



ARTICLE NO: 1A

**CORPORATE OVERVIEW &
SCRUTINY COMMITTEE:**

MEMBERS UPDATE 2010/11

Article of: Council Secretary and Solicitor

Issue :3 November 2010

Relevant Portfolio Holder: Councillor A. Fowler

**Contact for further information: Mrs. J.A. Jones (Extn 5017)
(E-mail: jill.jones@westlancs.gov.uk)**

**SUBJECT: MINUTES OF LANCASHIRE COUNTY COUNCIL'S HEALTH
SCRUTINY COMMITTEE**

1.0 PURPOSE OF ARTICLE

1.1 To advise Members of the Minutes in connection with Lancashire County Council's Health Scrutiny Committee held on 2 September 2010 and 12 October 2010 at County Hall, Preston for information purposes.

2.0 BACKGROUND AND CURRENT POSITION

2.1 To keep Members apprised of developments in relation to Adult Social Care and Health Equalities Overview and Scrutiny in Lancashire.

3.0 SUSTAINABILITY IMPLICATIONS

3.1 There are no significant sustainability impacts associated with this update.

4.0 FINANCIAL AND RESOURCE IMPLICATIONS

4.1 There are no financial and resource implications associated with this item except the Officer time in compiling this update.

Background Documents

There are no background documents (as defined in Section 100D (5) of the Local Government Act 1972) to this report.

Equality Impact Assessment

There is no evidence from an initial assessment of an adverse impact on equality in relation to the equality target groups.

Appendices

Minutes of the Health Scrutiny Committee – 2 September 2010 and 12 October 2010

Lancashire County Council

Health Scrutiny Committee

Meeting held on 2 September 2010 at County Hall, Preston

Minutes

Present:

County Councillor Mrs M Skilling (Chair)

County Councillors

G Askew	C Evans
K Bailey	A Kay
R Blow	P Mullineaux
M Brindle	M Otter
N Penney	

Co-opted District Councillors (Non-voting)

Mrs B Hilton	-	Ribble Valley Borough Council
Mrs V Langtree	-	Pendle Borough Council
Mrs M McManus	-	Preston City Council
J Robinson	-	Wyre Borough Council
Mrs G Sandiford	-	Rossendale Borough Council

Apologies for absence were presented on behalf of Councillors R Fulford-Brown (Fylde Borough Council), J Harrison (Lancaster City Council), R Russell (Chorley Borough Council), and Mrs MJ Robinson (South Ribble Borough Council).

Welcome

The Chair welcomed Councillor Val Langtree, a new member who was attending this committee for the first time.

Disclosure of Personal and Prejudicial Interests

None disclosed.

Confirmation of Minutes

The Minutes of the meeting of the Health Scrutiny Committee from the meeting held on the 22 June 2010 were presented and agreed, subject to the addition of County Councillor G Askew to the attendance list and a record of apologies from County Councillor K Bailey and Councillor V Langtree.

6. Resolved: That the Minutes of the meeting of the Committee held on the 22 June 2010, as now amended, be confirmed and signed by the Chair.

Reducing Infant Mortality in Lancashire

The report was presented by Cath Topping, Project Officer Equality and Inclusion. She was accompanied by Ann Pennell, Director of Commissioning Performance and Business.

The report set out the latest position on infant mortality across Lancashire. It gave an overview of Lancashire's response to the high incidence of infant mortality in parts of Lancashire and also provided examples of good practice that were being delivered in Lancashire.

Cath drew attention to a simple 'early notification' form which was used by partners, including midwives who, with the permission of the mum-to-be notified children's centres of the pregnancy to enable the children's centre to offer appropriate support from an early stage. The need for universal pre- and post-natal intervention that reduced adverse outcomes of pregnancy and infancy was one of the policy recommendations of the Marmot Review referred to in Appendix A to the report now presented.

Members of the Committee raised a number of comments and questions. The main points arising from the discussion are summarised below:

- It was confirmed that the service currently had sufficient staff to deliver responses that were proportionate to the needs of families.
- It was suggested that those mums-to-be who did not contact services were sometimes those most in need. In response it was explained that if the family did not approach their children's centre, an information pack would be sent to them to raise awareness and enable them to access the services available. It was emphasised that much partnership working was ongoing and communication between midwives, the county council and health visitors was most important to ensure that those who needed the service were reached.
- Regarding teenage mums the committee was assured that there were strong links with Lancashire Education Medical Service (LEMS) and much work was being done through the County Council Teenage Pregnancy Strategy and through Sex and Relationship Education (SRE).
- The report had indicated that whilst many health professionals in Lancashire had taken a very positive approach to the roll out of the early notification process and the additional support that this afforded to women at the earliest stages of pregnancy, some health professionals had been reluctant to adopt this approach. It was clarified that the reluctance referred to had related to concerns about those women who might suffer a miscarriage and the sensitivities of them then possibly receiving pregnancy-related information inadvertently from their children's centre. Officers considered it preferable however to keep children's centres informed to enable them to provide help and support in the unfortunate event of a miscarriage.

- The report had not referred in detail to the impact of drug / alcohol abuse on infant mortality, but it was confirmed that work was ongoing with the relevant agencies and that the early notification form would be sent to the relevant professionals. Also a significant amount of work was being done through the Young People's Service to tackle drug and alcohol abuse.
- It was confirmed that Home-Start was a much valued partner and that some children's centres commissioned family support from Home-Start.
- It was noted that deaths owing to congenital malformation represented 22% of the total infant deaths and it was suggested that, whilst much important work was being done to help pregnant women, perhaps intervention should begin even earlier "before the bump" with genetic counselling. The question was also raised about the availability of data relating to some ethnic groups who undertake first cousin marriages. Also whether Asian women co-operated and/or were able to participate in early intervention strategies; often women from ethnic minority groups might have other children, mobility difficulties and/or language barriers. It was confirmed that this was something that the Joint Strategic Needs Assessment could look at. The suggestion for support prior to conception would also be reported back.
- One member who represented Rossendale referred to pockets of deprivation in her area. It was confirmed that there were a number of children's centres in that area who were working together and encouraging volunteers to provide 'mum to mum' support during the antenatal period.
- It was acknowledged that there was an increasing number of Eastern Europeans now living in Lancashire and confirmed that children's centres were tailoring services appropriately, including providing posters in Polish and Polish coffee mornings. The early notification form would also help ensure access to services, and children's centres were well placed to use their community knowledge to respond to local needs.
- In response to a point that many people do not have access to the Internet and therefore the websites that provide much of the information referred to, it was emphasised again that outreach workers in community centres know and understand their local communities and are often themselves from those communities. Referrals from other professionals were also important. Children's centres provided a face to face service and officers were confident that those who needed the service could be reached.
- Regarding the influence of immunisation programmes in reducing infant mortality it was suggested that the relevant statistics be monitored.
- It was not yet clear how forthcoming changes in the NHS would impact on the service but officers took reassurance from the strong partnership working through the Children's Trust. Work had just begun on the new Children and Young People's Plan (CYPP) which would set out how partners work together to improve outcomes for children. Working with key partners would continue to be a top priority.
- The JSNA provided consistent data that helped with planning, prioritisation and focus. A careful analysis of the information would be passed on to the Children's Trust and children's centres

- It was noted that the commissioning and providing 'arms' of the NHS were to be separated and commissioning transferred to GP consortia. In response to a suggestion that the county council should have a seat at the commissioning table, it was confirmed that the county council already had joint posts with the PCTs and was in a good position.
- The county council met regularly with Health Service colleagues from all three PCTs and commissioners and was currently putting together relevant information for GPs
- The main concern going forward was the uncertainty, in the current climate, of future funding.
- Members supported the recommendations set out in the report and it was suggested and agreed also that a further report be brought to the committee when details of future funding were known.

7. Resolved: That,

- i. The Committee noted the impact of infant mortality on local communities in Lancashire and the work undertaken to date to reduce the incidence of infant mortality;
- ii. The PCTs should continue to promote the sharing of good practice amongst all health professionals in particular the early notification of pregnancy process, From Bump to Birth and Beyond sessions and the Give Me Room to Breathe campaign;
- iii. All partners should work together to produce a consistent and timely approach to the provision of data for the JSNA (Joint Strategic Needs Assessment) to enable the analysis of relevant and up-to-date information to assist with the reduction in infant mortality; and
- iv. A further report be brought back to this committee when future funding was known.

Report of Health Scrutiny Committee Steering Group

On 29 June the Steering Group had met with Steve Spoerry, the Chief Executive of NHS East Lancashire to receive a briefing on the impact of QUIPP (Quality, Innovation, Productivity and Prevention), the NHS efficiency saving programme. A summary of the meeting was presented at Appendix 'A' to the report.

On 20 July the Steering Group had met with Joe Gibson (NHS East Lancashire) and Mark Hodgson (East Lancashire Hospitals Trust) to receive an update on the progress of the Meeting Patients Needs Programme. A summary of the meeting was presented at Appendix 'B' to the report.

