



ARTICLE NO: 1A

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

**MEMBERS UPDATE 2012/13
ISSUE: 4**

Article of: Borough Solicitor

Relevant Managing Director: Managing Director (People and Places)

Relevant Portfolio Holder: Councillor Sudworth

**Contact for further information: Mrs. J.A. Ryan (Extn 5017)
(E-mail: jill.ryan@westlancs.gov.uk)**

**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 27 November 2012 and 15 January 2013, 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 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 – 27 November 2012

Minutes of the Health Scrutiny Committee – 15 January 2013

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 27th November, 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
C Evans	M Pritchard
M Iqbal	M Welsh

Co-opted members

Councillor Julia Berry, (Chorley Borough Council Representative) □ Councillor Bridget Hilton, (Ribble Valley Borough Council representative) □ Councillor Richard Newman-Thompson, (Lancaster City Council representative) □ Councillor Tim O'Kane, (Hyndburn Borough Council representative) □ Councillor Julie Robinson, (Wyre Borough Council representative) □ Councillor Mrs D Stephenson, (West Lancashire Borough Council representative) □ Councillor M J Titherington, (South Ribble Borough Council representative) □ Councillor David Whalley, (Pendle Borough Council representative) □ Councillor Dave Wilson, (Preston City Council representative)

1. Apologies

Apologies for absence were presented on behalf of County Councillors J Eaton and A Kay and Councillors B Ackers (Fylde), L McInnes (Rossendale), and M Titherington (South Ribble).

2. Disclosure of Pecuniary and Non Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 16 October 2012

The minutes of the Health Scrutiny Committee meeting held on the 16 October 2012 were presented and agreed.

Resolved: That the minutes of the Health Scrutiny Committee held on the 16 October 2012 be confirmed and signed by the Chair.

4. University Hospitals Morecambe Bay Trust

On 10 April officers from University Hospitals Morecambe Bay Trust (UHMBT) had attended Committee to inform members of the actions being taken to improve matters following a number of inspections by the Care Quality Commission (CQC) and Monitor.

It had been agreed that officers from the Trust would report back to the Committee to update and evidence progress made after an appropriate interval.

The Chair welcomed guests from the Board of UHMBT:

- Jackie Daniel, Chief Executive
- George Naysmith, Medical Director
- Juliet Walters, Chief Operating Officer

The report now presented detailed appointments recently made to the Trust's Board and explained that whilst a substantive Chair had not yet been appointed, interviews for this position were to be held on 6 and 7 December. Recruitment was currently underway to appoint a Director of Human Resources and a Director of Governance. It was expected that there would be a full and permanent Board in place by January 2013.

Jackie Daniel explained that there were three phases to full recovery:

- Stabilisation – in which issues highlighted by the Care Quality Commission would be addressed;
- Securing financial support – the Board was currently negotiating with Monitor for a one-off payment to undertake the necessary development work; and
- Transition – determining what clinical services would look like beyond 2014.

It was expected that the transition phase would take approximately one year and that there would be lots of change along the way.

George Naysmith emphasised that the clinical strategy aimed to deliver the highest quality of patient care and safety. The main drivers were to provide the standard of care that patients needed, as close to their home as possible, and in a joined-up way.

