

MINUTES of a meeting of the **CABINET MEMBER FOR HEALTH AND COMMUNITIES** held on 22 October 2013 at County Hall, Matlock

PRESENT

Cabinet Member – Councillor D Allen

Also in Attendance – Councillor P J Smith

Apologies for absence were submitted on behalf of Councillor C A Hart

50/13 **MINUTES RESOLVED** that the minutes of the meeting of the Cabinet Member for Health and Communities held on 7 October 2013 be confirmed as a correct record and signed by the Cabinet Member.

51/13 **ALCOHOL AGE VERIFICATION EXERCISE** The Trading Standards Division had a duty to enforce the provisions of the Licensing Act 2003 that prohibited the sale of alcohol to young people under 18 years of age. To check compliance, the Division had a programme of advisory visits and test purchase exercises throughout the county. In recognition of a countywide Enforcement Protocol, the Trading Standards service took the lead with regard to underage issues at off-trade premises. All off-trade businesses that sold alcohol had been assessed and all had been subject to advisory visits and follow up test purchase checks.

An advisory visit would assess the awareness of the owner of the shop and the staff of the requirements of the legislation and the adequacy of staff training and systems to avoid under age sales. As it was difficult to assess age, the advice given to retailers was to always challenge young people to prove their age, and if they could not prove that they were legally old enough, not to sell. Since October 2010, all premises licensed for the supply of alcohol had had to observe a mandatory condition requiring the operation of an age-verification policy. To ensure that there was a margin for error, national good practice advice was that retailers should adopt a 'Challenge 21' or 'Challenge 25' policy. In Derbyshire, the enforcement authorities jointly promoted the trade-preferred 'Challenge 25' recommendation.

Test purchase checks conducted by the Trading Standards Division had always had full regard to any national best practice advice, and a Code of Practice on Age-Restricted Products, published in 2013, was the new reference. The number and proportion of shops selling alcohol to young people, as assessed via trading standards test purchase checks, had fallen significantly over the past eight years as a result of the advisory visits and test purchase checks.

Businesses wishing to sell alcohol had to have a licence, issued by the local district/borough council. The Trading Standards Division was a Responsible Authority under the Licensing Act, and in this capacity could recommend that conditions be applied to alcohol licences. One condition was that the age-verification policy operated was 'Challenge 25'. However, recent trading standards exercises suggested that many local businesses were not adopting this level of precaution.

Checks had been carried out between July-September 2013 with young volunteers aged 18 but without any proof of age. The businesses identified for inspection had been selected because they had been considered to be lacking in basic precautions to prevent underage sales following advice visits, had been the subject of underage sales allegations, or had recently sold to persons underage. The results of the test purchase checks were presented.

59% of the off-trade retailers visited had failed to ask to see a proof of age and had sold alcohol to the young person. Although there had been no potential underage sales offences, many of the businesses had had a legal obligation as a result of their licence conditions. 40% of the off-licences checked had had specific licence conditions requiring the age verification policy to be either Challenge 21 or Challenge 25, but despite these, 62% had sold alcohol. During the exercises, a number of tobacco retailers had been visited. Of the 14 tobacco retailers checked, 78% had sold cigarettes to the volunteers, and one of the sales had been a packet of counterfeit cigarettes.

There was concern that locally, a high proportion of local retailers where there was low confidence about their systems were not apparently following trading standards advice to take adequate steps to prevent sales of alcohol and tobacco to young people under age. This demonstrated the importance of maintaining a programme of advisory visits and follow-up test purchase checks.

All of the businesses had been advised of the results of the checks. Those failing to request ID would be considered for further checks using volunteers below the age of 18. The first of the underage test purchase exercises had recently taken place, and no sales had been made from the 14 businesses visited.

RESOLVED to note the results of a recent survey to check the application of the Challenge 21/25 Schemes and to note the instances where local alcohol retailers had failed to take sufficient steps to check the age of young people seeking to buy alcohol.

52/13 SAFE STORAGE AND SUPPLY OF FIREWORKS The Local Authority was responsible for registering local businesses for the storage and sale of fireworks. Legislation (The Manufacture and Storage of Explosives

Regulations 2005 made under provisions of the Health and Safety at Work, etc, Act 1974) controlled the amount of fireworks that could be stored, and how they should be stored to ensure that the risk of unauthorised access and ignition was minimised. In general, all premises had to be licensed for the commercial storage of fireworks, and a simplified form of storage licence was available for smaller quantities.

The Fireworks Regulations 2004, made under the Fireworks Act 2003, contained various requirements to regulate the supply of fireworks and to help ensure their safety. Since the Regulations had been in force, it was only permitted to supply fireworks to the public during certain periods, and these were detailed. Specialist firework shops could apply for an additional 'annual sales licence' (for a fee of £500) which allowed the businesses to supply fireworks outside the statutory periods. There were currently four specialist firework retailers in Derbyshire.

The number of businesses seeking registration for the storage and sale of fireworks in 2012/13 was 137. This was consistent with recent years, but had reduced compared with five years ago, and reflected a declining trend in the number of smaller retailers stocking fireworks.

A proportion of the premises that registered were visited to check compliance with storage requirements. Particular attention was paid to newly registered premises and those where there had been previous concerns about safe storage. Any non-compliant businesses were revisited and if necessary, illegally stored fireworks could be seized and a range of enforcement action considered. It was proposed that a similar approach be adopted for the current firework season.

Local retailers had last been visited during October and November 2012 to check for compliance, and 78 businesses which had been considered to be of higher risk had been prioritised. Of these, 25 had been found to be storing fireworks incorrectly and a total of 35 had otherwise been found to be unsatisfactory. Most infringements had been minor and rectified at the time of visit, but some had necessitated further visits to ensure compliance. Details were provided of the more significant infringements detected, which had each resulted in a letter of warning or caution.

Although there had been a slight improvement in the level of compliance and the majority of the infringements had been rectified relatively easily, the potential harm from incorrect storage of fireworks was significant and demonstrated the necessity for a programme of annual inspections. It was proposed that the Division continued to prioritise firework registration and inspection work during the 2013 firework season and worked with Public Relations, District Council and Fire Safety colleagues to ensure that appropriate safety messages were relayed to the public and local businesses.

RESOLVED to agree to the proposed activities to be undertaken by the Trading Standards Division to keep people safe from the potential harm from fireworks during the 2013 firework season.

53/13 COMMUNITY NURSE SPECIALIST FOR THE HOMELESS

Studies had shown that the experience of homelessness and living in temporary accommodation could exacerbate existing problems and disadvantage households in a number of ways. Many homeless people had complex health needs that impacted on their daily functioning, wellbeing and life expectancy. They were more likely to suffer poor mental, physical and emotional health than the rest of the population.

A report by the Royal College of Physicians had acknowledged that some health problems were both a cause and a consequence of homelessness. These issues were compounded by the difficulties many homeless people faced in accessing health and social care. It was uncommon for homeless people to be registered with a GP, and this often led to inappropriate and frequent attendances at A&E departments. For some homeless people, difficulties in accessing integrated care meant that they presented late in the pattern of illness with problems that could have been treated or prevented at an earlier stage.

Derbyshire homeless watch surveys had consistently demonstrated that Chesterfield was second to Derby City in the number of rough sleepers and the number of homeless presentations to local authorities and support agencies, and services to support the needs of the homeless were provided in these locations. Pathways Day Centre had been operating since 2007, and provided help and support to homeless and vulnerably housed individuals in Chesterfield and the surrounding area. Since 2007, the centre had worked with over 500 clients, and the number of new individuals presenting as homeless each year had increased. Clients registered with Pathways presented with a range of health and social care problems linked to their status.

In 2010, Derbyshire Primary Care Trust had agreed to fund a Community Nurse Specialist to provide healthcare to homeless individuals in Chesterfield and surrounding areas, and Avenue House Medical Centre had agreed to host the service. The Nurse worked out of Pathways, and provided specialist clinical support to enable clients to understand and manage their health condition. Liaison with other health, social care organisations and voluntary agencies was a key aspect of the role.

£42,500 had been allocated in the Public Health budget for the provision of the service. The Council was providing funding only and accepted no employment or future redundancy liability for the post.

Employment and related matters were managed by the Avenue House Medical Centre/NHS. By awarding the grant funding, Avenue House Medical Centre would not be contractually obliged to deliver any particular services, although the Council may be able to claw back grant if it was unspent or misapplied.

RESOLVED to agree to provide grant funding to the Avenue House Medical Centre, Chesterfield, for the provision of a Community Nurse Specialist post for the homeless.

54/13 MAKING EVERY CONTACT COUNT Making Every Contact Count (MECC) was about encouraging and supporting individuals to make choices that would benefit their health and wellbeing. It built capacity for health improvement and prevention through the development of confidence and competence in non-specialist staff in a wide variety of public facing organisations for minimal investment. MECC was a critical element of a whole system approach to supporting individuals to improve their own health and wellbeing, and this began with the people of Derbyshire being health literate. MECC would complement work already underway with health literacy and Health Champions, who had been introduced into a number of settings and had a specific role of providing health information and connecting people into services.

The common perception of MECC was that it was about stopping smoking, eating healthily, maintaining a healthy weight, drinking alcohol within the recommended daily limits, and undertaking the recommended amount of physical activity. However, if a contact was to truly count, the focus needed to be on the individual and their needs. This could involve accessing services to support the wider determinants of health, and it was therefore essential for organisations to work with one another and ensure that staff had a good understanding of how to link individuals into local services, and the MECC complemented and integrated with other relevant initiatives.

Work was already underway to establish an integrated lifestyle system to support people to make changes to their behaviour and this would ensure that people with the greatest need were actively engaged and supported. MECC in Derbyshire was an integral part of the universal offer for health improvement, prevention and lifestyle services, and it would achieve this through workforce development with a wide range of front line staff in partner organisations.

It was proposed that an organisation was engaged to deliver the process of rolling out MECC across Derbyshire by building a lasting infrastructure of people within partner organisations at county and local level who could deliver MECC to their own staff and the public through training and

support. There would be close links with the lifestyle service review findings and emerging Locality working streams to ensure that:-

- Community assets, talents, skills and capacity of organisations and individuals would be maximised in the roll out of MECC
- MECC built on the best of the existing infrastructure in Derbyshire for health and wellbeing
- Public sector organisations would be engaged in the delivery of MECC for their own staff as well as to the public
- Locality leads would be asked to broker the engagement of partner agencies based on 'reaching the hard to reach' and target groups as a priority, but also with regard to universal coverage of MECC
- Training would be a mix of face to face and e-learning.

An annual budget of £40,000 had previously been identified and approved by Cabinet for the roll out MECC, building on work already started in the NHS and a small number of non-NHS partners. The implementation model would be based on the 'Guide and Toolkit for MECC using Every Opportunity to Promote Health and Wellbeing', which had been developed in Derbyshire. An additional £10,000 had also been agreed to focus on health improvement delivery in pharmacies, although it had been recommended that this was now used in conjunction with the main MECC funding to support the development of MECC in pharmacies which were interested in participating in the programme.

It was proposed that a suitable delivery partner would be secured through a competitive tendering process to enable implementation to commence in April 2014. The outcome of the project, including any decision as to future funding, would be evaluated after twelve months.

RESOLVED to approve (1) the development of appropriate infrastructure to engage and train a wide variety of public facing workers in the 'Making Every Contact Count' initiative, incorporating health champions and a foundation of health literacy as appropriate; and

(2) the procurement of a suitable delivery partner to enable implementation of the initiative.

55/13 **EXCLUSION OF THE PUBLIC** **RESOLVED** to exclude the public from the meeting during the consideration of the remaining items on the agenda to avoid the disclosure of the kind of information detailed in the following summary of proceedings:-

SUMMARY OF PROCEEDINGS CONDUCTED AFTER THE PUBLIC HAD BEEN EXCLUDED FROM THE MEETING

1. To consider the exempt report of the Director of Public Health on Renewal of Software with The Computer Room to Support the NHS Health Check Programme (contains information relating to the financial or business affairs of any particular person (including the Authority holding that information))