

## **MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING – 25<sup>th</sup> SEPTEMBER 2014**

### **Present:**

Councillor M Mitchell (Chairman)

Councillors

P Jackson    Hunter    Elmes        Stansfield

Benson        Owen        H Mitchell    Mrs Henderson MBE

### **In attendance:**

Mr R Fisher, Dr M Johnston and Ms H Skerritt, Blackpool Clinical Commissioning Group.

Mrs P Oliver and Mr P Jebb, Blackpool Teaching Hospitals NHS Foundation Trust.

Mr S Sienkiewicz, Scrutiny Manager, Blackpool Council.

Ms C Grant, Integrated Commissioning Manager, Adult Services, Blackpool Council.

Ms L Donkin, Public Health Specialist, Blackpool Council.

Mr R Lewis, Mr N Fogg and Mr J Croysdill, Blackpool, Fylde and Wyre 38 Degrees NHS Support Group.

Mr Brandy, Fylde Coast Community Radio and Claremont Community Group.

Councillor E Collett, Cabinet Member for Public Health.

### **Also Present:**

Mr G Quick, 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 17<sup>th</sup> JULY 2014**

The Committee agreed that the minutes of the meeting held on 17<sup>th</sup> July 2014, be signed by the Chairman as a correct record.

### **3. PUBLIC SPEAKING**

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The Chairman invited the representatives that were present from Blackpool, Fylde and Wyre 38 Degrees NHS Support Group to address the Committee in relation to the written submission that the Group had submitted under this agenda item.

Mr N Fogg referred to part 1 of the submission, which was in connection with the Better Care Fund. In response, the Chairman acknowledged the importance of the Better Care Fund and pointed out that updates in relation to the Fund had been requested at each meeting, providing there was something of note to report. He asked if the representatives from Blackpool Clinical Commissioning Group had anything to add and Dr M Johnston made the following observations;

Following further national guidance, Blackpool's plan for the Better Care Fund had been re submitted earlier in September, although the content of the plan was basically unchanged from that previously reported. Feedback had been received that the substance of the plan was very good. It was anticipated that additional feedback would be received during October, although the final plan was still some time away and it was unsure at this stage what the final plan would look like.

Mr Fogg went on to address the Committee in relation to part 2 of the submission, which was in connection with immunisation take up levels, particularly in relation to infants and hard to reach groups. The Chairman pointed out that a specific item on immunisation would be brought to the next meeting of the Committee on 6<sup>th</sup> November 2014.

Mr R Lewis addressed the Committee in connection with part 3 of the submission which was concerned with Blackpool's high levels of alcohol related health problems. The Chairman pointed out a number of initiatives that were underway in an attempt to reduce the problem, including;

- Awareness raising by Public Health
- Cumulative Impact Policies in certain areas of the town
- Community engagement projects, where local policies were being developed
- Full engagement into the debate on minimum pricing
- Police prosecutions as appropriate
- Licensing sanctions
- A willingness to learn from other areas in relation to good practice

The Committee went on to discuss the matters raised. Ms L Donkin, Public Health Specialist, pointed out that Blackpool ran a number of evidence based campaigns, both locally and regionally, including Drinkwise, which promoted sensible messages around drinking.

Members discussed a particular issue around off sales, together with organisations that offered to deliver alcohol to the home at any time of the night and day. It was acknowledged that unfortunately there was little that could be done to prevent the advertising of such services.

The Chairman thanked the representatives of Blackpool, Fylde and Wyre 38 Degrees NHS Support Group for their valid contributions and the Committee agreed that the matters be noted.

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Background papers: None.

### **4. TEENAGE PREGNANCY UPDATE REPORT**

Ms C Grant, Integrated Commissioning Manager at Blackpool Council, provided the Committee with an update in relation to the ongoing work to reduce teenage pregnancy in Blackpool. Members were informed that in 2010, Blackpool had the worst teenage pregnancy statistics on the Country. Since then, the situation had improved dramatically and Blackpool's position was now 13 / 14<sup>th</sup> from bottom. At the end of February 2014, the rate stood at 42.9 per thousand, which amounted to a 26.2% decrease on the 2013 figure. It was acknowledged that the rate still remained high when compared nationally and so it was important to continue to prioritise the work in this area.

Ms Grant explained the various elements of work that were in place to support the preventative element of teenage pregnancy. The work-stream across Blackpool was currently managed strategically at the Teenage Pregnancy Steering Group, which fed into the Health and Wellbeing Board.

In relation to looked after children, the Committee was informed of the work underway to ensure that minimum standards for their health and wellbeing, including sexual health, were included in contractual agreements with the external providers of residential and leaving care. Work was also underway as part of a pilot to embed consistent quality Personal, Social and Health Education (PSHE) in all secondary schools in Blackpool. This was designed to provide consistent quality messages to young people in a bid to improve their choices and health outcomes, including sexual health. The National Institute for Health Research was involved in evaluating the effectiveness of this programme.

The Committee agreed to note the report.

Background papers: None.

