



**ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE  
30 MAY 2018**

**PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)**

Councillors Mrs E J Sneath (Vice-Chairman), M T Fido, R J Kendrick, Mrs C J Lawton, C E Reid, M A Whittington, Mrs M J Overton MBE and S R Dodds

Councillors: Mrs S Woolley attended the meeting as observers

Officers in attendance:-

Alex Craig (Commercial and Procurement Manager - People Services), David Stacey (Programme Manager, Public Health), Daniel Steel (Scrutiny Officer), Professor Derek Ward (Director of Public Health) and Rachel Wilson (Democratic Services Officer)

**1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

Apologies for absence were received from Councillors Mrs J E Killey and A P Maughan.

It was noted that the Interim Chief Executive had advised that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, he had appointed Councillor S R Dodds as a replacement member of the Committee in place of Councillor Mrs J E Killey, for this meeting only.

**2 DECLARATIONS OF MEMBERS' INTERESTS**

There were no declarations of interest at this point in the meeting.

**3 MINUTES OF THE MEETING OF THE ADULTS AND COMMUNITY  
WELLBEING SCRUTINY COMMITTEE HELD ON 11 APRIL 2018**

RESOLVED

That the minutes of the meeting held on 11 April 2018 be signed by the Chairman as a correct record.

**4 ANNOUNCEMENTS BY THE CHAIRMAN, EXECUTIVE COUNCILLOR  
AND LEAD OFFICERS**

There were no announcements by the Chairman or Lead Officers. However, it was commented by the Chairman, following a call from a resident trying to get an assessment, that there was a need for the Customer Service Centre, when dealing

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with an initial adult social care contact to ensure that the caller was provided with definitive information in relation to timelines and what would happen next.

On this issue, the Executive Councillor for NHS Liaison and Community Engagement advised that she had received positive feedback from a resident following contact through the website and the speedy way that they had been dealt with.

The Executive Councillor advised that there were currently two surveys running which the Council would be providing a response to. She would let the Chairman know when the closing dates were.

**5 THE 2017 ANNUAL REPORT OF THE DIRECTOR OF PUBLIC HEALTH  
FOR LINCOLNSHIRE**

Consideration was given to a report which provided the Committee with the opportunity to consider the Annual Report of the Director of Public Health (DPH).

Members were advised that one of the statutory duties of each local authority was to produce an independent report on the state of the health of the people they serve on an annual basis. It was noted that the 2017 DPH Annual Report covered two topics which were high on the agenda for organisations locally, which were:

- A chapter on the case for investing in prevention in support of the Lincolnshire Health and Care System's need to shift investment into proven prevention interventions.
- A chapter reviewing the focus on the biological and environmental threats to people's health and the systems in place to track those hazards and protect Lincolnshire people from harm.

The Committee received a short powerpoint presentation from the Director of Public Health on the Annual Report, and further information in relation to the following areas was provided:

- Ageing Apocalypse
- Years to Life! Life to Years?
- Life to years works
- All is not lost
- Every gain helps

Members were advised that this was a retrospective report, and it was important to note that there was a statutory duty for the Director of Public Health to produce this report and a statutory responsibility for the Council to publish the report.

It was noted that there was there was a big growth expected in the 65-74 and 75+ age groups by the year 2039.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the presentation and report and some of the points raised during discussion included the following:

- The presentation focused on the concept of 'healthy ageing' and how the benefits of exercising could help to prevent or delay the onset of some conditions associated with older age.
- It was commented that evidence from recent studies on dementia, that exercise was not a panacea for 'curing' dementia. However, it was acknowledged that it could be helpful in preventing vascular dementia.
- It was noted that older people with dementia could decline very quickly, and there was evidence that those in the 70-75 age group, living a reclusive life could decline even quicker. It was important to be able to give people with dementia the confidence to go out and participate in activities such as singing and dancing which had been shown to slow the progression of dementia.
- It was reported that when babies were born their neural pathways developed, and there was emerging evidence that with some forms of dementia, certain types of stimulation helped to find new neural pathways and could help to relieve some of the symptoms.
- Members were also advised that unhealthy behaviours tended to cluster, and people demonstrating these behaviours were likely to develop more than one health condition as they aged. However, if a person currently only had one condition, it was important to help them to maintain that health to avoid development of further conditions. This was known as secondary prevention.
- It was commented that it was important to acknowledge the link between mental health and exercise.
- It was noted that there had been an increase in people with addictions to prescription medication coming through the substance misuse programme.
- It was highlighted that there had been a health referral scheme run by East Lindsey District Council which offered a whole range of activities such as walking etc. but had fallen victim to funding cuts. However, it was commented that investing in these services was a way to save money further down the line. It was also noted that there was a lot that communities could do themselves, but initial investment may be required.
- It was suggested that it was those people who were now in their late 30's and 40's who needed to be targeted to improve their health/exercise level to try and reduce the number of health issues when they were older. It was also suggested that the children of people in this age range needed to be involved as well as the clustering of bad behaviours could take place within families and if the parents' habits were tackled, this could also have an effect on the children.
- In relation to dementia, it was commented that social contact was just as important as physical exercise for relieving some of the symptoms.
- It was queried why there had not been a n improvement in people living healthier for longer, as work had been taking place on this issue for a long time. It was queried whether there was any evidence that the work had had an impact or whether it could be converted to a monetary amount that the NHS had been saved, so that Public Health could argue for additional funding. Members were advised that this was difficult question to answer, as Public Health was about avoiding something from happening, whereas the public sector generally was about dealing with something when it happened. However, one area where it was easy to demonstrate benefits was with health

protection programmes and vaccinations, as if these were not carried out there would be outbreaks of measles etc.

- It was suggested that there was a need to better understand the food available such as the amount of ready-made meals in supermarkets and the increasing number of takeaways. There was a need for people to make a decision about the type of food they fed their families.
- It was suggested that there was a need for parents to take more responsibility and say no to their children when they asked for unhealthy food/snacks. However, it was acknowledged that children could be very persuasive in supermarket situations when sweets were right in front of them. There were small changes though which could have a cumulative impact.
- It was noted that by 2040 the numbers of those people economically dependent and economically active would be almost 50/50 in Lincolnshire.
- In the future, people may choose to be economically active for longer, and so a fit and healthy workforce would be vital. Ill health was something which could be tackled.
- It was commented that no matter how much work and engagement was carried out there would always be a minority of people who would not change their unhealthy behaviours.
- It was noted that the smoking prevalence rate was 18% in Lincolnshire. It had taken 40 years to get to the 'tipping point' and now a reduction in smoking was starting to be seen. With the increase in popularity of e-cigarettes, it was expected that the numbers would continue to reduce. However, it was still expected that there would be approximately 10% of the population who would continue to smoke. However, in terms of obesity, this was a much higher proportion of the population.
- It was noted that risks from high density, pre-packed processed food were not fully understood yet.
- In relation to fast food outlets in close proximity to schools, there were local conditions which could restrict the opening times of these fast food outlets so they could not open between 3pm and 5pm, when children would be leaving school.
- It was commented that a discussion was needed in relation to personal responsibility and personal freedom, and also that there were establishments which needed to earn a living.
- In relation to the data relating to TB, it was confirmed that the disease had been almost been eradicated several years ago and it had got to the point where the BCG vaccine was no longer required. It was noted that there continued to be individual cases of TB, due mainly to a person's country of origin. It was noted that one of the main issues with TB, once it was identified, was the treatment regime as it could anywhere between 12 and 24 months, and it was important to ensure that the treatment regime was completed.
- Members were informed that there was currently a debate within NHS Lincolnshire whether those people being listed for elective surgery (such as knee/hip replacements) that smoke, should be asked to stop smoking prior to the surgery. Similar conversations were starting to take place regarding obesity as well.

- It was commented that it was not known what the impact of some of the additives being put into food would be in the future.
- In relation to the three recommendations set out in the report, they were three areas of prevention. When working towards the report for the following year, there was a need to engage with those three areas to see how they had been influenced. It was important to demonstrate that money spent on preventative treatment and measures was worthwhile, as there was a need for more funding for preventative services.

#### RESOLVED

That the Committee receive the Annual Report on the Health of the People of Lincolnshire.

#### 6 PRESENTATION ON THE ROLE OF THE DIRECTOR OF PUBLIC HEALTH

The Committee received a presentation from the Director of Public Health which provided members with an overview of the role of public health and particularly focused on the following areas:

- What is Public Health?
- 3 Core aspects to Public Health
- Money
- What do we do with it?
- Role of Scrutiny

Members were provided with the opportunity to ask questions to the Director of Public Health in relation to the information contained within the presentation, and some of the points raised during discussion included the following:

- It was suggested that in terms of sexual health, there was a need for more emphasis on the importance of the emotional aspects and consent.
- In relation to bus passes and rural bus routes, it was commented that if those rural routes were better subsidised, this would interconnect with the general health of the older population. It was thought this could have a positive impact on their health as well as helping to reduce isolation. It was suggested that bus passes should be part of the health service.
- The benefits of volunteering on a person's mental health could be amazing, and these sorts of activities should not be underestimated in the way that they could transform people's lives, and it was thought that schemes which encourage this should be encouraged throughout the country.
- It was acknowledged that there was a lot that could be done without spending a lot of money. Models and systems where people could be connected with existing community groups could be established. It was noted that the challenge was when finances got tighter how the benefits of these models could be quantified.
- It was commented that there was no reason why councillors could not help to facilitate these sorts of connections at a local level, and it was queried whether

members were aware of every activity taking place within their division. It was noted that assisting in this way did not cost any money, but it did take time.

- It was queried what impact it was thought the Director of Public Health could have with the NHS and CCG's in terms of the STP, as not a lot of progress was being made with the NHS locally through the Health Scrutiny Committee for Lincolnshire. It was queried how the County Council could get the message through the NHS. Members were informed that the NHS Lincolnshire had agreed to invest £500,000 into the integrated lifestyle project.
- Public health was part of the NHS from 1974 – 2013. Consultants were employed by Public Health that were recognised by the NHS and so there was the opportunity to influence. It was about finding those areas which could be influenced at an officer to officer level.
- The BCF was one way to get some engagement, and the Executive Director for Adult Care was starting work into delayed discharges.
- The UK was the 4<sup>th</sup> most obese nation in the world.
- Some districts had recently agreed to employ health trainers who would work with either families or individuals. Evidence has shown that this type of work can be effective.
- It was queried whether it was thought that Public Health had lost its image, and there was a need to get back to its real purpose, getting people to be healthier, and for the service to be inspirational and an innovator.
- It was commented that this was time to challenge, as the NHS had no economic incentive to change, and there was currently a cultural incentive for it to stay the 'national sickness service'.
- It was important to look at what factors could be measured, as there only seemed to be value on what could be measured. However, there were so many other factors which were important to people's health which could not be measured. It was queried whether there was a need for an increase to the risk appetite to enable the Service to try new and innovative ideas.
- There was a need to prove the benefits so that funding levels would be maintained.

## RESOLVED

That the presentation and comments made be noted.

(NOTE: Councillor C E H Marfleet left the meeting at 12.05pm)

Councillor Mrs E J Sneath in the Chair

## 7 LOCAL HEALTHWATCH PROCUREMENT

Consideration was given to a report which invited the Adult and Community Wellbeing Scrutiny Committee to consider a report on Local Healthwatch Procurement, which was due to be determined by the Executive Councillor for NHS Liaison and Community Engagement between 1 and 7 June 2018.

It was reported that the Council's existing grant agreement for Local Healthwatch Services in Lincolnshire had been in place for five years. The report gave an update on Local Healthwatch Services, the proposed re-commissioning and sought approval to proceed with the re-procurement of this service on a grant agreement basis.

Members were informed that giving people a greater say in how the health and care system worked was a central pillar of the coalition Government's ambition and a key component of the Health and Social Care Act 2012. To achieve this, the government had outlined a framework for a network of local Healthwatch organisations with the aim of creating a credible, representative and influential public voice in the system. Local authorities with adult social care responsibilities were required, under the Act, to commission a local Healthwatch service covering the local authority area. The Act also made provision for contractual arrangements between local authorities and their local Healthwatch organisation, however, it did allow flexibility for councils to choose the commissioning route that offered the best value for money in their communities.

The Committee was provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was confirmed that the grant was currently £300,000, and it was queried whether funding was also available from other sources.
- It was noted that a separate trading arm had been set up, which could generate additional work and therefore additional income. It had been specified that the Council would want to investigate this aspect further.
- It was noted that unless an activity was covered under the grant agreement, it was asked that any additional activities be funded from other sources.
- In terms of opening this up for competition, it was noted that there were six possible providers. It was considered positive that there were six potential providers as it was a very bespoke service.
- In relation to the potential for cost pressures, it was noted that there was acceptance that the current provider was able to deliver the core functions with the existing level of funding.
- It was clarified that the Healthwatch service was only able to advise, however they could present their recommendations and the commissioners were duty bound to respond to any recommendations.
- It was noted that there was a Healthwatch Lincolnshire website which received approximately 50,000 hits per year. There were also around 12,000 reactive contacts per year. However, there were also a number of pro-active contacts from events held within communities.
- It was noted that whichever organisation was selected to operate the service, they would use the Healthwatch branding including the logo, and any other Intellectual Property relating to discharging the Local Healthwatch function which would be adopted.
- It was requested whether there could be some assurance that due diligence work would be carried out on the financial viability of potential providers. Members were advised that questions on these core areas would form part of the basic process.

- In terms of the funding which was provided, it was noted that £192,000 came from central government which was calculated with a central methodology, which was why some areas received more funding than others. Local authorities would then top up the funding. It was queried what would happen if the funding formula changed, but the organisation had budgeted to spend £300,000 and how any gap in funding could be budgeted. It was noted that if the government grant was reduced to such a point where it was unsustainable, the authority would work with the provider to understand what the absolute minimum in terms of statutory requirements was.
- It was queried why this procurement did not fall into open legislation. Members were advised that there was a grey area between contracts and grants. However, the proposal had been through legal services and had been confirmed that it would be a grant.
- It was queried whether there would be anything in the specification which would give benefit to local bodies. It was noted that it would be clear that the operation would need to be delivered from within the boundaries of Lincolnshire. Part of the assessment would also rely on a provider's ability to provide local knowledge.
- The organisation would have the right to choose what it investigated, but there would be governance around how it made that decision.

**RESOLVED**

1. That the Committee support the recommendations to the Executive Councillor for NHS Liaison and Community Engagement as set out in the report.
2. That the comments of the Committee be presented to the Executive Councillor for consideration.

**8 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP -  
UPDATE**

Consideration was given to a report which enabled the Adults and Community Wellbeing Scrutiny Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-group's consideration of adult safeguarding matters. The draft minutes of the last meeting of the Scrutiny Sub-Group held on 16 April 2018 were attached for consideration.

Councillor S Dodds, Chairman of the Lincolnshire Safeguarding Boards Scrutiny Sub Group, advised that it was important to have all representatives attend every meeting to ensure they were observing the work of the Board.

It was highlighted that an ongoing long term area of concern was the amount of reviews in the system.

**RESOLVED**

That the draft minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 16 April 2018 be endorsed.

9 ADULTS AND COMMUNITY WELLBEING SCRUTINY COMMITTEE  
WORK PROGRAMME

Consideration was given to a report which enabled the Committee to consider its work programme, which was reviewed at each meeting. Members of the Committee were encouraged to highlight items which could be included for consideration.

Members were informed that the report on Integrated Lifestyle Support would be presented to the next meeting of the Committee.

It was suggested whether there was a need to consider the Health and Wellbeing Strategy in sections. The idea of having a number of themes to follow through over a number of meetings was supported.

RESOLVED

That the work programme as set out in the report be noted.

The meeting closed at 1.05 pm

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