

ARTICLE NO: 1A

CORPORATE & ENVIRONMENTAL OVERVIEW & SCRUTINY COMMITTEE:

MEMBERS UPDATE 2012/13 ISSUE:3

Article of: Borough Solicitor

Relevant Managing Director: Managing Director (People and Places)

Relevant Portfolio Holder: Councillor Sudworth

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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 16 October 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 Adult Social Care and Health Equalities Overview and Scrutiny in Lancashire.

3.0 SUSTAINABILITY IMPLICATIONS

3.1 There are no significant sustainability impacts associated with this update.

4.0 FINANCIAL AND RESOURCE IMPLICATIONS

4.1 There are no financial and resource implications associated with this item except the Officer time in compiling this update.

Background Documents

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

Equality Impact Assessment

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

Appendices

Minutes of the Health Scrutiny Committee – 16 October 2012

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 16 October, 2012 at 10.30 am in Cabinet Room 'C', County Hall, Preston

Present:

County Councillor Maggie Skilling (Chair)

County Councillors

Mrs R Blow N Penney
M Brindle D T Smith
J Jackson P Steen
M Otter D Westley

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council

Representative)

Councillor Tony Harrison, (Burnley Borough Council

Representative)

Councillor Bridget Hilton, (Ribble Valley Borough

Council respresentative)

Councillor Liz McInnes, (Rossendale Borough Council

representative)

Councillor Julie Robinson, (Wyre 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)

County Councillor Joan Jackson replaced County Councillor P Mullineaux County Councillor David Smith replaced County Councillor Keith Bailey County Councillor Peter Steen replaced County Councillor A Kay County Councillor David Westley replaced County Councillor M Welsh Councillor Tony Harrison (Burnley) replaced Councillor Bea Foster

1. Apologies

Apologies for absence were presented on behalf of County Councillors C Evans and M Pritchard and Councillors J Berry (Chorley), R Newman-Thompson (Lancaster), and D Stephenson (West Lancs).

2. Disclosure of Pecuniary / Non Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 4 September 2012

The minutes of the Health Scrutiny Committee meeting held on the 4 September 2012 were presented and agreed.

In receiving the minutes Councillor Bridget Hilton referred to a point made by the Chair under item 5 (The Development of a Health and Wellbeing Strategy for Lancashire):

"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 into two parts and appointing an additional member."

Councillor Hilton had not been present at the meeting on 4 September and, as the district member representing Central Lancashire on the Health and Wellbeing Board, she assured the Chair that she was working hard to keep relevant districts informed. She acknowledged the Chair's concerns that issues in West Lancashire be picked up and undertook to look into this.

Resolved: That the minutes of the Health Scrutiny Committee held on the 4 September 2012 be confirmed and signed by the Chair.

4. Update on the Transfer of Public Health to Lancashire County Council

The report, presented by Debs Harkins, Director of Health Protection and Policy and Aislinn O'Dwyer, Consultant Director of Public Health provided an update on the development of the new public health system for Lancashire. It set out the timescales for what still needed to be undertaken in order to achieve safe transfer of responsibility for public health functions on 1 April 2013.

It briefly summarised the position relating to:

- governance,
- transfer of funding,
- transfer of the workforce.
- transfer of Public Health contracts,
- work leading to a Business Transfer Agreement to be presented to Cabinet in February, and
- the future involvement of the Health Scrutiny Committee.

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

- It had not been possible to appoint a Director for Public Health following
 interviews in June and the Committee was informed that careful consideration
 was now being given to the timing of a further search in light of current
 uncertainties among some public health staff about where they would be
 placed within the new arrangements.
- Members were informed it was intended that the size of the workforce would represent ten percent of the Public Health budget, which was consistent with average spending on Public Health staffing around the country.
- Work was ongoing to develop an integrated structure, providing a consistent service across three footprints. Three senior appointments had been made:

Director of Health Protection and Policy

Director of Health Improvement

Director of Population Healthcare

It was recognised that with the three 'pillars' of public health there was a danger of working in silos, which was not wanted. There was some countywide work that needed to be done once and done well; work with districts and Clinical Commissioning Groups (CCGs) supported by the county council; and a considerable degree of matrix working; public health staff would be co-located in three geographical areas leading on countywide issues, with a small team based at County Hall. It was acknowledged that the staffing structure was very complex and officers agreed to provide a structure chart setting out the proposals.

- In response to a suggestion that each district council have its own public health officer, employed by or funded by the county council, members were assured that the relationship between Public Health and the District Councils was recognised as very important. The county council had been working on this with district colleagues for two years now. A workshop taking place on 22 October 2012 would develop a partnership agreement setting out what the county council and the district councils would contribute to Public Health. It would be difficult to establish the detail until the shape of the workforce, which would be co-designed with the districts, was known.
- It was expected that there would be three localities with a very senior officer in each who would focus on partnership working. Additionally each district council would have at least one named practitioner whose job would be partly to work with the district council and partly to help manage the relationship between the CCGs and the district council.
- The restructure was being done within the NHS prior to the transfer of the
 workforce to the county council. Three PCT Public Health teams were to be
 brought together into one public health service for Lancashire. It was confirmed
 that there were more people than there would be jobs and applications for
 voluntary redundancy were being considered; it was hoped that there would be
 no compulsory redundancies.
- In response to a specific question about school nurses, it was explained that
 the county council's role would be to commission school nurse services as a
 public health function, however specific, complex cases would be considered by
 the National Commissioning Board.
- It was acknowledged that there were many, different threats to public health within Lancashire, for example air quality on the Morecambe Road into

Heysham, flood risks in various parts of the county. It was suggested that such threats needed to be addressed at this stage. It was confirmed that the county council would have oversight of the health protection system which involved a number of key players. It was a key function to which district and county elected members could provide very helpful insight in addition to data and statistical evidence in order to understand the threats and be able to respond.

- Regarding funding, it was reiterated that the estimated baseline of just under £46m was based on what was already being spent on Public Health.
 Approximately ten percent of this amount was to be allocated to the cost of workforce with the remainder for contracts. Work was ongoing to reshape the workforce and to identify contracts destined for the county council and it was expected that the combined costs of these would be known in the next few weeks.
- There was much talk about prevention and early diagnosis, and it was felt that there might be an opportunity to work with CCGs to increase emphasis on prevention.
- In terms of addressing health inequalities and competing demands for resources, again it would be the role of the CCGs to commission services required at local level.
- It was confirmed that funding traditionally set aside to deal with drug and alcohol related issues was contained within the £46m, referred to above, that had been allocated.
- The suggestion that the views of parish and town councils be sought in response to the consultation was welcomed.

Resolved: That,

- i. The Committee noted the progress to date.
- ii. The Committee agreed that a further update report be considered by the Health Scrutiny Committee at its meeting on 15 January 2013.

5. Report of the Health Scrutiny Committee Steering Group

On 7 August the Steering Group had met with Alastair Rose from Lancashire Care Foundation Trust. The purpose of the meeting was to provide members with the latest update regarding capital developments that were being planned by the Trust to improve mental health services A summary of the meeting was at Appendix A to the report now presented.

On 18 September the Steering Group had met Dr Jim Gardner and Donna Roberts from NHS Lancashire. The meeting was to discuss the proposed changes to services delivered from the West Lancashire Health Centre in Ormskirk. A summary of the meeting was at Appendix B to the report now presented.

A meeting had been scheduled for 28 August for the Steering Group to meet with representatives from Fylde & Wyre CCG and Lancashire North CCG, but

unfortunately it had been necessary to cancel due to conflicting commitments of the attendees. Arrangements had been made to meet with the CCGs at a later date.

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

6. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

Resolved: That the report be received.

7. Minutes of the Joint Lancashire Health Scrutiny Committee

The Joint Lancashire Health Scrutiny Committee had met on 25 January, 31 May and 24 July 2012. The agenda and minutes of those meetings were available via the following link for information.

http://council.lancashire.gov.uk/mgCommitteeDetails.aspx?ID=684

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 27 November 2012 at 10.30am at County Hall, Preston.

I M Fisher County Secretary and Solicitor

County Hall

Preston