### **5. BLACKPOOL CLINICAL COMMISSIONING GROUP**

The Committee received a presentation from Dr M Johnston on the Strategic Plan for the Blackpool Clinical Commissioning Group (CCG) between 2014–2019. The Plan was aligned with the Better Care Fund Plan and the Health and Wellbeing Board Plans and would ensure an effective commissioning strategy over the next five years.

Dr Johnston explained that proven analysis showed that 48% of the health spend in Blackpool was taken up by 3% of the population and a new model of care was envisaged for that group of patients. This would involve clinicians being based in neighbourhoods caring for patients, rather than patients going into hospital each time. There would be a need for the GP's to work differently, making better use of community resources. It was explained that by breaking the cycle of reactive interventions, hospital admissions would be reduced by 25% and outpatient and accident and emergency attendances would decline by 20%.

Responding to questions from the Committee, Dr Johnston explained that GP practice registration procedure would remain the same, but there would be more joined up

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working around the needs of the patient. A primary carer, known as an Extensivist, would be assigned to follow a patient through their care journey, leading to an improvement in continuity of care. The model would initially be piloted in the Moor Park area.

Mr R Fisher, Chairman of Blackpool CCG, continued with the CCG report by informing the Committee that the Governing Body of the CCG was looking to recruit two new lay members, for a three year term. It was explained that their focus would be strategic and impartial, providing an independent view of the work of the CCG that was external to the day to day running of the organisation.

The Committee went on to receive details of the National Eye Health Week campaign, which was running from 22<sup>nd</sup> to 28<sup>th</sup> September 2014. It involved extensive publicity in promoting the importance of eye care, which was often related to other underlying health conditions. Responding to questions from the Committee, Ms Skerritt explained that many people would be eligible for free eye tests and she agreed to provide the Committee with a list of opticians who would provide home visits.

Members were then informed of the 'How Good is Your Memory' campaign, which had been launched to explain what dementia is; to highlight the signs and symptoms and explain how everyone can lower their risk of developing dementia. Aimed at the age group 50 – 90, it was explained that free memory screening events were taking place across Blackpool as part of the campaign.

To conclude the report, the Committee was informed of and invited to attend a 'Listening Event' with the CCG on 17<sup>th</sup> October 2014 at The Imperial Hotel, Blackpool. The aim of the event would be to provide the public with an update on commissioning schemes and gain feedback on commissioning plans. Feedback would be provided to the Committee at its next meeting in November.

The Committee agreed to note the presentation and report.

Background papers: None.

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

Mr P Jebb, Assistant Director of Nursing for Patient Experience at Blackpool Teaching Hospitals NHS Foundation Trust, delivered a presentation to the Committee on the topic of patient experience, including the collation of data from patient surveys, complaints and compliments.

The Committee received detailed information in the way that the Trust gathered information from patients and how it was acted upon. This included the proactive gathering of information from volunteer 'listeners', in-patient and out-patient surveys, the Friends and Family Survey, the 'Tell us' campaign and the Patient Panel. There was also the opportunity to provide feedback on the Patient Opinion website.

In relation to compliments and complaints, the Committee received the statistical data on how many had been received during July and August, both formal and informal and how these had been dealt with.

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Mr Jebb responded to a number of questions from the Committee. In doing so, he confirmed that the Trust does record and act upon anonymous complaints. He also confirmed that all of the information gathering schemes were Trust based and therefore included both acute and community services.

Mrs P Oliver, Director of Operations at the Trust, updated the Committee in relation to performance issues and partnership working. She reported that the last few months had been extremely challenging for the Trust. This was due to an upsurge in visitors to the area and an increase in admissions due to dehydration problems and excess drinking during the good weather. Various special events in the town had impacted greatly upon hospital services and the Trust was working closely with partners and commissioners to minimise the impact, particularly at peak period times.

The Committee was informed that the Fylde Coast was still waiting news on its bid to be included in the NHS Accelerate Programme. Members were reminded that the Programme was a pilot aimed at accelerating the implementation of out-of-hospitals models of care and was set to announce its selected health and social care economies shortly.

The Committee agreed to note the content of the presentation and report.

Background papers: None.

### **7. PUBLIC HEALTH ANNUAL REPORT 2013**

Ms L Donkin, Public Health Specialist, presented the Committee with the Public Health Annual Report for 2013. She explained that the purpose of the report was to present the Director of Public Health's independent assessment of local health needs, determinants and concerns.

It was explained that the report was focussed on lifestyles and considered the role of smoking, drinking, alcohol, lack of exercise and unhealthy diets on the health of people living in the town. It also examined at what could be done to promote and enable people to make healthier lifestyle choices.

Members of the Committee made comment on what was seen to be a very encouraging report, which contained first rate analysis and recommendations.

The Committee agreed to note the report.

Background papers: None.

### **8. BLACKPOOL HEALTH AND WELLBEING BOARD**

The Committee considered the minutes from the meeting of the Health and Wellbeing Board on 3<sup>rd</sup> September 2014.

The Committee agreed that the content of the minutes be noted.

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Background papers: None.

**9. 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.

**10. DATE OF NEXT MEETING**

The Committee noted the date of the next meeting as Thursday 6<sup>th</sup> November 2014 at 6.00 p.m.

**Chairman**

(The meeting ended at 7.52 pm)

Any queries regarding these minutes, please contact:  
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