



**ARTICLE NO: 1A**

**CORPORATE AND  
ENVIRONMENTAL OVERVIEW AND  
SCRUTINY COMMITTEE:**

**MEMBERS UPDATE 2012/13  
ISSUE: 1**

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**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**

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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 28 February 2012, 10 April 2012 and 22 May 2012 at County Hall, Preston for information purposes.

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**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.

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### **Background Documents**

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

### **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 – 28 February 2012

Minutes of the Health Scrutiny Committee – 10 April 2012

Minutes of the Health Scrutiny Committee – 22 May 2012

## Lancashire County Council

### Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 28th February, 2012 at 10.30 am in Cabinet Room 'C' - County Hall, Preston**

#### Present:

County Councillor Maggie Skilling (Chair)

#### County Councillors

K Bailey	M Otter
Mrs R Blow	N Penney
M Brindle	M Pritchard
J Eaton	M Welsh
C Evans	T Aldridge
A Kay	A Jones

#### Co-opted members

Councillor Brenda Ackers, ( Fylde Borough Council Representative) □ Councillor Mrs B Hilton, (Ribble Valley Borough Council representative) □ Councillor Tracy Kennedy, (Burnley Borough Council representative) □ Councillor Tim O'Kane, (Hyndburn Borough Council representative) □ Councillor Julie Robinson, (Wyre Borough Council representative) □ Councillor Rosemary Russell, (Chorley Borough Council representative) □ Councillor Mrs D Stephenson, (West Lancashire Borough Council representative) □ Councillor David Whalley, (Pendle Borough Council representative) □ Councillor Dave Wilson, (Preston City Council representative)

#### 1. Apologies

County Councillor T Aldridge attended in place of County Councillor M Iqbal  
County Councillor T Jones attended in place of County Councillor P Mullineaux

Apologies for absence were presented on behalf of Councillors L McInnes (Rossendale Borough Council), R Newman-Thompson (Lancaster City Council) and M Titherington (South Ribble Borough Council).

#### Welcome

The Chair welcomed Councillor Brenda Ackers from Fylde Borough Council who had been permanently appointed to the Committee in place of Councillor Cheryl Little.

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

None disclosed

## **3. Minutes of the Meeting Held on 17 January 2012**

The Minutes of the Health Scrutiny Committee meeting held on the 17 January 2012 were presented and agreed.

**Resolved:** That the Minutes of the Health Scrutiny Committee held on the 17 January 2012 be confirmed and signed by the Chair.

## **4. Public Health Funding**

Gill Millward, Health Policy Officer, attended to present the report which explained that subject to the passage of the Health and Social Care Bill, the NHS reforms would see responsibility for certain public health activities transfer from PCTs to upper tier local authorities. These functions would be funded through a new ring fenced specific grant and not from the main local government finance settlement.

Information on current levels of spending on public health functions during 2010/11 had been gathered by all PCTs and had been submitted to the Department of Health in September 2011. This information had been used to calculate 2012/13 baseline spending estimates for the new NHS and public health commissioning architecture, which were published on 7 February 2012.

A needs-based allocation formula for the public health ring-fenced grant was under development and a consultation draft of the formula was expected to be published at the end of February 2012. It was anticipated that local authorities would be notified of their public health ring-fenced grant allocation for 2013/14 in December 2012 alongside the main local government finance settlement.

It was emphasised that the County Council would want to ensure that, in responding to the consultation, the formula selected as the preferred choice would best meet the needs of the people in Lancashire.

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

- There was concern that the estimated spend per person appeared to be reducing at a time of recession and when health and wellbeing was likely to be adversely affected. It was explained that there would be no new money; funds would transfer with the responsibility. Termination of pregnancy and sterilisation services would not be transferring to local authorities, which partly explained the reduced baseline figure.
- Clarification was sought about the comment in the report that "There will be stronger incentives for GPs so that they can play an active role in public health". An explanation would be provided separately by the report author.
- It was suggested that the County Council should not wait to see how much funding would be allocated by the government before deciding how to spend it, but should first decide what needed to be spent and then decide how to finance it.
- A question was raised about what appeared to be an excessively long time between the start of the consultation about the funding formula at the end of February, and notification of the grant allocation in December. It was explained that there would be a standard three month consultation, there were complications around the current PCT footprint and the local authority footprint, and also that the time frame had been set to fit with the local authority budget allocation and planning process.
- The Committee was assured that much planning work was already ongoing and it was recognised that this was a 'once in a generation' opportunity to address public health issues differently; the point was made that much of what the County Council delivered already contributed to public health.
- Currently some 70% of overall health funding went to the hospitals and 30% to public health; it was suggested that these figures needed to be turned around.
- Regarding the transfer of staff currently employed by the PCTs, it was explained that some would transfer to Public Health England and others, who work in public health departments would transfer to the local authority under TUPE (Transfer of Undertakings (Protection of Employment)) arrangements.
- It was suggested that currently the main issue for this Committee and indeed for all elected members was a need to understand:
  - the County Council's responsibilities;
  - the budget implications;
  - what it wanted to deliver (rather than deciding this after funding had been allocated); and
  - the role of elected members.
- The Committee sought assurance that there would be opportunities for member input into the process and asked that further information be provided about this.
- Members were reminded that as part of the series of events to support elected members and to help them understand the many changes to health and social care resulting from the health reforms the County Council would be hosting a full day conference on Monday 12 March: Developing a Health and Wellbeing Strategy for Lancashire.
- The Chair suggested that a task group be established to look at these issues in more detail and to consider the County Council's priorities regarding public health.

**Resolved:** That:

- i. The report be received;
- ii. Comments made by the Health Scrutiny Committee be noted; and
- iii. A task group be established to consider the County Council's priorities regarding public health

## **5. University Hospitals of Morecambe Bay NHS Foundation Trust**

The Chair explained that Mr Tony Halsall, now former Chief Executive of University Hospitals Morecambe Bay NHS Foundation Trust had been invited to attend this Committee meeting to enable members to raise matters of concern with him, in particular about services provided to Lancashire residents. Unfortunately he had been unable to attend and was therefore invited to the Steering Group on 21 February instead. Neither he nor the two clinical directors who had been expected to accompany him attended the meeting. Consequently it had been intended to arrange an extraordinary meeting of the Health Scrutiny to accommodate Mr Halsall. However, Mr Halsall resigned from his position as Chief Executive on 24 February and the Chair had since spoken with the interim Chair of UHMBT, Sir David Henshaw. Sir David was keen to engage with the Committee and keep members informed of action being taken to improve matters at the Trust. It was expected that he would attend the next meeting of the Health Scrutiny Committee on 10 April.

Members suggested that it would be helpful for the Medical Director and the Director of Nursing to attend also and they hoped that by 10 April there would be an interim action plan including target dates in place.

There had been some concern about the adequacy of the whistle blowing policy and comparison was made to arrangements within the Police Authority whereby rank and file staff have a serious platform from which to express their views.

**Resolved:** That the report be noted and that Sir David Henshaw be invited to the next meeting on 10 April together with the Medical Director and the Director of Nursing.

## **6. Report of the Health Scrutiny Committee Steering Group**

On 10 January the Steering Group had met with scrutiny members from Pendle Council to discuss issues identified during their review into the welfare of elderly people in care homes. A summary of the meeting was attached at Appendix A to

the report now presented. The follow up meeting to discuss actions had been deferred from 21 February to 13 March.

On 31 January the Steering Group had met with officers from the North West Air Ambulance. This meeting had been arranged at the request of County Councillor Malcolm Pritchard. A summary of the meeting was attached at Appendix B to the report now presented. Both members and officers from the NWAA had found the meeting interesting and useful and there had been an opportunity for members to offer advice about how the NWAA might access future funding. It was intended to invite the Ambulance Service to a future meeting of the Steering Group at which funding for the NWAA could also be discussed. Competing priorities for the agenda for the main Health Scrutiny Committee meant it unlikely that there would be an opportunity to have the NWAA to the main committee in the near future, however they had already indicated that they would be happy to make a presentation to members before or after a committee meeting should they wish to receive one.

Councillor David Whalley of Pendle Borough Council reported that a Motion had recently been passed by Pendle Borough Council about a previous decision by the board of the NHS East Lancashire Primary Trust that a capital reserve of over £10 million would be used for providing new health centres in Colne and Great Harwood and a community hospital in Clitheroe.

The board of the ELPCT was no longer functioning following the inclusion of the PCT in the temporary NHS Lancashire cluster of PCTs and the North West Strategic Health Authority had been incorporated into a new temporary North of England SHA. Assurances were sought that that this capital reserve would be used for the purposes intended by the ELPCT. The Scrutiny Officer agreed to research the history to this situation and include an item on the agenda for the Steering Group meeting on 13 March, which Councillor Whalley was already due to attend.

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

## **7. 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.

## **8. Urgent Business**

No urgent business was reported.

## **9. Date of Next Meeting**

It was noted that the next meeting of the Committee would be held on Tuesday 10 April 2012 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, 10th April, 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	P Mullineaux
M Brindle	M Otter
C Crompton	N Penney
J Eaton	M Welsh
C Evans	

#### **Co-opted members**

Councillor Bridget Hilton, (Ribble Valley Borough Council representative) □ Councillor Liz McInnes, (Rossendale Borough Council representative) □ Councillor Richard Newman-Thompson, (Lancaster City Council representative) □ Councillor Julie Robinson, (Wyre Borough Council representative) □ Councillor Rosemary Russell, (Chorley Borough Council representative) □ Councillor Mrs D Stephenson, (West Lancashire Borough Council representative) □ Councillor M J Titherington, (South Ribble Borough Council representative) □ Councillor Dave Wilson, (Preston City Council representative)

#### **10. Apologies**

Apologies for absence were presented on behalf of County Councillor M Pritchard and Councillors B Ackers (Fylde BC), T Kennedy (Burnley BC), T O'Kane (Hyndburn BC) and D Whalley (Pendle BC).

#### **11. Disclosure of Personal / Prejudicial Interests**

County Councillor N Penney disclosed a personal, non-prejudicial interest in Item 4 (University Hospitals of Morecambe Bay NHS Foundation Trust) on the grounds that she uses the services that the Trust provides. Councillor R Newman-Thompson also disclosed a personal, non-prejudicial interest in Item 4 on the grounds that a family member uses the services that the Trust provides.

## **12. Minutes of the Meeting Held on 28 February 2012**

The minutes of the Health Scrutiny Committee meeting held on the 28 February 2012 were presented and agreed.

**Resolved:** That the minutes of the Health Scrutiny Committee held on the 28 February 2012 be confirmed and signed by the Chair.

## **13. University Hospitals of Morecambe Bay NHS Foundation Trust**

The Chair welcomed senior officers from University Hospitals Morecambe Bay Foundation Trust:

- Sir David Henshaw, newly appointed Interim Chair of the Board
- Jackie Holt, Director of Nursing and Modernisation
- Eric Morton, Interim Chief Executive
- George Nasmyth, Interim Medical Director
- Juliet Walters, Chief Operating Officer

She also welcomed officers from the Directorate for Children and Young People:

- Ann Pennell, Director of Targeted and Assessment Services
- Karen Ennis, Head of Integrated Health Services

The report explained that the Steering Group of the Health Scrutiny Committee had arranged to meet the now former Chief Executive of University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) on 21 February to discuss serious concerns about the performance of the Trust. The Steering Group had intended to report back to the Committee at its meeting on 28 February. Unfortunately the Steering Group meeting had not gone ahead because the Chief Executive and other colleagues did not attend. The then Chief Executive resigned his position from UHMBT on 24 February. The Committee had therefore been unable to discuss the item on 28 February and deferred it to this meeting on 10 April.

The report produced for Committee on 28 February included a comprehensive set of additional documentation for background information and the report and its appendices can be viewed via the link below:

<http://council.lancashire.gov.uk/ieListDocuments.aspx?CId=182&MId=573&Ver=4>

The main areas of concern to the Committee were:

- Ambulance waiting times at Royal Lancaster Infirmary
- Follow up appointments for out-patients
- Storage of and access to medical records

- Changes to maternity services

Since 28 February there had been a number of significant developments at the Trust including:

- Work on the development of a comprehensive recovery plan; and
- The appointment of a number of (some interim) senior officers.

At the Chair's invitation, Sir David Henshaw, Interim Chair of the Board, briefly set the current situation in context and summarised what actions had been taken and/or were planned to improve services at UHMBT. He explained that there had been a lack of connectivity between managers and clinical leaders and one of the key priorities now was to bring clinical leaders back into the heart of decision making. The Trust had also been absorbed by its mission to become a Foundation Trust and had lost its vision and strategy. It operated in a very challenging environment with a mix of rural and urban areas, and difficult geography. There were also issues around the modernisation of services; the Trust had not kept up with other parts of the country.

The Board would be having monthly meetings with Monitor (the independent regulator of NHS foundation trusts) about progress and had to agree with Monitor a recovery plan, and the financing of that plan by end of May 2012.

Sir David acknowledged that funding was a big challenge and that some difficult decisions would have to be made, but there was a clear intention to make those decisions in an open and transparent way that involved all stakeholders.

He emphasised that despite the problems at the Trust, every day thousands of people were receiving a high quality service and it was important to congratulate the staff who delivered that service. He had no doubt that the Trust would recover; this might mean that it would work with other foundation trusts to help deliver service provision together, for example vascular services, and back office services.

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

- In order to deal with the backlog of 19,000 out-patient appointments, 1,200 extra clinics had been held and the majority of patients had now been seen. There were still 300 outstanding, some of which were due to patient availability. The backlog was expected to be fully cleared within the next few weeks.
- Members felt strongly that there should be a 'failsafe' in the appointments system to ensure that people, some with potentially serious health problems, did not fall through the net.
- It was considered by the Trust important to identify the cause of the problems that existed and investigations and reviews were ongoing.

- Some training and development would be required and the Trust was looking at research and development, and training provision with partners in a way that had not been done previously.
- There was also a belief that some of the Trust's problems would not have occurred had clinicians been more involved, as they would now be, going forward. The clinicians would be supported by managers.
- Governors also would be more involved than previously.
- It was acknowledged that issues flagged up by staff had not always been responded to and a culture which encouraged suggestions and comments from staff would need to be developed. It was important to empower staff to come forward.
- There was to be a reminder in the May payslips for Trust staff to report issues and 'near misses' and that all staff had a responsibility to preside over good quality care. It was suggested that encouraging groups of staff to come forward, rather than individuals, could sometimes elicit more information.
- It was recognised that there were deep cultural challenges, however the senior management team now in place, brought with it significant experience of bringing about cultural change. Whilst some of the senior managers were temporary appointments, the Committee was assured that good foundations would be laid for the new permanent team to build on.
- Meetings held with staff had already been very encouraging and had introduced a new dynamic. Poor HR decisions previously taken had been reversed and a communication strategy put in place to ensure that staff were properly informed in a timely way.
- There was a need to work closely with GPs and clinical commissioning groups, including nurses and other health professionals to shape service provision for the future.
- The Committee was assured that the Trust was committed to working with all stakeholders including the Health Scrutiny Committee. There would likely be occasions when members would take a different view from the Trust, but there would be opportunities for open and transparent debate.
- The state of patient records at Royal Lancaster Infirmary (RLI) was a particular concern. Members were informed that more storage space had now been provided and that the Trust was looking to digitise records in the next 12-18 months, a system onto which records would be loaded over time. Members were keen to visit the RLI site and see for themselves the improvements that had been made.
- Regarding ambulance turnaround times, the Committee had been most concerned about the high volume of ambulances that took longer than 30 minutes to turnaround at RLI. The Trust had requested a meeting with the Ambulance Service. 'Bottlenecks' were often the cause of delays and a large project to review the emergency pathway was already underway. £1.5m had been set aside to improve the emergency department and temporary additional capacity had been put in place at the RLI site. The Committee was assured that excessive waiting times were regarded as unacceptable and a very important issue. Patient flow had already begun to improve resulting in a significant improvement in handover times and patient feedback.

- The Committee was informed that the Trust were looking at small capital works to improve the efficacy of sites and some decisions had already been taken about how some sites could be reconfigured. Ideas had been invited from staff about how physical spaces could be improved to increase efficiency and effectiveness.
- Regarding the Committee's concerns about Maternity Services and the apparent 'postcode lottery' that existed, it was reported that there had been significant investment in 11 additional midwives, seven of whom were very experienced. They would rotate around all three sites in the Trust area. Clinical guidelines for the three sites had been standardised and would be launched in the very near future.
- In response to a question whether the Trust's governors had been sufficiently challenging, Sir David said that governors were now becoming more involved and he assured the Committee that they were presenting high quality challenges.
- There was some concern about arrangements in place for the transfer of patients from hospital to home in partnership with Age UK, which appeared to be causing some 'bed blocking'. The Trust was asked to look at this issue.
- There was concern that vulnerable people should be identified and 'flagged' in a sensitive way to ensure that they received appropriate care. Royal Blackburn Hospital was cited as a good example of where effective arrangements were in place.
- Unsatisfactory waiting arrangements at the fracture clinic at RLI were also raised as a matter requiring attention by the Trust.
- A recent inspection by Ofsted regarding safeguarding and looked after children's services in Lancashire had indicated one of the areas for immediate improvement related directly to services provided by UHMBT. A subsequent report from the Care Quality Commission was due to be published also. Safeguarding was considered by members to be a most important issue which would be addressed in detail at the Committee's next meeting on 22 May. In the meantime officers from both UHMBT and the county council informed the Committee that actions had already been taken to address safeguarding issues.
- A health action plan had been developed and was being monitored via a multi agency continuous improvement group which was chaired by NHS Lancashire and action had already been taken to address the immediate areas for action identified in the Ofsted report. An extract from the Ofsted report had been circulated to members and is appended to these minutes.

**Resolved:** That:

- i. A copy of UHMBT's Recovery Plan be provided to the Health Scrutiny Committee as soon as possible
- ii. Officers from UHMBT report back to the Committee at appropriate intervals to update and evidence progress;

- iii. Members of the Committee be invited to see the new arrangements at Royal Lancaster Infirmary for the storage of medical records: and
- iv. Issues relating to safeguarding arrangements for children and young people be considered in detail at the Committee's meeting on 22 May 2012.

#### **14. Report of the Health Scrutiny Committee Steering Group**

On 21 February the Steering Group had been due to meet with Tony Halsall, then Chief Executive of University Hospitals Morecambe Bay Trust and colleagues from UHMBT. However no-one attended from the Trust and the meeting did not go ahead.

On 13 March the Steering Group had met for a second time with councillors from Pendle Borough Council to further discuss the actions that had been identified following their previous meeting with the Steering Group on 10 January. The actions were in response to their scrutiny review they had recently undertaken on the "Welfare of Elderly People in Care Homes". A summary of the meeting was attached at Appendix A to the report now presented.

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

#### **15. 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.

#### **16. Urgent Business**

No urgent business was reported.

### **17. Date of Next Meeting**

It was noted that the next meeting of the Committee would be held on Tuesday 22 May 2012 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, 22 May 2012 at 10.30 am in Cabinet Room 'C', County Hall, Preston**

#### **Present:**

County Councillor Maggie Skilling (Chair)

#### **County Councillors**

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

#### **Co-opted members**

Councillor Bridget Hilton, (Ribble Valley Borough Council representative)  
Councillor Liz McInnes, (Rossendale Borough Council representative)  
Councillor Richard Newman-Thompson, (Lancaster City Council representative)  
Councillor Tim O'Kane, (Hyndburn Borough Council representative)  
Councillor Mrs D Stephenson, (West Lancashire Borough Council representative)  
Councillor M J Titherington, (South Ribble Borough Council representative)  
Councillor Dave Wilson, (Preston City Council representative)

#### **18. Apologies**

Apologies for absence were presented on behalf of Councillors B Ackers (Fylde BC), J Robinson (Wyre BC) and D Whalley (Pendle BC).

It was reported that Councillor T Kennedy of Burnley BC was no longer a member of the Committee and it was requested that the thanks of the Committee be placed on record for her contribution to its work over the past year.

## **19. Disclosure of Personal / Prejudicial Interests**

County Councillor Michael Welsh disclosed a personal, non-prejudicial interest in item 4 (Inspection of Safeguarding and Looked After Children's Services) on the grounds that he was a Governor of Lancashire Teaching Hospitals NHS Trust.

## **20. Minutes of the Meeting Held on 10 April 2012**

The minutes of the Health Scrutiny Committee meeting held on the 10 April 2012 were presented and agreed.

**Resolved:** That the minutes of the Health Scrutiny Committee held on the 10 April 2012 be confirmed and signed by the Chair.

## **21. Inspection of Safeguarding and Looked After Children's Services**

The Chair welcomed Jim Gardner, Medical Director NHS Lancashire, Jane Carwardine, Designated Nurse East Lancashire, and Helen Denton, Executive Director of the Directorate for Children and Young People.

The report explained that at the last meeting of the Health Scrutiny Committee on 10 April 2012, officers from University Hospitals Morecambe Bay Foundation Trust (UHMBT) had attended to discuss the development and implementation of their recovery plan. Part of that discussion had included an aspect relating to the findings of a recent Ofsted report into Safeguarding and Looked After Children's services in Lancashire. Members were informed that an Action Plan had been developed and was being monitored via a multi agency continuous improvement group which was chaired by NHS Lancashire. However, due to the scope and complexity of safeguarding issues, and the fact that services are provided by a range of partners, including both the NHS and Lancashire County Council, it was agreed that this Health Scrutiny Committee meeting would look at the outcome of the Ofsted report in greater detail.

In terms of children's social care services all had been judged in the report as performing well, with some areas judged as excellent.

The Ofsted inspection was conducted jointly with the Care Quality Commission (CQC) who had produced a separate report. The CQC report was not yet published; the inspection had been complicated owing to the inspection including Cumbria and Blackburn with Darwen. The final draft of the CQC report, which took account of comments previously fed back to them, had only been received the day prior to this meeting.

The Action Plan referred to above was at Appendix B to the report now presented. It was noted that the Action Plan was continually being updated.

It had been developed from evaluations contained within the whole Ofsted report and not just from its main recommendations. It also captured recommendations by the CQC contained in its earlier draft report.

Jim Gardner explained that the inspection had taken place during a complex re-organisation to bring five Primary Care Trusts together to form the NHS Lancashire cluster and at a time when clinical commissioning groups and support services were being established. He pointed out however that the re-organisation had enabled considerable skill mixing and some opportunities to re-design medical aspects of safeguarding services. There were some proposals that had yet to be worked through with the clinical commissioning groups and it was considered probable at this stage that one CCG would be invited to host safeguarding services. It was important to acknowledge also that UHMBT had, at the time of the inspection and since October 2011, been subject to special 'Gold Command' arrangements as a result of serious concerns about the quality of services it was providing. (The role of Gold Command was to support the Trust to maintain patient safety and to build a sustainable base for safe and sound services going forward, pending further action by the regulators).

The areas for immediate improvement contained within the Ofsted report related to UHMBT:

- Urgently and comprehensively review the governance and safeguarding arrangements for children and young people within UHMBT and Royal Lancaster Infirmary to ensure children are effectively safeguarded.
- Urgently and comprehensively review the safeguarding arrangements across out of hours, walk-in and accident and emergency health services across Lancashire to ensure children are effectively safeguarded.

On receipt of the recommendations a committee had been established immediately to produce and begin delivering the Action Plan. It was chaired by Gary Hardman, Director NHS North Lancashire and Executive Lead for Safeguarding.

Councillors were invited to ask questions and raise any comments in relation to the report, a summary of which is provided below:

- It was felt important to recognise that there were many good points in the Ofsted report and to acknowledge that some elements of the assessment were scored as 'outstanding', including "ambition and prioritisation".
- It was noted that the Action Plan involved a number of partners and many different people were named as lead officers against the actions listed. It was considered important for Gary Hardman, Executive Lead for Safeguarding, to be seen as overall lead and for him to be able to reassure the Committee in future that progress was being made and that the Plan matched the challenges faced in terms of ability to deliver improvements.

- It also needed to be clear against every action who was responsible, how improvement was going to be achieved and what the reporting lines were.
- In terms of governance Helen Denton confirmed that she was the accountable officer for LCC safeguarding services, reporting to the Cabinet Member for Children and Schools and the Chief Executive, and that Janet Soo Chung, Chief Executive of NHS Lancashire, was the accountable officer with overarching responsibility for the health aspects.
- It was reiterated that a high level multi agency continuous improvement group, chaired by Gary Hardman was monitoring and reporting progress at regular intervals. The Action Plan had been sent regularly to the NHS Lancashire Board and also to the non-executive directors.
- It was explained that in terms of a budget for the Action Plan not all of the actions had cost implications, however there were multiple providers who would have to consider and address their own cost issues.
- The Committee was assured, however, that the safeguarding team within NHS Lancashire responsible for commissioning had an identified budget, which would be increased if necessary; safeguarding was considered to be a priority. The point was made that whilst NHS Lancashire could set and audit standards within the provider arm of the organisation there was no role for them to "micro-manage" providers.
- It was considered by members essential for the NHS to have enough staff in the right places with appropriate training.
- It was suggested that GPs were not always adequately trained in child protection and safeguarding matters. In response, it was explained that the eight CCGs come together in a CCG Chair's Network allowing such issues to be discussed.
- The local office of the National Commissioning Board would have responsibility for overseeing the authorisation and performance management of the CCGs and would manage the contracts. Every general practice had a statutory obligation in its contract to address safeguarding and the local office of the National Commissioning Board, working in partnership with CCGs, would ensure safeguarding responsibilities were addressed.
- It was considered sensible for the health aspects of safeguarding to rest with an NHS body and the recommendation at this stage was that one CCG would be invited to host safeguarding services. Further information about which CCG this would be and the name of the lead practitioner was expected to be known in the next 6-8 weeks.
- It was noted that the Audit Tool (Appendix B1 to the report), designed to give assurances to Lancashire Safeguarding Children's Board (LSCB) and NHS Lancashire that A&E departments, Out of Hours providers and walk-in centres across Lancashire effectively safeguarded children, indicated that all A&E departments should have a specialist paediatric nurse present at all times. Members were assured that this principle should apply to urgent care centres also depending on how they were aligned to the A&E department.
- The Action Plan referred to the establishment of a multi-agency steering group which would monitor the progress of governance and safeguarding

arrangements at UHMBT. The first on-site visits were expected to be made before the end of June. The Committee was informed that the hospitals had been very co-operative and supportive and keen to receive external scrutiny.

- The Chairs of both the Lancashire and Cumbria Children's Safeguarding Board, and the Directors for Children's Services in both authorities had together written to UHMBT when concerns about its services first emerged. They had asked to visit to see how safeguarding in the health setting fitted with other aspects of safeguarding. Whilst the offer had initially had not been taken up, the recently appointed board at UHMBT had been receptive to the request.
- Regarding the communication of information to stakeholders, it was confirmed that 'Gold Command' arrangements were still operating at UHMBT and would continue until the Board felt it was ready to end; open and honest communication with the public was a standing item on the agenda.
- Regarding systems for capturing data of safeguarding training, it was explained that each NHS contract would include a responsibility to report levels of training to the LSCB. It was expected that all organisations would be 'on board' by the end of the year.
- The Committee was assured that Lancashire Constabulary was further ahead than any other constabulary regarding its safeguarding work. The Service had made efficiencies but had strengthened its work on child protection.
- 'Care Connect', a central point of contact for social care enquiries, enabled checks to be made with agencies such as the police, health and education to quickly provide a comprehensive picture of a potentially vulnerable child and its family.
- It was considered important for children to receive education about their own vulnerabilities.
- Inadequate record keeping arrangements at Royal Lancaster Infirmary had been highlighted as a concern previously and members were still awaiting reassurance and a visit to RLI to see for themselves that matters had improved.
- The Committee acknowledged that UHMBT was currently undergoing significant review and monitoring and that this together with ongoing Health Service reforms were both contributing to the difficulties facing the Lancashire NHS Board.
- It was suggested that Gary Hardman, Director NHS North Lancashire and Executive Lead for Safeguarding, be invited to attend the Committee in three months time with an updated Action Plan to include progress and a named lead against each item.

**Resolved:** That Gary Hardman, Director NHS North Lancashire and Executive Lead for Safeguarding, be invited to attend the Health Scrutiny Committee in three months time to present a further update of the Action Plan including progress and a named lead against each item.

## **22. Report of the Health Scrutiny Committee Steering Group**

On 3 April the Steering Group had met to discuss work planning and a project to develop public engagement with the Committee. A summary of the meeting was presented at Appendix A to the report.

On 24 April the Steering Group had met to discuss their feedback following the Telemedicine Service visit to Airedale Hospital and Cravenside Home for the Elderley. A summary of the meeting was presented at Appendix B to the report.

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

## **23. 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.

## **24. Urgent Business**

No urgent business was reported.

## **25. Date of Next Meeting**

It was noted that the next meeting of the Committee would be held on Tuesday 3 July 2012 at 10.30am at County Hall, Preston.