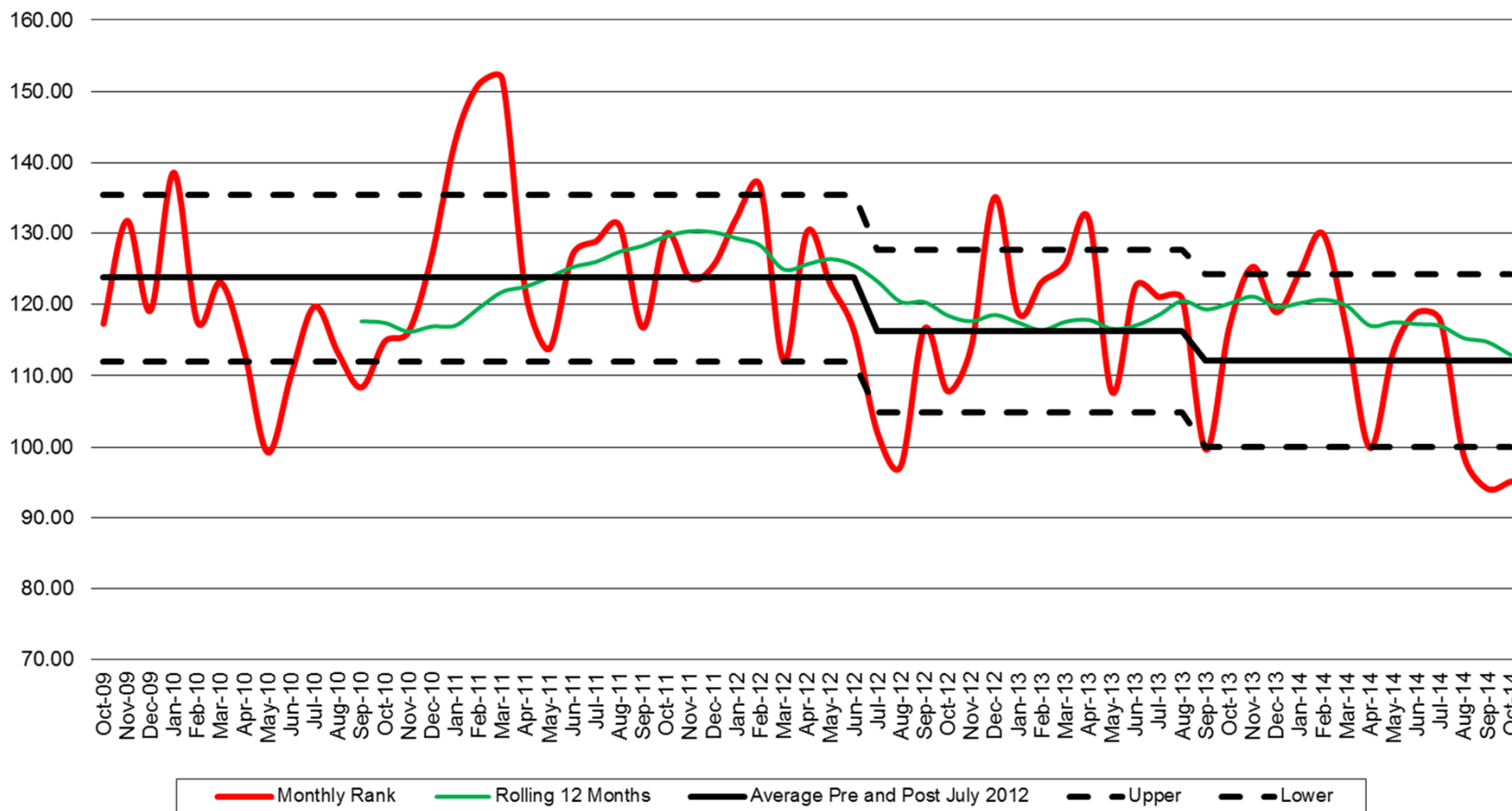


# Background

- Historically high mortality indicators
- Keogh Review 2013
- AQUA action plan
- Study of Avoidable Deaths (PRISM)
- Mortality Reduction Lead
- National Alerts
- Care Quality Commission Review 2014
- Latest National Mortality Recalculation



**SHMI Ranking By Month Using Internal SHMI methodology**  
(Please note latest months data will alter as deaths outside hospital are notified)





# Varying Mortality Indices

Three types produced nationally: SHMI, HSMR and RAMI

SHMI = Summary Hospital-level Mortality Indicator (Produced by DoH)

HSMR = Hospital Standardised Mortality Ratio (Produced by Dr Foster)

RAMI = Risk Adjusted Mortality Index (Produced by CHKS)

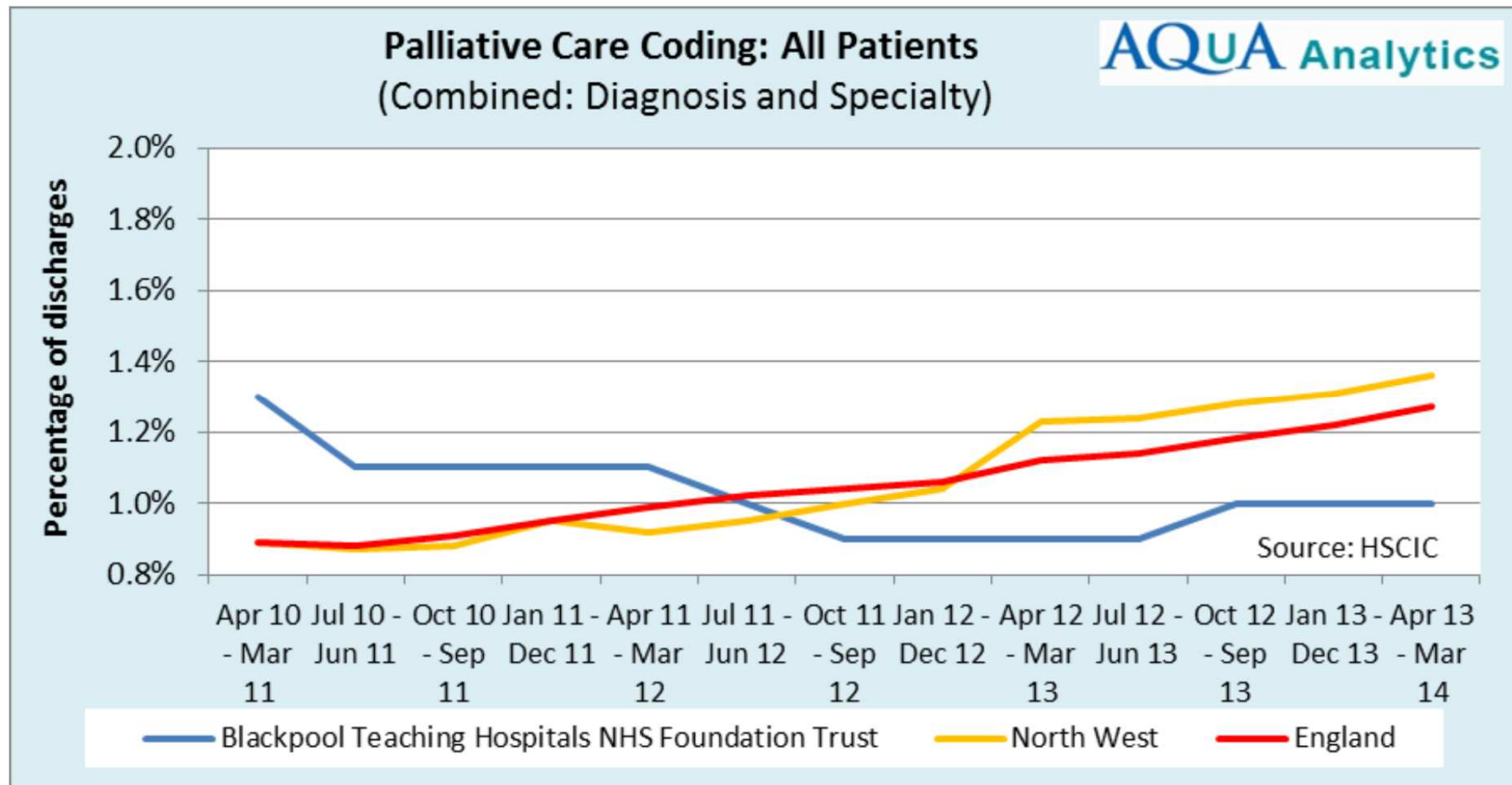
	SHMI	HSMR	RAMI
Deaths outside hospital	Yes	No	No
Adjusted for palliative care	No	Yes	Yes
Includes zero LoS emergencies	Yes	Yes	No
Comorbidity (Charlson Scores)	Partial	Full	Full
Uses procedures undertaken	No	No	Yes
Age Adjusted	21 Bands	19 Bands	6 Bands
Covers all deaths	100%	80%	86%
Excludes Day Cases	Yes	No	Yes
Includes Stillbirths	No	Yes	No
Only uses 1st two Episodes	Yes	Yes	No



# Palliative Care Coding

(BTH National Outlier)

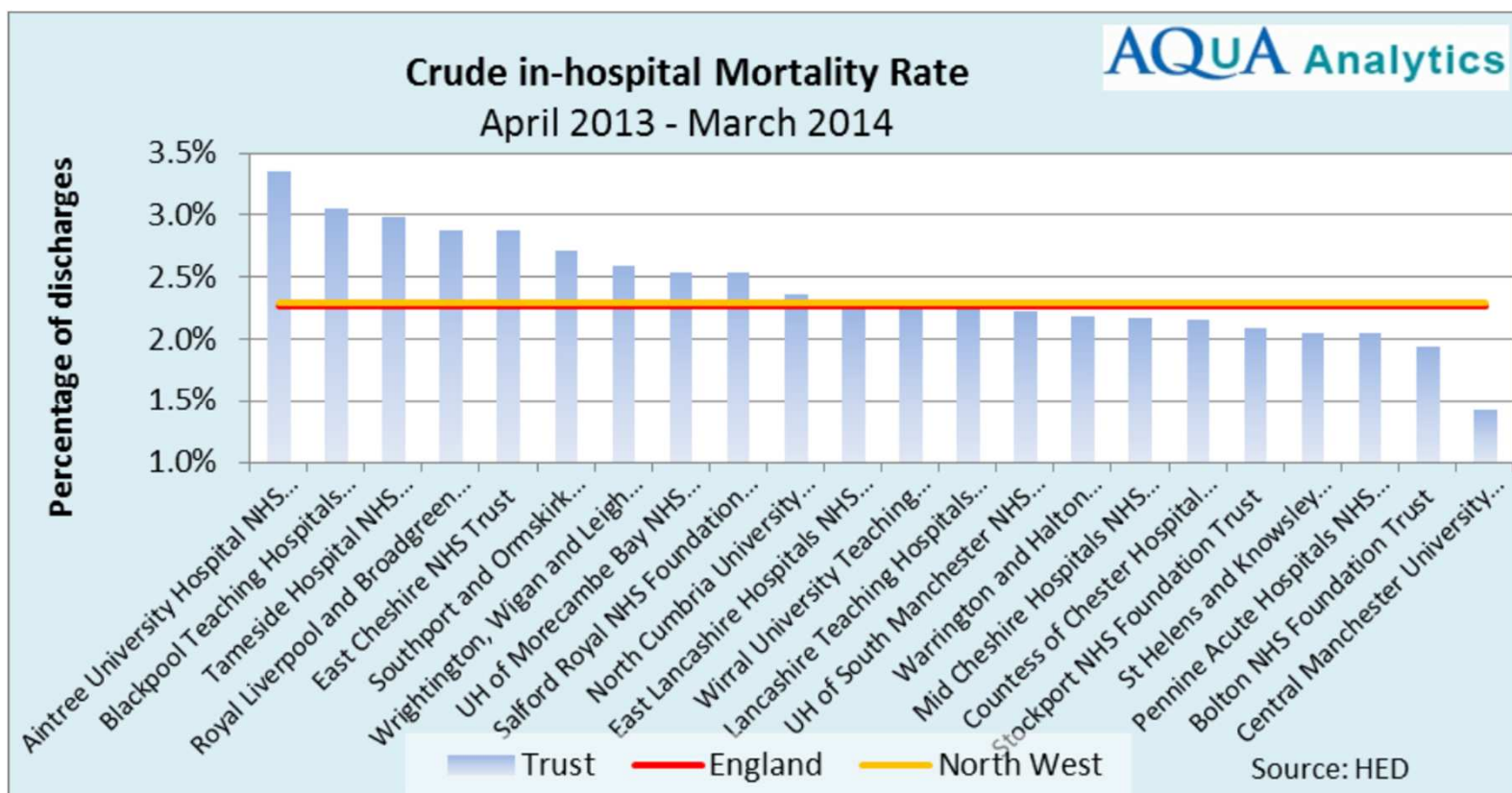
Page 19





# Crude Mortality Rates

Page 20



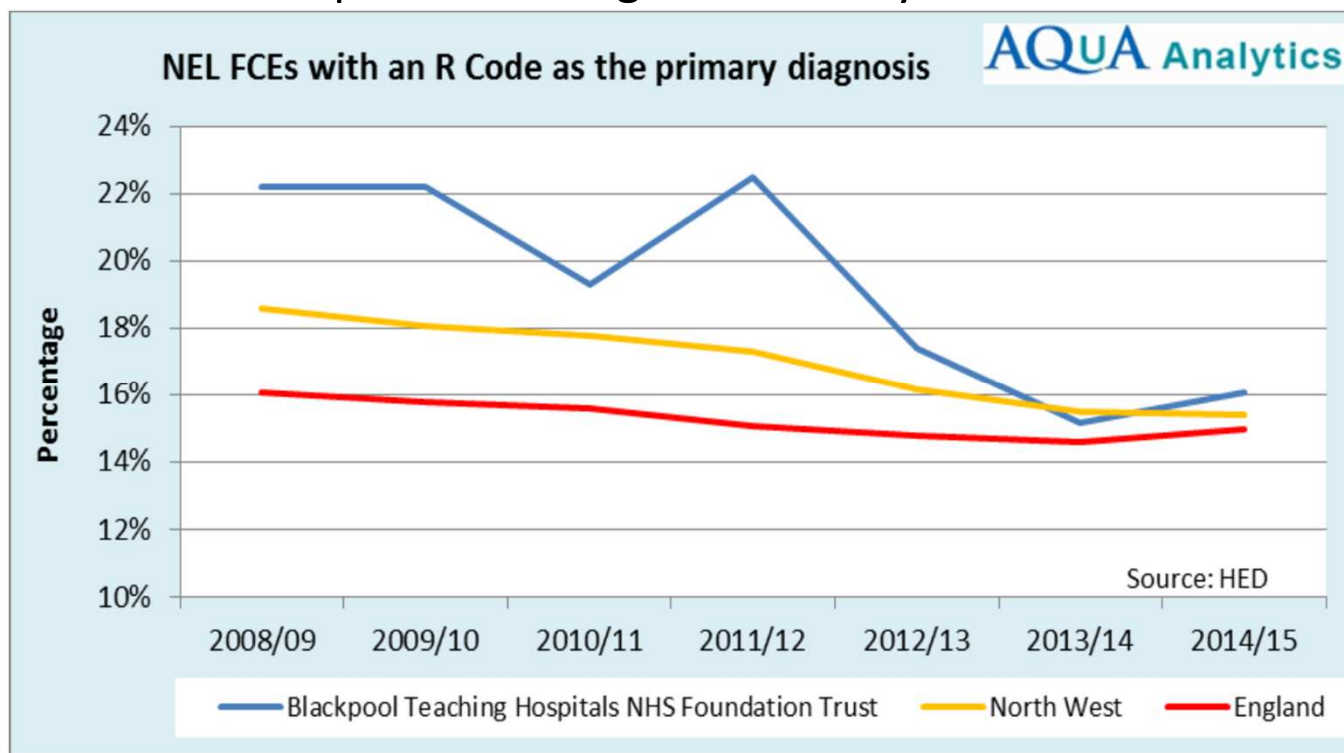


# Signs and Symptoms Coding

'R' Codes are non-definitive diagnosis codes

Recording of these codes in the primary diagnosis category adversely affects mortality risk

The Trust has improved coding dramatically





# Planned actions

- Mortality Committee
- Heatmaps
- Pathways
- Coding education
  - R codes
  - Common coding language
  - Palliative care
- AQUA Mortality Collaborative
- Informatics - relative rate of improvement
- Local Area Team Medical Director discussion
- Aintree/ Goole contact



<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>5</b>
<b>Relevant Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	11 <sup>th</sup> December 2014

## THE HARBOUR

### 1.0 Purpose of the report:

1.1 The Committee to receive a presentation from Lancashire Care NHS Foundation Trust, on progress in relation to the construction and commissioning of The Harbour in-patient mental health unit.

### 2.0 Recommendation(s):

2.1 To note the content of the presentation, asking questions and making recommendations that are considered appropriate.

### 3.0 Reasons for recommendation(s):

3.1 To ensure constructive and robust scrutiny.

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

**5.0 Background Information**

5.1 Representatives from Lancashire Care NHS Foundation Trust will be in attendance at the meeting to deliver the presentation.

**5.2 Witnesses/representatives**

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

- Steve Winterson, Engagement Director, Lancashire Care NHS Foundation Trust.

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.

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>6</b>
<b>Relevant Officers:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	11 <sup>th</sup> December 2014

## LIFE EXPECTANCY AND PREMATURE MORTALITY RATES IN BLACKPOOL

### 1.0 Purpose of the report:

1.1 The Committee to receive a report from Public Health on life expectancy and premature mortality rates in Blackpool.

### 2.0 Recommendation(s):

2.1 To note the content of the presentation, ask questions and make 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 Improve health and well-being especially for the most disadvantaged.

**5.0 Background Information**

5.1 The presentation is attached at Appendix 6a.

**5.2 Witnesses/representatives**

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

- Lynn Donkin, Public Health Specialist, Blackpool Council.

**List of Appendices:**

Appendix 6a, Mortality and life expectancy presentation.

**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.

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**Blackpool Council**

## **Update on the life expectancy and premature mortality**

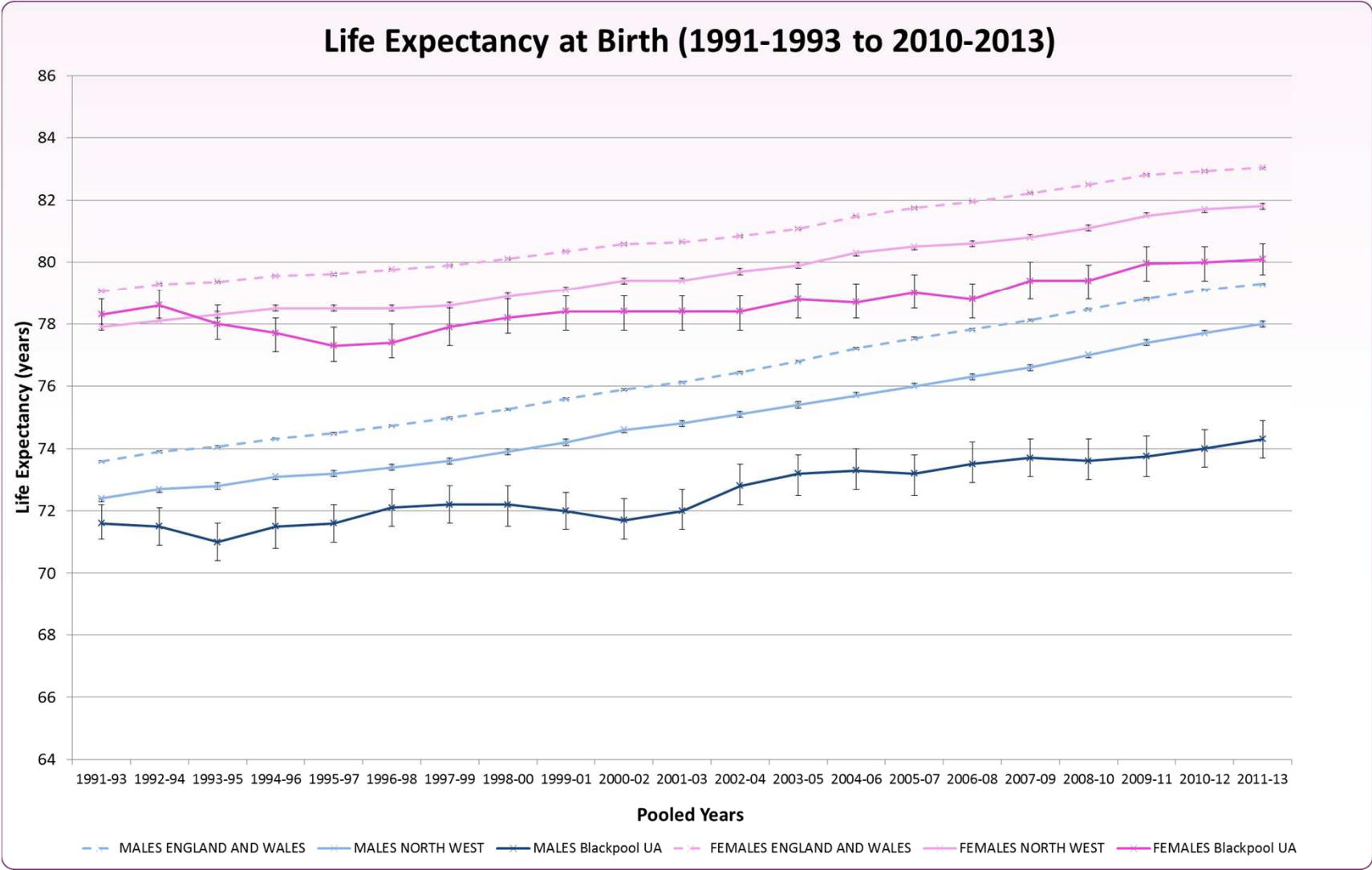
**Lynn Donkin, Public Health Specialist**

**Health Scrutiny Committee, December 2014**

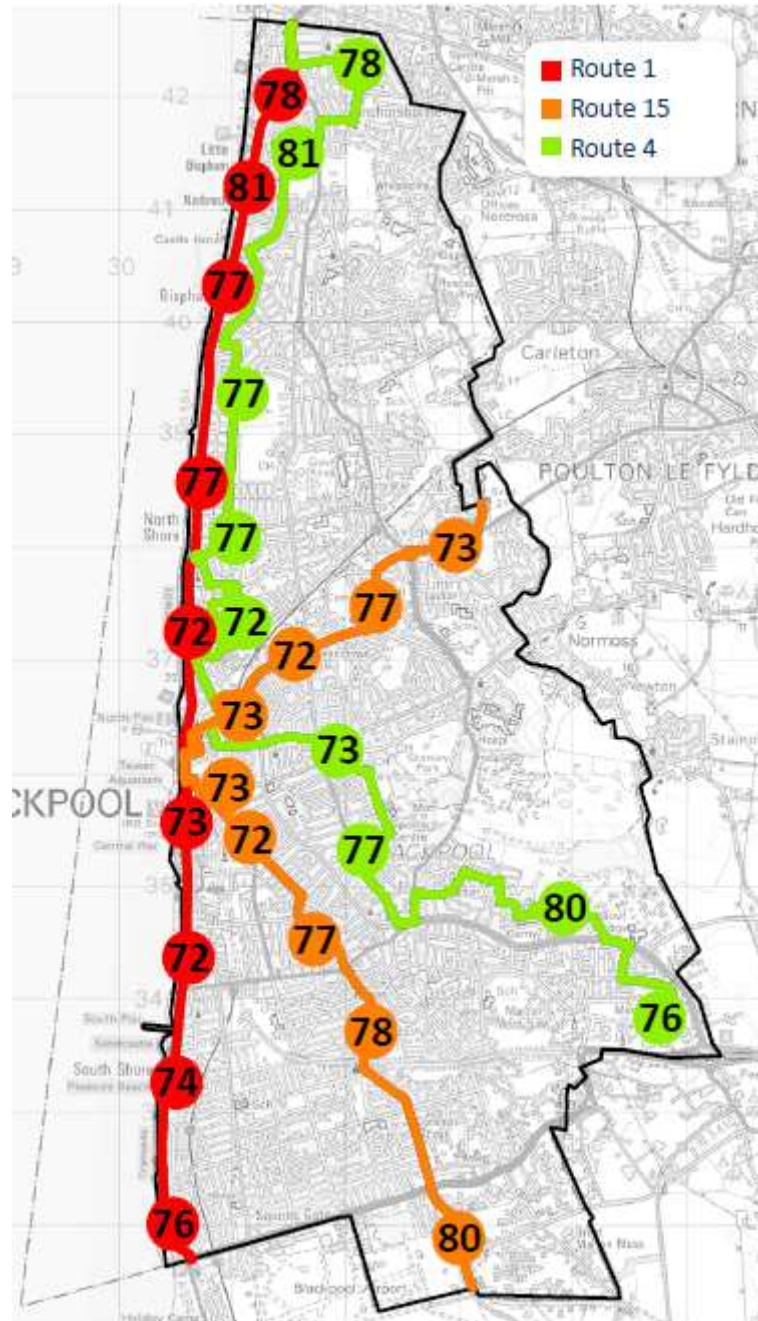
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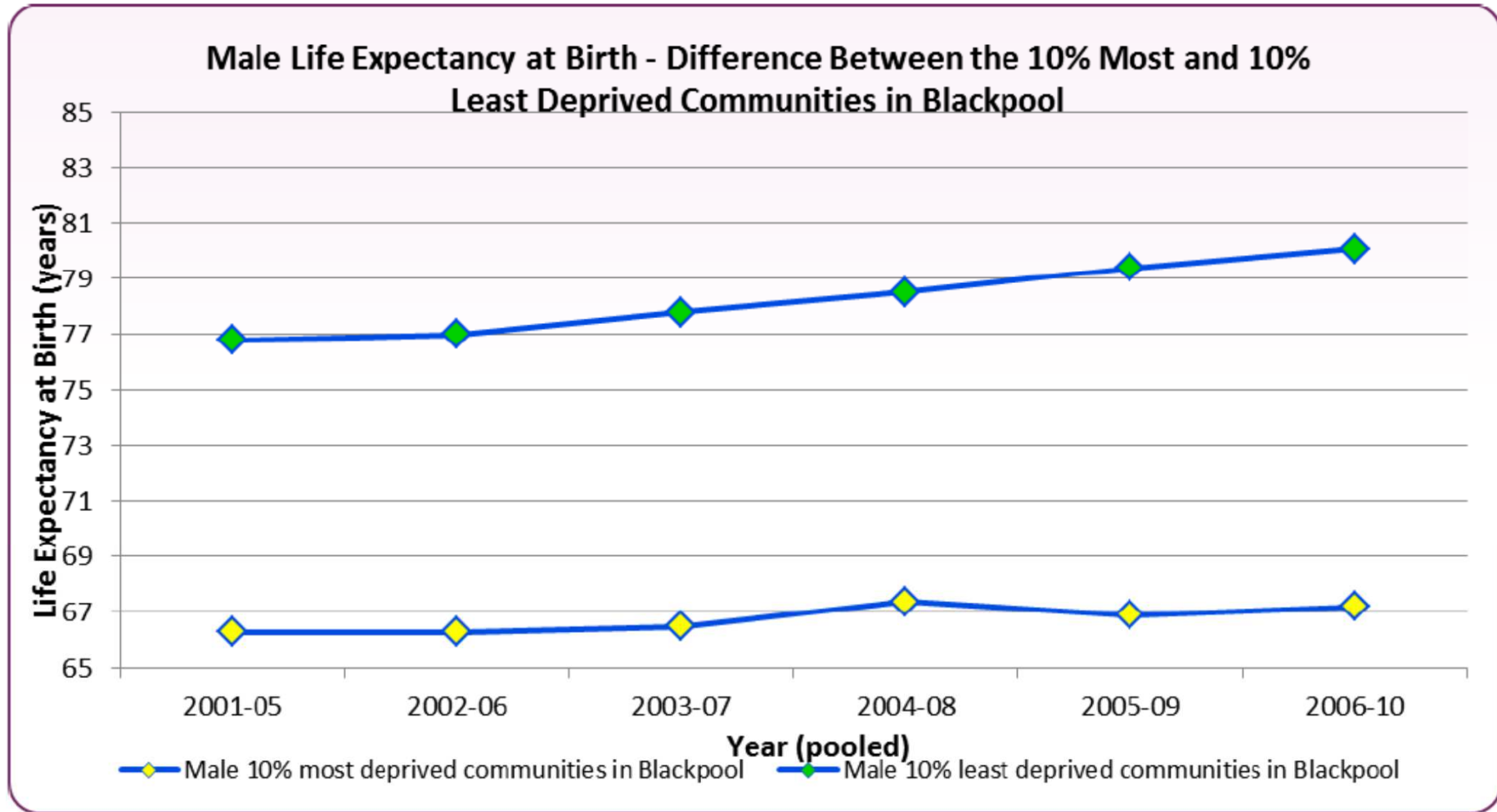
1. The picture in Blackpool
2. What's driving the local picture?
3. Some current activities

# The picture in Blackpool

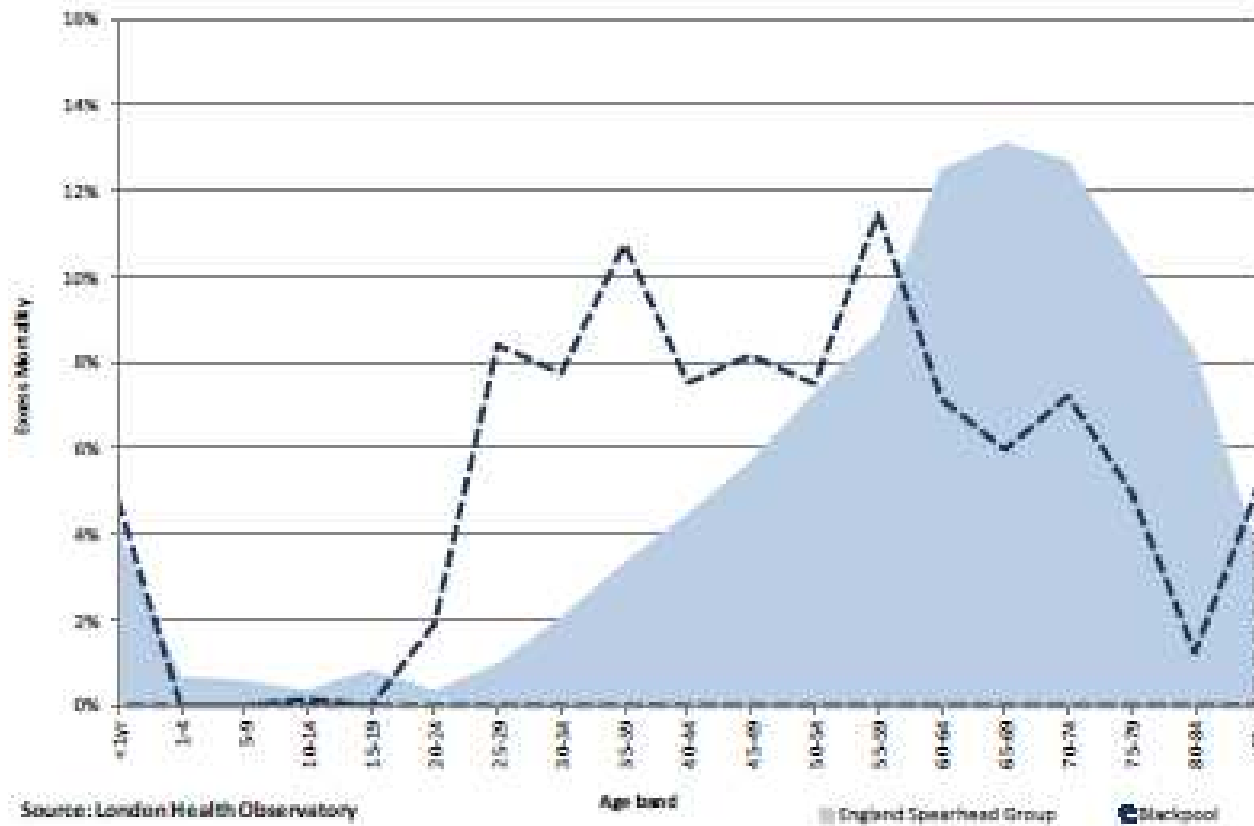


# Life expectancy variation illustrated by bus routes





# Excess male mortality



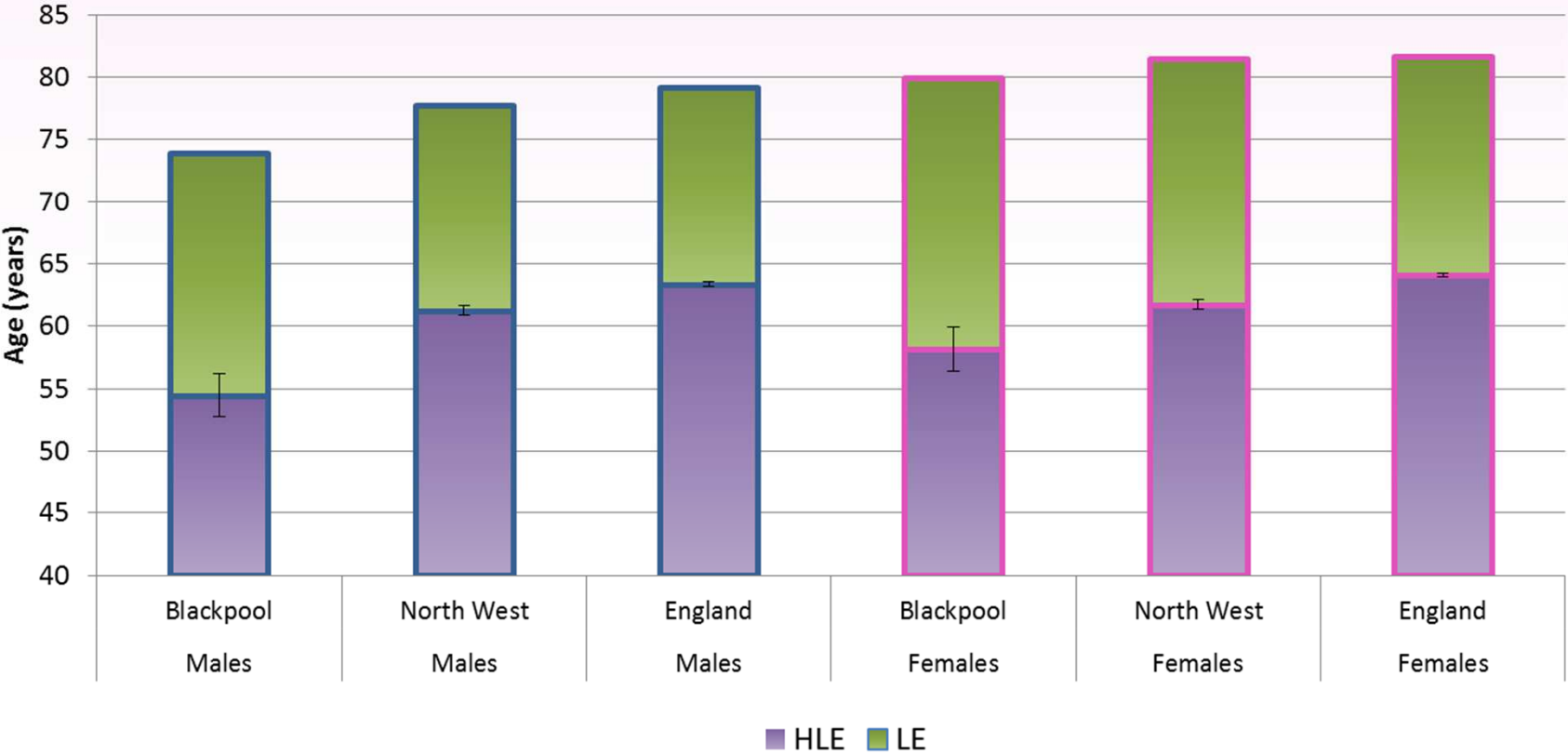
# Main causes of reduced life expectancy

## Months of life lost

Men		Women	
Violence, self-harm, overdose & poisoning	12.06	Digestive diseases	7.16
Digestive diseases	12.02	Cancers	4.89
Circulatory diseases	11.46	Respiratory diseases	4.57
Respiratory diseases	7.46	Circulatory diseases	2.82
Cancers	6.06	Violence, self-harm, overdose and poisoning	2.5
Infant mortality	1.99	Infant mortality	1.38



Life Expectancy (LE) and Healthy Life Expectancy (HLE) at birth (2010-2012)



# Life expectancy and disability-free life expectancy within Blackpool

Figure 1a: Life expectancy by electoral ward

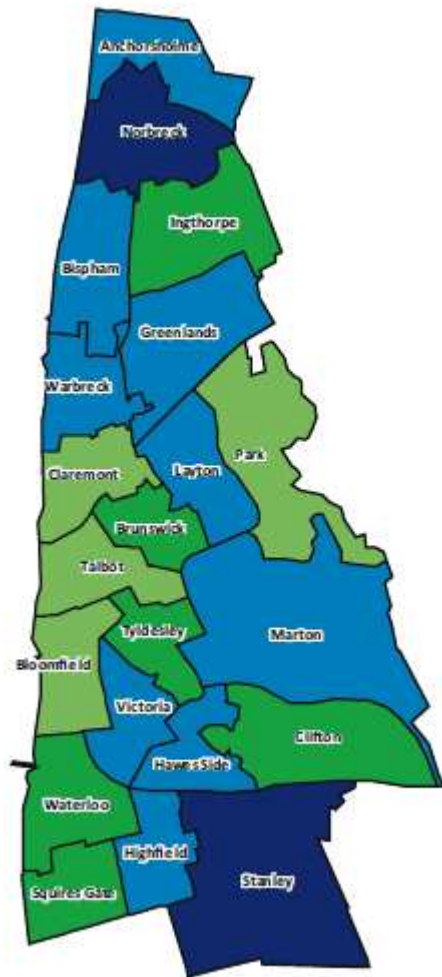
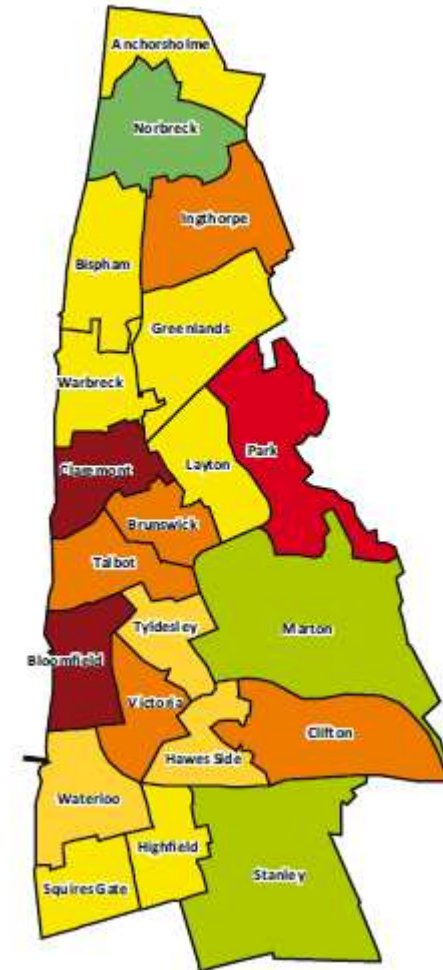


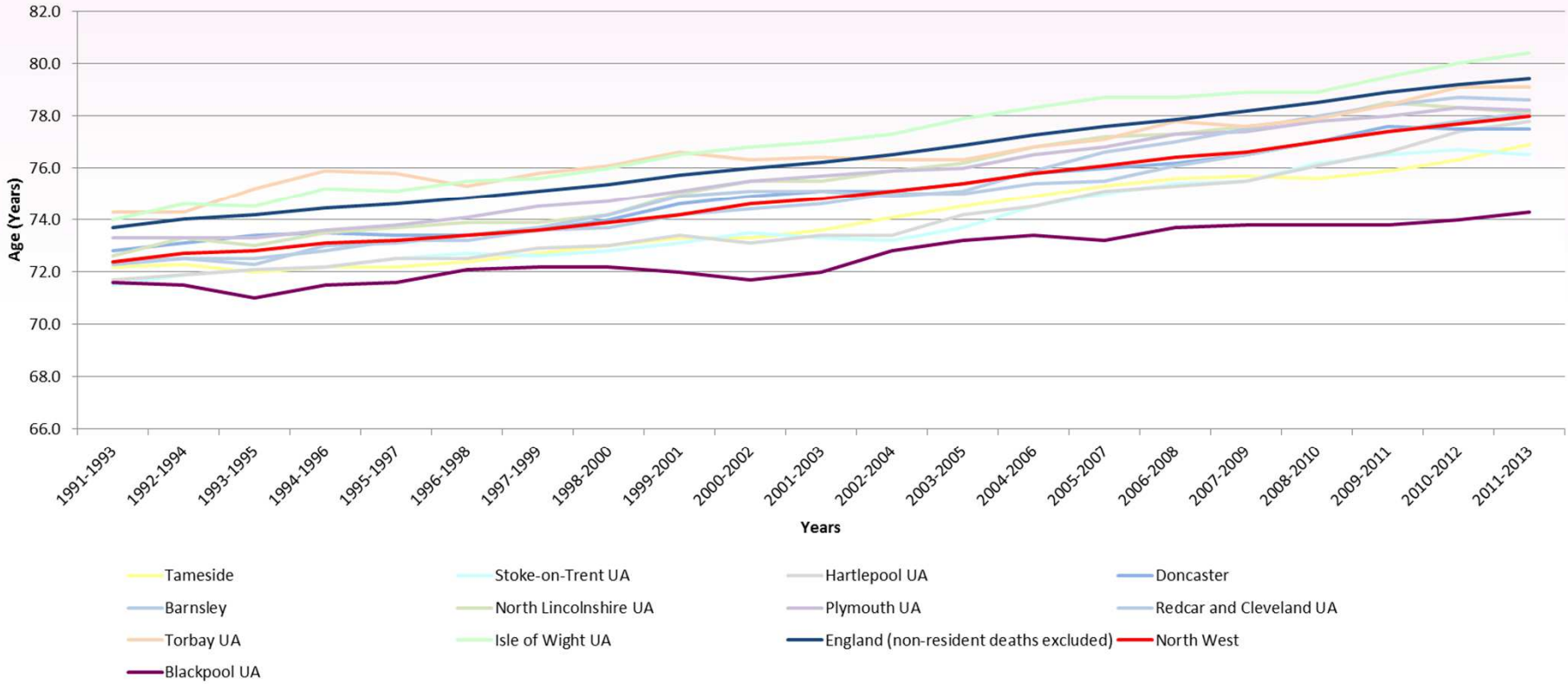
Figure 1b: Disability-free life expectancy by electoral ward

**LE and DFLE**  
Blackpool Wards - 2006-2010

80.4 to 100	62.4 to 66
76.8 to 80.4	58.8 to 62.4
73.2 to 76.8	55.2 to 58.8
69.6 to 73.2	51.6 to 55.2
66 to 69.6	48 to 51.6

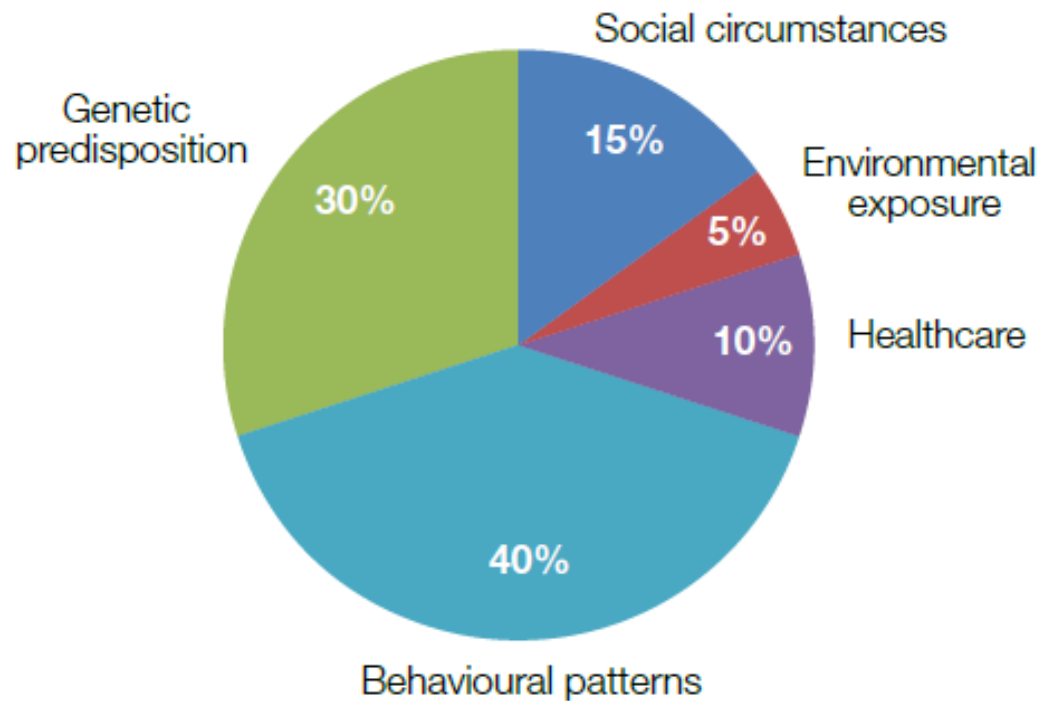


Blackpool and ONS Statistical Neighbours - Male Life Expectancy 1991-93 to 2011-13



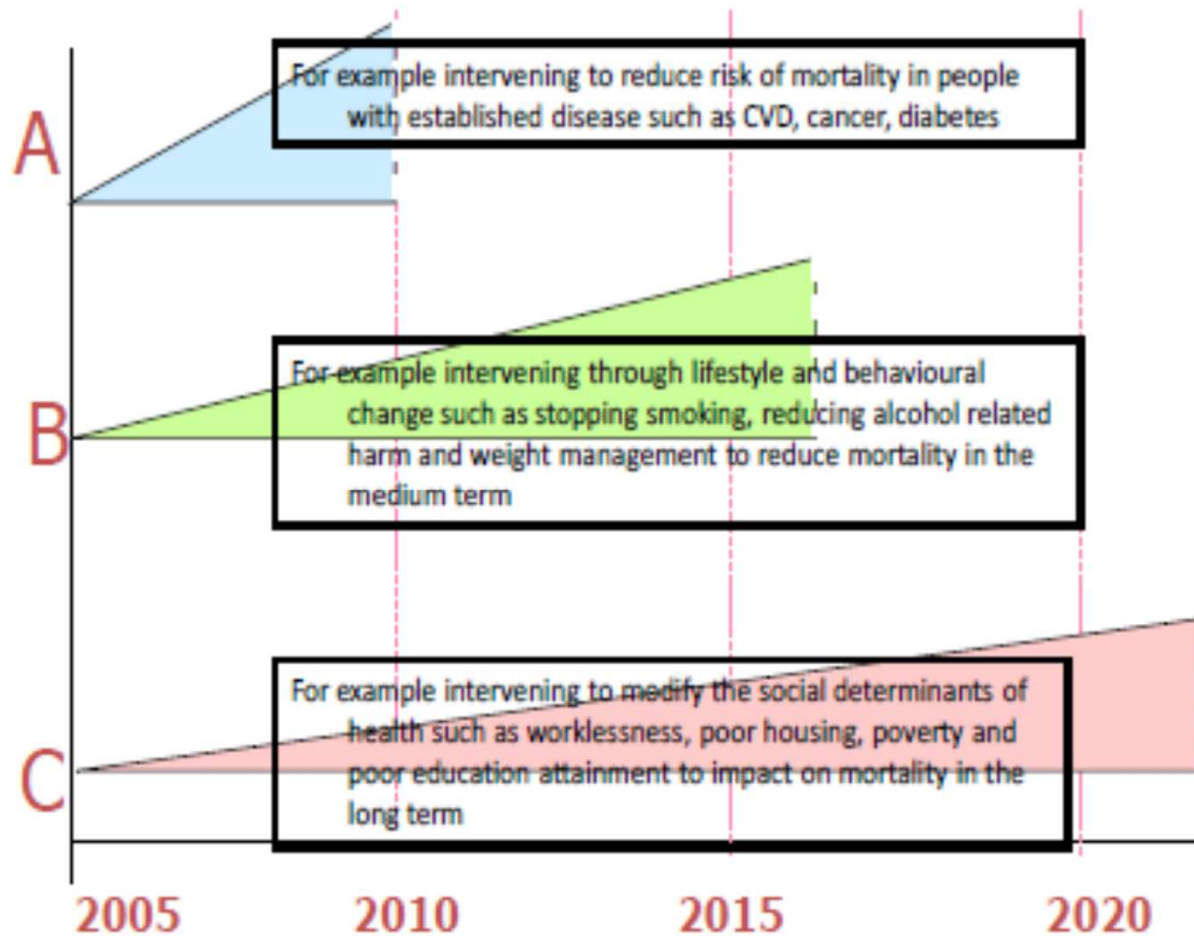
# What's driving local patterns of premature mortality and reduced life expectancy?

Proportional contribution to premature death<sup>8</sup>



**Figure 1** In the US, McGinnis et al show how healthcare plays an important though proportionately small role in preventing early deaths. Similar studies have supported these findings in the UK. Improving how we live our lives offers far greater opportunity for improving health.

# Timescales for interventions to increase life expectancy



## 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 long term actions

- **Addressing key lifestyle factors:**
  - Smoking
  - Alcohol and drug misuse
  - Excess weight
  - Physical inactivity
  
- **Modifying the social determinants of health:**
  - Worklessness
  - Poor housing
  - Poverty
  - Poor educational attainment



## What works to reduce inequalities?

- **Due North.** Whitehead (2014)
- **Fairer Society, Healthy Lives.** Marmot (2010)
- **Securing our future health.** Wanless (2002)
- **Securing good health for the whole population.** Wanless (2004)
- **Independent Inquiry into Inequalities in Health.** Acheson (1998)
- **Inequalities in Health.** Black Report (1980)

# What's happening at present?

# Activities

- Case finding for hypertension, atrial fibrillation and COPD
- Health and Wellbeing Board Strategy and action plans
  - Mental health, Healthy weight, Tobacco, Alcohol
- Blackpool Council strategies and work plans
  - E.g. Child Poverty Strategy, Welfare Reform action plan, Homeless Strategy, mental health and worklessness
- A Better Start

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<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>7</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	11 <sup>th</sup> December 2014

## BLACKPOOL HEALTH AND WELLBEING BOARD

### 1.0 Purpose of the report:

1.1 The Committee to consider the minutes from the meeting of the Health and Wellbeing Board on 22<sup>nd</sup> October 2014.

### 2.0 Recommendation(s):

2.1 To note the minutes, identifying any issues for scrutiny.

### 3.0 Reasons for recommendation(s):

3.1 To ensure that the Committee is kept fully informed of the Health and Wellbeing Board's plans and actions and that any opportunities for recommendations or joint working are identified.

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

**5.0 Background Information**

5.1 Attached at Appendix 7a are the minutes from the meeting of the Blackpool Health and Wellbeing Board that took place on 22<sup>nd</sup> October 2014.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 7a, Health and Wellbeing Board minutes 22<sup>nd</sup> October 2014.

**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.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 22 OCTOBER  
2014**

**Present:**

Councillors Clapham, Rowson and I Taylor

**Board Members:**

Delyth Curtis, Director for People, Blackpool Council  
Dr Arif Rajpura, Director for Public Health, Blackpool Council  
Karen Smith, Deputy Director for People, Blackpool Council  
David Bonson, Blackpool Clinical Commissioning Group  
Richard Emmess, Blackpool Council for Voluntary Services  
Roy Fisher, Blackpool Clinical Commissioning Group  
Jane Higgs, NHS England  
Dr Leanne Rudnick, Blackpool Clinical Commissioning Group

**In Attendance:**

Lennox Beattie, Executive and Regulatory Support Manager, Blackpool Council  
Venessa Beckett, Corporate Development and Policy Officer, Blackpool Council  
Scott Butterfield, Corporate Development Officer, Blackpool Council  
Neil Jack, Chief Executive, Blackpool Council  
Carmel McKeogh, Deputy Chief Executive, Blackpool Council  
Liz Petch, Public Health Specialist, Blackpool Council  
Val Raynor, Head of Commissioning, Blackpool Council  
Wendy Swift, Blackpool, Fylde and Wyre Teaching Hospitals Trust  
Rachel Swindells, Public Health Practitioner, Blackpool Council

**Apologies:**

Councillors Blackburn and Collett

Gary Doherty, Blackpool, Fylde and Wyre Teaching Hospitals Trust

Dr Amanda Doyle, Blackpool Clinical Commissioning Group

Joan Rose , Healthwatch Blackpool

Heather Tierney-Moore, Lancashire Care Trust

**1 APPOINTMENT OF CHAIRMAN**

In the absence of the Chairman and Vice-Chairman, the Board considered the appointment of a Chairman for the meeting.

**Resolved:**

That Roy Fisher be appointed Chairman for the meeting.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 22 OCTOBER  
2014**

**2 DECLARATIONS OF INTEREST**

Richard Emmess declared a prejudicial interest in Item 6- Social Isolation Update as his organisation may consider bidding for the provision of services.

**3 MINUTES OF THE LAST MEETING HELD ON 3RD SEPTEMBER 2014**

**Resolved:**

That the minutes of the meeting held on the 3<sup>rd</sup> September 2014 be approved as a correct record.

**4 STRATEGIC COMMISSIONING GROUP UPDATE**

The Board received an update on the work of the Strategic Commissioning Group including the notes of the meeting held on the 25<sup>th</sup> September 2014.

It was noted that a number of items were dealt with elsewhere on the agenda.

**Resolved:**

To note the update and the notes of the meeting held on the 25<sup>th</sup> September 2014.

**5 BETTER CARE FUND SUBMISSION**

The Board received an update on the Better Care Fund from David Bonson (Blackpool CCG). It was noted that the submission had informally received positive feedback that the submission would be assured with conditions.

The Board held a discussion under this item, the Operational Resilience Plan and the Due North regarding the extreme budgetary pressures on Blackpool Council and the impact that this would have on the ability to deliver the Board's and the Government's key objectives and it was agreed that a letter be sent by the Board to Central Government on these issues. This was agreed as a resolution under Item 12.

**Resolved:**

To note the update on the revised Better Care Fund submission.

**6 TOBACCO CONTROL STRATEGY AND ACTION PLANS 2014-2016**

The Board considered three documents the Tobacco Free Lancashire Strategy 2014-2016, the Pan-Lancashire Smoking in Pregnancy Action Plan and the Blackpool Tobacco Control Strategy.



## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 22 OCTOBER 2014

Liz Petch presented the documents and highlighted the key priority areas of prevention, protection and cessation. It was noted that reducing smoking was a key driver to improve health outcomes and reduce health inequality.

It was noted that the full version of the Blackpool Tobacco Control Strategy had yet to be circulated but it was noted that the key principles were in line with the other documents and that the document would be agreed in principle with the full document to be circulated and any comments on the full document to be forwarded to Liz before the end of November 2014.

### Resolved:

1. To endorse the Tobacco Free Lancashire Strategy 2014 – 2016. This pan-Lancashire document having already been agreed by the Lancashire and Blackburn with Darwen Health and Wellbeing Boards.
2. To receive the Pan-Lancashire Smoking in Pregnancy Action Plan and agree to work to develop local solutions to the actions identified.
3. To agree in principle that the Blackpool Tobacco Control Strategy and Action Plan 2014 – 2016 focuses on a range of actions across three priority themes as we believe these to be the areas of greatest opportunity where the greatest differences can be made:
  - **Prevention** - creating an environment where (young) people choose not to smoke
  - **Protection** - protecting people from second-hand smoke
  - **Cessation** - helping people to quit smoking

### 7 SOCIAL ISOLATION UPDATE

Further to the meeting on the 4<sup>th</sup> June 2014 of the Board and the thematic debate on Social Isolation, the Board received an update report from Val Raynor on the work undertaken and proposed future actions. It was agreed that the proposed actions could be achieved in cooperation with the Fairness Commission which had already undertaken some work in that area.

### Resolved:

1. To, in conjunction or through the Fairness Commission, commission a third sector organisation to engage with the community, public and private sector to develop a vision and strategy to reduce isolation of people in Blackpool.
  - The lead organisation will develop a partnership to work collaboratively to develop the plan.

## MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 22 OCTOBER 2014

- The partnership will comprise of third sector representatives and other stakeholders that may have a strong understanding of the needs of isolated people.
  - There will be meaningful and genuine community engagement with groups representing isolated people.
  - The strategy will produce a plan and recommendations to meet priority outcomes identified.
2. To report back to a future meeting on the appointment process.

### 8 PUBLIC HEALTH ANNUAL REPORT

The Board received the Public Health Annual Report. The report was completed by Dr Arif Rajpura, the Director of Public Health who has a statutory duty to write an annual report on the health of the local population.

#### **Resolved:**

To receive the Public Health Annual Report 2013.

### 9 QUALITY PREMIUM

David Bonson presented a report on the Board on the Blackpool CCG's Quality Premium intentions for 2014/2015 and on that body's proposal for the chosen target for the Friends and Family test score for patients in the stroke unit.

#### **Resolved:**

1. To note the Clinical Commissioning Group's Quality Premium goals for 2014
2. To support the Clinical Commissioning Group with their choice of local metric for the Friends and Family Test element of Quality Premium

### 10 OPERATIONAL RESILIENCE PLAN

The Board received an update on Operational Resilience and Winter Planning from David Bonson Chief Operating Officer from Blackpool CCG.

The Board noted the update on the steps that were being undertaken to plan for winter and that the Fylde Coast Operational Resilience plan had been signed off the Local Area Team and that monitoring procedures were in place through the Clinical Commissioning Group. It further noted that funding would be transferred from NHS England in October.

The Board continued to express the concern regarding the risks outlined in Item 5 and also later under Item 12.

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 22 OCTOBER  
2014**

**Resolved:**

That the update be noted.

**11 ADULT SOCIAL CARE- SECTION 256 MONIES TRANSFER**

The Board considered an update on the proposed services and values in respect of the funding transfer for Adult Social Care from NHS England to Blackpool Council from Karen Smith, Deputy Director for People, Blackpool Council.

It was highlighted that the specified amount for Blackpool would be £4,141,888 in total as a transfer from NHS England to Blackpool Council under Section 256 of NHS Act 2006. It was noted that the funding must be used to support Adult Social Care services in each Local Authority which also has a health benefit. There will be a responsibility to link the funding proposals to joint commissioning plans with regard also to the joint strategic needs assessment for our local population.

The Board noted that the schedule attached to the agenda meet these requirements and had already been approved by the Blackpool Clinical Commissioning Group.

**Resolved:**

To accept the proposed schedule from the funding transfer, which was in accordance with the joint working of Health and Social Care services

**12 DUE NORTH REPORT**

The Board received a presentation on the Due North report from Dr Arif Rajpura, Director for Public Health on the Due North report.

The Board noted the report as a key piece of evidence on health inequality. It endorsed the key actions outlined in the report and suggested that this Board and its partners and other Health and Wellbeing Board across the region lobbied government regarding these issues.

The Board had also agreed under a previous item to write a letter lobbying the government with its concerns regarding the reduction in funding and the impact

**Resolved:**

1. To note the Due North report.
2. That the Deputy Chief Executive, Blackpool Council, following consultation with the Chairman of the Health and Wellbeing Board, writes a letter to the Secretary of State for Education and the Secretary of State for Communities and Local Government expressing the Board's concern on the impact on the reduction of

**MINUTES OF HEALTH AND WELLBEING BOARD MEETING - WEDNESDAY, 22 OCTOBER  
2014**

funding for Local Government services on health issues particularly health inequality.

**13 DATE OF NEXT MEETING**

The Board noted that the date of the next meeting as the 3<sup>rd</sup> December 2014 at 3pm in the Solaris Centre

**Chairman**

(The meeting ended at 5.10pm)

Any queries regarding these minutes, please contact:  
Lennox Beattie, Executive and Regulatory Manager  
Tel: 01253 477157  
E-mail: [Lennox.beattie@blackpool.gov.uk](mailto:Lennox.beattie@blackpool.gov.uk)

<b>Report to:</b>	<b>HEALTH SCRUTINY COMMITTEE</b>
<b>Item number</b>	<b>8</b>
<b>Relevant Officer:</b>	Steve Sienkiewicz, Scrutiny Manager.
<b>Date of Meeting</b>	11 <sup>th</sup> December 2014

## COMMITTEE WORKPLAN

### 1.0 Purpose of the report:

1.1 The Committee to consider its Workplan for the remainder of the 2014/2015 Municipal Year.

### 2.0 Recommendation(s):

2.1 To consider the Workplan, suggesting any additions or amendments that are considered necessary.

### 3.0 Reasons for recommendation(s):

3.1 To ensure the Workplan is up to date and is an accurate representation of the Committee's work.

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 N/A

### 5.0 Background Information

5.1 Members have the opportunity to review the Workplan and make any suggestions for additions or amendments. A copy of the Workplan is attached at Appendix 8a.

Does the information submitted include any exempt information?

No

**List of Appendices:**

Appendix 8a, Committee Workplan.

**6.0 Legal considerations:**

6.1 None.

**7.0 Human Resources considerations:**

7.1 None.

**8.0 Equalities considerations:**

8.1 None.

**9.0 Financial considerations:**

9.1 None.

**10.0 Risk management considerations:**

10.1 None.

**11.0 Ethical considerations:**

11.1 None.

**12.0 Internal/ External Consultation undertaken:**

12.1 None.

**13.0 Background papers:**

13.1 None.

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**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2014/15 Municipal Year**

**1. Provider / Commissioner Scrutiny**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	The Committee to receive updates at each meeting and have the opportunity to comment and make recommendations in relation to any developments and changes. To include complaints information on a regular basis.	6th November 2014	11 <sup>th</sup> December 2014
NORTH WEST AMBULANCE SERVICE NHS TRUST	The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.	17 <sup>th</sup> July 2014	TBA.
LANCASHIRE CARE NHS FOUNDATION TRUST	The Committee to receive reports on an ad-hoc basis and have the opportunity to comment and make recommendations in relation to any developments and changes.	24 <sup>th</sup> October 2013	Scheduled for December 2014 and March 2015
BLACKPOOL CLINICAL COMMISSIONING GROUP	The Committee to receive reports and have the opportunity to comment and make recommendations in relation to any developments and changes. To include a regular update on the Better Care Fund.	6th November 2014	5 <sup>th</sup> February 2015

**2. Stakeholder Scrutiny**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
HEALTH AND WELLBEING BOARD	To scrutinise the activities and outcomes of the Health and Wellbeing Board	25th September 2014	11 <sup>th</sup> December 2014

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2014/15 Municipal Year**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
HEALTH WATCH BLACKPOOL	To receive progress reports and monitor the outcomes of Healthwatch Blackpool, linking in to public involvement and trends in relation to complaints.	6 <sup>th</sup> February 2014	5 <sup>th</sup> February 2015
BETTER CARE FUND	To receive updates regarding the proposals that are being submitted via the HWBB to the Department of Health.	25th September 2014	5 <sup>th</sup> February 2015

**3. Health Inequalities**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
PUBLIC HEALTH	The Committee to receive reports at each meeting in relation to progress on public health matters and comment on the Joint Strategic Needs Assessment (JSNA) and other health inequality topics including alcohol, tobacco control and teenage pregnancy	8 <sup>th</sup> May 2014 (tobacco / alcohol)	25 <sup>th</sup> Sept 2014 – teenage pregnancy (Claire Grant) 6 <sup>th</sup> Nov 2014 – Immunisations & Vaccinations 11 <sup>th</sup> Dec 2014 - Mortality (Lynn Donkin)

**4. To scrutinise proposals for service changes, substantial developments and other consultation requirements**

**Workplan for HEALTH SCRUTINY COMMITTEE**  
**2014/15 Municipal Year**

TOPIC	DETAIL	DATE OF LAST REPORT	DATE OF NEXT REPORT DUE
QUALITY ACCOUNTS	To consider Quality Accounts from NHS Healthcare Providers.	17 <sup>th</sup> July 2014	Approx March 2015
THE HARBOUR INPATIENT FACILITIES AND TRANSITION PLANNING	To monitor the implementation and transitional arrangements for the new in-patient mental health care centre at the Harbour.	12 <sup>th</sup> June 2014	11 <sup>th</sup> December 2014
JOINT LANCASHIRE HEALTH SCRUTINY COMMITTEE AND JOINT TASK GROUPS	To participate in joint Committee activities and task groups.	17 <sup>th</sup> July 2014	As required

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