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

- In response to a question about the role of governors, it was confirmed that much work had been done to engage and build relationships with governors who had previously felt detached. Governors were invited to attend Board meetings and the Chief Executive had herself attended all governors' meetings.
- The Committee was assured that dialogue with the new CCGs had enriched the process of clinical engagement and parties on both sides were enthusiastic about the new arrangements.
- Regarding the standard of nursing care, it was reported that a Strategy for Nursing was being developed to ensure that the standard of care provided was second to none and would provide privacy and dignity. There was an 'army' of ward matrons already and it was intended to encourage the role of the ward sister.
- In response to a question about how the Board was trying to rebuild its reputation and engage with the public, it was explained that the Trust was intending to 'buy in' the expertise of an established communications company to help engage with the public. It was envisaged that there would be opportunities for big and small group engagement such as meetings with matrons and community based discussions. More information about this would be available later in the year.
- The Trust was reviewing the way in which it handled complaints recognising that complaints were a good way of judging how the public perceived the standard of service. It was acknowledged that the Trust currently wasn't doing well in this respect and not making enough of its opportunity to give a front line response, which was an important way to bring about confidence.
- The Trust was encouraged to look at complaints with 'fresh eyes' and it was suggested that members might be able to help, for example councillors who represented the area covered by Royal Lancaster Infirmary were keen to visit sites and act as a 'critical friend'.
- Members were concerned about the financial pressures facing the Trust and that services might be affected as a result. Assurances were given that no services currently provided would cease, but they could be delivered in a different way, for example by concentrating specialist resources in one centre. Any change would be based on safety, quality and sustainability, not primarily on funding. Members said they would be interested to see the Clinical Strategy when it was ready.
- The Trust felt that there was scope to make savings by addressing inefficiencies and by finding new ways of working and delivering services. There would necessarily be change, and the Trust was confident that services would improve.
- Members hoped that the Trusts across the county were engaging with each other and sharing best practice.
- It was confirmed that Procurement by the Trust was currently being carefully reviewed.

- Regarding staff morale, it was confirmed that there had recently been a large staff engagement process from which the results were soon to be published.

Resolved: That:

- i. The report be received and the progress made to date acknowledged;
- ii. A further report be brought to the committee at an appropriate point in the future; and
- iii. Arrangements be made for County Councillor N Penney and Councillor Newman-Thompson to visit UHMBT hospital sites.

5. Report of the Dementia Care Pathway Task Group

In presenting the report, the Chair of the Task Group, County Councillor Fabian Craig-Wilson thanked members of the task group and all stakeholders who had contributed a wealth of information.

She explained that the provision of respite care had been a great concern to members and too big an issue to be properly addressed by this investigation. It was suggested therefore that this committee consider recommending that a separate task group be established to comprehensively review all respite care services.

She drew the committee's attention to the recommendations of the task group as set out in the report and briefly explained the background and thinking which had led to them.

Members congratulated the task group on an excellent report and supported the recommendations and in doing so suggested that:

- Further consideration be given to support that could be provided for carers, particularly those who struggled to accept that they could not cope. It was acknowledged that this could be a very delicate and sensitive issue.
- The recommendation about promoting positive messages be strengthened to include education of the public.
- Staffing in care homes at nights be at appropriate levels given that dementia sufferers can often become very active at night.

One member raised concerns about proposals by Lancashire Care Foundation Trust to reduce the provision of hospital beds for dementia patients. It was explained that a public consultation about dementia care services in Lancashire was to begin on 3 December and this committee would consider the proposals and contribute to the consultation.

Resolved: That,

- i. The recommendations of the Task Group, as set out in the report now presented at Appendix A be supported;
- ii. Further recommendations as detailed above be included in the final version of the task group report; and
- iii. The Cabinet Member for Adult and Community Services be invited to the March 2013 meeting of this Committee to respond to the Task Group's recommendations.

6. Adult Social Care Complaints and Representations Annual Report 2011-2012

The report explained that the production of the Annual Complaints and Customer Feedback 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 2011 to 31 March 2012.

Angela Esslinger, Strategic Development Manager, Directorate for Adult and Community Services used a PowerPoint presentation to draw out the key points. It identified trends, explained how matters were put right and listed some of the improvements to systems and processes that had been introduced. It also explained that, going forward, the county council would be working more closely with the new clinical commissioning groups (CCGs), re-commissioning advocacy services and working in partnership with local HealthWatch from April 2013.

There was some concern that it was often not made clear to people receiving services and equipment that they were actually provided for by the county council. It was suggested that more should be done to promote the county council, for example, in the case of adaptations and equipment, there could be a county council sticker on equipment, a logo on the prescription for the equipment, and a logo on the leaflet about the service.

There was some discussion about the recycling of equipment once it was no longer needed. It was explained that the cost of decontamination was prohibitive, but a review of the recycling process was ongoing. The Chair referred to a company called Brighter Futures based in West Lancashire who refurbish equipment and give/sell it on.

It was explained that since April 2012 a single 'front door' for complaints had been introduced and that, as a result, complaints had increased, however there had been fewer referrals to the Ombudsman.

