

ADULT SERVICES AND HEALTH OVERVIEW AND SCRUTINY PANEL

TUESDAY, 13 MARCH 2018

PRESENT: Councillors Mohammed Ilyas (Chairman), Judith Diment (Vice-Chairman), Marion Mills and Asghar Majeed

Officers: Hilary Hall, Angela Morris, Shilpa Manek and Teresa Salami-Oru

APOLOGIES

Apologies for absence were received by Alison Alexander.

DECLARATIONS OF INTEREST

There were no declarations of interest received.

MINUTES

The minutes of the meeting held on 30 January 2018 were Unanimously Agreed as an accurate record.

Councillor Majeed requested a work programme be added as an Agenda item for future meetings.

Councillor Majeed requested the following item to be added to the work programme, attendance at Accident and Emergency including length of wait and peak hours for attendance. Hilary Hall, Deputy Director Strategy and Commissioning, suggested that the data should be secured and then the Acute Trust invited to give a report / presentation on its work.

ACTION: Work Programme to be added as an Agenda item for future meetings.

ACTION: Trust be invited to give a report / presentation to the Panel.

SMOKING CESSATION INTERVENTIONS

Teresa Salami-Oru, Service Leader / Consultant in Public Health, presented the report to the Panel.

Points raised by the Panel and responses from the Officers were as below:

- The reports stated that 12.2% of RBWM residents smoked, that was approximately 16000 smokers, depending on the population denominator used. Panel Members asked if these numbers could be decreased further. The Panel were informed that the team were continuing to commission an evidenced based service, responding to emerging need and evidence as it was presented. For example they had noted, over the last twelve months changes in how people quit. They noted that many people were giving up through numerous methods and were not using the service alone to support their quitting attempts. The service were intending to respond to this as appropriate. It was known that many smokers were quitting through vaping, online apps and online services from the NHS.
- Panel Members asked how did the RBWM statistics compare with other local authorities? Officers commented that our smoking prevalence was comparably better

than the England and South East figures; however the borough were on par with local authorities with similar populations. The Panel noted the downward trend in adult smoking prevalence.

- Panel Members asked if any follow up was given to people after they had given up smoking and was there any evidence showing that after giving up smoking, another substitute was found, such as sweet foods? Officers reported that the evidence showed that giving up smoking beyond 4 weeks, for example remaining smoke free between six months and one year demonstrated a much greater chance of sustained behaviour change. However it was noted that giving up often required a lifestyle approach, as many smokers often had other lifestyle issues such as excess weight. Officers would work with providers in the new financial year to introduce healthy lifestyle coaching to smokers.
- Panel Members asked if ethnic minority groups had been considered. Officers reported that they knew there was evidence that showed certain ethnic minority groups were more likely to smoke more than the general population. Locally the borough had fewer ethnic minority groups than the England average and had therefore not targeted such groups. Vulnerable groups, shown to have greatest need, had been targeted. The programme was flexible and could be changed to target ethnic minorities if this was identified as a local need.

The Chairman requested that the Service Lead gave a little background on the project. The Service Lead informed the Panel that since 2016, the stop smoking service was targeted. The Royal Borough targeted three specific groups, pregnant women, people with mental health issues and young children. The evidence supported the rationale for these groups. After a task and finish group was commissioned by this Panel in May 2017, it was agreed that the target groups would be increased to include children and young adults and their families, parents and carers and people with long term conditions. This would address the issues better, improve their quality of life and save money to the system.

The Chairman asked how the under 18's had been engaged. It was confirmed that this was mainly through schools and peer mentoring work at the youth centres. The youth service worked directly with young children. The full workforce was working to prevent young children from smoking.

The Chairman asked when this would be reviewed again and the Deputy Director Strategy and Commissioning confirmed that a report would come back in the summer to update the Panel again on the performance and activity.

ACTION: Panel update in Summer 2018 (June/July 2018).

DRUG AND ALCOHOL TREATMENT SERVICES

Teresa Salami-Oru, Service Leader / Consultant Public Health, presented the report to the Panel.

Points raised by the Panel and responses from the Officers were as below:

- Panel Members noted that the use of opiates such as heroine was on the increase and becoming a real issue, they asked if more could be done to bring the usage down. Officers informed the Panel that it was very important to understand that the team worked really hard to help people who use opiates and that the Royal Borough were performing 10% better than other comparable authorities.
- RBWM worked very closely with other local authorities in matching data and understanding the underlying mental health problems and abusive backgrounds. More needed to be done to support the mental health issues.

- The Lead Member for Adult Services, Public Health and Communications, Councillor Stuart Carroll, had been working very closely with the Principal Member for Housing and Communications, Councillor Ross McWilliams, to integrate the issues of mental health, use of drugs and alcohol and homelessness. These people were very vulnerable and even though the services had come a very long way, there were still further challenges ahead.
- Panel Members asked how long the team stayed in contact with the people who were trying to give up or had already given up. Panel Members noted that it was important to understand that each case was different and that the broader challenge was to look at the best practice and do better. There were good policy and national guidance but it was an extremely difficult role.
- Panel Members found the report very interesting and encouraging and asked if all the good work that RBWM were doing could be communicated to our residents. The Lead Member informed the Panel that it had been publicised to residents in the Around the Royal Borough, via social media, via the press and the CCG had widely promoted too.
- The Panel requested that a report be presented at a future meeting. The Lead Member agreed that a report be presented to the Panel at a future meeting.
- Mark Sanders, Healthwatch, asked if there had been a rise in the use of prescription drugs. Officers reported that information was available and would be sent to the Panel.
- Mark Sanders, Healthwatch, pointed out that smoking cannabis seemed to be an acceptable culture amongst young people, how was this issue going to be tackled in a few years time? Officers reported that the youth teams were working with young people and teaching them about the impact of drug and alcohol misuse and the impact on their mental health.
- The coding used for people admitted into A & E for an alcohol related admission were often incorrectly coded resulting in overestimated figures.

ACTION: Panel update in Summer 2018 (June/July 2018).

EACH STEP TOGETHER

Angela Morris, Deputy Director Health and Adult Social Care, gave a presentation on 'Each Step Together'.

Points raised by the Panel and responses from the Officers were as below:

- The Panel asked if the 47 page assessment, which was referred to in the presentation, was an online form? Officers reported that the 47 page assessment had been rewritten so it could be completed a little at a time.
- Panel Members asked the differences between the Mental Health Team and the Crisis Team? The Crisis Team focused on mental health issues at that particular time and the Mental Health Team had a more long term approach.
- The Panel requested some case studies when reported on again.
- Mark Sanders, Healthwatch pointed out that there needed to be a better understanding between all the teams working together, this would then save time and also have a financial advantage.

The meeting, which began at 7.00 pm, finished at 8.00 pm

CHAIRMAN.....

DATE.....