On 10 August the Steering Group had met with officers from the Cardiac and Stroke Networks in Lancashire & Cumbria to discuss the proposals for the new Primary Percutaneous Coronary Intervention Service and an officer from

Blackpool, Fylde and Wyre Hospital Trust to receive a presentation about their new electronic patient record system. A summary of the meeting and a copy of the presentation were presented at Appendix 'C' to the report.

Members were encouraged to attend the Bite-Size Briefing on 'Health in Lancashire and the implications of the NHS White Paper for Local Government' which followed this meeting. A special meeting of the Steering Group on 10 September had been arranged to consider the relevant consultation and respond on behalf of the Health Scrutiny Committee. Members were advised to let the Steering Group have any comments that they wished to feed in, prior to the meeting.

The Chair also reported that the Steering Group had recently had a useful and informative visit to a care home and she reminded members that they would be welcome to arrange similar visits if they wished to. There was some debate about the merits or otherwise of making a visit without prior arrangement. The point was made that the committee did not have an inspection role. Should members wish to report any feedback they could do so via the overview and scrutiny officer.

The Champion for Older People reported that he had made many visits to care homes and day centres; other councillors would be welcome to do the same. It was suggested that the Champion should inform the relevant county councillor if he was visiting a home in their division.

8. Resolved: That the report of the Steering Group be received.

Recent and Forthcoming Decisions

The Committee's attention was drawn to the Forward Plan which briefly set out matters likely to be subject to Key Decisions over the next four month period. The Forward Plan was available on the County Council's Democratic Information System website at:

<http://www.lancashire.gov.uk/council/meetings/forwardPlanOfKeyDecisions.asp>

The report also provided information about decisions recently made by Cabinet Members in areas relevant to the remit of the Committee, in order that this could inform possible future areas of work.

The Chair drew attention to a decision on 9 August made by the Cabinet Member for Adult and Community Services in response to the Government's recent announcement regarding a package of measures to save £6.2bn in 2010/11 and the direct impact on Lancashire County Council which was a reduction in grant support of £22m. One of the measures was the withdrawal of the entire national grant currently provided to support the administration of the Supporting People Grant which itself provided accommodation-related support in a range of settings. A briefing note had been requested and was circulated to members.

9. Resolved: That the report be received.

Urgent Business

No urgent business was reported.

Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 12 October 2010 at County Hall, Preston. The Committee agreed that it be held at 10.30am and not 10.00am as previously scheduled. It was agreed that all future meetings would begin at 10.30am.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Meeting held on 12 October 2010 at County Hall, Preston

Minutes

Present:

County Councillor Mrs M Skilling (Chair)

County Councillors

G Askew	M Hussain
K Bailey	M Otter
R Blow	N Penney
W Cropper ¹	P Steen ²
C Evans	B Winlow ³

Co-opted District Councillors (Non-voting)

R Fulford-Brown	-	Fylde Borough Council
M Horsfield ⁴	-	Pendle Borough Council
Mrs M McManus	-	Preston City Council
Mrs MJ Robinson	-	South Ribble Borough Council
R Russell	-	Chorley Borough Council
Mrs G Sandiford	-	Rossendale Borough Council
Mrs D Stephenson	-	West Lancs Borough Council

Apologies for absence were presented on behalf of County Councillor M Pritchard and Councillors J Harrison (Lancaster City Council), Mrs B Hilton (Ribble Valley Borough Council), D Reynolds (Burnley Borough Council), and J Robinson (Wyre Borough Council)

¹County Councillor W Cropper attended in place of County Councillor P Mullineaux

²County Councillor P Steen attended in place of County Councillor A Kay

³County Councillor B Winlow attended in place of County Councillor M Brindle

⁴Councillor M Horsfield attended in place of Councillor V Langtree (Pendle BC)

County Councillor J Mein attended in accordance with Standing Order 19(1)

Disclosure of Personal and Prejudicial Interests

None disclosed.

Confirmation of Minutes

The Minutes of the meeting of the Health Scrutiny Committee from the meeting held on the 2 September 2010 were presented and agreed subject to the inclusion of apologies from Councillor Mrs D Stephenson of West Lancs Borough Council.

10. Resolved: That the Minutes of the meeting of the Committee held on the 2 September 2010, as now amended, be confirmed and signed by the Chair.

Adult Social Care Complaints and Representations Annual Report 2009-2010

The report was presented by Angela Essingler, Strategic Development Manager, Adult and Community Services Directorate.

It was explained that the production of the Annual Complaints and Representations Report was a longstanding statutory requirement. It contained statistical information, analysis and learning for the organisation in relation to adult social care complaints, comments and compliments received from 1 April 2009 to 31 March 2010.

Although new regulations came into effect on 1 April 2009, the document presented reflected the old arrangements as well as the new, which were running in parallel last year.

There had been an overall 11.5% increase in feedback received through the 'Your Views Count' and unsolicited communication route by Social Care Services when compared with the previous year. Within this total, the recording of complaints had reduced and compliments had increased. Compliments continued to outweigh complaints, and the proportion had risen to 13 compliments to every complaint, compared with 10.5 compliments to every complaint in 2008/09. Complaints made up less than 0.56% of active cases; this was a reduction from 2008/09 and previous years when this figure had been 0.8% of active cases.

A power point presentation was used to illustrate the main points contained in the report. A copy of the presentation is contained in the minute book and may be viewed alongside the minutes on the county council's web site via the following link:

<http://www3.lancashire.gov.uk/council/meetings/committees/overview/committee.asp?cid=5014>

Members raised a number of comments and questions and the main points arising from the discussion are summarised below:

- The Chair commented that the Health Scrutiny Steering Group had visited and been impressed by the retail model of adaptations operating in East Lancashire and it was not surprising that compliments for that service had increased.

- She also noted that complaints about residential care had increased. She mentioned that a news release about plans to make unannounced visits to care homes was soon to be published.
- It was confirmed that the county council had a duty to look at complaints regarding social care provided by agencies on behalf of the county council if the provider had not put matters right to the satisfaction of the service user/complainant.
- One member commented that it was the county council's responsibility to ensure that service providers entering the homes of the elderly and/or disabled should be fully trained. It was noted that the report included reference to externally commissioned domiciliary care services; 29 complaints had been received but this was from millions of domiciliary visits over the course of the year. LINK (Local Involvement Networks) had been working on this issue and would be publishing a report in the near future. Work was also ongoing in partnership with Lancashire Care Association to ensure that staff were appropriately trained.
- Regarding self-funded care, the Ombudsman was responsible for considering complaints about residential and domiciliary services.
- It was noted that a high proportion of compliments had been received in relation to equipment and adaptations, however, the district council member for Rossendale pointed out that residents in Rossendale who were in need of prescription equipment would need to travel outside the borough to obtain it, and these were the very people least able to get out. These concerns would be reported to the Head of Social Care in East Lancs. Clarification whether the compliments received were because of the provision of more equipment, or better equipment, would be provided to the Committee.
- In response to a question whether there was confidence that the increased level of compliments was due to improved service and not simply increased reporting, it was explained that whilst more survey work was being undertaken, more was also being done with service providers to problem-solve and there were also improved working relationships with admin staff who capture the relevant feedback.
- There was some concern among members that older people might be afraid to make complaints. Members were encouraged to ask for information about any particular home of interest to them, or for feedback forms which could be supplied to the homes directly or via the Health Scrutiny Committee who could act as a point of contact. Members were also encouraged to tell people about the advocacy services available and that they could make a comment if they did not wish to formally complain.

The Committee members were provided with sample leaflets:

- Advocacy Services for Adults in Lancashire
- Making a Complaint about Adult Social Care
- Your Views Count.

11. Resolved: That the Annual Adult Social Care Complaints and Representations Report for 2009-2010 and the associated learning from customer feedback for the past year be acknowledged and approved

Lancashire NHS Commissioning Policies

This was an oral report presented by Deborah Harkins, Head of the Joint Health Unit, Office of the Chief Executive together with Anthony Sudell, Consultant in Public Health, East Lancashire.

It was explained that the Lancashire PCTs were working together to design consistent commissioning policies, to set out what interventions the NHS in Lancashire would commission in the future. The objective was to make clear to the public and clinicians what the Lancashire NHS would commission and to remove the existing variation between PCTs within Lancashire.

The first stage of this work had been to set out the Principles that informed the commissioning decisions. They were now in the final stages of developing that document and were updating it in light of comments from clinicians. The next stage would be to consider engagement with the public. Following that they would be developing specific commissioning policies, which applied the principles to particular interventions.

It was explained that the purpose of the Primary Care Trusts was to commission health care. There had always been policies in place, but different PCTs had had different policies. The aim was now to bring all five PCTs together, including the two unitaries, to achieve consistency in a cost effective way. It was recognised that there may be different local needs but provision should be planned and consistent and not a 'post code lottery'.

There would be a suite of documents:

A framework of four main commissioning principles which would underpin all commissioning decisions; that health care provision should be:

- Appropriate
- Effective
- Cost effective
- Ethical

The PCTs' general policies for commissioning in relation to:

- Research
- Patient choice
- Corporate responsibility
- Exceptionality and Individual Patient Funding Requests

The PCTs' processes for:

- developing, adopting and reviewing commissioning policies

- prior notification
- Individual Patient Funding Requests
- Service developments
- Appeals against decisions made
- Complaints about policies or the way in which they have been applied
- Monitoring and enforcing these policies

The commissioning principles document had been drafted, but it was still a very early stage in the process; a number of engagement events focusing on the principles had taken place with clinicians and the group was now keen to engage with the public and their representatives on these principles.

The work had started before the Government's white paper had been published (referred to in the following item) proposing that PCTs would cease to exist by 2013 and that the bulk of NHS commissioning would be undertaken by GP consortia. It was hoped to involve GPs in the development of this work.

The Health Scrutiny Committee was being asked to consider how and at what stage it would wish contribute to this work.

Members raised a number of comments and questions and the main points arising out of the discussion are summarised below:

- In response to a question about the fair distribution of resources, it was explained that resources would be distributed by an NHS commissioning board, using a formula (currently being developed) based on the need of the commissioners.
- It was recognised that health inequality was an area of real concern and the policies would need to address access to health care.
- It was suggested that some GPs were unwilling to undertake a commissioning role and there was a possibility that this could lead to the work going to those who were not necessarily best suited for the role.
- It was felt that the development of these policies provided a valuable opportunity to establish a standard of reporting that would require GPs to report all suspicions of possible violence to the relevant authorities.
- It was felt that in determining the best use of resources there was potential for many, varied, and emotive views, for example whether it was appropriate to treat someone whose condition was perhaps self-inflicted by alcohol abuse, or when life should be extended by life-support equipment, or the provision of cosmetic surgery. It was confirmed that there was nothing in the principles that would discriminate against health care needed for "self-inflicted" conditions. Policies would be based on a combination of scientific and professional judgements combined with value judgements; the group was keen to engage with public bodies such as Scrutiny as the policies were being developed.
- The outcome of the consultation on the NHS White Paper was at present unknown and it was an 'emerging future', however it was suggested that the

development and review of policies within the NHS would always be an ongoing task. There were some members who believed that it was important to have stability.

The Chair suggested that a task group be established to look at the relevant issues for all of Lancashire, and that an invitation to join the task group should be extended to the two unitary councils, Blackburn with Darwen and Blackpool. There was agreement that there needed to be a pan Lancashire approach, but it was also important to consider local circumstances and needs and therefore members agreed that this review should still be undertaken even if the two unitary councils did not wish to take part.

12. Resolved: That a task group be established to consider issues relating to the development of pan Lancashire NHS Commissioning Policies and that the two unitary councils, Blackburn with Darwen and Blackpool also be invited to join the task group.

Steering Group Report on NHS Consultation: Equity & Excellence: Liberating the NHS

It was reported that on 10 September the Steering Group had held a special meeting to formulate a response to the NHS White Paper Consultation: Equity & Excellence: Liberating the NHS. A copy of their response was attached as Appendix A to the report now presented.

The key points identified by the Steering Group had been incorporated into the County Council's formal response which had been presented to Cabinet on 7 October.

A link to the Cabinet agenda is below (see item 4)

<http://www3.lancashire.gov.uk/council/meetings/displayAgendas.asp?meetid=7737>

The closing date for responses was 11 October and the report produced by the Steering Group had been forwarded to the Department of Health consultation response team

13. Resolved: That the report of the Steering Group be received.

Minutes of the Health Scrutiny Committee Steering Group

On 7 September the Steering Group met with the Chief Executive and colleagues from NHS Central Lancashire to provide an update on the Trust's progress with Transforming Community Services, implications of the White Paper and Stroke Services within Central Lancashire. Officers from Adult and Community Services Directorate and the PCTs also attended to provide members with an update on the

progress of services relating to dementia care across the county. A summary of the meeting was attached as Appendix A to the report now presented.

14. Resolved: That the report of the Steering Group be received.

Recent and Forthcoming Decisions

The Committee's attention was drawn to the Forward Plan which briefly set out matters likely to be subject to Key Decisions over the next four month period. The Forward Plan was available on the County Council's Democratic Information System website at:

<http://www.lancashire.gov.uk/council/meetings/forwardPlanOfKeyDecisions.asp>

The report also provided information about decisions recently made by Cabinet Members in areas relevant to the remit of the Committee, in order that this could inform possible future areas of work.

15. Resolved: That the report be received.

Urgent Business

No urgent business was reported.

Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 23 November 2010 at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston