ARTICLE NO: 1A

CORPORATE OVERVIEW & SCRUTINY COMMITTEE:

MEMBERS UPDATE 2011/12
ISSUE: 4 FEBRUARY 2012

Article of: Borough Solicitor

Relevant Managing Director: Managing Director (People and Places)

Relevant Portfolio Holder: Councillor Fowler

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

Wards affected: Borough wide

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 12 July 2011, 6 September 2011, 18 October 2011, 29 November 2011 and 17 January 2012, at County Hall, Preston for information purposes.

2.0 BACKGROUND AND CURRENT POSITION

2.1 To keep Members apprised of developments in relation to Health 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

The Article does not have any direct impact on members of the public, employees, elected members and / or stakeholders. Therefore no Equality Impact Assessment is required.

Appendices

Minutes of the Health Scrutiny Committee – 12 July 2011
Minutes of the Health Scrutiny Committee – 6 September 2011
Minutes of the Health Scrutiny Committee – 18 October 2011
Minutes of the Health Scrutiny Committee – 29 November 2011
Minutes of the Health Scrutiny Committee – 17 January 2012

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

Lancashire County Council

Health Scrutiny Committee
Meeting held on 6 September 2011 at County Hall, Preston

Minutes

Present:

County Councillor M Skilling (Chair)

County Councillors

ATTANDANCE INSERTED VIA M.G

Apologies for absence were presented on behalf of County Councillor J Eaton and Councillors Mrs B Hilton (Ribble Valley Borough Council) and J Robinson (Wyre Borough Council).

County Councillor P Malpas replaced County Councillor C Evans for this meeting.

County Councillor M Hassan replaced County Councillor N Penney for this meeting.

Councillor M Blake replaced Councillor Mrs D Stephenson (West Lancashire Borough Council) for this meeting.

Welcome

The Chair welcomed County Councillor Michael Welsh who had been permanently appointed to the Committee in place of County Councillor George Askew, and who was attending the Committee for the first time. She also welcomed District Councillors Cheryl Little, Liz McInnes and Dave Wilson, new co-opted members representing, Fylde BC, Rossendale BC and Preston City Council respectively and who were also attending for the first time.

Disclosure of Personal and Prejudicial Interests

Councillor Liz McInnes disclosed a personal, non-prejudicial interest in Item 4 (PCT Cluster Update) on the grounds that she was an employee of Pennine Acute Trust. County Councillor Michael Welsh also disclosed a personal, non-prejudicial interest in item 4 on the grounds that he was a Governor of Lancashire Teaching Hospitals NHS Trust, Preston.

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 12 July 2011 were presented.

In considering the minutes, one member reported that the shuttle bus service at Burnley had been curtailed and there were now fewer buses running which was causing considerable concern; she felt it important that the officers from the NHS who attended the meeting in July should be made aware of this development.

The minutes referred to a detailed report that was being prepared by the NHS setting out the reasons for site selections and relevant costings in relation to mental health inpatient reconfiguration. The Scrutiny Officer reported that this report was likely to be available by October.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 12 July 2011 be confirmed and signed by the Chair.

PCT Cluster Update

As part of the Committee's commitment to have an oversight of the implications of the NHS reforms, the Committee needed to consider the transitional arrangements relating to the current Primary Care Trusts in Lancashire. The report set out the current position and responsibilities of the recently formed Pan Lancashire Cluster.

The report explained that the 2011/12 NHS Operating Framework had concluded that it would not be possible to retain effective management capacity in all primary care trusts until their abolition in 2013, which presented unacceptable risks to quality and financial management. In response, primary care trusts would be retained as statutory organisations but there would be a consolidation of management capacity, with single executive teams each managing a cluster of primary care trusts.

The Pan Lancashire Cluster comprised the member organisations of NHS Blackburn with Darwen Care Trust Plus, NHS Blackpool, NHS Central Lancashire, NHS East Lancashire and NHS North Lancashire. National guidance required that primary care trust clusters became operational by June 2011 at the latest.

The Chair welcomed guest speakers from NHS Lancashire: Jim Gardner, Cluster Medical Director and from NHS East Lancashire Victoria Robertson, Cluster Governance Advisor who presented the report.

It was emphasised that the NHS reforms were the most far reaching changes ever to face the NHS and in dealing with them it was essential to stay focused on patient care and delivery of services.

Whilst some matters were clear, there were a number of uncertainties as the NHS reforms Bill was passing through Parliament including the impact of structural changes on the operating framework.

It was explained that NHS Lancashire, as the pan Lancashire cluster, did not exist in its own right as a statutory body but relied on the co-operation and agreement of all those involved. The establishment agreement had to date been agreed and approved by four of the five PCTs involved and there was an expectation that NHS Blackpool would agree it at its board meeting later in September. The report set out briefly the background to the establishment of the pan Lancashire cluster and its responsibilities and member organisations.

NHS Lancashire was a sub-committee of the five participating PCTs but was also the overarching body operating on behalf of the PCTs. One executive team would act for and on behalf of the participating PCTs. The Chief Executive Officer of NHS Lancashire was Janet Soo-Chung and a full complement of executive directors was now in place and taking work forward.

Part of the reason for the formation of NHS Lancashire was to aid and facilitate the establishment of clinical commissioning groups (CCGs) from 1 April 2013.Thirteen CCGs were currently in place. The Committee was assured that every GP practice in Lancashire was represented on one of the 13 CCGs who were currently meeting each month in a network. It was expected that the number of CCGs would reduce from 13 in light of draft authorisation guidance from the Department of Health suggesting that clusters should represent a population of over 200,000. Members raised a number of comments and questions the main points of which are summarised below:

- In response to a request for an estimate of the likely number of CCGs that would eventually be authorised for Lancashire, it was considered possible that Lancashire would have a commissioning support structure which could enable relatively small groups to discharge their function, however the Department of Health who would eventually authorise the CCGs might be rigid in its approach - it was difficult to speculate. Ultimately there was a desire to achieve the best for Lancashire.
- It was confirmed that CCGs were currently involved in the commissioning process at a local level. They had some budgetary responsibility also. This was a transitional period during which there would need to be some 'hand holding'. Using East Lancashire PCT as an example, it was explained that there was a sub-committee of the PCT Board on which GP commissioning colleagues from 5 CCGs locally were in the majority on the commissioning board.
- There would be a formal shadow period during 2012/13 during which they would have support of the commissioning organisation. CCGs would have to demonstrate and evidence how decisions were made.
- It was explained that, in the past, prior to the establishment of PCTs, primary care groups tended to be coterminous with district councils, but that same arrangement would not apply this time. One of the vital pieces of the jigsaw would be the acute commissioning footprint and the point was made that whilst choices would be available it was expected that there would still be local allegiance to the local acute provider.

- There was concern about the amount of local representation there would be on the Health and Wellbeing Board (HWB) given that Lancashire is a large geographical area with twelve district councils all of whom would like to input some local knowledge; the opportunity to do so appeared to becoming more and more diluted.
- It was confirmed that individual PCTs had statutory responsibility for commissioning, but that there was currently one accountable officer for the new pan Lancashire PCT cluster, NHS Lancashire, namely Janet Soo-Chung, Chief Executive.
- In response to a question about the future for staff employed by the NHS and their morale, it was recognised that there was a challenging HR task ahead as staff were moved into one of three routes: part of the national commissioning board; commissioning support; or working for the CCGs themselves as they became statutory bodies. Staff had been through a difficult time with much uncertainty, one of the key tasks was to describe the future which was difficult currently as there was a need to make sense of emerging policies; hopefully morale would build as the Health Service moved into 'clearer water'.
- Regarding arrangements to ensure that the NHS would work effectively with the county council given that the Public Health agenda would be its responsibility, Dr Frank Atherton, a Director of Public Health had been spending two days a week working with Lancashire County Council to support the transition of public health into local government. Richard Jones, Executive Director for Adult and Community Services at the county council had also been working closely with the cluster and attending Cluster Board meetings. It was recognised as vital for the HWB to relate to partnerships and be clear what sits at what level.
- Jim Gardner took the opportunity to explain that QIPP (Quality, Innovation, Productivity and Prevention), a large scale transformational programme for the NHS, was making productivity a key issue. NHS inflation had previously run at 7% per year, but it was now running at zero; there was a duty to manage finances whilst fulfilling a commitment to the other elements also and monitor carefully how the service was performing.

The Chair thanked Jim Gardner and Victoria Robertson for attending the meeting and for an informative session.

Resolved: That,

iii. The report be received; and

iv. An update report be brought back to the Health Scrutiny Committee in approximately six months' time.

Report of the Health Scrutiny Committee Steering Group

On 21 June the Steering Group had met with representatives from Calderstones Partnership which was the first learning disability NHS Foundation Trust to be

authorised. They were based in the Ribble Valley and provided a specialist service to people with a learning disability including in-patient assessment and treatment and community based services across the North West. A summary of the meeting was attached at Appendix A to the report.

On 12 July the Steering Group had met with Habib Patel, Head of Partnerships and Performance, to receive an update on the progress being made regarding the Health and Wellbeing Board (HWB) and the development of a Lancashire Healthwatch. A summary of the meeting was attached at Appendix B to the report. Concern was again raised about the level of local representation on the HWB; this concern was shared by the Steering Group and it had been agreed that Habib Patel would attend the Steering Group as soon as there was any new information and the Steering Group would decide at what point to ask for a formal report to the Health Scrutiny Committee.

Also, the report had referred to a task and finish group comprising representatives from local government, the NHS and public health to map existing activity and develop proposals for each of the 5 priorities, which had been due to be completed by the end of June. The Scrutiny Officer undertook to obtain a copy of the report and circulate it to the Committee. The Chair noted that a report 'The Creation of a Shadow Health and Wellbeing Board in Lancashire County' was due to be considered by Cabinet on 15 September.

On 2 August the Steering Group had met with Raymond Lee, Chairman of the Central Lancashire Local Pharmaceutical Committee who attended to provide the Steering Group with an overview on Community Pharmacy services. Mike Banks, Head of Active Intervention and Safeguarding had also provided an additional update on the progress of the recommendations made by the Safeguarding Adults Task Group. A summary of the meeting was attached at Appendix C to the report.

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 18 October 2011 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee
Meeting held on 18 October 2011 at County Hall, Preston

Minutes

Present:

County Councillor M Skilling (Chair)

County Councillors

ATTENDANCE INSERTED VIA M.G

Apologies for absence were presented on behalf of Co-opted Members Councillors Tracy Kennedy, Burnley Borough Council and Cheryl Little, Fylde Borough Council.

Disclosure of Personal and Prejudicial Interests

Councillor Richard Newman-Thompson disclosed a personal, non-prejudicial interest in Item 4 (Monitoring of Domiciliary Care Providers) on the grounds that he was an employee of Age Concern.

Confirmation of Minutes

The Minutes of the Health Scrutiny Committee meeting held on the 6 September 2011 were presented and agreed, subject to the inclusion of apologies from County Councillor Andrea Kay.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 6 September 2011, as amended, be confirmed and signed by the Chair.

Monitoring of Domiciliary Care Providers

The report set out how domiciliary care providers in Lancashire are monitored and the implications of self directed support developments. It was presented by Ann Mylie, Head of Quality and Contracting Unit, Directorate for Adult and Community Services. Ann used a PowerPoint presentation which briefly set out some of the key issues. A copy of the presentation is available to view with the minutes on the county council's website via the following link:

http://council.lancashire.gov.uk/ieListMeetings.aspx?CommitteeId=182

In making her presentation Ann drew attention to themes and patterns of concern about the quality of domiciliary care:

- Carers not staying for enough time – It could be that the local authority had not commissioned enough time, or there was too much for the carer to do, or the providers of care had taken on too much work. Ann explained that the council was changing the way it commissions care whereby the number of hours care would be commissioned and it would be for the customer and provider to decide how those hours would be delivered. This move away from 'Task and Time' could help with the 'grey area' of travelling time eating in to caring time.
- Too many different carers – there could be a high turnover of staff especially as carers were often paid at a lower rate than they could earn in retail work.
- Not being informed about any changes to their service, for example when someone is going to be late or a different carer is attending – it was recognised as good practice to let the client know in these circumstances.
- Missed calls – electronic monitoring should be used by all providers on the Preferred Providers (PP) list.

Ann also explained in some detail how Direct Payments were managed and how they were changing the way care was provided, and she spoke about developments in self-directed support available which were also described in more detail in the report itself.

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

- Members were concerned about the monitoring of care and how to ensure that an appropriate standard was provided given the increasing variety of providers now that Direct Payments were increasing. Ann explained that as over 244,000 hours of care was provided weekly the council had to rely, to some extent, on individuals, their relatives, or advocates to report concerns. There had to be a level of trust at the outset that providers would deliver the standard of service expected.
- In response to a suggestion that monitoring should be conducted six-monthly rather than annually it was explained that with only 15 monitoring officers and over 800 providers there were insufficient resources to reduce the review timetable, however this view would be reported back. The committee was assured that reactive monitoring was prioritised as concerns were reported.
- One member emphasised that quality of care had to be given top priority and suggested that a quality of care review be carried out every three months and that individuals should not be relied on to report unsatisfactory standards.
- Regarding unannounced spot checks, it was explained that these were much more difficult to conduct for domiciliary care than for residential care settings, however a visit could be arranged where concerns had been reported. Members suggested that this was an issue which needed to be explored in more detail.
- It was suggested that there was an attitude among some providers that people were getting care at no cost to themselves and therefore should be happy with any level of service, and that those people might be the very

ones who would themselves be reluctant to complain; this was an issue that must be addressed and electronic logging devices must be used by all providers, and if not used there should be a penalty. In response it was confirmed that all those on the PP list should use electronic logging, spot checks were carried out and if electronic logging was not used this would be followed up and action taken.

- It was confirmed that the results of spot checks were carefully analysed and presented, and it was agreed that this information would be provided to the committee.
- Regarding a question about the effects of recent changes to the care eligibility criteria, Ann confirmed that so far there was no indication that quality of care had been affected in the short term; it was early days and any effects might only emerge longer term.
- The committee was assured that there was no known issue regarding capacity to provide care causing a delay to hospital discharges, but Ann invited the member who had raised this question to let her know of any areas where this appeared to be a concern.

- It was noted that a third of providers were not on the PP list. Ann confirmed that the majority of business, especially older people's services, was done with PPs; 95% of business was with PPs. It was explained that currently the PP list was closed and was only updated every three years using a tender process. This would change in April 2012 because the council wanted to make it easier to get on the PP list and for providers to be suspended from the list if this was considered appropriate. Whilst the council preferred customers to use PPs, individuals might choose a provider not on the PP list. The point was made that a provider not on the PP list did not mean that the provider delivered poor quality care.
- In response to a suggestion that providers on the PP list should also be given a 'rating' it was explained that the Safe Trader Scheme allowed users to comment on providers. The council now had a reduced role in which providers people could choose to use.
- The Safe Trader Scheme was run by Lancashire County Council's Trading Standards Service and open to the public. All members or traders of the scheme would have committed to treating their customers honestly and fairly by committing to a code of practice. It was a helpful way of finding a service and if concerns were raised they would be picked up by social services. Help Direct would provide a signposting service the Safer Trader Scheme.
- It was suggested that vulnerable people were perhaps most open to exploitation by personal assistants. The committee was assured that in terms of deciding whether the customer had the capacity to make their own decisions there was very good guidance issued to people. A copy of this guidance would be provided to the committee.
  - Family members could be paid as carers but not if they lived in the same house as the customer, and any family member acting as a 'nominated person' on behalf of the customer could not also be a paid carer.
  - It was confirmed that handling of medication by carers was a very complicated area in terms of what they were and were not allowed to do.

However the individual's support plan should deal with issues surrounding medication.

- It would not be considered good practice for personal care for a woman to be provided by a man unless specifically agreed to by the customer, and any cases arising should be raised with the provider.
- It was suggested that there should be a register of carers with minimum training standards required, similar to the register maintained for child minders. Whilst there had been moves nationally toward this, there now appeared to have been a change of mind.
- It had already been acknowledged that care workers were poorly paid and received little in way of travel expenses. Travel time would not be commissioned as part of the service provided in the future but Direct Payments would result in individual carers receiving a higher rate of pay. Travel time would be built in as part of the support plan and budgeted for.
- Lancashire Centre for Independent Living provided independent living advice and support for people who wished to live independently and LCIL also had a back office support role for the Direct Payment holder.
- It was explained that spending on people with learning disabilities was higher than spending on people with physical disabilities because a different type of care was provided for different client groups; the figures did not compare like with like.
- The Care Navigation Service provided an information service to people including those funding their own care. It was not being funded from 'new' money but had changed its name from Care Organisers and taken an enhanced role.

The Chair thanked Ann Mylie for a very informative session on what was a most important issue for the committee.

Resolved: That,

i. The report be received; and

ii. An update report be provided to the committee in the future.

Adult Social Care Complaints and Representations Annual Report 2010-2011

The report explained that the production of the Annual Complaints and Representations Report was a longstanding statutory requirement. It contained statistical information, analysis and learning for the organisation in relation to adult social care complaints, comments and compliments received from 1 April 2010 to 31 March 2011. It was presented by Angela Esslinger, Strategic Development Manager, Directorate for Adult and Community Services.

Angela used a PowerPoint presentation which highlighted some key points from the report. A copy of the presentation is available to view with the minutes on the county council's website via the following link:

http://council.lancashire.gov.uk/ieListMeetings.aspx?CommitteeId=182

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

- Regarding response times for complaints, members noted that in 2010/11 50% of offline investigation, joint investigation with health, or mediation took longer than 65 days. It was recognised that some complaints were taking too long and the committee was assured that work was ongoing to tighten up the ways in which they were being dealt with and reduce time scales.
- The Joint Complaints Forum had recently been reconvened after 18 months following the departure of a number of experienced NHS complaints officers on voluntary redundancy . It was hoped that it could begin to explore and resolve some of the issues causing breaches in timescales.
- It was suggested that the data about complaints taking longer than 65 days to respond to should be broken down further.
- One member suggested that as vulnerable people were less likely to complain because of fear of prejudicing their care this should somehow be factored into the figures. Copies of leaflets inviting views on social care services and advocacy services for adults were circulated round the committee. It was emphasised that the aim was to reassure people that they should not be fearful of submitting a complaint.
- The report contained some complaint case studies which included action/learning points. It was explained that a learning log was produced for each complaint received, which was reviewed by a senior manager and available to the Ombudsman. It was suggested and agreed by the committee that the relevant cabinet member should be given the opportunity to review the more serious complaints. It was recognised as impractical to send all complaints and it was suggested that a 'dip sample' of complaints be provided. Angela agreed to take this suggestion forward.
- It was noted that only two complaints had been recorded against the category 'respite care' yet it was known that there had been much concern among the public about the withdrawal of respite care facilities. Hargreaves House, Residential Care Home, Accrington was given as an example. .Angela agreed to look into this and send the findings of her investigation to the committee via the overview and scrutiny officer.
- Angela also agreed to provide a breakdown of complaints according to whether they were submitted in writing or on-line.
- It was reported that on-line feedback was increasing and that the council was looking to introduce an on-line portal through which all complaints could be received.

- The use of mediation was seen as a helpful way of resolving complaints and maintaining relationships and this was something now being promoted at the beginning of the complaints process.
- It was explained that there had been a national agreement to broaden the complaints process to include all aspects of social care and this together with increased complaints owing to financial recovery activity had contributed to a 22% increase in complaints.
- There had been no findings of maladministration.

Resolved: That,

i. The Adult Social Care Complaints and Representations Annual Report 2010/11 be received and the associated learning from customer feedback for the past year be acknowledged;

ii. The Annual Report be shared with interested members of the public and regulators' after this meeting; and

iii. Comments made by this committee be noted and action taken as appropriate.

Report of the Health Scrutiny Committee Steering Group

On 13 September the Steering Group had met to discuss rehabilitation services in East Lancashire, receive updates on previous topics and discuss potential areas of interest. A summary of the meeting was attached at Appendix A to the report now presented. Appendices B and C contained additional information that was provided to members for the meeting.

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 29 November 2011 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 29th November, 2011 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Maggie Skilling (Chair)

County Councillors

K Bailey	M Iqbal
Mrs R Blow	P Mullineaux
M Brindle	M Otter
J Eaton	N Penney
C Evans	M Welsh

Co-opted members

Mrs B Hilton	(Ribble Valley Borough Council respresentative)
T Kennedy	(Burnley Borough Council representative)
R Newman-Thompson	(Lancaster City Council representative)
J Robinson	(Wyre Borough Council respresentative)
Mrs R Russell	(Chorley Borough Council respresentative)
MJ Titherington	(South Ribble Borough Council representative)
D Whalley	(Pendle Borough Council representative)

1. **Apologies**

Apologies for absence were presented on behalf of County Councillors Andrea Kay and Malcolm Pritchard and Councillors Liz McInnes, Rossendale Borough Council, Doreen Stephenson, West Lancashire Borough Council and Dave Wilson, Preston City Council.

2. **Disclosure of Personal / Prejudicial Interests**

None disclosed

3. **Minutes of the Meeting Held on 18 October 2011**

The Minutes of the Health Scrutiny Committee meeting held on the 18 October 2011 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 18 October 2011 be confirmed and signed by the Chair.

4. An Overview of the County Council's Response to the Health Reforms

Richard Jones, Executive Director for Adult and Community Services, presented a brief outline of Lancashire's key priorities in working with health between 2011 and 2013. He reported progress around the development of the Health and Wellbeing Board and the appointment of a Director of Public Health. The report also explored the impact of emergent Clinical Commissioning Groups and the new health architecture.

Seven key priorities had been identified, which would drive improved outcomes for Lancashire people, increased efficiency and a better use of public money. They were the strategic priorities that the County Council would strive to achieve with its health partners:

- To support care closer to home
- Continuing Health Care/Complex Care
- Children with disabilities (CWD) and special education needs (SEN)
- Working Together for Families
- Personal Budgets
- Commissioning
- Health and Wellbeing

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

- It was acknowledged that there were many issues relating to quality of care and the protection of vulnerable people, these would be addressed through commissioning, training and support. A further report providing more detail about action being taken would be brought to the committee on request.
- Each of the seven priorities had a lead Director from the County Council and Health; one member suggested that this could lead to potential difficulties regarding co-ordination. In response, it was felt that during a period of such significant change and transition it was important to be clear about priorities and to have a single director accountable for the delivery of each of those priorities.
- Regarding the involvement of district councils, members were assured that there would be district council representation on the Health and Wellbeing Board, clinical commissioning groups and other emerging boards; there would be many shared issues which would operate differently in different areas and it

was recognised that there would be a need to involve district councils in specific pieces of work at local level.

- District councillors had been invited to a series of briefings about the health reforms run by the county council, and some district councils had established (sub) committees responsible for health, however there was a feeling that some district councillors were perhaps not sufficiently briefed about developments. It was considered important to keep districts more informed. Mr Jones advised that it was intended to set up, via the Lancashire Leaders Group, a network of lead health members co-ordinated by the county council's Joint Health Unit. Members were encouraged to let Richard Jones know if there were areas where more information was needed.
- In response to concern about support for carers, the committee was assured that much work was ongoing through campaigns and individual families to support carers' organisations and individuals, including links with the Welfare Rights service to ensure people were receiving the right amount of benefit payments.
- One member pointed out that there had been many changes to the benefit system which was putting carers under pressure and it was hoped that Welfare Rights would lobby government to make an exception for those families affected.
- The Deputy Chair reported that he had attended an overview and scrutiny meeting at Pendle Borough Council about standards of care in care homes. He encouraged other district councils to involve the county in work that they were doing in relation to health and to take a joint approach.
- The health reforms were complex and confusing and there was concern about how members of the public would know how to raise matters of concern to them and have their issues addressed. It was acknowledged that this was a very challenging question while there were still so many uncertainties.
- In response to concerns about those people living at home and receiving independent care becoming isolated as financial pressures bite, it was acknowledged that there needed to be a balance between intervention and support, and an individual's responsibility for their own health. There would need to be investment in good community support with partners.
- It was understood that the Health and Wellbeing Board would develop a list of priorities and actions to be cascaded to district councils. It was envisaged that there would be a balance between direction and collaboration to best deliver support to people in different areas.
- It was envisaged that there would be six clinical commissioning groups in the county council area which would have a shared approach regarding matters such as mental health, end of life care etc. Discussions were also ongoing about sharing functions to reduce overheads, for example by using the county council's customer service centre.
- One member suggested that consideration be given to providing disabled parking bays to carers to enable them to more easily collect the disabled person from their own home. Richard Jones agreed to forward this suggestion to the Environment Directorate who were responsible for such matters
- A request was made for the Health & Wellbeing Board to consider how parish and town councils could be involved.

The Chair suggested that it would be appropriate for the committee to include in their work plan the seven priorities identified in the report.

Resolved: That,

i. The report be received; and

ii. Each of the seven key priorities for joint working with health, as listed in the report, be scheduled in the Health Scrutiny Committee work plan.

5. Local HealthWatch Planning in Lancashire

The report was presented by Angela Esslinger, Strategic Development Manager, Adult and Community Services Directorate. It explained that the Health and Social Care Bill 2012 would create Local HealthWatch as the new consumer champion for health and social care services. The report gave an outline of the expected role and function of HealthWatch and included at Appendix A the draft service specification for the proposed contract. It had been developed by the Local HealthWatch project board which included representatives from the Health Scrutiny Committee. The proposed procurement timetable was presented at Appendix B.

Angela used a PowerPoint presentation to explain the background to and future role of HealthWatch. A copy of the presentation is appended to these minutes.

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

- In response to a question about how it would be decided which community groups were to be approached, it was explained that there was a desire to engage with people that had not previously been involved. Suggestions from the Health Scrutiny Committee would be welcomed.
- It was confirmed that LINk would not evolve into HealthWatch as a previous LINk newsletter had suggested; LINk was to be decommissioned at the end of September 2012.
- Regarding the proposed HealthWatch contract, the committee's attention was drawn to Appendix B of the report which set out the draft procurement timetable. There was an intention to be clear about the vision for HealthWatch and the Health Scrutiny Committee's contribution to this would be welcomed.
- It was confirmed that the Care Quality Commission through Healthwatch England would set standards and priorities for local HealthWatches, but there would be a mix of local priorities as well as national priorities.
- It was pointed out that the draft contract had yet to be considered by the Transitional Board. The appointment of a chair had also yet to be decided; current thinking was that an independent chair would be appropriate.

- One member suggested that the manner in which members were appointed should be carefully considered and that elections from small groups were not sufficiently representative.

There needed to be some detailed discussion about how the contact was going to work on a practical level and the Chair suggested that the Steering Group, joined by other members of the Committee, consider this at their meeting in January and report back to the Health Scrutiny Committee meeting scheduled for 17 January 2012 with recommendations.

Resolved: That the Steering Group, joined by other members of the Committee, consider the draft HealthWatch contract, set out in the report now presented, at their meeting in January and report back to the Health Scrutiny Committee meeting scheduled for 17 January 2012 with recommendations.

6. Report of the Task Group on the Fylde Coast Health Economy

Wendy Broadley, Overview and Scrutiny Officer explained that the Health Scrutiny Committee had requested a report from Blackpool Teaching Hospitals NHS Foundation Trust for its meeting on 22 February 2011. The Trust had been asked to explain their actions following the transfer of all services from Wesham Hospital to Clifton Hospital which took place at the end of January without any prior consultation with overview and scrutiny.
The response from the Trust had stated that although they were going to carry out a public consultation later in the year to look at the five year health strategy for the Fylde Coast, including a review of the NHS estate, they were of the view that they needed to focus on how to make best use of their estate in order to provide best value for money at the present time. They stated that large areas of Clifton Hospital were empty and these areas were expensive to keep open. It was therefore decided in the short-term to consolidate their bed stock by transferring services currently provided at Wesham Hospital to two empty wards at Clifton Hospital. This move took place on 25 and 26 January 2011, all clinical staff transferred with the service.

The Trust had said that the interim transfer of services from Wesham Hospital to Clifton Hospital was separate to the public consultation that would be held later in the year. Their actions were based on their view that they needed to consolidate the Trust's community bed stock in the short term, until such time as the future of all the NHS estate on the Fylde Coast was determined. They stated that this would be via the public consultation and would actively seek the views of patients, staff and Health and Social Care Partners.

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

This issue had already been the subject of debate by Blackpool Health Scrutiny Committee and informal discussions had taken place between the Chairs of Blackpool and Lancashire Health Scrutiny Committees to determine a way forward. 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.
The task group would ensure that a comprehensive and fully inclusive consultation exercise was planned and delivered and that the feedback from stakeholders was taken into consideration when a preferred option would be taken forward.

The final report was not yet complete and the Committee was asked to authorise the Steering Group to approve its recommendations on behalf of the Committee. The final report would be included with the agenda for the January meeting of the Committee.

Resolved: That the Steering Group be authorised to consider and approve, on behalf of the Health Scrutiny Committee, the recommendations of the Task Group on the Fylde Coast Health Economy.

7. Report of the Health Scrutiny Committee Steering Group

On 1 November the Steering Group had met to discuss a number of topics including the HealthWatch contract and mental health inpatient reconfiguration. A summary of the meeting was attached at Appendix A to the report.

On 11 November the Steering Group had visited the Calderstones Partnership NHS Foundation Trust who provide in-patient and community based services for adults with learning disabilities. A summary of the visit was attached as Appendix B to the report.

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

8. 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.

9. Urgent Business

No urgent business was reported.

10. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 17 January 2012 at 10.30am at County Hall, Preston.

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 17th January, 2012 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Maggie Skilling (Chair)

County Councillors

K Bailey	A Kay
Mrs R Blow	M Otter
M Brindle	N Penney
C Evans	M Pritchard
M Iqbal	M Welsh

Co-opted members

Councillor Mrs B Hilton, (Ribble Valley Borough Council respresentative)□Councillor Cheryl Little, (Fylde Borough Council representative)□Councillor Richard Newman-Thompson, (Lancaster City Council representative)□Councillor Tim O'Kane, (Hyndburn Borough Council representative)□Councillor Rosemary Russell, (Chorley Borough Council respresentative)□Councillor Mrs D Stephenson, (West Lancashire Borough Council respresentative)□Councillor M J Titherington, (South Ribble Borough Council representative)□Councillor David Whalley, (Pendle Borough Council representative)□Councillor Dave Wilson, (Preston City Council representative)

11. Apologies

Apologies for absence were presented on behalf of County Councillors J Eaton and P Mullineaux and Councillors T Kennedy (Burnley Borough Council), L McInnes (Rossendale Borough Council) and J Robinson (Wyre Borough Council).

12. Disclosure of Personal / Prejudicial Interests

County Councillor M Pritchard disclosed a personal, non prejudicial interest in item 3 on the grounds that his son receives financial support from the County Council.

13. Minutes of the Meeting Held on 29 November 2011

The Minutes of the Health Scrutiny Committee meeting held on the 29 November 2011 were presented and agreed.

It was reported that in relation to item 5, Local HealthWatch Planning in Lancashire, the timetable had changed; HealthWatch England would now be established from October 2012 with the expectation that the local HealthWatch would be in place from April 2013.

A meeting of the Steering Group, joined by other members of the Committee, to consider the draft HealthWatch contract, was yet to be arranged after which a report would be brought back to the Committee.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 29 November 2011 be confirmed and signed by the Chair.

14. Revenue Budget Consultation

The report explained that the Cabinet at its meeting on 5 January 2012 had considered a report presenting an update to the three year financial strategy covering the financial years 2011/12 to 2013/14 which had been agreed by the County Council on 16 February 2011.

The strategy delivered savings of £179.1m over the three years, with a focus on protecting front line services to the most vulnerable members of the community.

Good progress was being made in 2011/12, and a combination of the early achievement of savings, together with reductions in the Council's cost base had delivered savings of the order of £10m, which had been set aside to support investment in residential and day care facilities for older people (£3m), and facilities for the provision of respite care for children with disabilities (£7m).

In addition to this, the one off benefits of the strong performance of the Council's bond portfolio together with the early implementation of savings in 2012/13 required to address budget pressures from 2013/14 onwards provided the opportunity for one off investment of up to £35m and the Cabinet had issued investment proposals for consideration.

The Chair explained that as the proposals did not relate to health or social care, this Committee could only make comments and suggestions for the future, which would be reported back to Cabinet on 2 February. She invited comments which are summarised below:

It was felt that the current position, with over £40million now to invest, reflected astute financial management at the county council.

It was noted that there appeared to be no information about how much funding had been allocated for public health expenditure and suggested that it would be

useful for the Committee to be supplied with information about this at a future meeting.

Regarding additional investment in residential day care facilities, clarification was sought as to whether this included funding for the provision of transport. The Scrutiny Officer agreed to get further information to answer this and circulate it to members.

In response to one member's concern about the method for assessing payments to adults with learning disabilities, the Chair suggested that it was a matter for the Steering Group to consider further.

Resolved: That,

i. The report be received; and

ii. The Committee's comments be reported to Cabinet on 2 February.

15. University Hospitals of Morecambe Bay NHS Foundation Trust

County Councillors Niki Penney and Carolyn Evans had attended a meeting of the Cumbria Health Scrutiny Committee on 12 December 2011 to which the Chief Executive and other officers from the University Hospitals Morecambe Bay Trust had been invited to answer questions, which included issues that affected Lancashire residents.

The agenda and minutes of that meeting can be viewed on Cumbria County Council's website via the following link:

http://councilportal.cumbria.gov.uk/ieListMeetings.aspx?CommitteeId=152

County Councillor Penney reported that a number of concerns had been raised, including:

- Inadequate record keeping
- Unsatisfactory appointments system
- Lack of waiting area and inadequate seating in the fracture clinic
- Ambulances stacking up and waiting for up to four hours outside Royal Lancaster Infirmary
- Whether there was an effective 'whistle blowing' policy for staff

The Steering Group had also discussed the outcome of that meeting and it was agreed that members would await the outcome of the subsequent January meeting of the Cumbria Committee, to which additional information had been requested.

Once this information was available the Steering Group would then consider whether they would wish the Trust to attend a Lancashire Health Scrutiny Committee.

Regarding inactive ambulances, it was suggested that information about the cost of delays outside Royal Lancaster Infirmary should be requested.

Resolved: That the Committee would await the outcome of the Cumbria Health and Wellbeing Scrutiny Committee on 31 January 2012 before deciding whether to invite representatives from University Hospitals of Morecambe Bay NHS Foundation Trust to attend the Lancashire Health Scrutiny Committee.

16. Report of the Health Scrutiny Committee Steering Group

On 22 November the Steering Group had met to discuss Mental Health In-patient Reconfiguration and Dementia Consultation updates. A summary of the meeting was attached as Appendix A to the report now presented.

On 13 December the Steering Group had met with the Lancashire LINk. A summary of the meeting was attached as Appendix B to the report now presented.

Additionally, it was reported that members of LINk had agreed to assist with the gathering of patient data and experiences for the Dementia Pathway task group.

It was also reported that Healthy Futures were undertaking a consultation relating to changes that were being planned to cardiology and stroke rehabilitation services in Bury, Oldham, Rochdale, North Manchester and parts of Rossendale. The Steering Group had agreed that in order for them to provide a comprehensive response to the consultation they would seek the views of members who represented that area. An email had therefore been sent to all relevant County Councillors and the Committee's District representative for Rossendale asking for their views by Friday 20 January.

Following this deadline the Steering Group would incorporate responses into their online submission.

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

17. Report of the Fylde Coast Health Economy Task Group - for information

On 29 November the Health Committee had agreed that as the final report of the Fylde Coast Health Economy Task Group had not yet been completed they would authorise the Steering Group to approve its recommendations on behalf of the Committee and that when complete the report would be provided to the full Committee.

The final report of the task group was now presented, for information, at Appendix A to the report. It had been given to NHS Blackpool who had been asked to provide a response to the recommendations by 13 January. The response had been received and had been circulated to all members of the Health Scrutiny Committee prior to the meeting.

The Committee was reminded that the actual consultation proposals would be presented to its February meeting. It was also intended to conduct a post-consultation review in July to assess how the Trust and its partners had performed against the task group's recommendations.

The Committee was assured that it had been made clear to officers from the NHS that any engagement should include not only District councillors, but also parish and town councillors, and that public engagement dates should be notified to the relevant elected members in advance.

Resolved: That the report be noted

18. 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.

19. Urgent Business

No urgent business was reported.

20. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 28 February 2012 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor
County Hall, Preston