

HEALTH SCRUTINY COMMITTEE

Wednesday, 12th June, 2013

Present:-	Councillor Colin Eastwood – in the Chair
Councillors	Mrs Hailstones, Mrs Johnson, Loades, Mrs Simpson and Taylor.J
Officers	Cllr Williams (Portfolio Holder) Dave Adams (Executive Director – Operational Services_ Mark Bailey (Head of Business Improvement and Partnerships) Robert Foster (Head of Leisure and Cultural Services) Nick Lamper (Senior Members Services Ofifcer) Martin Stevens (Democratic Services Officer)

1. APOLOGIES

An apology for absence was received from Cllr David Beckett.

2. DECLARATIONS OF INTEREST

Cllr David Loades declared an interest as he was a Member of the North Staffordshire Patient Congress, a Shadow Board Member and Vice Chair of the County Council.

3. MINUTES OF A PREVIOUS MEETING

The minutes of the meeting held on 17 April 2013 were confirmed as a correct record.

4. BRIEFING NOTE ON PUBLIC HEALTH/HEALTH AND WELLBEING

The Head of Business Improvement and Partnerships stated that there were significant changes taking place in health at the present time. Whilst the County Council had the main responsibility for the public health function, it was impossible for one organisation to be able to carry out the delivery of health entirely on their own. He stated that infant mortality rates were higher than the English average and 17-20% of pregnant women smoked in Newcastle. The number of young people in the Borough was reducing. One in five children lived in poverty, rising to 36% in the Knutton and Silverdale areas. Private Housing conditions were better than the English average. Within the Borough there were pockets of high levels of people claiming job seekers allowance (JSA), with youth unemployment, smoking, drinking and obesity higher in parts of the Borough than the national average. An average of 22% of people smoked across the Borough but in certain places within the Borough it could be as high as 32%. There was increasing levels of higher risk drinking and there had been an increase of 8% in hospital admissions for 2012/13 (compared to a 1% rise in England). Adult obesity was increasing and the level of physical activity was reducing, which was especially true in children. The Borough had higher than average levels of infant mortality and diabetes. There was also a lower than average level of life expectancy in females.

The Head of Leisure and Cultural Services stated that there was an aging population within the Borough which was more ethnically diverse and had a lower life expectancy than the national average. There were more part time workers and there was a high level of youth unemployment. There were problems to overcome in housing and the homeless, and fuel poverty was increasing which had partly been a consequence of rising utility bills. There were challenges to face in health which included the move towards a higher level of early intervention and prevention. The majority of the NHS budget supported the minority with severe disease, which ultimately was financially unsustainable. The two key priorities were inequality and common causes of death. There were eleven areas for action which were, parenting, school readiness, education, NEET, In Care, alcohol, drugs, lifestyle and mental well being, dementia, falls prevention and the frail elderly. Each priority area would have an indicator attached to it in order to be able to measure success. The Newcastle-under-Lyme Health and Well Being Strategy was currently in the final draft stage. It focussed on the areas which the Borough Council could have a direct effect. Action plans were being developed and it was hoped that significant resources could be moved into prevention.

Members asked the Head of Leisure and Cultural Services how the Council intended to implement any action plans. In response he stated that the Council were engaging with partners, stakeholders and the wider public through consultation. Action plans would then be developed. A Member stated that it was important to understand the areas that had gone wrong in the past, in order to learn for the future. It was also important to have accurate detailed data in order to be able to inform policy. He cited as an example, there being no dataset that provided the Council with a complete picture of the number of children who were disabled or who had a limiting long-term illness. There was a discussion about data collection and how it could be deceptive unless approached with caution and the parameters were understood.

A Member asked when the Health and Well Being strategy would be rolled out. In response the Executive Director for Operational Services stated that the Cabinet had given approval for the consultation to commence on the strategy. The consultation process was not solely to seek comments from stakeholders about the proposed vision and priorities, it was also about asking them what input they could make to contribute to improving the health of residents and support the work of the authority.

A Member stated that it was important to include in the consultation questionnaire the question of how an organisation could assist the Council, such as in the role of data sharing.

A Member commented that the Council needed to address how alcohol was marketed locally. It was also important to see the results of projects and initiatives. The Chair stated that he was in possession of a letter which confirmed that a group was being setup by the Alcohol and Drug Executive Board, co-chaired by the Chief constable and Director of Public Health, to explore ways of aligning and developing the approaches to licensing taken by the eight district councils. The Portfolio Holder stated that he had had useful conversations with licensing officers within the county. Good working was continuing to take place with ADSIS and the BAC O' Connor Centre.

The Head of Business Improvement and Partnerships gave a presentation on public health in the wider context. He stated the clear messages were an ageing population, growing levels of obesity, alcohol abuse and smoking. There were also issues in terms of the wider determinates of economics and community safety and the impact of these areas on health. This was reflected in a strategic approach

where partnership priorities included enhancing economic growth and tackling vulnerability. Public health played a significant part in the Stronger and Safer Communities Strategy 2012-2017. The key outcomes included in this strategy were, living in an active community and involved in public service delivery, living and working and prospering in a safer environment, supported family life and a decent place to live and longer healthier and more rewarding lives. There was an overall focus on early intervention and prevention. Intervention included an economic focus and a focus on crime and community safety and health. He cited health promotion as an example. An example of partnership working was the "Let's Work together" initiative which had been developed after an incident in Staffordshire. A key part of this preventative action was focusing on home visitors to be aware of risks and seeking to develop clear referral processes so that people at risk could be helped. The Let's Work Together initiative was also developing work on alcohol misuse. Looking to the future there were several issues which included, funding, continued partner buy-in, performance management, the appropriate allocation of resources, accurate data for the correct purposes and linking in with the county picture.

The Chair stated that a recent news article in a national newspaper had reported that the elderly were drinking more on a regular basis with a 62% increase in over 65s requiring hospital admission. A Member commented that the smoking ban in pubs had increased drinking within the home. Helping people back into employment was seen as one way of reducing problems with alcohol. The Chair stated that where there were areas identified as having a greater problem within the Borough, consideration should be given to a focused initiative within that defined area as long as it did not contradict any wider policy. A Member suggested that working within Community Centres particularly in the summer and at holidays times could have benefit. A Member stated that it was important for people with alcohol problems to take self-ownership of their problem. Members questioned why physical activity was lower in schools within the Borough compared to the National average. It was agreed to write to the County Council as the education authority to ask what action was being taken to rectify this issue.

A Member suggested that when the Health and Well Being Strategy was out for consultation that the Scrutiny Committee should invite people that have helped to support health delivery in the last five years. They could be questioned as to what they thought were the best solutions to the problems and what they had already tried previously which had worked well and what had not.

Members asked about the involvement of the Local Area Partnerships. The Portfolio Holder confirmed that a meeting was planned with them in the future, together with NBC Members, Parish and Town Councils.

RESOLVED: That the following recommendations be taken forward:

- A) That data collection, analysis and sharing amongst organisations be enhanced.
- B) That the questionnaire that will be included with the consultation on the Health and Well Being Strategy include a question on how the organisation being consulted can help implement the strategy.
- C) That the Committee receives a status report on the group setup by the Alcohol and Drug Executive Board, co-chaired by Chief constable and Director of Public Health, to explore ways of aligning and developing the approaches to licensing taken by the eight district councils.

- D) That each Council department when designing and implementing policy considers the effect that the policy will have on the effect of the health of the Borough.
- E) Where areas have been identified with the Borough which are more severely affected by a problem that consideration be given to a focused initiative within that area, which might take the form of a pilot scheme. This should however not contradict any wider policy already being carried out.
- F) That the Education Authority be asked to explain why physical activity was lower than the national average and what steps could be taken to improve the situation.

5. **SUPPORTING DOCUMENTS**

The Chair referred to the number of supporting documents that had been sent with the agenda, which included the Newcastle-under-Lyme District Profile 2013, the Newcastle Borough Council – Enhanced Joint Strategic Needs Assessment 2012 and a document from the Centre for Public Scrutiny.

6. **WORK PLAN**

The Chairman reported that Stage 2 of the Consultation on Mental Health Services had been implemented. The Foundation Status and the potential for amalgamation would continue to be monitored as the future was still unclear.

The UHNS, Accident and Emergency Centre had been visited. It was still apparent that they had some four hour target issues. The Cardiac Rehab at Jubilee 2 was going well at Jubilee 2. The Health and Well Being Strategy was to be presented to the Health and Well Being Board on the 13 June.

The Chair stated that Cllr Frank Finlay had been to visit the Borough Council and would be contacted before each Board meeting to ensure that the views of the NUBC were fully represented at the Board meeting.

Prescription medication which was currently on the work plan could now be deleted as the matter had been fully considered by the Committee. An update would be given on infant mortality at every Health and Well Being Board meeting. The Chair stated that he still had some concerns from the Francis Report about incorporating the recommendations at District level.

The Chair stated that Cllr Hilda Johnson would represent the Borough Council at a County level on the issue of Suicide Prevention.

The Chair referred to the document from the Centre for Public Scrutiny which had been circulated with the agenda. Within this document there were a number of suggested areas for Scrutiny, these were to be found on pages 128 and 129 with the agenda document.

7. **URGENT BUSINESS**

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There was no urgent business within the meaning of Section 100 B (4) of the Local Government Act 1972.

Meeting Closed at 9.00pm.

COUNCILLOR COLIN EASTWOOD
Chair