ARTICLE NO: 1A

CORPORATE OVERVIEW & SCRUTINY COMMITTEE:

MEMBERS UPDATE 2011/12

Article of: **Director of People and Places**

Relevant Head of Service: **Borough Solicitor**

Issue : 2 **September 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 22 February 2011, 5th April 2011, 17 May 2011, 28 June 2011 and 12 July 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 – 22 February 2011
Minutes of the Health Scrutiny Committee – 5 April 2011
Minutes of the Health Scrutiny Committee – 17 May 2011
Minutes of the Health Scrutiny Committee – 28 June 2011
Minutes of the Health Scrutiny Committee – 12 July 2011

Lancashire County Council

Health Scrutiny Committee

Meeting held on 22 February 2011 at County Hall, Preston

Minutes

Present:

County Councillor M Skilling (Chair)

County Councillors

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

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 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 Councillors R Fulford-Brown (Fylde Borough Council), J Robinson (Wyre Borough Council) and Mrs MJ Robinson (South Ribble Borough Council).

*County Councillors J Mein, E Oades and B Winlow attended the meeting in accordance with the provision of Standing Order 19(1).

Disclosure of Personal and Prejudicial Interests

None disclosed.

Resignation

The Chair reported that Councillor John Harrison had resigned his position as Lancaster City Council's representative on the Committee. Lancaster City Council would provide the name of his replacement in due course.

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 11 January 2011 were presented and agreed.

It was clarified that the item relating to the response to the Safeguarding Adults Task Group, which had been postponed from the last meeting, would now be presented to the meeting scheduled for 5 April.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 11 January 2011 be confirmed and signed by the Chair.

Blackpool, Fylde and Wyre Foundation Hospital Trust

The Chair welcomed Harry Clarke, Director of Operations for Scheduled Care, and Simone Anderton, Head Nurse for the Unscheduled Care Division, both from Blackpool, Fylde and Wyre Hospital Trust (BFWHT).

She also welcomed County Councillors Liz Oades, who represents the Fylde East Division and Bill Winlow who represents Preston West, both of whom had a particular interest in this item, and she confirmed at an appropriate point later in the meeting that the Committee was content for them to contribute to the discussion.

She explained that this item had been brought before the Committee because of much concern that important decisions had been taken quickly and prior to any consultation.

Mr Clarke began by setting out the background to the current position and in particular the financial pressures facing the Trust and the expectation that demand for services would increase in the coming years owing to an ageing population, new medical techniques and increased incidence of diseases such as diabetes.

Blackpool Teaching Hospitals NHS Trust would need to deliver approximately £50m in savings over the next three financial years, whilst continuing to improve the quality of care to patients.

The report indicated that £12m had been saved through initiatives aimed at improving patient care and efficiency, this had now risen to £14m and it was expected that the figure would be £16m by the end of the year.

The report explained that at a special meeting of the Board of Directors of the Trust, held on 6 January 2011, a range of measures were considered which it was felt would deliver significant savings whilst protecting the frontline services. The outcome of the discussion was to implement the following five actions:

1. **Reduction of the Capital Programme -** Due to the tight financial situation the Trust had not been able to generate surpluses and that meant they were unable to invest in new schemes.
2. **Improved utilisation of their estate –** The Trust needed to make the best use of their estate to provide best value for money and they currently had large areas of Clifton Hospital empty. Therefore they would in the short-term transfer all services from Wesham Hospital to Clifton Hospital.
3. **Review of all corporate services -** The Trust would be looking at reducing spend in this area by 15-20% which would release savings in the region of £4-5m.
4. **Review of management -** The management structures would be reviewed to generate savings of around £1.5M.This would be achieved through a reduction in the overall number of management posts and review of skill mix.
5. **Compulsory redundancy policy and programme of support -** In consultation with trade union colleagues the Trust had drawn up a compulsory redundancy policy and package of support for staff affected by change. Formal notices of redundancy would be issued to 55 members of staff whose posts had previously been identified as at risk. They would also be seeking voluntary redundancy from non-clinical staff.

A public consultation was planned later this year to look at the five year health strategy for the Fylde Coast, including a review of the NHS estate. Appendix A to the report provided an explanation from the Trust as to their reasons for transferring services from Wesham to Clifton prior to this consultation taking place.

This issue had already been the subject of debate by Blackpool Health Scrutiny Committee and attached as Appendix B to the report was a copy of the minutes from the meeting held on 25 January when this item was discussed.

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

- The Chair asked why the decision to relocate services from Wesham Hospital had been taken so quickly and without prior consultation, and she pointed out also that the Secretary of State had last year introduced key tests for service change, one of which focussed on the need for consultation. Mr Clarke explained that communication had been ongoing with staff about the need to reduce the number of beds for some six to seven months via a number of means.
- When asked if the transfer of beds from Wesham to Clifton was regarded as temporary Mr Clarke replied that the move was designed to consolidate the Trust's community bed stock in the short term. There was a need to reduce beds and whether Wesham would re-open would depend on the outcome of the consultation
- In response to a suggestion that the Trust should have known about the reductions required a long time ago and been planning accordingly, Mr Clarke made the point that the current financial position became clear

through the Comprehensive Spending Review presented by the Coalition Government and it was only at that point that the scale of the challenge became clear. He said that the Trust had done substantial preparation and had invested heavily in a range of improvements to achieve savings.

- Mr Clarke also made the point that the consultation would be a joint consultation undertaken by Primary Care Trusts and Health Care Partners, including the Trust. The Committee was assured that the consultation would comply with national guidance and that it would be subject to a review. The Trust had carried out a successful consultation approximately five years ago and the same approach would be adopted this time.
- Strong concerns about the apparent lack of adequate, timely planning and the closure of Wesham hospital before a consultation had been carried out were expressed by a number of members throughout the discussion. Members considered it to be unacceptable and "arrogant" of the Trust to take such decisions without first consulting the public. The County Councillor for Rural Fylde, who is also a District Councillor representing Kirkham South commented that she had not been invited to a meeting held in January to discuss this issue, despite the fact that Wesham Hospital was in her ward.
- For the benefit of those members unfamiliar with Wesham hospital, it was explained that it was a 40-bed hospital that provided rehabilitation care for older patients and was located to serve the rural Fylde area.
- The Member for Rural Fylde said it was a dearly loved facility; that there was a very good bus and train service; and the people in both the rural and urban area felt that it should not be closed. Concerns were raised about the ability of patients, visitors and staff to now travel to Clifton which had poor transport links and poor parking facilities. In response it was explained that patients were often given the option to choose which community site from which to receive their treatment; there was a waiting list for Clifton and Rossall but not for Wesham and the reason often cited for this was its location.
- In response to a suggestion that the number of referrals might have been a determining factor in the number of beds occupied at Wesham, it was confirmed that referrals to particular hospitals would be accepted, however there was now a move to keeping people in their own home wherever possible.
- A question was raised about whether the Trust had a strategy in place for possible future closures. In response it was explained that Blackpool PCT were leading on the consultation and they were in discussions with the Strategic Health Authority about the timetable. It was understood that it would not be possible to begin the consultation prior to the May elections but that it would begin as soon as possible after they had been held. The consultation would be about the provision of health services in general not just the Wesham hospital closure.
- In response to a suggestion that the transfer of services to Clifton was financially driven and not in the interest of patient care, Mr Clarke and Ms Anderton emphasised that there had been much focus on patients and

quality of care. They outlined a number of initiatives aimed at reducing the length of patient stay in hospital.

- Following a request of one member, Mr Clarke agreed to provide to the Committee with results of Patient Satisfaction Surveys.
- It was confirmed that all 40 beds and all equipment had been transferred from Wesham Hospital to Clifton Hospital and that there had been a full assessment by clinicians to ensure that the wards were properly equipped. All nurses had transferred also.
- In response to a question about when the possible closure of Wesham hospital had first been discussed, Mr Clarke confirmed that discussions had been ongoing about the need to reduce the number of beds for a number of months. The decision to close Wesham hospital had been taken on 6 January.
- There was concern about the security arrangements for the now empty building at Wesham and a request for information about the arrangements in place. Mr Clarke was unable to answer this question as the building was leased and belonged to the PFI. But he undertook to provide this information to the Committee via the Scrutiny officer.
- Members were concerned that if Wesham remained empty for some time the building might deteriorate and not be in a fit state to re-open.
- There was a 25 year lease for the Wesham site with 16 years still remaining. No decisions could be taken about its future use until the outcome of the consultation was known, however it was hoped that it could be used for alternative health or social care provision. It was confirmed that the Foundation Trust would be liable to pay the PFI cost, but the point was made that whilst it remained empty there would be savings in running costs.
- It was confirmed that accounts for the Trust were published in the Annual Report and the Annual Plan and provided to Monitor and that they and monthly figures were all publicly available.
- In response to a comment that it was the Trust's role to deliver services not save posts Mr Clarke explained that 60% of expenditure was on front line staff and as it was those staff who deliver the services the two were inextricably linked. The Trust had not shied away from targeting back office functions. Ms Anderton added that the Board had always been very supportive of the need to maintain safe staffing levels to deliver quality services.
- There was some discussion about the use of electronic medical records and the consequent savings that this would achieve. Mr Clarke acknowledged that action to introduce electronic medical records could have been taken earlier. There were a number of other electronic systems in place and he assured the Committee that backup systems were in place if any electronic system failed.
- Mr Clarke undertook to supply the Committee with information about how many administrative staff and how many nurses were employed by the Trust.

- One member was most concerned about the skill mix within the Board of the Foundation Trust and the need for external consultants. This had been raised by Monitor and a report on the outcome of the Board Effectiveness review was expected shortly and would be presented to Blackpool's Overview and Scrutiny Committee. Mr Clarke pointed out that the term of office of two Members of the Board was due to finish at the end of March and that refresh of the Board was a natural process. He emphasised that the current situation was not a reflection of the Board.
- Ms Anderton confirmed that wards at Clifton Hospital had been empty since the latter end of 2010 as a result of work to streamline the rehabilitation process.
- Concern was expressed about clinical outcomes in the context of an ageing population, whose needs were complex and who would require a longer stay in hospital, and how the Trust would manage with fewer beds, particularly in winter. Mr Clarke explained that quality of care was not necessarily about the number of beds available. He described two initiatives aimed at reducing hospital admissions: the Primary Assessment Unit where the patient is assessed by a multi-disciplinary team to determine what support was needed to enable the patient to stay at home; and the Urgent Care Centre where the patient was triaged by a GP/specialist nurse - as a result A&E admissions had reduced by 15%.
- It was suggested to Mr Clarke that the decision to close Wesham was short-sighted and there was concern that insufficient thought had been given to future demand for services.
- One member raised a concern about end of life care and the need for appropriate levels of support services. Mr Clarke agreed that the level of infrastructure and support services was currently insufficient; he described two initiatives to address this issue: training in care homes and an end of life pathway whereby the patient sets out their preferences, and a rapid discharge service where agencies work together to enable a patient to return home within four hours.

Mr Clarke concluded by assuring the Committee that the Trust takes the quality of patient care very seriously and their focus was on patient care and safety.

It was moved and seconded, and agreed by the Committee that the relocation of services from Wesham hospital be referred to the Secretary of State for Health, for independent review, on the basis that the committee is not satisfied that consultation on the proposal has been adequate in relation to content and time allowed, and it is not in the interests of the health service in the area.

Informal discussions had taken place between Blackpool and Lancashire Health Scrutiny Committee Chairs to determine a way forward and it had been suggested, that prior to the public consultation taking place later this year, a joint working group be formed between the two Committees to consider the content and process of that consultation exercise. The Committee agreed to the formation of a

joint working group with Blackpool Health Scrutiny Committee to consider the relocation of services.

Resolved: That,

i. The relocation of services from Wesham hospital be referred to the Secretary of State for Health, for independent review, on the basis that the committee is not satisfied that consultation on the proposal has been adequate in relation to content and time allowed, and it is not in the interests of the health service in the area. In particular it has not met one of the four tests set out by the Secretary of State namely:

   - Strengthened public and patient engagement.

ii. A joint working group with Blackpool Health Scrutiny Committee be established to consider the relocation of services.

Minimum Alcohol Pricing Joint Task Group Final Report

The report explained that in November 2009, Blackpool's Director of Public Health presented Blackpool Council's Health Overview and Scrutiny Committee with an update on the Joint Strategic Needs Assessment. The report highlighted that alcohol related issues continued to be a major determinant in people's health in Blackpool and suggested that the introduction of a minimum pricing scheme would lead to dramatic long term improvements. He considered that a Scrutiny Review would be of great benefit in providing democratic input into the debate. The Committee agreed to establish a Working Group to investigate the feasibility and impact of a minimum pricing scheme and to invite Members of neighbouring authorities to join in the review. At the same time, a successful application was made to the Centre for Public Scrutiny who agreed to support the review as one of the sponsored health inequalities scrutiny development areas.

The scrutiny started in March 2010 and the Working Group consisted of Members of Health Scrutiny Committees from Blackpool, Blackburn with Darwen, Cumbria and Lancashire.

During the review it became evident that each area had similar alcohol related issues to varying degrees. At the outset, all Members of the Working Group were keen to approach the review without preconceived ideas. A series of meetings were held where representatives were invited to present evidence and opinions on the feasibility and impact of introducing minimum pricing. The Working Group was committed to considering evidence and opinions from individuals and organisations both for and against the introduction of minimum pricing to ensure a balanced review.

A public consultation event took place in October 2010 which enabled the Working Group to gauge opinion on how alcohol pricing could be used to help reduce

harmful drinking and its effects, from a wider range of stakeholders. The event enabled all attendees to enter into the debate and to identify ten priority areas to resolve alcohol related issues.

The Working Group made the following recommendations:

- Recommendation 1 - To recommend to Central Government that a minimum price of 50 pence per unit of alcohol be implemented nationally.

- Recommendation 2 - That Central Government be requested to review the existing licensing legislation to reduce the current extended opening hours.

- Recommendation 3 - That Central Government be requested to review the existing licensing legislation to include compulsory training for all involved in the licensing industry with particular emphasis on the health impact of alcohol consumption. To include all individuals involved in the sale of alcohol and Elected Members with responsibility for enforcement action. Regular refresher training to ensure knowledge is kept updated with any changes, should also be introduced.

- Recommendation 4 - That all North West Local Authorities that took part in the review, and with responsibility for licensing, be reminded to fully implement the existing laws relating to the sale of alcohol, with particular emphasis on underage sales and serving of alcohol to those already intoxicated. To also include more effective law enforcement for alcohol related crime and disorder issues.

- Recommendation 5 - That Heads, Principals (including those of independent schools/academies) and Children's Services Lead Members be recommended to ensure a coherent programme of alcohol education for over 16s. Alcohol education should also be provided to parents of children of all ages through existing support organisations.

- Recommendation 6 - That Directors of Public Health within the North West be recommended to develop hard hitting impact advertising for use across the North West area.

- Recommendation 7 - To recommend to Central Government that revenue generated from a windfall tax on retailers' profits from the introduction of minimum pricing should be targeted towards measures to prevent alcohol abuse.

The County Councillors who took part in the task group were CC Keith Bailey and CC Carolyn Evans who now presented the report to the Committee. In presenting the report, they made the point that there was no one solution to the problems associated with alcohol and minimum pricing needed to be supported with other measures such as better education.

One member suggested that a study into the drinking culture of France might reveal some useful information / explanation as to why the culture in this country appeared to be so different, especially among the young.

It was suggested also that the media had a big part to play in influencing attitudes to drink.

It was recommended that in relation to:

- Recommendation 4 – a copy of the report with a covering letter from the Chair of the Health Scrutiny Committee be sent to the Chair of each District licensing Committee for their comments.

- Recommendation 5 – The Cabinet Member for Children and Schools be asked to provide a formal response

Blackpool HSC as the principal authority for the working group would action the remaining recommendations

County Councillor Bailey thanked all the officers for their support to the task group.

Resolved: That,

i. A copy of the report with a covering letter from the Chair of the Health Scrutiny Committee be sent to the Chair of each District licensing Committee for their comments.

ii. The Cabinet Member for Children and Schools be asked to provide a formal response

Report of the Health Scrutiny Committee Steering Group

The Steering Group had met on 18 January 2011 to formulate a response to the Cabinet on the budget proposals on behalf of the Health Scrutiny Committee.

A summary of the meeting was at Appendix A to the report now presented.

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.

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 5 April 2011 at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee
Meeting held on 5 April 2011 at County Hall, Preston

Minutes

Present:

County Councillor K Bailey (In the Chair)

County Councillors

R Blow	A Kay
M Brindle	M Otter
C Evans	N Penney
M Hassan	M Pritchard
M Skilling	

Co-opted District Councillors (Non-voting)

Mrs B Hilton	-	Ribble Valley Borough Council
M Horsfield*	-	Pendle Borough Council
Mrs J Robinson	-	Wyre Borough Council
Mrs R Russell	-	Chorley Borough Council
Mrs G Sandiford	-	Rossendale Borough Council
Mrs D Stephenson	-	West Lancs Borough Council

At the request of the permanent Chair (CC M Skilling), CC K Bailey chaired this meeting.

Apologies for absence were presented on behalf of County Councillors J Eaton and P Mullineaux, and Councillors Mrs M McManus (Preston City Council) and R Fulford-Brown (Fylde Borough Council).

*Councillor M Horsfield replaced Councillor V Langtree for this meeting

Disclosure of Personal and Prejudicial Interests

None disclosed.

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 22 February 2011 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 22 February 2011 be confirmed and signed by the Chair.

Response to the Safeguarding Adults Task Group

The report explained that on 1 September 2009 at the then Adult Social Care and Health Overview and Scrutiny Committee, members had agreed that a task group be established to look at the Safeguarding Adults Agenda in more detail, and that a representative from the Blackburn with Darwen and Blackpool Borough Council Overview and Scrutiny Committees be invited to contribute to this work.

The original scope of the task group had been to consider the remit of the Safeguarding Adults Partnership Strategic Board to determine if the policies and procedures reflected and/or exceeded the standards of good practice as identified within the national framework.

However, following the first meeting of the task group, members agreed that rather than focus on the remit of the Board they should review the following related areas:

- Identify the governance structures of the Safeguarding Adults Partnership Strategic Boards within the pan Lancashire area.
- Review the engagement of local Hospital Trusts on those Boards.
- Investigate what progress is being made to ensure that the safeguarding of adults becomes a statutory responsibility.

The final report of the task group was presented to the Committee on 11 May 2010 where it was agreed that the Cabinet Member be asked to provide a formal response to the recommendations of the report in six months' time.

This item had been scheduled for presentation to the Health Scrutiny Committee on 11 January 2011, but was then deferred owing to insufficient time for it to be considered at that meeting.

The Cabinet Member had provided an initial response in July which was attached as Appendix A to the report. Further progress against those recommendations was set out at Appendix B to the report which was now presented by Mike Banks, Head of Active Intervention and Safeguarding, Adult and Community Services Directorate.

Mr Banks summarised the progress made against the Task Group's recommendations following which members raised a number of comments and questions. The main points are summarised below:

- The importance of a common definition of a vulnerable adult was re-emphasised. This was something that was still being debated nationally and was a difficult issue, for example not all disabled people would necessarily be

vulnerable or want to be regarded as vulnerable. The term used in Scotland was 'adults at risk'.

- There was a suggestion that the Older People's Champion Network could act as a pressure group to elicit a national, statutory safeguarding policy.
- In response to a question about what assurances could be provided to staff regarding whistle blowing, it was reported that as part of the project plan for the Safeguarding Board a piece of work still to do was a review of all agencies' personnel policies, and whistle blowing would be an important part of that. The committee was informed that many allegations actually came from staff / managers within the care sector, with positive outcomes; training would also help reassure staff. The Chair suggested that statistics regarding whistle blowing would be of interest to the committee.
- It was suggested that one of the main areas of concern was the treatment of people in care homes and the question was raised whether independent homes would have access to training and be monitored regarding take-up. It was confirmed that one effective method of training was the portrayal of some very powerful scenarios delivered by a theatre company; it could be attended by some 450 care home staff, but was very expensive. Basic E-training would be available via an internet based service; there were some 65,000 staff to be trained at a basic level. Each agency would be responsible for monitoring take-up levels by its own employees. This would be kept under review by the Board.
- One member felt strongly that, whilst e-learning had its place, multi-agency training was essential and it was very important that there were no cuts to the training budget. All agencies must be engaged in this work.
- It was explained that there was an increased usage of in-house expertise to deliver training. E-learning allowed basic training to be done differently and efforts were being made to budget-proof training capacity. It was recognised that training needed to address some complex and difficult situations.
- Regarding appropriate safeguarding training for GPs and whether there was any mechanism in place to monitor GPs, it was explained that the registration process with the Care Quality Commission required GPs to demonstrate that systems were in place for safeguarding. There was also the contract with PCT commissioners who would have clear expectations regarding safeguarding.
- In terms of monitoring, it was confirmed that PCTs would have relevant performance indicators (PIs). The Safeguarding Board was currently considering PIs and work was being done nationally, but only one PI had so far been set. There was a push for the Board to determine PIs that were relevant locally.
- It was suggested that it was important to be clear about the definition of a carer. The point was made that very often a carer is an unpaid family member who would receive very little, if any training. The Carers Association provided vital support and it was reassuring that funding had not been cut and important that support continued in the future. Mr Banks agreed that it was important for carers to be in control of the available support they received.
- One member referred to a Dementia Group, comprising members from the PCTs and the county council, which had done a tremendous amount of work in

12 months with recommendations now moving forward including for example a 'butterfly' system whereby if a patient admitted to hospital had a history of dementia a butterfly would be placed on their notes / bed head / dressing gown to alert staff.

- It was considered important to recognise that there were two types of abuse; positive abuse including both physical and mental harm, and neglect which, for example, could leave a person suffering dehydration or lying in a soiled bed.
- It was suggested that some front line staff, who were the initial point of contact, for example, the doctor's receptionist or on the prescription desk could be difficult for vulnerable, older people to deal with; It was important that older people felt respected and for such staff to understand their needs.
- The committee was assured that the need to work jointly and with partners was well recognised and that part of the aim of the Board was to try to work preventatively: CC Mike Calvert was the Safeguarding Champion; the Chair of LINks had joined the Safeguarding Board; much work was being done with Trading Standards and the Community Safety Partnership and CC Peter Mullineaux, the Older People's Champion had attended a number of events. Prevention was very important and safeguarding was closely linked with the Dignity in Care agenda. Training had also been done with district councils to try to link them in with area groups. It was important also to encourage people to watch out for each other.
- The Safeguarding Adults Local Network (SALNet), a stakeholder group arranged twice-yearly conferences to educate and inform people about important matters to look out for, for example scams targeting old people.
- It was acknowledged that reporting could be difficult for some people and that if, for example, a concerned neighbour wished to report concerns there needed to be a supportive but 'soft' response within the Customer Service Centre. There was just one contact number (0845 053 0028), which was on the website and contained in leaflets and reporting could also be done on-line.
- There may be vulnerable, disabled people who could not use the telephone, however there was an expectation that it would be professionals or relatives and carers who would report concerns - the most important thing was that concerns were actually reported. Training would help carers and other professionals recognise the symptoms / signs and help address some of the complexities associated with safeguarding.
- There was an acknowledgement that information relating to people entering hospital could be problematic; whilst the Customer Service Centre would address some of the information, this was an area in need of some improvement – work was ongoing on a national information sharing system. Care homes had done some work to ensure that information about a person, including their care routine, was communicated to hospital and to the ambulance service also where appropriate.
- The need for an appropriate and proportionate response to concerns was emphasised, for example if a carer lashed out it might be that the carer themselves in need of a package of support. It was most important to determine how best to keep the vulnerable person safe and sometimes

interfering could make matters worse; there was no implication that a concern would not be dealt with, but perhaps on occasions action outside safeguarding procedures would be appropriate.

- One member related an example of a situation that she had dealt with which had raised concerns about how councillors can best report concerns and to whom to ensure a timely and appropriate response. Mr Banks confirmed that 'Bite Size briefings' had previously been provided, but a further session would be arranged if this would be helpful.
- It was explained that the Customer Service Centre had a system for screening calls and that 40-50% of calls were processed as safeguarding investigations, as a result the safeguarding team could be more responsive; there was also a series of checks to pool intelligence from other agencies. Responses from other agencies were also becoming faster. There was an acknowledgement that feedback to those referring concerns could be improved. The point was made also that sometimes complaints related to a care home and not a named individual and it could be difficult to judge how best to approach such a complaint, which could also take a long time to investigate.
- Regarding the possibility of a registration system for carers (as there is for childminders), it was understood that the government was trying to develop a system. If care was provided through the direct payment system, service users would be given advice about appropriate checks and references, and people would be provided with support to do that – if there were any concerns that the person was too vulnerable then the arrangement would not be signed off. If people were paying for care with their own money there was no requirement for the carer to be registered, but the service user would be advised to use agencies through which carers were registered and police-cleared.
- It was confirmed also that individuals working as carers did not need to be registered, however if they were operating as a business they needed to be registered with the Care Quality Commission. It was acknowledged that people have choice, but the county council had a role to ensure that safe choices were made.
- There was some concern about the use of telephone assessments, instead of face-to-face assessments and the possibility that appropriate action could be missed as a result. It was recognised that consent could be a barrier, but where this was so the Mental Capacity Act placed certain requirements on the county council. Training for Customer Service Centre staff was very important; a profile of the sorts of cases to look out for and the type of service users who could be difficult to engage with had just been written, but there was more work to be done in terms of ensuring staff did not make assumptions but 'dug deeper' and 'trusted the eyes and ears' of other professionals, for example the relevant district nurse, where there was a suspicion that staff were not getting the full picture.

The Chair thanked Mike Banks for his helpful report and presentation

Resolved: That the report be received.

Work Plan

The report presented by Wendy Broadley, Scrutiny Officer, summarised topics that had been considered by the Health Scrutiny Committee in recent months. It also emphasised the need for the Committee to continue to maintain an understanding of the emerging issues and their potential impact on service users and residents. It suggested that consideration needed to be given to scrutiny of the following:

- The new roles and responsibilities of the County Council around Public Health
- The structure and remit of the Health and Wellbeing Board
- The development of a Healthwatch in Lancashire
- The clustering of the Lancashire PCTs and development of GP Consortia

Arrangements had been made for The Joint Health Unit to present a report to the committee at its next meeting in May about the public health responsibilities of the county council and health and wellbeing boards.

Members were also updated on the developments within the NHS Trusts that impact on the wider pan-Lancashire area, and the partnership approach being progressed to enable effective scrutiny of these issues.

There were so many issues now that the Steering Group, whose role was to manage the workload of the Committee more effectively, would also need to be selective about the topics it considered in future, and perhaps think about alternative ways of dealing with issues. It was agreed that input from district councillors was helpful and that they would be invited to contribute as appropriate.

It was suggested that the government's forthcoming white paper, due to be published in the Autumn, about social care should be included on the work plan also.

In response to a suggestion that the air ambulance, which was funded through donations, should be the subject of a report to committee, the Scrutiny officer said that it would be more appropriate for a report to go to the Steering Group first for it to consider whether committee could contribute to the process.

Resolved: That the report be received.

Report of the Health Scrutiny Committee Steering Group

On 8 February the Steering Group had met to receive an update on a range of issues relevant to the work of the Committee. A summary of the meeting was presented at Appendix A to the report now presented.

On 4 March the Steering Group had met with Angela Esslinger from the Adult and Community Services Directorate to discuss the work being undertaken to develop a Healthwatch for Lancashire and also representatives from the Lancashire LINk Board. A summary of the meeting was at Appendix B to the report now presented.

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.

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 17 May 2011 at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee
Meeting held on 17 May 2011 at County Hall, Preston

Minutes

Present:

County Councillor M Skilling (Chair)

County Councillors

G Askew	C Evans
K Bailey	A Kay
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
Mrs V Langtree	-	Pendle Borough Council
Mrs M McManus	-	Preston City Council
Mrs R Russell	-	Chorley Borough Council
Mrs D Stephenson	-	West Lancs Borough Council

Apologies for absence were presented on behalf of County Councillors M Hassan and Councillors Mrs J Robinson (Wyre Borough Council) and Mrs G Sandiford (Rossendale Borough Council).

Disclosure of Personal and Prejudicial Interests

None disclosed.

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 5 April 2011 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 5 April 2011 be confirmed and signed by the Chair.

Health Reforms

Gill Millward and Kayt Horsley, Policy Officers in the Joint Health Unit, together with Wendy Broadley, Scrutiny Officer provided members with a presentation on the opportunities and challenges facing the Health Scrutiny Committee with regard the proposed reforms to public health services in England, which were detailed in the Public Health White Paper, *Healthy Lives, Healthy People* and built on the vision outlined in the NHS White Paper.

The most significant change for local government was the transfer of public health responsibilities to councils to be funded by a ring fenced budget to be based on relative health inequalities and deprivation. It was proposed that the new arrangements would be in place from April 2013.

The presentation also identified the implications for the council and scrutiny and considered the emerging structures being developed such as GP consortia and Health and Well Being Boards and also the transitional arrangements being implemented.

On 6 April the Government confirmed that there would be a 'pause' in the progress of the Health and Social Care Bill and the Department of Health had launched an engagement programme so that concerns about the reform proposals could be listened to before the Bill reached Report Stage and Third Reading. The information in the presentation was therefore delivered with the caveat that there might be changes following the 'pause'. It was unclear whether the pause would be for three months as originally announced, or for longer. A copy of the presentation setting out the current position – what was known and what was still unclear at this time is appended to these minutes.

The Committee was now being asked to consider its next steps and priorities.

In receiving the presentation members raised a number of comments and questions the main points of which are summarised below:

- It was noted that with regard to the 'NHS Listening Exercise' being conducted during the 'pause' the county council had already responded within the deadline of 13 May as they were an 'early implementer' for a Health and Wellbeing Board. The Department of Health deadline for other responses was the end of May and the Health Scrutiny Steering Group had scheduled a meeting on 23 May to prepare a response on behalf of the Health Scrutiny Committee. Three District Councillors had been invited to contribute to the discussion and drafting of the response.
- Regarding the corporate response, the Committee was assured that officers had noted members' concerns expressed at a number of briefings and had included these in the response. The prescribed questions had not addressed all the issues, but the final response had been shaped to take account of members' concerns. A copy of the response would be provided to the Committee.
- Lancashire County Council's response had made strong recommendations about the proposal that GP Consortia were to commission services from

‘any willing provider’; it was felt that there was potential for providers to 'cherry pick' and deliver only services that would be less costly. There was a concern also that GPs would only want to cluster in a consortia footprint where there were no particular levels of deprivation and where patient need and therefore costs would not be high.

- One member suggested that GPs themselves might be subject to undue influence from providers. In response it was explained that GP consortia would, through the Commissioning Board be accredited to meet the needs of the JSNA (Joint Strategic Needs Assessment).
- One member reported having spoken to a number of GPs who were concerned about the lack of specialist involvement in commissioning
- There was concern among members that the proposed core membership of the Health and Wellbeing Board (HWB) did not include elected members (apart from the Leader of the county council). The point was made also that a significant number of factors that affect public health were determined by district councils; there appeared to be a gap in the extent to which district councils had been involved; the Committee felt that district councils had much to contribute regarding public health matters.
- The proposed health reforms were very complicated and the question was raised as to how the public could be helped to understand the new arrangements and how, for example, they could complain if they felt they were not receiving a good enough service. It was acknowledged that there were many unanswered questions, including around GP consortia, and this was considered by the Committee to be a very important point.
- It was intended that HealthWatch would provide an advocacy and support role, a wider role than that currently provided by LINks. Work to establish a HealthWatch was already underway and County Councillor Maggie Skilling and Councillor Bridget Hilton were contributing to its development. It was expected that an initial report from the HealthWatch Project Board would be provided to the June meeting of the Health Scrutiny Committee and that a draft contract would be provided to the October meeting.
- The Health and Wellbeing Transition Partnership had been established and had identified five priorities. An external consultant from the London School of Economics was facilitating its work. Much was as yet unknown, but the Board was trying to make progress with what it did know and work was ongoing to develop a single commissioning approach. The Chair was very concerned that no elected members were currently sitting on the Transition Partnership. She emphasised also that it was most important that, as representatives of the people of Lancashire, elected members were given the opportunity to input at every stage. Officers agreed to take her comments forward.
- It was noted that the Public Health Grant would be top sliced and concern that this would lead to reduced investment. Also that there was a serious lack of information and transparency about health finance generally. As far as officers were aware top slicing would be for services provided by Public Health England on national programmes.

- There was no new money; it was the same as that given to PCTs – local authorities now needed to take responsibility for doing things differently. Reference was made to the Marmot report in which it was said that there had been a failure to address health inequalities because of a failure to address the causes.
- There was uncertainty about how the health premium would work and what it would reward. The district councillor for Ribble Valley acknowledged that the premium was aimed at areas of deprivation but she was concerned that as the area she represents is regarded as relatively affluent there was a danger that it would not receive a fair amount of funding.
- It was intended that the Member Development Team would run a series of bite size briefings and members were invited to suggest what topics they would like those briefings to cover and in what detail. Members agreed to submit suggestions via email to the Scrutiny Officer.
- It was suggested also that an A4 size summary of each of the key elements of the health reforms would provide very helpful reference documents for members. Policy Unit officers would provide this.
- A briefing to provide an overview of public health would be useful given that a large percentage of determinants come from other matters that affect public health. It was confirmed that a large piece of work about specific and tailored support that members need was underway.
- Frank Atherton, Director of Public Health for North Lancashire had agreed to work with the County Council as lead Director of Public Health for the transition. He would be working alongside the Executive Directors within the County Council to provide specialist advice to the County Council's Cabinet. Members felt that it would be helpful for him to attend and speak to the Committee.
- The Committee was reminded that there was a dedicated Health Reforms intranet site which was available to all county councillors; the Scrutiny Officer would send copies of the relevant documents from that site to the co-opted district members of the Committee who were unable to access the site themselves.
- The Committee agreed that it would like to receive further information on:
    - GP Consortia;
    - Public Health (Frank Atherton to be invited to attend Committee);
    - Accountability and input of elected members particularly with regard to Health and Well Being Boards and Health Watch.
- It was requested that briefings be relevant to the role of elected members

Resolved: That the report be received.

Establishment of a Standing Joint Lancashire Health Overview and Scrutiny Committee

The report presented by Wendy Broadley, Scrutiny Officer, explained that a proposal had been made at a meeting of Lancashire Leaders that a standing joint committee should be established between Lancashire County Council, Blackburn with Darwen Council and Blackpool Council to consider changes in the health service affecting all three areas. A similar report had been presented to the Scrutiny Committee on 13 May. The Scrutiny Committee had requested that further consideration be given to the proposed membership outlined in the report.

Resolved: That the report be noted.

Report of the Health Scrutiny Committee Steering Group

On 19 April the Steering Group had visited a range of services delivered at Royal Preston Hospital and Royal Lancaster Hospital. A summary of the visit was presented at Appendix A to the report.

It was reported that the Steering Group had since met with Terry Mears, Head of Commissioning – Central Lancashire, Adult and Community Services Directorate, to receive information about the social care services provided to residents who suffer a stroke and the role social care staff played in the discharge planning process from hospital.

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.

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 28 June 2011 at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee
Meeting held on 28 June 2011 at County Hall, Preston

Minutes

Present:

County Councillor M Skilling (Chair)

County Councillors

K Bailey	M Iqbal
R Blow	A Kay
M Brindle	P Malpas*
J Eaton	M Otter
C Evans	N Penney
	M Pritchard

Co-opted District Councillors (Non-voting)

T Kennedy	-	Burnley Borough Council
R Newman-Thompson	-	Lancaster City Council
T O'Kane	-	Hyndburn Borough Council
J Robinson	-	Wyre Borough Council
Mrs R Russell	-	Chorley Borough Council
MJ Titherington	-	South Ribble Borough Council
D Whalley	-	Pendle Borough Council

*County Councillor P Malpas attended in place of County Councillor P Mullineaux

Apologies for absence were presented on behalf of Councillors Mrs B Hilton (Ribble Valley Borough Council), L McInnes (Rossendale Borough Council) and Mrs D Stephenson (West Lancashire Borough Council).

Welcome and Introductions

The Chair welcomed new members to the Committee and at her invitation all members then introduced themselves.

Appointment of Chair and Deputy Chair

Resolved: That the appointment of County Councillor Maggie Skilling as Chair of the Committee and County Councillor Keith Bailey as Deputy Chair for 2011/12 be noted.

Membership and Terms of Reference of the Committee

A report was presented on the Membership and Terms of Reference of the Committee. The Chair reported that County Councillor M Hassan had been replaced by County Councillor Mohammed Iqbal as a permanent member of the Committee.

She also reported that confirmation had now been received that Councillor Mrs Doreen Stephenson was the representative for West Lancashire Borough Council. Nominations were awaited from Fylde and Preston.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported, be noted.

Disclosure of Personal and Prejudicial Interests

Councillor D Whalley disclosed a personal, non-prejudicial interest in Item 6 (Mental Health Inpatient Reconfiguration) on the grounds that his employment relates to mental health. Councillor Newman-Thompson also disclosed a personal interest in Item 6 on the grounds that he is a trustee of Lancashire MIND (mental health charity) and that he works for Age Concern Central Lancashire.

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 17 May 2011 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 17 Mayl 2011 be confirmed and signed by the Chair.

Mental Health Inpatient Reconfiguration

The Chair welcomed guest speakers from the NHS:

- Debbie Nixon, Strategic Director for Mental Health, Lancashire PCTs
- Alistair Rose, Project Director - Capital Programme, Lancashire Care Foundation Trust
- Rebecca Davis, Network Director – Mental Health Commissioning, Lancashire PCTs
- David Rodgers, Associate Director of Communications and Engagement, NHS East Lancashire

In introducing the report, Wendy Broadley, Overview and Scrutiny Officer, explained that the original intention had been for a Joint Health Committee with Blackpool and Blackburn-with-Darwen Councils to consider Mental Health Inpatient Reconfiguration. However, owing to a number of factors, including the available timescale, it had not been possible to arrange a joint committee meeting,

and it had therefore been decided that the matter should be presented to this Committee for consideration.

It was not considered possible to scrutinise the entire impact of the reconfiguration proposals at one meeting and the Chair had agreed that an extra meeting of the Committee be scheduled to ensure that all the detail of the proposals and subsequent impact on current service provision would be subject to thorough scrutiny by the Committee. It was agreed that the additional meeting be held on 12 July at 10.30am to discuss the transitional arrangements.

The report explained that Lancashire Primary Care Trusts (PCTs) had been re-testing their public consultation proposals to reconfigure acute mental health services to ensure that they were consistent with the government's four new tests for service change:

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with patient choice

As part of this process 'The Case for Change', presented at Appendix A to the report, was produced. The purpose of the document was to present a revised case for change in which to consider options for the proposed reconfiguration of the acute mental health pathway. It set the context for appraisal of provider proposals and recommended that the appraisal would be taken forward by the Technical Appraisal Group.

The report by the Technical Appraisal Group of the Lancashire Care Foundation Trust proposals to reconfigure acute mental health services was set out at Appendix B to the report now presented.

Debbie Nixon used a PowerPoint presentation to give a brief overview of the background and the current position. It set out the preferred reconfiguration in terms of estimated bed numbers and locations, and some key messages.

She emphasised that there was significant under-occupancy in mental health inpatient units and that a range of alternative services were starting to have a real impact. There was a need to ensure consistent provision across the county.

Alistair Rose made the point that the majority of care for dementia was provided in the local community. The NHS was becoming more specialised and skilled at caring for people with dementia, in the most appropriate place for the patient and with the least disruption to their environment in order to avoid distress. Inpatient care was only intended to provide the most specialist provision for those people who were acutely unwell.

A copy of the PowerPoint presentation is appended to these minutes.

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

- The Chair commented that the proposal to reduce beds, and the reasons for this were understood, but there was concern about the quality of care people would receive in the community.
- The Committee was assured that local engagement would be through various events at key locations publicised via the local media, including radio. A range of information would be presented. It would be important also to use existing stakeholders such as Overview and Scrutiny Committees and LINks. Plans would be brought back to this Committee for comment.
- Regarding concerns about standards of dementia care within care home settings, the Committee was informed that a piece of work was currently being done to set benchmarks for the standard of care expected and how standards would then be monitored. Any member interested in joining the group conducting this work would be welcome to do so.
- It was recognised that care needed to be personal and all beds would be in single rooms with en suite facilities, and patients would have access to outdoor garden space and activities.
- One member acknowledged that the 'Case for Change' report indicated there had been strong GP engagement but she suggested that the level of support from GPs was insufficient. In response, it was reported that GP engagement had been significant and had met the test set by the Strategic Health Authority. The LCFT was aware of GP concerns and assured the Committee that they were not complacent about these.
- There was also concern about the apparent lack of dementia awareness among the Asian community and a suggestion that provision of care, particularly in east Lancashire needed further consideration. In response it was reported that the Clinical Reference Group had a strong membership which included GPs from all localities; east Lancashire had the highest GP representation.
- The Committee was informed about the Performance Assessment Framework which looked at whole range of domains of care and picked up some of the issues raised by GPs and service users.
- There was also the opportunity to add quality through the CQUIN (Commissioning for Quality and Innovation) payment framework which enabled commissioners to reward excellence by linking providers' income to the achievement of quality improvement goals.
- It was emphasised that there was to be a further meeting of the Clinical Reference Group, whose membership was to be extended, and in conducting a Lancashire-wide piece of work the Group would work with the 13 GP consortia to ensure that their needs were addressed.
- It was confirmed that no site had yet been identified for Central Lancashire. Plans were being made for a series of engagements and proposals would be brought back to the Committee later in the year.

- In response to a specific question about the future of Fosterfields Day Centre in Chorley, Debbie Nixon undertook to obtain further information and report back to the Committee through the Scrutiny Officer.
- There was disappointment and concern among some members that it had been decided not to provide a stand-alone site at Burnley as originally planned, but to redevelop part of the site at Blackburn instead. The Committee was assured that the redevelopment at Blackburn would meet all the standards set out in the original consultation including single rooms and garden space. This also had the advantage of being achievable within a shorter timescale.
- It was emphasised that service changes and reconfigurations needed to demonstrate that they met the principles of QIPP (Quality, Innovation, Productivity and Prevention) and achieved better value for money through increased efficiency and productivity.
- The District representative for Burnley was concerned that local people in her area were worried about the loss of services from Burnley to Blackburn including the consequential issues around transport. She also questioned whether the on-line survey that had been conducted would have adequately elicited views from the service users. It was her understanding that local GPs and NHSEL had also raised concerns.
- In response it was confirmed that NHSEL Board were supportive of the direction of travel, but with some caveats, which included the need for more in-depth engagement with the groups affected. Regarding the member's suggestion that there should be a further review of the options for east Lancashire it was confirmed that the Technical Appraisal Group had undertaken a delegated piece of work on behalf of the Board and the proposals now outlined were the Board's preferred option. A detailed report was being prepared setting out the reasons for the site selections and the relevant costings and this would be made available to the Committee on completion.
- The Strategic Health Authority would need to sign off the plans for the consultation.
- It was confirmed that the need to consider the wellbeing of the carers of people with mental health problems was recognised as a most important issue. One member made the point that respite had to be adequate and accessible bearing in mind that carers often have financial pressures to cope with too.
- Members felt it was important also to recognise that visitors were an important feature in the comfort of people with mental health problems and reductions in the number of facilities would inevitably mean that travel for visitors could well become an issue. It would be necessary therefore for travel and parking arrangements at inpatient facilities to be carefully considered.
- The need for regular and independent inspections of care facilities was emphasised.
- It was explained to the Committee that the decision to locate 16 Psychiatric Intensive Care Units (PICU) – 8 male and 8 female - at one site in Blackpool would give flexibility with male/female margins and also allow the appropriate clinical expertise to be centralised in one location. Dementia care beds had

been centralised also to enable the provision of very specialised therapeutic intervention.

- It was envisaged that the majority of dementia care would continue to be provided in the community and community provision would increase as resources and skills increased also. It was right that there would be fewer beds as it was considered far better not to take people with mental health needs away from their home unless there was a specific need to do so.
- It was confirmed that in considering site locations an assessment of public transport provision using radar maps had been undertaken. This had shown that access to Whyndyke was good. The point was made that people do expect to have to travel to receive specialist care.
- Clarification was sought about a comment in the report (Appendix A, page 34) to "the question as to whether supply is to some extent inducing demand". It was explained that there was a relationship between demand and availability. These proposals were about changing clinical behaviour and achieving a different model of care; it was important to provide consistent services and outcomes to all communities across Lancashire. The Committee was assured that changes to the type of provision would be carefully managed and the report to the next meeting of this Committee on 12 July would provide further detail about this.
- The Chair emphasised that it was not possible to separate mental health care from social care.
- The Chair agreed to consider a request from one member for a separate meeting to discuss the detailed report referred to earlier in the meeting.

Resolved: That,

(i) The report be received; and

(ii) Comments made by the Committee be noted.

Report of the Health Scrutiny Committee Steering Group

On 23 May the Steering Group had met to formulate a response to the Department of Health's listening exercise with regard to the proposed health reforms. The District member representatives were also invited to take part and they included:

- Cllr Bridget Hilton – Ribble Valley
- Cllr Rosemary Russell – Chorley
- Cllr Doreen Stephenson – West Lancashire

A copy of the response was at Appendix A to the report now presented.

On 31 May the Steering Group had met with officers from the Care Quality Commission. A summary of the meeting was at Appendix B to the report now presented. Also at that meeting members were presented with and discussed the

Meeting Patients' Needs Post Programme Summary document which was attached as Appendix C to the report now presented.

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.

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 July 2011 at 10.30am at County Hall, Preston.

2011/12 Timetable of Meetings

It was reported that future meetings had been scheduled for:
12 July 2011
6 September 2011
18 October 2011
29 November 2011
17 January 2012
28 February 2012
10 April 2012
22 May 2012
All meetings would be held at 10.30 am in Cabinet Room C at County Hall, Preston

Resolved: That the report be noted.

I M Fisher
County Secretary and Solicitor
County Hall
Preston

Lancashire County Council

Health Scrutiny Committee
Meeting held on 12 July 2011 at County Hall, Preston

Minutes

Present:

County Councillor M Skilling (Chair)

County Councillors

K Bailey	M Iqbal
R Blow	A Kay
M Brindle	P Mullineaux
J Eaton	M Otter
C Evans	N Penney
	M Pritchard

Co-opted District Councillors (Non-voting)

T Kennedy	-	Burnley Borough Council
T O'Kane	-	Hyndburn Borough Council
J Robinson	-	Wyre Borough Council
Mrs R Russell	-	Chorley Borough Council
D Whalley	-	Pendle Borough Council

Apologies for absence were presented on behalf of County Councillor G Askew and Councillors Mrs B Hilton (Ribble Valley Borough Council), L McInnes (Rossendale Borough Council), R Newman-Thompson (Lancaster City Council), Mrs D Stephenson (West Lancashire Borough Council), MJ Titherington (South Ribble Borough Council), and D Wilson (Preston City Council)

Disclosure of Personal and Prejudicial Interests

Councillor D Whalley disclosed a personal, non-prejudicial interest in Item 7 (Mental Health Inpatient Reconfiguration - Transitional Arrangements) on the grounds that his employment relates to mental health (not employed by LCFT or the NHS).

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 28 June 2011 were presented and agreed.

The Scrutiny Officer reported that she had not yet received the promised additional information in relation to the future of Fosterfields Day Centre in Chorley, but would follow this up and pass it on to the Committee as soon as she received it.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 28 June 2011 be confirmed and signed by the Chair.

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 6 September 2011 at 10.30am at County Hall, Preston.

Exclusion of Press and Public

The report on Mental Health Inpatient Reconfiguration – Transitional Arrangements had not until this point been open to the press and public because it contained confidential information which, if disclosed, would reveal relevant information that would identify those individuals affected by the arrangements. . It was reported that the relevant information had now been disclosed to those individuals affected and therefore the report could be released into the public domain. It was resolved therefore that the report now be treated as a Part I item.

Resolved: That the report about mental Health Inpatient Reconfiguration – Transitional Arrangements now be treated as a Part I item.

Mental Health Inpatient Reconfiguration – Transitional Arrangements

The Chair welcomed guest speakers from the NHS:

- Alistair Rose, Project Director - Capital Programme, Lancashire Care Foundation Trust
- Mark Hindle, Director of Service Delivery and Transformation, Lancashire Care Foundation Trust
- Rebecca Davis, Network Director – Mental Health Commissioning, Lancashire PCTs
- David Rodgers, Associate Director of Communications and Engagement, NHS East Lancashire

The report explained that Lancashire PCTs had been retesting their proposals to reconfigure acute mental health services across Lancashire. The PCT Boards had recently considered the recommendations of the Technical Appraisal Group (TAG) and agreed to work up the development of four inpatient facilities across Lancashire as follows:

- A new inpatient facility at Whyndyke Farm in Blackpool,
- The redevelopment of the Oaklands Unit on Pathfinders Drive in Lancaster,
- The redevelopment of existing facilities at the Royal Blackburn Hospital site,
- An inpatient facility in Central Lancashire (location to be confirmed following further engagement work).

The inpatient reconfiguration would take place over the next five years. This would involve the decommissioning of existing facilities whilst in parallel developing the new ones. The report presented the first phase of this transitional period up until December 2011.

Alistair Rose gave a brief summary of the report and assured the Committee that the changes would be gradual as services in the community were strengthened and embedded. He emphasised that there was a falling level of demand for inpatient services and compelling reasons to change the model of care; the changes were needs-led.

Mark Hindle added that admission to hospital for Dementia would only be in extreme cases where the patient was in the final stages of the illness. Clinical evidence showed that if Dementia was identified at an early stage and treated appropriately from the outset that treatment could lead to ten years productive life.

The transition of services would be a journey during which the LCFT would learn about what was required and take views from others such as Scrutiny committees.

Further details of the transitional arrangements can be found at Appendix A to the report presented with the agenda papers.

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

- There was concern that the approach being taken by the LCFT would lead to extra pressure on the County Council in terms of social care provision and the funding for that care, and extra pressure on carers also.
- In response the Committee was assured that it was LCFT's intention to provide the best quality care possible and that more than 99% of patients preferred to remain in their own home with support from community based services provided by the Trust, or move into a residential home, rather than be in hospital.
- The point was reiterated that early identification of Dementia could make a big difference and therefore investment in services such as Memory Assessment Clinics was important. There had been investment in other community services also, for example re-enablement and Community Mental Health Teams. Services would need to integrate and work together. This was a good opportunity to join up pathways of care.

- The Committee was informed that the Health Service budget overall was being held constant and a reduction in in-patient beds would free up resources to be re-invested elsewhere. It was considered appropriate for there to be separate health and social care budgets and it was acknowledged that there would need to be further discussion about future funding.
- Members were assured that the need for support and respite for carers was a message coming through loud and clear from stakeholders. It was expected that the LCFT would be doing a large piece of work on this regarding engagement and would bring it back to the Committee.
- There were some questions about specific sites. The Committee was assured that the LCFT had spent several years working on the service delivery model and clinical settings. It was not possible to provide the type of modern inpatient treatment required in a multi-storey building such as Burnley General Hospital.
- The point was made that even though the number of in-patient beds was shrinking, the population of older people and therefore Dementia patients was rising. In order to support people in the community it was important for that support to be visible – people were feeling anxious because it was unclear where and how they would receive respite. It was suggested that there needed to be a risk assessment and a plan for growth, with an ability to expand the number of beds as the need arose.
- It was suggested also that carers benefitted from a degree of mutual support through attending day care and they also had access to a doctor through such facilities.
- It was reiterated that the demand for beds was falling as the demand for community services was rising. The Committee was assured that accommodation was being designed to allow flexibility. The need for respite was again acknowledged as very important and this was an issue that needed further consideration.
- Regarding the point that mental health patients can tend to become active at night, it was confirmed that community health infrastructure could be accessed 'out-of-hours'.
- It was acknowledged that there were lots of unknowns in a changing world that the LCFT would have to respond to as it moved forward; in-patient beds were a relatively small part of the services they provided.
- It appeared to some Councillors that Burnley was losing services to Blackburn; this part of the county was one of the poorest areas and travel from Burnley to Blackburn was likely to cause additional pressure on service users. It was acknowledged that travel was always an issue which was why local teams were working more effectively in the community. It was suggested to members that there was now an expectation that travel would be necessary to access specialist services.

- The District Member for Pendle asked for the record to show that it was a matter of regret that the stand-alone unit first suggested for Burnley was not now going ahead. In response, it was explained that fewer beds were now needed than had first been suggested in 2006. For clinical safety reasons small sites should not stand alone. It had also been necessary to look at the existing estate for redevelopment.
- In terms of investment by the LCFT across the county, the Committee was assured that the Technical Appraisal Group had conducted a detailed analysis at service line level and there was a good understanding of likely and future costs, and affordability. The point was made that the LCFT was a monitored government organisation.
- One member noted that the report now presented was vague about the cost of providing new sites and improving current hospital sites and felt it was important to have figures to support the points made in the report.
- At the previous meeting of the Committee on 28 June, members had been informed that a detailed report was being prepared setting out the reasons for the site selections and the relevant costings. The Scrutiny Officer undertook to find out when this would be made available to the Committee.
- One Member suggested that treating people in the community would involve a lot of travelling time and this would reduce the amount of time that clinicians could spend with clients, or reduce the number of clients that could be seen. She also questioned whether community services would be sufficiently robust.
- In response it was explained that progress was being made to improve partnership working between county council social care services and mental health services to provide the bulk of mental health care in the community and continue to improve that care. Inpatient facilities would be used more intensively – currently there was a lot of partially used accommodation at county level.
- It was suggested that if a patient was admitted to hospital, their carers might be reluctant to then take them back home. The Committee was assured that community services would be as fit for purpose as possible. Beds would be for less than 1% of people needing care; high intensity provision for those with the greatest need. Central Lancs PCT was an example of where this model of care was already working well. As with palliative care, people with mental health issues did not want to be in hospital and community services were not inferior. It was again acknowledged that more work needed to be done on respite provision.
- Evidence-based research had shown that early attendance at a memory assessment clinic and treatment could increase a patient's memory sufficiently for independent living. The patient could be kept under review and, with the use of other diagnostic tools could achieve a further ten years productive life. Work would need to be done with GPs, District Nurses and others to ensure that referrals were made at an early stage.

- It was noted that the Bickerstaffe Ward at Ormskirk Hospital was scheduled for closure in November 2011, yet Extra Care Housing would not be ready until spring 2012. It was explained that the Bickerstaffe Ward was a mixed facility for older adults and dementia care. Functional patients would be cared for on the Ormskirk site and the dementia patients would be moved to other dementia care settings such as Ribbleton, and also cared for in the community. As LCFT gradually moved to new types of provision there would be levels of overlap.
- For clarification, it was explained that the flow chart contained in the appendix to the report showed the GP responsible for patient care, but this did not necessarily mean that the patient would be treated in their own home, the patient could be in residential care, but the GP would still be responsible.
- It was acknowledged as essential for a patient to have somewhere suitable to go to on discharge from hospital and this was a problem faced by the NHS on a daily basis; patients who had come to the end of the therapeutic stage of their treatment who needed to move into an environment that was not detrimental to their improvement. These were some of the most vulnerable people in society and the Committee was assured that the NHS was continuing to improve and develop the management of discharge arrangements.
- It was recognised that staff affected by these changes needed to be carefully considered also.

The Chair noted that there was a lot of concern about dementia care and respite provision and she suggested that a task group be established to consider those concerns and look at the timeline of services and support available to dementia patients and their carers. The Deputy Chair suggested that Co-opted members had much to contribute and that they be invited to join the task group also.

Resolved: That,

i. The report be received; and

ii. The Scrutiny Committee be requested to establish a task group to review the services and support available to dementia patients with a particular focus on respite provision.

I M Fisher
County Secretary and Solicitor
County Hall
Preston