



ARTICLE NO: 1A

**CORPORATE OVERVIEW &
SCRUTINY COMMITTEE:**

MEMBERS UPDATE 2010/11

Article of: Council Secretary and Solicitor

Issue :4 February 2011

Relevant Portfolio Holder: Councillor A. Fowler

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**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 23 November 2010 and 11 January 2011 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 – 23 November 2010

Lancashire County Council

Health Scrutiny Committee

Meeting held on 23 November 2010 at County Hall, Preston

Minutes

Present:

County Councillor Mrs M Skilling (Chair)

County Councillors

K Bailey	J Hanson ¹
R Blow	M Hassan
M Brindle	J Jackson ²
J Eaton	A Kay
C Evans	P Mullineaux
M Otter	

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
D Reynolds	-	Burnley Borough Council
Mrs J Robinson	-	Wyre Borough Council
Mrs MJ Robinson	-	South Ribble Borough Council
Mrs R Russell	-	Chorley Borough Council
Mrs G Sandiford	-	Rossendale Borough Council
Mrs D Stephenson	-	West Lancs Borough Council

Apologies for absence had been received from County Councillor M Pritchard

¹County Councillor J Hanson attended in place of County Councillor N Penney

²County Councillor J Jackson attended in place of County Councillor G Askew

Introduction and Welcome

The Chair welcomed invited guests:

MPs

Gordon Birtwistle MP for Burnley

Andrew Stephenson MP for Pendle

The Rt Hon Jack Straw MP for Blackburn, and Jake Berry MP for Rossendale and Darwen had been invited but had been unable to attend and had sent their apologies.

From the Health Service:

NHS North West - Strategic Health Authority:

- Sir David Henshaw - Chair
- Kirsten Major - Acting Director of Health System Reform
- David McNally - Assistant Director Reconfigurations and Consultations.
- Elaine Darbyshire, Executive Director of Communications
- Sonya Cullington, Head of Media and Reputation

NHS East Lancashire:

- Kath Reade - Chair
- Steve Spoerry- Chief Executive Officer
- Joe Gibson – Programme Director for Meeting Patients Needs
- Dr David White – NHS East Lancashire GP representative on the MPN Board (and GP for Burnley)
- Dr Mike Ions – Professional Executive Committee Chair (and GP for Pendle)
- Dr James Robertson – Member of Local Medical Committee (and GP for Burnley)

East Lancashire Hospital Trust:

- Hazel Harding - Chair
- Val Bertenshaw - Director of Operations
- Simon Hill - Associate Medical Director
- Dr Claire Smith - Clinical Director for Paediatrics

The Chair acknowledged that members of the Committee were elected representatives of the people and had a responsibility to address their concerns, but she emphasised that as a scrutiny committee it was equally important to listen to all the evidence without prejudice before coming to a decision.

Disclosure of Personal and Prejudicial Interests

None disclosed.

An email containing advice about pre-determination had been circulated to all members in advance of the meeting. Josh Mynott confirmed with members that they had all received it.

Confirmation of Minutes

The Minutes of the meeting of the Health Scrutiny Committee from the meeting held on the 12 October 2010 were presented and agreed subject to an amendment to correct the spelling of Dr Hassan's name.

16. Resolved: That the Minutes of the meeting of the Committee held on the 12 October 2010, as now amended, be confirmed and signed by the Chair.

Meeting Patients Needs

The Chair reported that the Rt Hon Jack Straw MP for Blackburn, and Jake Berry MP for Rossendale and Darwen had been invited but had been unable to attend. A letter from Jake Berry MP had been copied and circulated to the Committee and is appended to these minutes. The Chair reported that Jack Straw had said in a telephone conversation to her that he supported the committee in its decision to consider this matter further.

The report was introduced by Josh Mynott, Committee Support Team Leader, who explained that as a result of continued public and media concern regarding the final stages of the implementation of the Meeting Patients' Needs (MPN) programme of hospital reconfiguration in East Lancashire the Steering Group had felt it appropriate to enable local representatives and NHS organisations another opportunity to discuss the current position, in particular with regard to the position of the Strategic Health Authority and their assessment of whether the Programme met the four reconfiguration tests that proposals are now required to meet.

The specific issue was the proposed closure on 6 December 2010 of the paediatric inpatient ward (Deerplay Ward) at Burnley General Hospital (BGH) and transfer of those services to Royal Blackburn Hospital (RBH).

The four tests are that any reconfiguration should demonstrate:

- support from GP commissioners;
- strengthened public and patient, and local authority engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice

Mr Mynott summarised the involvement of scrutiny in the process to date:

- A Lancashire and Blackburn Joint Health Overview and Scrutiny Committee had been established and had met between June and November 2006 to consider the MPN programme. The Joint Scrutiny Committee supported the Joint PCT Committee decision in the adoption of option A as the service model for implementation under the proposals.
- The NHS had reported back to the then Adult Social Care and Health Committee in April 2008 and again in September 2008.
- Following consideration of information presented to the September 2008 meeting it had been agreed that further scrutiny should take place via a task and finish group, specifically to further consider the MPN programme in East Lancashire and in particular the patient experience of the NHS, looking at the outcomes for patients following their hospital experience including clinical outcomes, and health care.
- The task group had conducted an in depth review, receiving evidence from the PCT, the Hospitals Trust, the Local Medical Committee of GPs, the North West Ambulance Service, Lancashire County Council's social care officers, the "It's

Our NHS" campaign, Pendle Borough Council, the two MPs for Burnley and Pendle and 33 members of the public.

- The task group had presented its final report with 21 recommendations to the Adult Social Care and Health Overview and Scrutiny Committee in February 2009.
- A meeting had then been held between the Steering Group of the Committee, NHS representatives and the Cabinet Member for Adult and Community Services on 12 March 2009 to discuss future consideration of the MPN programme by scrutiny. It was proposed at that meeting that a detailed implementation plan be developed by MPN partners in order that key stages of development in the programme could be agreed and identified for briefing the Committee. This proposal had been welcomed by members of the Committee and the NHS representatives when presented in March 2009.
- The implementation plan had subsequently been agreed by the Committee on 12 May 2009.
- The Steering Group arranged a series of meetings for them to be provided with updates throughout the development of the Programme and those meetings took place in October 2009, February 2010 and July 2010 and a final meeting is due to take place in January 2011.

The report now presented included more background detail, and information provided in the appendices contained:

Appendix A - Summary of relevant Steering Group meetings.

Appendix B - Press statement issued 23 March 2010 by the East Lancashire Hospital Trust regarding paediatric service changes. It also referred to the original engagement with the Joint Scrutiny between Lancashire and Blackburn with Darwen, and the support given by that joint committee to the proposals.

Appendix C - Letter sent by the Strategic Health Authority 10 November 2010 to Members of Parliament and Overview and Scrutiny Committees outlining their position on the nine major service reconfigurations in the North West in relation to the four new tests introduced by the Secretary of State. They believe that the Meeting Patients Needs reconfiguration meets the four tests and so should proceed to completion.

Appendix D - Copy of the service reconfiguration assurance process.

Appendix E - Copy of an email received by CC Skilling, Chair of the Health Scrutiny Committee, sent November 2010 on behalf of Councillor Jim Shorrocks and Councillor Dorothy Walsh at Blackburn with Darwen Council regarding the decision in 2006 of the Joint Committee.

Mr Mynott briefly explained what options were now available to the Committee and that if it was decided to refer to the Secretary of State for Health it had to be on the grounds of either:

- Insufficient consultation with Overview and Scrutiny

- That the reconfiguration was not in the interests of the health service in the area

The Secretary of State would then decide whether to refer it to the Independent Reconfiguration Panel (IRP) for its consideration. The timescale for a response was not known but was likely to be a number of months. He also explained that implementation of MPN might continue on the grounds of patient safety and welfare, but continued implementation did not prevent referral by the Committee.

The Chair then invited guest speakers, at the table, to address the meeting:

Gordon Birtwistle MP

Mr Birtwistle believed that two of the four tests introduced by the Secretary of State were not met.

He said he had received letters from 46 GPs representing 35 GP Practices in the Burnley, Pendle and Rossendale area opposing the move of the Deerplay Children's inpatient ward from Burnley General Hospital (BGH) to Royal Blackburn Hospital (RBH).

Two local District Councils, Burnley BC and Pendle BC had passed motions asking NHS East Lancashire and East Lancashire Hospitals Trust to reverse the decision to close the children's' inpatient ward at BGH.

He had a petition containing 20,000 signatures from local residents, many of those signatures had been against the closure of the Accident and Emergency department at BGH and the transfer of emergency services to RBH, but some 2,000 were against the move of paediatric inpatient care to RBH. He also drew the Committee's attention to the Burnley residents who had made the journey to County Hall to speak to councillors before the meeting to express their opposition to the scheme.

He said that people in East Lancashire would need to travel between 15 and 35 miles to get to RBH. Burnley was a deprived area and many of the people in the area did not own a car and would have to rely on public transport which was costly and in some cases infrequent.

Mr Birtwistle referred to the Shields report published in 1999 about hospital services in West Lancashire and Southport, which recommended that maternity and paediatric wards should be kept together on the same site. Proposals for East Lancashire were the opposite of what Professor Sir Robert Shields had recommended.

He suggested that it would make more sense to develop Burnley as a centre for Maternity and Paediatrics.

He had been in contact with Andrew Lansley MP, Secretary of State for Health, who had indicated that he would refer this matter to the Independent

Reconfiguration Panel (IRP) if the committee referred this matter to him. Mr Birtwistle was therefore asking the Committee to refer this matter to the Secretary of State.

Andrew Stephenson MP

Mr Stephenson concurred with the overview provided by Mr Birtwistle and emphasised that this was not a party political issue; all four local MPs were keen to see paediatric services retained at Burnley.

He felt that one paediatric inpatient ward at RBH was inadequate to serve such a large population. He suggested also that it was “perverse” to invest in neonatal care at Burnley and move the children’s ward to Blackburn.

He reiterated Mr Birtwistle's point about access to private transport and the high cost of public transport from parts of East Lancashire to Blackburn, suggesting that it could cost over £30 to get from some parts of the area to Blackburn during the day, and a journey during the night would be more expensive.

Mr Stephenson had written to all the GPs in his area; all the responses received had been against the move with some describing it as disastrous. He read out one of the letters to the Committee.

He urged the Committee to refer the matter to the Secretary of State on the grounds that GPs were against it and because of the lack of consultation, and in the interest of health care in the area.

Sir David Henshaw, Chair of the Strategic Health Authority (SHA)

Sir David explained that the Strategic Health Authority had a longstanding and legitimate oversight in health care provision which preceded the four tests introduced by the recently elected government. It was the role of the SHA to ensure that safe, sustainable and accessible services were provided. The SHA had been fully involved in the consultation and implementation of the MPN programme.

The four tests introduced by the Secretary of State had been considered in relation to a number of programmes in the North West in an extensive and sophisticated way. Some of the schemes were not able to meet one or more of the tests and further work required had been outlined. In none of the cases had the judgement indicated a need to halt implementation.

In the event of a referral of the final stages of the MPN programme to the Secretary of State the SHA would have to take a view as to whether implementation should be halted. The overriding and critical issue to address would be patient safety.

Kirsten Major, Acting Director of Health System Reform

Kirsten Major summarised again, for clarification, the four tests:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice

She explained the process that had been gone through in reviewing each of the reconfiguration programmes that had been considered by the SHA including a peer review of the assessment reports by NHS London.

A summary of the evidence provided against each of the four tests was set out at Appendix D to the report now presented and Kirsten Major drew attention to some of the key points.

- Support from GP commissioners

GP commissioners had been involved from the beginning in developing plans for the reconfiguration. The MPN programme had ensured meaningful and robust engagement with GPs. Support for completion of MPN had been given by the Professional Executive Committee (PEC), the Local Medical Committee (LMC) and all of the local practice based commissioning groups in the area

- Strengthened public and patient, and local authority engagement

The proposals had been subject to rigorous scrutiny by the then Public and Patient Involvement Forums and a joint Health Overview and Scrutiny Committee. An independent review had concluded that the public consultation process had met Cabinet Office guidelines for public consultation.

- Clarity on the clinical evidence base

The choice of service model had been driven by the clinical evidence base and a rigorous process of service model development and review was followed. The process had been founded on clinicians driving the development of and 'signing off' all new service models.

- Consistency with current and prospective patient choice

She emphasised that a number of services would remain at the BGH whilst maximising clinical outcomes. Outpatient and day case services for all specialties would be maintained on both sites.

Joe Gibson, Programme Director for MPN

Mr Gibson summarised the background to the current position and emphasised that a full public consultation had been carried out in 2006 before the service

model had been selected. It had had the support of the Joint Overview and Scrutiny Committee. The proposed changes had been based on clinical evidence. There had been input from GPs working across all 23 specific projects within the MPN programme.

RBH would be a centre of excellence and £30 million had been invested in the maternity and newborn centre at BGH. Improved outcomes were clear with a significant reduction in avoidable pain and death.

Paediatric care was only one piece of a 23 piece jigsaw, each dependant on other interlocking services which could not be viewed in isolation. The MPN programme had been consulted on as one, designed as one and completed as one, exactly as laid out in the MPN option selected. What had been requested had been done and was the best for all communities affected.

It was now just 13 days from completion of the entire programme.

Dr Claire Smith, Clinical Director for Paediatrics

Dr Smith used a PowerPoint presentation to explain the background and drivers to the changes in paediatric care in East Lancashire including:

- the risks to children at Burnley General Hospital,
- actions taken to minimise those risks,
- statistical information regarding referrals to the Children's Observation and Assessment Units at Royal Blackburn Hospital and Burnley Hospital over a four year period 2006 - 2009,
- progress regarding the implementation of MPN to date,
- safety considerations at both sites; and
- operational deliverability, particularly the recruitment of specialist professionals.

A copy of the presentation is contained in the minute book and may be viewed alongside the minutes on the County Council's website via the following link:

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

Members then raised a number of comments and questions the main points of which are summarised below:

The four tests

The Committee noted that the Strategic Health Authority had published its assessment of the nine existing reconfiguration schemes in the region, including Meeting Patients' Needs, on 3 November 2010, and had assessed the scheme as meeting the four tests.

The Committee expressed some concern that, in considering the Meeting Patients' Needs scheme as a whole, the assessment against the four tests did not fully

reflect the two stage nature of the scheme. The Meeting Patients' Needs proposals had first been made in 2006, when there had been extensive public consultation and a joint Overview and Scrutiny Committee established to consider the scheme. However, whilst those elements implemented in 2010 had been included in the original proposals, given the length of time that has passed, it was felt that further efforts should have been made to consult on phase two, in particular to ensure proper engagement on the issue of the closure of the Deerplay Children's Ward in Burnley.

Support from GP commissioners

Dr James Robertson, GP in Burnley and representative of the Local Medical Committee addressed the meeting. He suggested that the GPs who had written to the MPs objecting to the closure of the paediatric ward were not fully informed about the case for change. In his experience all doctors who had heard the case for change had been fully supportive.

There was an acknowledgement that, in an ideal world, all GPs would like to retain nearby services but it was not possible to achieve this and at the same time achieve the standard of services that could be provided by a centre of excellence such as at RBH.

The 23 GPs who had each been involved in the 23 individual projects of the MPN programme had not come forward as supporters or objectors to the programme but as honest and representative brokers. In response to a question whether the 23 GPs were paid, it was confirmed that they did have the opportunity to claim expenses, but the majority claimed nothing. Dr Mike Ions, GP in Pendle and Chair of the Professional Executive Committee, addressed the meeting and assured members that the GPs had been acting as independent, local GPs taking views from colleagues and patients and there had been unanimous support for the outcome.

GPs had been regularly asked throughout development and implementation of the MPN programme, via a number of means, to come forward with concerns or objections. No responses had been received by the PCT.

The Committee felt that the evidence on this issue was unclear. Whilst there was evidence of agreement from some formal representative bodies, such as the LMC and PEC, there was also significant evidence presented before the Committee of opposition from individual GPs and GP practices. The Committee was concerned that support primarily came from those GPs who were already closely engaged with the PCT, and it had been suggested through evidence of letters from GPs to Mr Birtswistle and others that the general views of those GPs likely to be engaged in future commissioning activity may not have been given.

Strengthened Public and Patient Engagement

There was some discussion about the level and effectiveness of the public consultation. An independent review of the effectiveness of the consultation had indicated successful contact with 1 in 99 of the local population which compared very favourably with other consultations. Val Bertenshaw, Director of Operations

addressed the meeting and explained the figures in more detail. She summarised the methods used which included an on-line campaign, leaflets to every household (including a response form), a campaign bus and particular effort to make contact with 'hard to reach' groups. Other methods were listed at Appendix D (page 59) to the report now presented.

In response to a question about the percentage of respondents in favour or against the proposals Val Bertenshaw undertook to provide this detail to the Committee.

It was confirmed that letters had not been sent to schools, however one of the outcomes of the Cobden Review of urgent care services was a recommendation that the NHS write to all schoolchildren every year. In recent weeks a letter had been sent to all school children and this would be done annually. It was emphasised again that all households had been sent a letter, and there had been local authority members on all workstreams providing links to children's services. Workstreams also included patient representatives.

It was confirmed that the Joint Overview and Scrutiny Committee had raised no objections to the NHS approach to the consultation.

The point was made that the consultation had provided two options from which to choose, both of which involved the closure of the inpatient paediatric ward (Deerplay) and it was suggested that most of the responses had indicated 'neither' was their preferred choice. In response Joe Gibson said that of the valid responses received the majority had been in favour of the service model known as Option A.

Mr Birtwistle referred to families with sick children who had chosen to move house to be near the paediatric ward only to find that it was now to be moved. The NHS had asked Mr Birtwistle to provide further details to enable them to work with the Acute Trust paediatric team in order to provide appropriate care packages for those families.

Whilst acknowledging that the original consultation and engagement carried out in 2006 was assessed as good by an independent review, there were significant concerns about consultation and engagement on the later stages of the Meeting Patients' Needs programme, particularly in relation to the transfer of paediatric inpatient services from Burnley General Hospital to Royal Blackburn Hospital. The Committee felt that the proposals, on the evidence presented to them, particularly in relation to the closure of the Deerplay Ward, did not enjoy the confidence of the local population, especially parents.

Other Issues

- **Communication**

The District Councillor for West Lancashire commented that merged hospitals in her area appeared to be working well and she wondered whether the reaction to

this programme was emotional and whether things would settle in time. There appeared to be genuine concern among parents about these proposals. Joe Gibson explained that they had consulted with a variety of other change programmes and had been part of a national initiative, Health Reform Demonstration System, working with a network of other reconfiguration programmes to learn especially around communication and public expectation. There had been a week-long programme of publicity, including radio broadcasts to ensure that the public knew what was being done and why. The NHS assured the Committee that it would re-double its efforts regarding communication with the public. It was acknowledged that change is unsettling, but once bedded-in confidence would rise.

The Chair commented that the clinical evidence appeared to be robust, but asked how doctors would respond to the parent of a child with an ongoing need for hospital treatment. She was assured that doctors and nursing staff would be moving from BGH to RBH and would quickly get to know a child with a chronic condition.

The Committee felt that, in general, the NHS had failed to communicate effectively its message on the Meeting Patients' Needs changes. Media coverage had largely been generated by local politicians and parents. Failure to communicate effectively had led to a lack of confidence in the NHS proposals. The commitment to increase efforts on this front by the NHS was welcomed.

- **Travel and Transport**

In response to a question about the possible provision of travel allowances, it was confirmed that support available to families would continue to apply and that the NHS would work closely with families to provide appropriate support. The point was made that children with complex, rare or chronic conditions were often required to travel to Liverpool or Manchester, it was hoped that improved services in East Lancashire would reduce travel for those families.

It was emphasised that most paediatric care was in outpatient and observation wards and the minor illness unit. Much of the work already being undertaken at BGH would continue.

It was acknowledged that travelling time was an important factor to consider; but it was more important to have the additional skills and resources that are available at RBH such as anaesthetists, and diagnostic testing equipment such as CT scanners.

Three additional ambulances had been provided to serve the area in phase 1 of implementation and from 1 November 2010 a fourth had been put in place. NW Ambulance Service had been partners in the programme and the workstream for transport. They had received everything asked for and response times were good. Ambulance response times were monitored on a daily basis and the information was publicly available. It was suggested that there was evidence that, despite

increased ambulance provision, response times were declining, although this was disputed by NHS representatives.

In terms of preparedness for winter conditions, the establishment of a large site at BGH for maternity and women's care had freed up space at RBH which could be used to provide other services such as an escalation site if a large number of trauma patients were admitted. The new arrangements would increase scope for flexibility with nursing and medical staff and this would help.

The Committee expressed strong concern that travel times and distances in East Lancashire had not been properly taken into account. It was felt that the scheme had not properly taken into account the level of deprivation and rurality (separately and in combination) in the East Lancashire area, and the implications for access to private transport and the ability to pay for public transport and taxis.

- **Patient Choice**

Regarding patient choice, Joe Gibson explained that, choice was not necessarily a geographical choice, but was about expertise available. There had been a £30million investment and local services were delivering a level of performance that was the best in Lancashire. It was suggested that developing a centre of excellence in Blackburn may also mean that children from East Lancashire currently receiving specialist care in Manchester and Liverpool would be able to access services closer to home.

- **Admission and Re-admission Rates**

It was suggested that whilst figures indicated an average shorter stay in hospital was being achieved, re-admission rates were rising. This was acknowledged by the NHS who were investigating the reasons for this which appeared to be more to do with how the activity of visits to hospital were coded than with the actual numbers of readmissions. There was confidence that an improvement in admission avoidance would be achieved. Re-admission figures had been independently verified.

- **Coordination with reconfigurations elsewhere in the North West**

Concerns were expressed about service changes in north east Manchester, particularly the recent announcement to bring forward changes to services in Rochdale. It was felt that this could have leave residents in south east Lancashire losing out on two fronts. Members were not satisfied that there had been effective oversight by the SHA in managing these different schemes and ensuring that there was co-ordination in the impact assessment process.

- **Implementation**

In response to a question about the financial implications if implementation did not proceed, Joe Gibson informed the Committee that it would be unsafe to maintain the paediatric inpatient ward at BGH without the other parts of the infrastructure necessary to support it; the MPN programme had been designed as a total project. It was estimated that it would cost in excess of £10million to reverse the decision to close Deerplay.

This view was challenged in light of the Shields Report which had recommended that it would be better to have maternity and paediatric wards on the same site. The NHS was asked what had changed since that report had been published and it was also noted that the two wards were running on the same site currently. In response Joe Gibson said that it was only possible to keep both wards open in the short term. The Shields Report had been about small units at Ormskirk and Southport and could not be applied to the East Lancashire model. The paediatric ward relied more on other services such as emergency, anaesthetics, diagnostic testing available at 'hot sites' than on the services of a neonatal ward.

It was acknowledged that the closure of Deerplay was scheduled to take place in just 13 days and in response to a question whether this would go ahead if the Committee decided to refer to the Secretary of State, Sir David Henshaw explained that this would be a decision to be taken urgently by the SHA Board. Patient safety would be a crucial determining factor and the Board would need to take advice from clinicians and others.

Sir David made the point that the NHS was dealing with a constantly changing landscape including the health of the population, the scale and intensity of medical solutions and competing pressures.

Consultation before the four tests had been introduced had led to the proposals that were now being implemented. Clinicians had driven the process which had been complimented for its inclusivity and rigour and the way in which it had been handled.

It was **moved and seconded** that the Meeting Patients Need Reconfiguration be referred to the Secretary of State for Health, for independent review, on the basis that it is not in the interests of the health service in the area. In particular it has not met two of the four tests set out by the Secretary of State:

- Support from GP commissioners
- Strengthened public and patient engagement.

On being put to the vote the motion was carried.

17. Resolved: That the Meeting Patients Need Reconfiguration be referred to the Secretary of State for Health, for independent review, on the basis that it is not in the interest of the health service in the area. In particular it has not met two of the four tests set out by the Secretary of State:

- Support from GP commissioners
- Strengthened public and patient engagement.

Minutes of the Health Scrutiny Committee Steering Group

It was reported that the Steering Group had met with officers from the Southport and Ormskirk Hospital Trust on 19 October 2010. A summary of the meeting was at Appendix A and a copy of the Trust's Quarterly Report as at September was at Appendix B to the report now presented.

The Steering Group had met with officers from NHS East Lancashire on 9 November regarding the Pharmaceutical Needs Assessment. A summary of the meeting was at Appendix C to the report now presented.

18. 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.

19. 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 11 January 2011 at County Hall, Preston.

County Hall
Preston

I M Fisher
County Secretary and Solicitor

Lancashire County Council

Health Scrutiny Committee

Meeting held on 11 January 2011 at County Hall, Preston

Minutes

Present:

County Councillor K Bailey (In the Chair)

County Councillors

T Aldridge*	C Evans
G Askew	M Hassan
R Blow	P Mullineaux
M Brindle	M Otter
J Eaton	N Penney

Co-opted District Councillors (Non-voting)

Mrs B Hilton	-	Ribble Valley Borough Council
V Langtree	-	Pendle Borough Council
Mrs M McManus	-	Preston City Council
Mrs MJ Robinson	-	South Ribble Borough Council
Mrs 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 Councillors A Kay and M Pritchard and Councillors R Fulford-Brown (Fylde Borough Council) and J Robinson (Wyre Borough Council)

*County Councillor T Aldridge replaced County Councillor M Skilling for this meeting.

County Councillors Kay and Skilling were both absent owing to ill health; the Chair wished them well on behalf of the Committee.

Attendance of Cabinet Member

The Code of Conduct required that the permission of the Committee be granted to allow County Councillor Mike Calvert, Cabinet Member for Adult and Community Services to attend and speak at the meeting.

20. Resolved: That County Councillor Mike Calvert, Cabinet Member for Adult and Community Services be permitted to attend and speak at the meeting.

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 23 November 2010 were presented and agreed.

21. Resolved: That the Minutes of the meeting of the Health Scrutiny Committee held on the 23 November 2010 be confirmed and signed by the Chair.

Budget 2011/12

The report contained information considered by Cabinet at its meeting on 6 January including:

- The County Council's Financial Position as at 30 November 2010; and
- Revenue Budget 2011/12 – 2013/14 recommendations.

It also included:

- the Cabinet's resolutions insofar as they related to Adult Social Care.

The Chair welcomed County Councillor Mike Calvert, Cabinet Member for Adult and Community Services, and officers from the Directorate for Adult and Community Services, Jeff Pogson, Head of Combined Finance Team, and Steve Gross, Director of Commissioning, all of whom attended to respond to members' questions and comments.

CC Calvert briefly introduced the report by explaining the budget pressures faced by the County Council and the need to make savings. Some difficult decisions had had to be made and much work and research had been undertaken in producing the proposals.

Members raised a number of comments and questions and below is a summary of the main points which arose during the discussion:

- Members were concerned about the potential impact of reduced spending on day care. They were informed that there was currently an over-supply of older people's day care across both the independent sector and that provided by the county council. There was now an increasing emphasis on targeting need; people were being offered self directed support and personal budgets to enable them to choose how they receive support and who provides it.
- It was suggested that reduced day care provision could lead to people becoming isolated, which could in turn lead to other related problems such as

mental health issues and health problems resulting from a sedentary lifestyle. In response, it was explained that whilst isolation is a real concern, only a small proportion of older people actually attend day care. Issues of isolation would not be substantially exacerbated because of the proposals. There had never been a panacea to issues of isolation and there would continue to be a reliance on communities, family, friends and neighbours.

- Support for carers, who were regarded as vitally important, was being protected.
- It was acknowledged that a high proportion of rural provision was required in Lancashire, however personalised care would allow people to make other choices and give them the potential to expand their activities.
- In response to a question about the possible negative impact of reduced numbers of social workers, the Committee was assured that numbers matched demand. Hard-to-reach people had always existed and other agencies such as Help Direct, district nurses, the Fire Service etc could make referrals, with the individual's permission, if they felt there was a vulnerability issue. The point was made also that there is an assessment function within the reablement service. There needed to be a fundamental look at the way services were staffed within a changing environment. In terms of specialist social workers as opposed to general social workers it was confirmed that there would always be specialist roles especially in areas such as Children's Services, and within adult services sub-sets such as mental health, sensory disability etc, but the council had to use its workforce as flexibly as possible whilst recognising the need for specialist knowledge in certain areas.
- As demand for day care places reduced so too did demand for transport to those places. Reduction in transport costs was regarded as an efficiency saving and not a cut.
- The point was made that not all day care was paid for from personalised budgets; people paid for it from their own money, and there was concern that those people might be hit the hardest by increased charges. In response, it was explained that there was a wide range of day care provision within the private and voluntary sector also. In general terms, there was over-provision of day care with some 20 per cent of funded places unused at any particular time. It was important to ensure that supply matched demand. People were choosing to use their personal budgets in different ways and demand for day care was therefore declining. Feedback indicated that many older people were dissatisfied with the amount of time they had to spend on transport to and from day care; there appeared to be a need to provide more local services within communities that reflected needs and expectations.
- It was acknowledged that there were people assessed as having a day care need, but who had preferred not to go through a financial assessment. As the new charging policy was introduced, people would be offered an assessment and may then benefit from reduced charges.
- In response to a request to clarify the reasoning behind the proposal to increase charging CC Calvert explained that there were three possible responses to the budget pressures: find efficiency savings; make reductions in services; or charge more for the services provided.

- The county council had been heavily subsidising some low level service needs and it was now necessary to ask those people who could afford it to make a contribution.
- The proposals also incorporated measures to remove existing subsidies, remove anomalies within the existing charging policy and ensure compliance with recommended good practice.
- The measures being taken were not just a response to budget pressures but also a response to increasing demand as resources were reducing in real terms.
- In response to a question about how ability to pay was determined, it was explained that the County Council determined the charging policy for non-residential care taking into account strong guidance from the Department of Health. Anyone with savings / assets of £23,000+, or income at basic Income Support Level plus 25% was required to contribute towards care costs.
- One member asked whether the proposal to raise the eligibility threshold for accessing adult social care services under Fair Access to Care Services from moderate (and above) to substantial (and above) would apply to existing clients or only new clients. It was explained that the proposal was to review everyone currently on the 'moderate' banding and if they remained on that banding free social care services would no longer be provided, however clients would be provided with assistance to help them access support services. The reviews were one-off reviews, but clients would be re-assessed on request if their circumstances changed.
- CC Calvert made the point that currently Lancashire was one of only 27% of local authorities still offering services to adults assessed as having moderate needs with 73% now only offering services to those with substantial and critical needs.
- One member suggested that a benefit take-up campaign should be built-in to the review to ensure that people knew what benefits they would be entitled to and also that they were claiming it. It was agreed that those people reviewed should be offered benefit checks. The Committee was assured that the County Council's excellent Welfare Rights Service would continue to work closely with the Districts and the voluntary sector. Also, the Financial Assessment Team was trained in the range of benefits available and worked closely with the Department for Work and Pensions to keep up to date.
- It was noted that the NHS and voluntary sector were experiencing similar budget pressures and facing challenging targets, and the Committee was assured that the County Council would continue to work closely with partners to provide early intervention services.
- It was explained that the cost of supporting someone with learning disabilities was approximately £70,000 - £80,000 per year and it was important to consider whether care could be provided differently whilst not putting vulnerable people at risk. The Committee was assured that there would be no reduction in the County Council's commitment to keep people supported and safe. The proposed budget reduction was not significant in terms of the whole budget. There were strong relationships with third sector providers and work had been

ongoing for some 5-6 years. Most of the work had been done and fee levels had been agreed.

- The Committee was advised that information indicated that most people wanted to retain their independence and that was why personalisation and direct payments had been introduced.
- Some feedback had indicated that the county council provided too much by way of low level care provision.
- In terms of achieving the proposed budget savings, the Committee was assured that the County Council had a good track record of delivering savings, though not previously on the scale now proposed. There would be regular reports to the management team and actions taken to keep on track. The County Council retained a level of balances to fund unforeseen requirements and Lancashire was well placed compared with some other local authorities. The County Council had healthy reserves and was in a good position to modify its policies going forward if this became necessary.
- CC Calvert believed that the Directorate had done as much as it could in reducing management and back office costs to avoid impacting on front line services. He explained that the three-year budget would provide more certainty going forward. It was important now to look for new ways of doing things and he emphasised that suggestions would be welcome.
- He referred to the ongoing consultation on how care services could be funded in the future "Making Difficult Decisions about Funding Adult Social Care Services in Lancashire" which had been widely publicised including through TV, radio and the Internet, and public meetings. It was important that as many people as possible responded and members were asked to let officers know if they felt that any groups had been missed.
- He also encouraged members to approach him directly if they wanted further information or clarification about the proposals.

The Chair thanked County Councillor Calvert and officers for attending the meeting and responding to members' questions.

A response to the Cabinet's budget proposals would now be formulated on behalf of the Committee by the Steering Group. The Chair invited three District councillors to join the Steering Group meeting to be held at 2.00pm on 18 January 2011 and asked that anyone wishing to volunteer contact the Scrutiny Officer as soon as possible.

22. Resolved: That,

- i. The report be received;
- ii. The comments of the Committee be noted;
- iii. The Scrutiny Committee Steering Group be asked to formulate a response on behalf of the Committee to the Cabinet's Budget Proposals;

- iv. Three District Councillors be invited to join the Steering Group discussion; and
- v. The response of the Committee be presented to Cabinet at its meeting on 3 February 2011.

Safeguarding Adults – Response to the Recommendations of the Safeguarding Adults Task Group

The Chair decided that, in view of the length of the previous item, there was now insufficient time to give the Response to the Safeguarding Adults Task Group proper consideration. The item was therefore deferred until the next meeting on 22 February.

Report of the Health Scrutiny Committee Steering Group

On 28 September 2010 the Steering Group had met with officers from Lancashire Care Trust. The Trust had provided the Steering Group with an update on Whyndyke Farm and the overall mental health inpatient service provision proposals for Lancashire as originally consulted on in 2006 which were now subject to a full review in response to the service reconfiguration assurance process introduced by the Secretary of State. A summary of the meeting was set out at Appendix A to the report now presented.

On 30 November the Steering Group had met with officers from University Hospitals Morecambe Bay Trust to discuss the provision of feedback on their Quality Accounts and officers from Cardiac and Stroke Networks in Lancashire and Cumbria and to receive an update on the proposed Primary Percutaneous Coronary Intervention service. A summary of the meeting was set out at Appendix B to the report now presented.

23. 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.

24. 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 22 February 2011 at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston