

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING - WEDNESDAY, 22 MARCH 2017

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Owen
Mrs Callow JP	Hutton	L Williams

In Attendance:

Councillor Graham Cain, Cabinet Secretary for Resilient Communities

Councillor Amy Cross, Cabinet Member for Health Inequalities and Adult Safeguarding

Dr Arif Rajpura, Director of Public Health, Blackpool Council

Lynn Donkin, Consultant in Public Health, Blackpool Council

Hazel Gregory, Head of Safeguarding, Blackpool Teaching Hospitals NHS Foundation Trust

Kelly Gorrie, Named Nurse (Looked After Children), Blackpool Teaching Hospitals NHS Foundation Trust

Donna Taylor, Lead Nurse / Senior Public Health Practitioner, Blackpool Council

Ms Valerie Watson, Delivery Development Officer, Blackpool Council

Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

2 MINUTES OF THE LAST MEETING HELD ON 14 DECEMBER 2016

The Committee agreed that the minutes of the Scrutiny Committee meeting held on 14 December 2016 be signed by the Chairman as a correct record.

3 PUBLIC SPEAKING

The Chairman welcomed the attendance from young people and representatives of the Blackpool Youth Council, the HeadStart resilience support programme and the UR Potential youth support group. The Committee noted that there were no formal applications to speak by members of the public on this occasion. However, the Chairman explained that, after each report item had been presented and Committee Members had asked questions, there would be an opportunity for any of the young people present to put forward questions and suggestions.

4 COUNCIL PLAN PERFORMANCE REPORT - QUARTER THREE 2016-2017

Ms Valerie Watson, Delivery Development Officer, Blackpool Council reported on the 'direction of travel' for key performance indicators relating to health services. Five of the eight indicators were reported annually at the end of each year (quarter four, January-March) covering smoking, obesity and healthcheck targets. The indicators would be

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discussed at the July 2017 meeting. Performance for quarter three, October-December 2016, related to three groups (opiate drug users, non-opiate drug users and alcohol users) and the percentages of those substance users successfully completing treatment. For drug users, recovery meant not re-presenting within six months.

Alcohol misuse - recovery rates

Alcohol users had been highlighted as an 'exception' with a shortfall in performance requiring more detailed reporting. The Chairman noted that the percentage of alcohol users successfully completing treatment had dropped for each of the last three quarters and was currently 36.7%, well below the quarter four or end-year target of 60% of people recovering.

Dr Arif Rajpura, Director of Public Health, Blackpool Council explained that the support service, Horizon (commissioned by the Council), for people trying to recover from substance misuse, including alcohol, had been reviewed. Staff had previously focused mainly on providing narrow drug advice and support to people but a requirement had been identified for a more integrated and holistic service, involving specialist staff with alcohol expertise. The service would increase recovery by focusing on people's immediate situation and their wider longer-term needs such as mental health support, housing opportunities and building skills for potential employment. Innovative approaches would be pursued including community-based working with GPs. The new service, continuing under the Horizon brand, would start on 1 April 2017 and he believed would help increase recovery rates across all areas.

NHS healthchecks

The Chairman referred to the annual target for numbers of people aged 40-74 years old taking NHS healthchecks. He noted that the percentage of healthchecks had dropped substantially from over 76% in 2013-2014 to 52% in 2015-2016. The current target was for an improvement on 2015-2016.

Dr Rajpura explained that Blackpool had previously had the best healthcheck rates in the country so the decline was being investigated and would be reported to the next meeting. Double-counting of healthchecks may have occurred so data accuracy needed to be verified and made more robust. Also people who were more willing had undertaken earlier healthchecks but 'harder to reach' people now needed to be encouraged. He added that the quality of healthchecks was paramount as people in the 40-74 age range were at increased risk and prone to higher blood pressure and conditions such as diabetes and heart disease. Early effective intervention was key to preventing worsening health so robust healthchecks were needed and payment would be levered to ensure quality information was being secured. He hoped that the percentage of healthchecks would increase to over 75% again.

Drug misuse - recovery rates

The Chairman referred to the 8% target for opiate drug users to sustain recovery (not requiring further treatment within six months of successfully completing treatment). This

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meant that 92% of service users were failing to recover. Dr Rajpura explained that the current 6% success rate was realistic and represented people with the most deep-rooted problems. He referred to the wide range of integrated and holistic support available for vulnerable people's needs covering emotional and social aspects as well as developing skills for meaningful employment. The 8% target was considered ambitious and needed to be reviewed.

Members referred to the Committee's meeting in September 2016 when Dr Rajpura had explained that people might be treated with methadone indefinitely as there were risks associated with coming off opiate drug dependency. Methadone had fewer health risks than heroin as drugs were not being injected. Methadone allowed people to be released from heroin addiction and, in some cases, proved very successful as people found stability including employment and avoiding crime. He was asked what residential rehabilitation services were offered. He explained that a full range of accessible services were available promoting recovery noting the new Horizon service offered an 'outreach' service, i.e. getting out to people.

The Committee agreed to receive an explanatory report on NHS Healthchecks for people aged 40-74 years old at the Committee's July 2017 meeting as part of the regular report on the Council's health performance indicators.

5 YOUNG PEOPLE'S HEALTH NEEDS IN CARE

Hazel Gregory, Head of Safeguarding, Blackpool Teaching Hospitals NHS Foundation Trust and Kelly Gorrie, Named Nurse Looked After Children, Blackpool Teaching Hospitals NHS Foundation Trust presented a report on the health needs of children in Blackpool Council's care ('looked after children').

Care Quality Commission - 'Not Seen, Not Heard'

Ms Gregory explained that the Care Quality Commission had produced a report in July 2016 entitled 'Not Seen, Not Heard'. The report had followed a review of how the health and safeguarding needs of 'looked after children' were being met across Lancashire. The review had not included Blackpool but the Commission's recommendations had led to a Lancashire Improvement Plan which contained some aspects relevant locally. The Teaching Hospitals did provide services across Lancashire and locally for people resident in Lancashire but not Blackpool.

Ms Gorrie explained that they were 'frontline' issues with high numbers of 'looked after children' (1295) across Lancashire including over 500 in Blackpool. There were a number of homes with children being placed there, in partially independent placements or in short break placements. She cited the speed and challenge of placement turnover with six new placements in December 2016.

Ms Gorrie explained that the Care Quality Commission had made four key recommendations: ensuring that young people had a 'voice'; outcomes-focused care; identifying young people at risk of harm; and access to emotional / mental health support. In particular, for outcomes, the Commission recommended use of the 'so what'

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approach, i.e. the impact of work and decisions needed to be effective otherwise reviewed. The recommendations had generated a number of actions.

Current service provision and outcomes in Blackpool

Ms Gorrie referred to the actions table within the report which displayed the current service provision for each action and also the outcomes that had been achieved.

Health assessments

The Chairman noted that the outcomes were stated as improvements and enquired what evidence there was to demonstrate improvement. Ms Gorrie referred, in particular, to 100% of health assessments being quality assured. Assessments not meeting quality standards were returned to practitioners).

Ms Gregory added that initial health assessments needed to be completed within 28 days (20 working days) of the Hospital Trust being notified of a new child in care. There were sometimes delays due to not being notified by the care authority (council) of a new child. However, even though there were nearly 1,300 'looked after children' across Lancashire, the Hospital Trust had a robust tracking and monitoring system. The Trust was aware if a child had failed to attend an appointment, the reasons for non-attendance and would ensure that they were seen within another week. She added that there were regular tracking meetings with the local authority.

Involving 'looked after children'

The Chairman noted the range of current provision in place and enquired what improvements to the service were being proposed and what happened when a child complained about the service. Ms Gorrie explained formal complaints processes would be discussed with a child and relevant other parties would be made aware. The young person would be offered appropriate support through any process including someone to support them at meetings. Greater effort was being applied to attracting the views of young people. They liaised with the 'Just Uz' Youth Council and were developing an app that would support the health assessment process including views of young people. They were also reviewing the route (pathway of care) that 'looked after children' undertook to ensure the most robust health assessments were secured.

Ms Gregory added that 'looked after children' might not engage with a service. In those cases, different approaches and encouragement needed to be tried. On a wider note, social media was a particular form of communication that needed to be tapped into. She gave the example of 'Kayleigh's Love Story', a nationally known short film which highlighted dangers to young people of online conversations with strangers. Essentially they needed to use tools that worked for young people.

Emotional and mental health

The Committee referred to high levels of suicide locally involving young people of both genders and enquired how 'looked after children' with mental health issues were being supported.

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Ms Gorrie acknowledged that this was a challenging area particularly taking into account that 'looked after children' had often been through traumatic experiences. She referred to the National Society for the Prevention of Cruelty to Children which gave practical guidance on children's mental health and suicide prevention. A more holistic approach to supporting children was advocated. She gave examples of young people not liking the way they looked and sexual issues, i.e. society creating a pressurised environment. It was important to work with young people (and foster carers) to support their emotional health and wellbeing.

Ms Gregory added that counselling was important through the 'Connect' therapy service and Child and Adolescent Mental Health Services (CAMHS). Counsellors worked hard to encourage vulnerable young people to speak about issues.

Transitional support (moving on from Children's Services), monitoring and tracking

The Chairman enquired what support was provided for 'looked after children' moving from Children's Services onto Adult Services taking into account the high numbers of 'looked after children' and staffing levels to meet challenges. They also enquired about support for young people not in care and the challenges of transient populations.

Ms Gorrie agreed that transition was an important area and there was a robust tracking and monitoring system in place with annual health assessments for 'looked after children'. Young people aged 18 or under were entitled to receive 'universal' services which were open to all people in that age range. To help bridge the transition, they provided young people, from age 16 years onwards, with a 'health passport' which provided lots of independent advice and guidance for moving into an adult environment. It was important to empower young people and also promote relationships of trust that they might find with people.

Early support and wider partnership working

Ms Gregory explained that the 'Looked after Team' were co-located with the Safeguarding Team which meant that concerns about any young people were identified early, well before children might come into care. She added that good home environments were ideal in working with families. But when these broke down, the Looked after Children and Safeguarding Teams were alert to individual's issues and risks.

She added that there were no additional staff available but new ways of working were being explored and developed. Work took place with health visitors and could start as early as the pre-birth stage of a child. She gave other examples of crossover working such as liaising with school nurses and clinics to support the healthy weight of a child and also school nurses linking into child sexual exploitation work. Other important areas included good dental health which could often be neglected leading to low self-esteem. All 'looked after children' were registered with a dentist. She added that regular meetings took place with this wider range of health staff reviewing the care and health needs of 'looked after children'. With reference to transience, there was a robust system in place that allowed children to be tracked across Lancashire and across the country.

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Dr Rajpura added that a more comprehensive health visitors' service had been introduced. This would extend the current five mandatory visits to a family to eight visits, to help establish and support the progress of a young child from birth as part of the universal service. The new approach meant the first visit was much closer to after a child was born. He highlighted the benefits of supporting early pre-school development in the first two years of a child's life. The early years approach helped better prepare a child for school taking into account a range of needs such as health and speech and provided long-term benefits. He referred to the Better Start programme which supported families with children aged 0-5 years old in seven ward areas. Helping defend against stress and abuse was important, recognising that self-harm was a particular concern amongst young people. He added that the HeadStart programme helped build resilience and support the emotional health and wellbeing of 10-16 year olds.

With reference to the ten-year Better Start programme, Members enquired as to its effectiveness. Ms Gregory and Ms Gorrie explained that research had shown it took time to change lifestyles which had developed over generations. Dr Rajpura re-iterated that early years support was critical to promote better outcomes such as good diet and effective speech. The Better Start programme was still in its early stages.

Nathan Parker, Young Person's Participation and Engagement Lead, HeadStart added that a key priority of HeadStart work was to support 'looked after children' and help them build resilience. He confirmed that supporting 'looking after children' was a key area of focus for all services.

The Committee agreed that young people who wanted to express interest in acting on any form of sounding board (set up by Blackpool Teaching Hospitals) relating to health needs of young people in care, could do so through Scrutiny channels who would forward on details to the Hospital's Looked after Children Team.

6 TRANSFORMATIONAL PLANNING PROGRAMME

The Committee agreed to defer this item to the next meeting on 26 April 2017 due to personal circumstances of the lead officer and as no replacement had been available at short notice.

7 PUBLIC HEALTH UPDATE ON CHILDREN'S HEALTHY WEIGHT AND ORAL HEALTH

Dr Arif Rajpura, Director of Public Health, Blackpool Council presented a report on the linked issues of young people's healthy weight and oral health. He emphasised that these were serious issues in Blackpool and needed joined-up, long-term effort from all services.

Healthy Weight

Lynn Donkin, Consultant in Public Health, Blackpool Council explained that having a healthy weight protected people from a number of serious health conditions. Wider impacts included economic loss to businesses and increased financial pressures on the NHS for what was one of the health sector's biggest challenges.

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National strategy

She added that Government had agreed a national strategy imposing a financial levy on high sugar content products, principally soft drinks. National objectives included reducing sugar in food products, promoting healthier food in the public sector, minimum healthy food standards in schools and a voluntary healthy food ratings scheme in schools. Increasing physical activity in schools was the other strand.

Scale of challenges in Blackpool

Lynn Donkin explained that Blackpool had amongst the highest rates nationally for being overweight (obese). Figures for being overweight included over 1 in 4 (26.5%) of 4-5 year olds, over 1 in 3 (40%) of 10-11 year olds and 3 in 4 (74.5%) of adults. 40% of children moving from primary to secondary school were overweight and 84,000 adults (out of 140,000) were overweight. There was no simple solution and there were other impacts, e.g. on oral health with dental decay.

Food intake and calories

She explained that people were eating too much in terms of high calorie intake and needed to be encouraged to reduce calories and promote healthier food options. Modern lifestyles often equated to sedentary movement which heightened weight pressures.

Blackpool strategy

A Healthy Weight Strategy had been approved in 2016 by the Health and Wellbeing Board and had five key elements: increasing knowledge, skills and healthier food choices; reducing sugar; local environments offering healthier foods and physical activity; weight support services for young people; and focusing on young people.

Progress

Lynn Donkin referred to achievements.

Blackpool had become the first council in the country to create a Local Authority Declaration on Healthy Weight to support employees and residents. The Health and Wellbeing Board had suggested that other partner organisations needed to sign up so a Healthy Weight Summit was held in February 2017 resulting in another twenty local organisations adapting the Declaration.

'Give up Loving Pop' (GULP) was a campaign to encourage young people to give up fizzy drinks for one month. This had gained national recognition. Further work would build on this success including featuring in the 'Fit2go' programme targeting younger children.

Physical activity

The Chairman made reference to a national initiative, the 'Daily Mile', which had had spread across the UK. This was a simple initiative promoting school classes to walk a mile as a group exercise during school time. Wider benefits included higher classroom performance.

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Lynn Donkin referred to a similar initiative, the Living Streets 'Walk to School' project, led by a national charity (Living Streets) and funded by the Department for Education. Blackpool was the only area nationally with all its primary schools signed up. Schools were also promoting a range of diverse physical activities. She referred again to the 'Fit2Go' programme promoting activity and skills in Year Four children and involving their families.

The Chairman acknowledged the Living Streets project but noted that involvement was subject to parents' commitment. The 'Daily Mile' was during school time so not dependent on parents and should be promoted within Blackpool schools. The Committee strongly supported the proposal and added that stronger personal responsibility messages could be made to parents.

Lynn Donkin explained that schools had their own programmes and would base decisions on available capacity to support activities. However, she would look into the option of the 'Daily Mile' initiative being promoted across local schools. Dr Rajpura echoed that there was a range of work being undertaken but the 'Daily Mile' would be considered. He advised that he would report back on whether it would be progressed locally to the Committee's meeting in July 2017.

Key focus of strategy

Lynn Donkin added that reducing calorie intake needed to be the first priority exercise would not be able to negate high calorie intake. Dr Rajpura agreed that whilst physical activity was important, better nutrition was of primary importance. Initiatives such as the free school breakfast were proving effective. He cautioned that whilst there was good work during school term, there needed to be more effective work during holidays.

Tackling wrong messages

The Chairman referred to junk mail advertising fast foods. Dr Rajpura explained that planning policies could be used to reduce the number of takeaways. He added that healthy eating businesses could be promoted through awards and rating schemes. Food businesses also needed to be encouraged to develop healthy and low cost 'fast foods'.

Information for residents - low-cost health eating options and cookery skills

Attendees agreed that it would be good to promote and distribute to residents, 'quick-fire' low-cost healthy menus with simple cooking instructions. Cllr Amy Cross, Cabinet Member for Health Inequalities suggested that she could work with Cllr Maria Kirkland, Cabinet Member for Partnerships, to target voluntary sector groups to support awareness raising and developing skills. Dr Rajpura added that a voluntary sector event had just taken place in the Winter Gardens with 40 organisations attending. He added that community facilities also offered opportunities. With reference to publicity for the Winter Gardens event, he explained that there would be another event in July 2017 and social media could be used to promote it more widely as a public event. The timing of the event (14.00-18.00) offered good scope for attendance.

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Young people's views

Young people attending the meeting made reference to trying to display healthy food in such a way that it was more exciting and appealing. They also felt that cost could be an issue so making healthy food more affordable would help. Helping promote cookery skills as part of wider 'skills for life' was important. Similar to making healthy food more attractive, it was suggested that physical activity could be offered through menu choices, i.e. bite-size options allowing people to make up their own physical activity package. This recognised that all children wanted to run as an exercise but would consider other options.

Oral Health

Donna Taylor, Lead Nurse / Senior Public Health Practitioner, Blackpool Council explained that Blackpool residents suffered high levels of poor oral health. This correlated to deprivation including poor diet and nutrition as well as obesity. High sugar content food and particularly fizzy drinks were a significant factor in poor oral health.

Scale of oral health issues in Blackpool

She highlighted that 40% of local five-year old children had dental decay compared to 25% nationally, of which 8% had incisor caries decay compared to under 4% nationally and which stemmed from sugary content drunk from bottles ruining front teeth. Serious decay also resulted in extraction treatment under general anaesthetic.

Blackpool strategy and partnership working

The Council had developed an Oral Health Strategy and was working in partnership to deliver a number of initiatives. Partners included Better Start, NHS England (responsible for commissioning dentists' services) and dentists.

She explained that the Strategy contained five broad elements. Public Health commissioned the Oral Health Improvement Service with key health improvement work taking place at the Hospital. Children's centres promoted supervised tooth-brushing. Free toothpaste and toothbrushes were given away to support the 'keep teeth clean' message. Flouride in free milk had been introduced in schools late 2016 with nearly 80% take-up (6,500 children) using careful controls and monitoring. Public Health also commissioned mandatory oral health surveys.

Donna Taylor added that oral health was a complex area and referred to local work. Better Start supported families with children aged 0-5 years old with supervised tooth-brushing, oral health messages and developing local communities and workforces. She cited over 2,500 pre-nursery age children having regular supervised tooth-brushing. Oral messages helped dispel any urban myths e.g. that fruit was not good due to sugar content when it was actually smoothies that were not good due to distilled sugars, spitting out liquid after brushing was appropriate to help retain fluoride rather than rinsing out mouths.

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Frontline opportunities through dentists

Donna Taylor referred to an important area of developing work. NHS England commissioned dentists who currently had little contractual remit to promote better oral health information and messages. It was hoped that NHS England would revise contracts so that dentists could promote oral health messages including having a local 'champion', work closely with other partners and, in particular, ensure all children received an oral assessment in their first year of birth. This would allow dentists to perform greater preventative work including working in community settings such as children's centres.

She concluded her report highlighting that oral health was complex.

Fluoride and other areas

Members welcomed the good take-up of fluoride in milk and enquired if this could be extended to children of pre-school age (nurseries). They also enquired about having fluoride in water. It was explained that Public Health did want to do this but EU legislation would view this as a state aid subsidy requiring a significant budget cost to overcome the EU rule. Members felt that extra cost for the youngest children was worthwhile in view of future costs and damage. Dr Rajpura agreed and explained that fluoride in milk had been introduced as fluoride was not in water locally. He cited the West Midlands as having fluoride in water and having much lower tooth decay but there were opponents. Drinking a lot of fluoride might cause some damage to teeth but this was a low likelihood and the only risk. Donna Taylor added that effective oral health messaging was paramount.

The Committee agreed that a report would be made at its July 2017 meeting concerning whether the 'Daily Mile' initiative would be progressing locally.

8 HEALTH SCRUTINY COMMITTEE WORKPLAN 2016-2017

The Chairman referred to the Health Scrutiny Workplan for 2016-2017 and progress with the implementation of recommendations.

The Committee agreed:

1. To approve the Scrutiny Workplan subject to Transformation Plan progress being considered at the April 2017 meeting, addition of an explanatory report on NHS Healthchecks (people aged 40-74 years old) as part of the regular performance indicators report and a 'Daily Mile' progress report (whether the initiative would be progressed locally) to the July 2017 meeting
2. To comment by email on annual Quality Accounts submitted by NHS trusts and for final responses to be approved by the Chairman.
3. To note the 'Implementation of Recommendations' table.

9 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 26 April 2017 commencing at 6pm in Blackpool Carers' Centre, Beaverbrooks House, Blackpool.

Chairman

(The meeting ended 8.00 pm)