



**ARTICLE NO: 1A**

**CORPORATE & ENVIRONMENTAL  
OVERVIEW & SCRUTINY  
COMMITTEE:**

**MEMBERS UPDATE 2012/13  
ISSUE: 2**

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**Article of: Borough Solicitor**

**Relevant Managing Director: Managing Director (People and Places)**

**Relevant Portfolio Holder: Councillor D Sudworth**

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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 3 July 2012 and 4 September 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 report.

### **Equality Impact Assessment**

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

### **Appendices**

Minutes of the Health Scrutiny Committee – 3 July 2012

Minutes of the Health Scrutiny Committee – 4 September 2012

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 3rd July, 2012 at 10.30 am in  
Cabinet Room 'C' - County Hall, Preston**

#### **Present:**

County Councillor Maggie Skilling (Chair)

#### **County Councillors**

K Bailey	J Jackson
T Aldridge	P Malpas
Mrs R Blow	P Mullineaux
M Brindle	M Otter
J Eaton	N Penney
C Evans	M Pritchard

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

Councillor Brenda Ackers, ( Fylde Borough Council  
Representative)

Councillor Julia Berry, (Chorley Borough Council  
Representative)

Councillor T Harrison, (Burnley Borough Council  
representative)

Councillor Richard Newman-Thompson, (Lancaster  
City Council representative)

Councillor Mrs D Stephenson, (West Lancashire  
Borough Council representative)

Councillor David Whalley, (Pendle Borough Council  
representative)

#### **1. Apologies**

County Councillor Terry Aldridge attended in place of County Councillor  
Mohammed Iqbal

County Councillor Joan Jackson attended in place of County Councillor Michael  
Welsh

County Councillor Peter Malpas attended in place of County Councillor Andrea  
Kay

Councillor Tony Harrison attended in place of Councillor Bea Foster (Burnley  
Borough Council)

Apologies for absence were presented on behalf of Councillors Mrs Bridget Hilton  
(Ribble Valley Borough Council), Liz McInnes (Rossendale Borough Council), Tim

O'Kane (Hyndburn Borough Council), Mick Titherington (South Ribble Borough Council) and Dave Wilson (Preston City Council).

## **2. Appointment of Chair and Deputy Chair**

**Resolved:** That the appointment of County Councillor Maggie Skilling as Chair of the Committee and County Councillor Keith Bailey as Deputy Chair for 2012/13 be noted.

## **3. Constitution, Membership and Terms of Reference**

A report was presented on the Membership and Terms of Reference of the Committee.

The Chair welcomed new members, Councillors Julia Berry (Chorley Borough Council) and Bea Foster (Burnley Borough Council) and noted that Councillor Foster was replaced for this meeting by Councillor Tony Harrison. She also thanked Councillors Tracy Kennedy and Rosemary Russell, who were no longer members of the committee, for their previous contribution to its work.

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

## **4. Disclosure of Pecuniary and Non-Pecuniary Interests**

Councillor Nikki Penney disclosed a non-pecuniary interest in Item 6 (East Lancashire Hospitals Trust – Foundation Trust Application) on the grounds that she was a long standing friend and former colleague of Hazel Harding, Chair of East Lancashire Hospitals Trust.

## **5. Minutes of the Meeting Held on 22 May 2012**

The Minutes of the Health Scrutiny Committee meeting held on the 22 May 2012 were presented and agreed.

**Resolved:** That the Minutes of the Health Scrutiny Committee held on the 22 May 2012 be confirmed and signed by the Chair.

## **6. East Lancashire Hospitals Trust - Foundation Trust Application**

The Chair welcomed guest speakers from East Lancashire Hospitals Trust:

- Mark Brearley, Chief Executive.

- Hazel Harding, Chair of the Trust.
- Frances Murphy, Company Secretary.

The report explained why East Lancashire Hospitals Trust were applying to become an NHS Foundation Trust (FT). As part of the application process they had to formally consult on their plans for the future. The document attached as Appendix A to the report now presented summarised their future strategy and was their formal consultation document.

It was explained that FTs were part of the NHS and were committed to its core principles of treating NHS patients according to their clinical need, free at the point of delivery. They were membership organisations free from central government control.

FTs had more freedom to decide how to run their affairs and deliver services and were accountable to local communities and partner organisations for how they ran and delivered those services. Becoming an FT was an important development for the Trust and to survive into the future, the organisation had to complete a successful application before April 2014.

The consultation document set out the visions and values of the organisation and detailed its plans for future services and proposed governance arrangements. The consultation period would run until 6 August.

In conjunction with the questionnaire the Trust were holding a number of public events to enable residents to provide their views directly to officers.

Mark Brearley, Chief Executive used a PowerPoint presentation to explain in more detail some relevant considerations including:

- How the Trust was currently performing
- An explanation of what is a Foundation Trust
- What the regulator (Monitor) looks for
- Information about Governors
- The Integrated Business Plan
- Key dates

A copy of the presentation is appended to these minutes.

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

- The report indicated that the Council of Governors for the Trust would include two local authority 'Stakeholder Governors'; it was clarified that one nomination would be invited from Blackburn with Darwen Council and one from Lancashire County Council. Members from other councils could stand as 'Public Governors'.

- In response to a question about the challenges facing the Trust it was acknowledged there was an expectation that the health service would continue to face financial pressures for many years to come and demands on services would increase as people were living for longer. There would be no significant growth in income, but there would be an increase in the services provided.
- There was an expectation also that Clinical Commissioning Groups would be looking for services to be delivered in different ways from how things had been done previously.
- Demand on Emergency and Urgent Care services in Lancashire was high compared with other parts of the North West and it would be necessary to encourage people to seek care more appropriately from other settings.
- As a Foundation Trust there would be financial freedoms to borrow money and retain any extra money earned to invest in new services based on local health needs rather than having to return money to the Department of Health. Members sought assurance that such borrowing would be responsible and not speculative to the detriment of patient care. It was explained that there was a requirement to include in the Annual Plan provided to the governors details of capital spending. It was anticipated that there would be approximately 1% surplus to re-invest.
- The ELHT had delivered on its financial targets for each of the past three years. The chief executive made the point that he was himself a qualified accountant and that good governance was measured by the regulator (Monitor).
- Members felt that more needed to be done to make the public aware of the ongoing consultation; some members, who represented parts of the area served by the ELHT, had not been aware of the consultation prior to receiving the report now presented to Committee. It was explained that a range of awareness-raising exercises had been undertaken in east Lancashire including attendance at summer shows, distribution of the consultation document to 11,000 homes, information had been available on the Trust's website, and more publicity was planned via supermarkets and GP surgeries. Whilst the consultation was now in the final stages, there was time left to do more and suggestions from members were welcomed.
- Officers from the ELHT said that they would be pleased to speak to any interested groups and accepted an invitation to speak to the Pendle Borough Council Health Scrutiny Working Group.
- Members were also invited to request copies of the consultation document to distribute to interested parties. The Trust would be grateful for any help members could provide.
- It was noted that the majority of performance indicators were showing as 'green' and the question was asked whether there was scope to improve. It was explained that 'green' indicated that the target had met the minimum standard set Monitor and in some cases exceeded the requirement. There was scope and desire to exceed the minimum standard and the organisation was willing to learn and improve.

- There were two private finance initiative (PFI) schemes for parts of the buildings at Royal Blackburn Hospital and Burnley General Hospital sites valued at over £70m and £20m respectively. The Committee was assured that these were small compared with overall costs and not as large as other schemes around the country, and that the repayments were affordable. The schemes would provide a high standard of accommodation.
- It was considered important by members that the Trust keep focused on its core values and they were assured that this point was understood.
- There was some discussion about the proposed name "The Royal Lancashire NHS Foundation Trust", and it was acknowledged that the inclusion of 'Royal' would not be supported by those with republican views. It was explained that the FT would be an integrated care provider with more services being provided out in the community, therefore the Trust wanted to take the word 'hospital' out of its title. It was considered important for the name to reflect its identity and not cause confusion with others.
- It was noted that patient feedback was good, but it was suggested that the best indicator of how the Trust was performing was the views of its staff. The Committee was assured that it was intended to develop a culture in which staff felt able to offer their views. The chief executive regularly walked the wards to talk to staff and maintained a blog in which he invited feedback and views. Feedback in the last 12 months had been good and the chief executive was confident that the Trust was moving in the right direction.
- Regarding the patient survey, it was explained that responses were invited to questions that had been set nationally and that the majority of questions related to the standard of care received. For "overall view and experiences" the Trust had scored eight out of 10. It was suggested that a link to the questions be provided to members and this is available below <http://www.cqc.org.uk/directory/rxr> (click on "reports and surveys about this organisation")

Following the discussion, the Chair asked members whether they supported the ELHT's application to become a Foundation Trust and it was:

**Resolved:** That,

- i. The East Lancashire Hospitals Trust application for Foundation Trust status be supported by the Health Scrutiny Committee.
- ii. A further report updating progress be brought to the Committee in 6 months' time.

## **7. Joint Scrutiny Working**

The report, introduced by Wendy Broadley, Scrutiny Officer, explained that at the work planning meeting of the Steering Group one of the topics suggested for

Committee was the development of joint scrutiny working between the Health Scrutiny Committee and the District council's scrutiny function.

The report identified some of the opportunities and challenges surrounding a joint working approach to scrutiny and sought the views of members.

District council members of the Health Scrutiny Committee were already routinely invited to meetings of the Lancashire Scrutiny Partners Forum and county council training events and it was felt that the district council members of the Committee had good input. It was suggested, however, that more needed to be done to encourage district councillors to engage with Scrutiny and to put suggested topics to the Steering Group.

**Resolved:** That,

- i. Consideration be given to how district council members could be encouraged to engage more with the Steering Group of the Health Scrutiny Committee.
- ii. Any further suggestions be submitted to the Scrutiny Officer.

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

On 6 June the Steering Group had met with the Chief Executive and Head of Communications of Southport and Ormskirk Hospital Trust to discuss their Foundation Trust application.

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

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

## **9. 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.



## **10. Urgent Business**

No urgent business was reported.

## **11. Timetable of Meetings for 2012/13**

### **Date of Next Meeting**

It was noted that the next meeting of the Committee would be held on Tuesday 4 September 2012 at 10.30am at County Hall, Preston.

### **2011/12 Timetable of Meetings**

It was reported that future meetings had been scheduled for:

16 October 2012  
27 November 2012  
15 January 2013  
05 March 2013  
16 April 2013

All meetings would be held at 10.30 am in Cabinet Room C at County Hall, Preston

**Resolved:** That the report be noted.

I M Fisher  
County Secretary and Solicitor

County Hall  
Preston

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 4th September, 2012 at 10.30 am in Cabinet Room 'C' - County Hall, Preston**

#### **Present:**

County Councillor Maggie Skilling (Chair)

#### **County Councillors**

M Brindle	M Otter
C Evans	N Penney
M Iqbal	M Pritchard
J Jackson	M Welsh
A Kay	D T Smith
P Mullineaux	

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

Councillor Julia Berry, (Chorley Borough Council representative) □ Councillor Mrs May Blake, (West Lancashire Borough Council representative) □ Councillor T Harrison, (Burnley Borough Council representative) □ Councillor Tim O'Kane, (Hyndburn Borough Council representative) □ Councillor David Whalley, (Pendle Borough Council representative)

#### **12. Apologies**

Apologies for absence were presented on behalf of Councillors B Ackers (Fylde), B Hilton (Ribble Valley), L McInnes (Rossendale), R Newman-Thompson (Lancaster), J Robinson (Wyre), M Titherington (South Ribble), and D Wilson (Preston).

#### **13. Disclosure of Pecuniary Interests**

None disclosed

#### **14. Minutes of the Meeting Held on 3 July 2012**

The minutes of the Health Scrutiny Committee meeting held on the 3 July 2012 were presented and agreed.

**Resolved:** That the minutes of the Health Scrutiny Committee held on the 3 July 2012 be confirmed and signed by the Chair.

## **15. Inspection of Safeguarding and Looked After Children Services**

The report explained that at the Health Scrutiny Committee on 22 May 2012 members had been presented with a multi-partner Action Plan developed to respond to the findings of the Ofsted inspection on Safeguarding and Looked After Children's Services in Lancashire which had been undertaken in January and February.

Following a discussion, where members asked a number of questions and provided their comments on the Action Plan it was agreed that NHS Lancashire be invited back to Committee to provide members with a progress update.

The Chair welcomed:

- Jane Higgs, Director of Performance Improvement NHS Lancashire and Executive Lead for Safeguarding;
- Dr Alex Gaw, Chair, Lancashire North Clinical Commissioning Group;
- Jane Carwadine, Designated Nurse East Lancashire; and
- Helen Denton, Executive Director of the Directorate for Children and Young People, LCC.

Jane Higgs briefly summarised progress against the priorities, set out in Appendix A to the report now presented that had been identified as needing to be addressed immediately. She explained that a number were marked as 'amber' rather than 'green' because there was a need to ensure that the actions taken were adequately embedded before the Continuous Improvement Group would be happy to confirm 'green' status. An assurance visit to University Hospitals Morecambe Bay Trust (UHMBT) was scheduled to take place on 12 and 13 September to assess the child pathway through the hospital. Jane Higgs was confident that most of the priorities would have 'green' status by the end of September.

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

- In response to a comment that the focus of the report appeared to be mainly about services in the north and the east of the county, the Committee was assured that a networking approach was being taken to ensure a consistent and robust process countywide.
- One member believed that security staff had been withdrawn from Royal Lancaster Infirmary resulting in additional pressure on local police resources. Officers present did not have information about this and undertook to provide a response outside the meeting.
- Regarding the separation of children within the accident and emergency setting at Royal Lancaster Infirmary it was confirmed that building work was expected

to be completed by the end of October to ensure that there was an appropriate number of bays which were separate to the adult facilities.. Two specialist paediatric nurses had also been appointed and an expert was due to visit from Alder Hey, Children's Hospital to look at the systems in place.

- Assurance was sought that hospital staff were flagging concerns about possible abuse of children to the relevant authorities including the police. In response it was explained that this would be looked at as part of the assurance visit on 12 and 13 September. It was considered important to ensure that staff understood, and were applying properly, the policies in place. Self assessment had indicated that they were, but further assurance was needed by the Continuous Improvement Group.
- It was suggested that the Action Plan was essentially a commissioners' document setting out what it was hoped would happen; it was considered more important for this Committee to know what was actually happening and to be clear who was monitoring progress and how. It was essential that the good intentions set out in the Action Plan were reflected in improved outcomes.
- Commissioning would transfer from the PCTs to Clinical Commissioning Groups (CCG) from April 2013; the Committee was assured that that the handover arrangements would be robust and that collaborative safeguarding arrangements were in place to ensure a consistent approach. It had not yet been decided which CCG would host responsibility for safeguarding, but arrangements going forward were clear. It would be a countywide service and the county council would support it in any way that it could.
- It was considered very important for the hierarchy and levels of accountability to be clear and that all elements were 'joined up'. Members were assured that there was continuous dialogue between the county council and health service colleagues and that county council officers were included in the assurance visits due to take place later in September. There was a very proactive Safeguarding Board with a GP representative on it.
- In response to a question about how GPs felt about the forthcoming changes and their emerging role as commissioners in the form of CCGs, the Committee was informed that there was much enthusiasm for the opportunity that GPs would now have, as commissioners, to bring more clinical focus to decisions that would have previously been taken by managers and administrators.
- Some concern was raised about mental health services in relation to the increasing number of adolescents who were subject to a dual diagnosis, for example if they had Attention Deficit Hyperactivity Disorder, Autistic tendencies or Asperger's Syndrome – within the Child and Adolescent Mental Health Service (CAMHS) there appeared to be a lack of specialist assessment locally; sometimes youngsters were held on psychiatric wards for an unnecessarily long time or had to transfer to Cheshire for specialist assessment. It was acknowledged that the psychiatric care for youngsters who also had a learning disability was a highly complex area and specialist care in these circumstances was often provided from a dedicated centre . It was agreed that further information be provided outside the meeting to respond to this point.
- The report referred to a scoping exercise and related review of job descriptions to inform the development of a designated network which would create a Lancashire wide approach to safeguarding. Assurance was sought that staff

would not be required to undertake tasks that distracted from their core skill / role. Members were assured that staff were being used to the best effect and that there would be the right skill mix.

- Children with complex needs, such as those with Autism would have joint, multi agency care plans which would be led by the commissioning organisation.
- In response to concerns about the possibility of an organisation overly laden with committees, it was explained there was an expectation that the reforms would result in a 'flatter' less hierarchical organisation with fewer committees, although task and finish groups would be set up as and when required. There was only one Safeguarding Board for Lancashire with just one or two committees under it.
- In terms of sharing information, it was recognised that different partners used different systems and also there were confidentiality issues to consider, however, work was ongoing into exploring whether one system could be developed that all partners could 'feed' data into.
- It was noted that the Action Plan now presented contained a lot of abbreviations and acronyms which made it difficult for non-NHS people to understand. It was agreed that a glossary would be provided with future reports.

**Resolved:** That,

- i. The report now presented be noted; and
- ii. A report from the relevant clinical commissioning group be requested in twelve months' time to inform the Health Scrutiny Committee how safeguarding was being taken forward and how the network model was working.

## **16. The Development of a Health and Wellbeing Strategy for Lancashire**

The report explained that as part of the health reforms brought about by the Health and Social Care Act, it was the responsibility of Lancashire's Shadow Health and Wellbeing Board to develop a Health and Wellbeing Strategy.

The core purpose of the Health and Wellbeing Strategy was to set Strategic Health and Wellbeing priorities based on a Joint Strategic Needs Assessment, against which the commissioning plans of Clinical Commissioning Groups, public health, adult social care and children's services would be co-ordinated. The Lancashire Shadow Health and Wellbeing Board had developed a draft strategy for Lancashire which it hoped partners and stakeholders would engage with.

The Health and Wellbeing Strategy would set a framework for commissioning across the NHS, social care and public health to secure better outcomes for the population, better quality of care for patients and care users and better value for the taxpayer.

The Chair welcomed Habib Patel, Head of the Health and Wellbeing Partnership who used a PowerPoint presentation to draw out key points from the report including the purpose of the Strategy, suggested interventions to improve health and wellbeing and timescales.

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

- Members acknowledged that the aims of the Strategy appeared to be well intentioned, but felt that the report now presented was too aspirational and lacked focus and clarity. It was suggested that some of the proposals in the document were not deliverable, for example reducing the concentration of fast food outlets to help address obesity.
- It was suggested also that there needed to be greater understanding of the root causes of the issues affecting health; the report now presented appeared to focus on symptoms rather than causes and was somewhat patronising in its proposals about how these should / could be addressed.
- Members wanted to see a detailed action plan focusing on deliverable actions with named lead and accountable officers.
- One member felt strongly that currently the health service spends too much money on glossy brochures and pamphlets and funds would be better spent on other, higher priorities.
- It was felt important to recognise that long term illness did not necessarily mean that an individual could not remain active and independent.
- Regarding domestic violence, it was considered by members important to recognise the various different types of abuse including related mental health issues. There was concern that as the Safer Lancashire Board had now ceased to exist there needed to be dialogue with Lancashire Community Safety Strategy Group and the Board that would support the Police and Crime Commissioner to ensure that levels of investment were sufficient. There was also a forthcoming stakeholder conference about this issue.
- The Committee was informed that much work was underway from both a health perspective and a safety perspective, and relevant officers were working closely together.
- It was felt that the impact on health and wellbeing of other, related decisions needed to be carefully considered, for example it was suggested that the closure of day centres might increase isolation and loneliness among the older people who had previously used them.
- There was concern that the report had not identified enough definitive interventions, for example there had been a significant increase in psychosis among young men who had regularly smoked cannabis (in particular 'skunk'). It was suggested that mental health professionals, and possibly (former) users, could visit schools and colleges to educate youngsters.
- Regarding the membership of the Health and Wellbeing Board, the Chair felt that the area covered by the district member for Central Lancashire was too large and she requested that consideration be given to dividing that area in to two parts and appointing an additional district member.

**Resolved:** That

- i. The work currently being undertaken in developing the draft Health and Wellbeing Strategy for Lancashire be noted; and
- ii. The Committee's comments on the developing draft Health and Wellbeing Strategy be reported back to the (Shadow) Health and Wellbeing Board

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

On 26 June the Steering Group had met with the Cabinet Member for Adult & Community Services to discuss their recent visit to the Telemedicine service at Airedale Hospital. A summary of the meeting was at Appendix A to the report now presented.

Members were assured that the Cabinet Member was aware of the Committee's support to extend the use of Telemedicine and that he was currently awaiting the outcome of the pilot scheme. The Health and Wellbeing Board would also be considering the potential to extend the use of technology in health care matters.

On 17 July the Steering Group had met with officers involved in the delivery and design of diabetic services followed by the Cabinet Member for Health & Wellbeing to discuss the developing relationship between the Health & Wellbeing Board and scrutiny. A summary of the meeting was at Appendix B to the report now presented.

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

### **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 16 October 2012 at 10.30am at County Hall, Preston.

I M Fisher  
County Secretary and Solicitor

County Hall  
Preston