It was acknowledged that people don't necessarily only complain directly to the council and use different ways of airing their views for example via social media. Work would be done with the Communications Service as appropriate.

It was considered very important to give those who weren't able to represent themselves the ability to speak out and there would also be a single 'front door' from 2013 for all advocacy referrals. Details of the provider(s) would be circulated to the committee once the appointments had been made.

Resolved: That,

- i. The report be received;
- ii. Learning from customer feedback be acknowledged; and
- iii. Consideration be given as to how the role of the County Council in the provision of adaptations and equipment could be actively promoted.

7. Report of the Health Scrutiny Committee Steering Group

On 9 October the Steering Group had met Sir David Henshaw, Chair of the University Hospitals Morecambe Bay Trust Board who attended the meeting to provide members with the latest update regarding the Trust's recovery plan. A summary of the meeting was at Appendix A to the report now presented.

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

8. 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.

9. Minutes of the Joint Lancashire Health Scrutiny Committee 13 November 2012

The Joint Lancashire Health Scrutiny Committee had met on 13 November 2012. The agenda and minutes of that meeting were available via the following link for information.

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

Resolved: That the report be received.

10. Urgent Business

No urgent business was reported.

11. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 15 January 2013 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, 15 January, 2013 at 10.30 am in Cabinet Room 'C', County Hall, Preston

Present:

County Councillor Maggie Skilling (Chair)

County Councillors

Mrs R Blow	M Iqbal
Councillor M Brindle	A Kay
Mrs F Craig-Wilson	M Otter
W Cropper	N Penney
J Eaton	M Pritchard
C Evans	M Welsh

Co-opted members

Councillor Bridget Hilton, (Ribble Valley Borough Council representative)

Councillor Julie Robinson, (Wyre Borough Council representative)

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

Councillor M J Titherington, (South Ribble Borough Council representative)

Councillor David Whalley, (Pendle Borough Council representative)

County Councillor W Cropper replaced County Councillor P Mullineaux, and County Councillor F Craig-Wilson replaced County Councillor K Bailey for this meeting.

12. Apologies

Apologies for absence were presented on behalf of Councillors B Ackers (Fylde), B Foster (Burnley), J Berry (Chorley), L McInnes (Rossendale), R Newman-Thompson (Lancaster) and D Wilson (Preston).

13. Disclosure of Pecuniary and Non Pecuniary Interests

County Councillor Michael Welsh disclosed a non-pecuniary interest in item 4 (Fylde Coast Consultation) on the grounds that he was a member of the Governing Body of Lancashire Teaching Hospitals NHS Trust.

14. Minutes of the Meeting Held on 27 November 2012

The minutes of the Health Scrutiny Committee meeting held on the 27 November 2012 were presented and agreed.

Resolved: That the minutes of the Health Scrutiny Committee held on the 27 November 2012 be confirmed and signed by the Chair.

15. Fylde Coast Consultation: 'Improving Patient Care - The Next Steps'

The Chair welcomed guests from the NHS:

- Pat Oliver – Director of Operations, Blackpool Teaching Hospital Foundation Trust
- Dr Nigel Randall – Consultant , Blackpool Teaching Hospital Foundation Trust
- Roy Fisher – Chairman, Blackpool Clinical Commissioning Group
- Wendy Swift, Director of Transformation, Blackpool Teaching Hospital Foundation Trust
- Dr Tony Naughton, GP, Wyre and Fylde Clinical Commissioning Group
- Ian Treasure, Deputy Director of Quality and Engagement, NHS Blackpool

She also welcomed County Councillors L Oades and B Winlow, who were not members of this committee but as councillors representing Fylde East and Preston West respectively had a particular interest in this item. In accordance with Procedural Standing Order 19(1) the Committee gave consent for them to speak at this meeting.

Consultation proposals developed by GPs and hospital clinicians in Blackpool, Fylde and Wyre were presented to the Committee.

Roy Fisher and Pat Oliver used a PowerPoint presentation to explain the reasons why the review of elderly care rehabilitation services across the Fylde Coast had been undertaken, the proposals now being put forward, and the benefits and impact of those proposals. It was also explained how the consultation would be conducted and what would happen following its conclusion. A copy of the presentation is appended to these minutes.

There was to be a series of public meetings and public information stands across the Fylde Coast. More information could be found via the following website www.bfwh.nhs.uk/consultation

The consultation document attached at Appendix A to the report now presented outlined the main aims of a new five year plan, which would be to:

- Improve care provided in community premises and in people's homes to reduce the need for hospitalisation whenever and wherever it is possible to do so.
- Use the latest technology to support and monitor patients' conditions outside of a hospital setting.
- Identify those patients most at risk of developing an illness and provide support to them to prevent more serious illness occurring which could require an urgent or emergency hospital stay.
- Improve integration of health and social care services to help support the patient's range of health and social care needs.

The consultation exercise began on 8 November and would run until 31 January.

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

- Some members felt strongly that the services which had been provided by Wesham hospital were excellent and that, as a purpose built facility provided to serve rural Fylde, it should not have been closed.
- There was concern that the Fylde Coast, in particular, had an ageing population and yet there was to be a reduction of 12 beds. Also rural Fylde was a large area and it was proposed to close the only hospital (Wesham) in that area; the alternatives (Fleetwood and Clifton) were some distance away and not well served by public transport; the bus service to Lytham from rural Fylde was described as "awful", yet there were good transport links to Wesham. It was feared that the people of rural Fylde could be isolated. There was much concern that Wesham Hospital had been temporarily closed without any consultation.
- It was acknowledged by the NHS that transport was considered by the public to be an important issue which had been raised at every consultation meeting. The NHS was currently working with transport providers and speaking to the NHS in East Lancashire who had encountered similar issues following service changes in that area.
- The point was made that rehabilitation is regarded as a specialist service and there is an increasing recognition that people have to travel to receive specialist services.
- One member suggested that the reasons behind the closure of Wesham Hospital were purely financial and that she had seen documents previously which supported that view. This was refuted by the NHS who assured the Committee that the decision was based on clinical issues.
- It was explained that Wesham had been developed at a time when there was a Community Trust, and community care had then been the preferred model; a combination of changes, including developments in medicine and the introduction of the European Working Time Directive had had now made that model unsustainable.

- Members were assured that the size of the ageing population in Fylde had been well recognised at the start of this process. Rehabilitation was now considered to be a specialist discipline and aggressive intervention at an early stage improved outcomes. It was not possible to provide the necessary level of input with multiple sites. It was considered important to return people home from hospital as soon as possible and the ability to achieve that would be affected if services were spread too thinly.
- Quality of service was important and it was recognised that ease of access would be affected by centralising services, however a patient's stay in hospital would be shorter and it was intended to get people home better and quicker. There was to be increasing care of people in their homes, and a reduction in hospital beds was just one component of this change in service delivery.
- It was intended to bring together all facets of the rehabilitation service including consultants, nurses, physiotherapists, occupational therapists and a need to ensure that there were no breaks in the provision of those services for example owing to annual leave or sickness.
- It was noted that the consultation document made little reference to the use of Telecare and Telemedicine, however the Committee was assured that the benefits of such technology were well recognised and such technologies were being developed. Much was possible by way of monitoring people in their own home and the NHS was keen to use this approach.
- The NHS also acknowledged the point that it was important to develop common services and integrate these with social care services provided by the local authority. They were working closely with social services on this.
- It was explained that it was better to concentrate clinical skills on one site; this would also avoid the need for clinicians to spend wasted time travelling between sites.
- In response to comments about the long delay starting the consultation following the temporary closure of Wesham Hospital it was explained that the introduction of the 'Lansley tests' and the Health Service reforms had contributed to the delay.
- Some members felt strongly that the consultation had been badly conducted with meetings being held just before Christmas when it was cold and dark, and when people were unlikely to attend. In response, it was explained that further events were currently being arranged.
- The Committee was assured the NHS was investing significantly in the relevant computer systems to ensure that they were compatible with each other.
- One member suggested that consultant-led services should be split between two sites; Clifton and Rossall. In response it was explained that such a split would not be possible given the financial pressures and the number of consultants available within the specialism. There was an expectation that patients would travel to the specialist centre just once; it was accepted that family would wish to visit, but the priority was patient care and the need to improve patient outcomes within financial constraints.
- Regarding the population spread between coastal Fylde and rural Fylde, the NHS estimated that at least two thirds of the 300,000 population resided on the

coastal strip. There was some concern that the NHS did not appear to have done a more thorough piece of work on the spread of the population across the relevant area.

- Members were informed that the full business case behind the proposals was available on the website: www.bfwh.nhs.uk/consultation (click on 'consultation document'). There was no correlation between which hospitals patients accessed and where they lived.

The Chair thanked the officers for attending and sought their assurance that views expressed by members would be taken into account. It was also agreed that a further report would be brought back to the Health Scrutiny Committee regarding the outcome of the consultation.

Resolved: That:

- i. The views expressed by members of the Health Scrutiny Committee be noted by the NHS; and
- ii. A further report about the outcome of the consultation on elderly care rehabilitation services across the Fylde Coast would be brought back to the Health Scrutiny Committee at an appropriate time.

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

The report was presented by Debs Harkins, Director of Health Protection and Policy. It gave an overview of the transfer of public health from the NHS to Lancashire County Council on 1 April 2013. It set out progress with the transfer to date and identified the action that would need to take place in order to achieve safe transfer of responsibility for public health functions.

It was reported that the County Council had now heard it was to receive an allocation of just under £58m to fund its new Public Health responsibilities from 1 April 2014 which now also included infection prevention and control.

This was not new money just sufficient to enable the commitments to successfully transfer from the NHS to the County Council. This involved some 80-85 full time equivalent employees. Much recruitment work was ongoing and it was expected that the new structure would be filled by the end of January ready for the transfer from 1 April. The transfer schedule would be considered by Cabinet on 7 February.

It was acknowledged that the County Council, in taking responsibility for Public Health, now had an opportunity to do things differently, for example it was recognised that in terms of addressing health inequalities it was often the case that people often did not have just one unhealthy behaviour and there was therefore a need to join-up services and deal with **all** such behaviours. There was also good

evidence that focus on workplace health provided real opportunities to embed workplace practices.

Three PCTs were currently commissioning services separately; the county council, as one commissioner, would have the opportunity to increase efficiency and effectiveness. A health needs assessment would be done as appropriate to determine whether relevant services should be commissioned on a Lancashire-wide footprint or a more local footprint. A work plan would be jointly developed with Clinical Commissioning Groups and District Councils.

It was confirmed that it was still intended to appoint a Director of Public Health and the Chief Executive was considering whether there were any opportunities in light of the recent announcement that the Executive Director of Adult and Community Services was to be appointed Director of the NHS Commissioning Board (Lancashire Area Team).

Resolved: That,

- i. Progress to date with the development of a local public health service within the County Council and the timetable for transfer be noted; and
- ii. Further update reports be brought to the Health Overview and Scrutiny Committee following the transfer of Public Health to the County Council from 1 April 2013.

17. The County Council's Budget 2013/14

A link to the agenda and minutes of the Cabinet meeting held on 3 January 2013 at which the County Council's Budget for 2013/14 was considered had been provided for information. 2013/14 was the final year of the three-year Budget that had previously been scrutinised and there were no significant developments which fell within the remit of the Committee.

Resolved: That the report be noted.

18. Report of the Health Scrutiny Committee Steering Group

On 30 October the Steering Group had met with Dr Ann Bowman the Chair of the Greater Preston Clinical Commissioning Group (CCG) and Louise Giles engagement officer for both Greater Preston and Chorley and South Ribble CCG to discuss their integrated commissioning plans and the relationship between their CCG and the Committee. A summary of the meeting was at Appendix A to the report now presented.

On 20 November the Steering Group had met with Dr Mike Ions the Chief Clinical Officer and Di Van Ruitenbeek Chair of the East Lancashire CCG to discuss their

integrated commissioning plans and the relationship between the CCG and the Committee. A summary of the meeting was at Appendix B to the report now presented.

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

19. 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.

20. Minutes of the Joint Lancashire Health Scrutiny Committee

The Joint Lancashire Health Scrutiny Committee was next due to meet on 22 January 2013. The agenda and minutes of that meeting would be available via the following link for information.

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

Resolved: That the report be received.

21. Urgent Business

No urgent business was reported.

22. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 5 March 2013 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston