



**ARTICLE NO: 1A**

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

**MEMBERS UPDATE 2013/14  
ISSUE: 1**

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**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**

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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 5 March 2013, 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**

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 – 5 March 2013

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 5th March, 2013 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 Brenda Ackers, ( Fylde Borough Council Representative)  
Councillor Julia Berry, (Chorley Borough Council Representative)  
Councillor Bridget Hilton, (Ribble Valley Borough 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 David Whalley, (Pendle Borough Council representative)  
Councillor Dave Wilson, (Preston City Council representative)

#### **1. Also in Attendance**

Also in attendance, at the Committee's invitation, were County Councillor Mike Calvert, Cabinet Member for Adult and Community Services and County Councillor Fabian Craig-Wilson, Chair of the Dementia Pathway Task Group (Item 4 on the agenda). The Chair welcomed them and, in accordance with Procedural Standing Order 19(1) she obtained the Committee's consent for them to speak at this meeting.

## **2. Apologies**

Apologies for absence were presented on behalf of County Councillor M Iqbal and Councillors T Harrison (Burnley), L McInnes (Rossendale), R Newman-Thompson (Lancaster) and J Robinson (Wyre).

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

None disclosed

## **4. Minutes of the Meeting Held on 15 January 2013**

The minutes of the Health Scrutiny Committee meeting held on the 15 January 2012 were presented and agreed.

**Resolved:** That the minutes of the Health Scrutiny Committee held on the 15 January 2013 be confirmed and signed by the Chair.

## **5. Cabinet Member Response to the Dementia Pathway Task Group**

County Councillor Mike Calvert, Cabinet Member for Adult and Community Services had provided a formal response to the recommendations of 'Living Well with Dementia in Lancashire', the Dementia Care Pathway Task Group report. A copy of the response was attached at Appendix A to the report now presented. He presented this item accompanied by Dawn Butterfield, Head of Commissioning (North), Adult and Community Services Directorate.

Three of the five recommendations made by the Task Group fell within County Councillor Calvert's area of responsibility and it was those recommendations, set out below, on which he focused:

- "The Cabinet Member for Adult & Community Services is asked to consider an investment in basic training for all front line staff dealing with dementia in Lancashire."
- "The Cabinet Member for Adult & Community Services is asked to consider the promotion of positive messages of 'living well with dementia' in Lancashire to encourage people to seek early support. (The Communications Team could promote positive messages of living with dementia and it might be useful to do some promotional work around myth busting – from conclusions)"
- "The Cabinet Member for Adult & Community Services is asked to review the information provided on the Preferred Provider (PP) list and consider what improvements could be made to enable people to make informed choices about residential and nursing home provision."

Councillors were invited to comment and ask questions, and a summary of the discussion is provided below:

- The importance of appropriate training for those providing care to dementia sufferers had been emphasised and acknowledged; one member suggested that the potential for sufferers to become aggressive and cause harm should be covered as part of this training. It was confirmed that training for staff in dealing with complex and challenging behaviour was being made available.
- It was confirmed that, whenever possible, staff from different sectors were trained jointly, however, in some cases more targeted training was necessary.
- It was acknowledged that, increasingly, care was being provided to people in their own homes and it was therefore necessary for those people to be able to find and access good, affordable care. The Lancashire Workforce Development Partnership, which was owned by the county council, provided a vast range of training for the private sector who provided much domiciliary care.
- There was immense pressure on carers who sometimes found it hard to admit they were struggling, and an important part of dementia training would be to ensure that professionals were equipped with the skills to recognise when this was the case.
- It was suggested that Healthy Living Pharmacies might provide an opportunity to spot the early signs of dementia through regular contact with people on certain medication which might provide an alert, and the staff at these could be usefully incorporated into training programmes.
- Safeguarding was recognised as a most important issue particularly in the private sector and as long-term demand was increasing. Much work was ongoing with Lancashire Care Association to change how fees were paid and to encourage re-investment.
- The Committee was assured that contracts with private care homes were being reviewed to ensure that standards of care met those deemed necessary by the county council. It was emphasised that the Care Quality Commission (CQC) was ultimately responsible for monitoring private sector care homes.
- There was some discussion about end of life care with particular reference to the 'Liverpool Care Pathway' and concern that dementia sufferers were especially vulnerable. CC Calvert agreed this was something that should be high on the agenda for the Health and Wellbeing Board (HWB) and an appropriate issue for inclusion on the future work plan of the Health Scrutiny Committee.
- The Committee was assured that dementia care was among the Health and Wellbeing Board's top five priorities. Members' view that more should be done, through a range of methods, to spot the early signs of dementia and to de-stigmatise dementia would be passed on to the Cabinet Member for Health and Wellbeing, who was also the Chair of the HWB.
- There was a view that GPs should be doing more to spot the signs of dementia and offering tests (and perhaps speaking to relatives) when patients presented for other reasons. The Task Group report had been sent to Clinical

Commissioning Groups (CCGs), which included GPs among their membership, and their responses would be reported back to the Committee when received.

- It was suggested that Help Direct could offer useful advice to someone exploring possible sources of support. (Help Direct is a support and information service for all adults aged 18 and over across Lancashire. The service was designed to help people get the right practical support, information and advice that they need before a small problem becomes a crisis.) It was recognised that the prospect of approaching the Alzheimer's Society at the outset of concerns might be regarded as somewhat frightening for some people.
- People looking for care providers could be also be signposted to the Safe Trader List and the CQC website.
- The county council was also working jointly with 'Carers Lancashire' to give easy access to advice and information to people in a caring role. The ['Time for Me'](#) pages on the Lancashire County Council Website directed people to sources of help.
- It was felt that communication needed to improve to help overcome the fear and stigma associated with dementia so that people might be more willing to seek help. It was not just the patient who was fearful, but loved ones also struggled to come to terms with a (possible) diagnosis of dementia.
- The cabinet member believed that the Preferred Provider list embraced all that the county council deemed essential in terms of care; however, it had to be recognised that this might not be consistent with what some patients themselves regarded as necessary. By way of an example the cabinet member referred to one resident who felt that the view of his house from the care home window was more important than the standard of care he was receiving. The same difficulties could also arise with domiciliary care; for example there would be some patients who would prefer that their carer spent time chatting with them rather than making their bed.
- It was suggested that the county council should concentrate on improvements that it could actually do something about and the Preferred Provider list was one such priority; the system for inspections had to be robust and providers should be incentivised to get on the list. It had to be accepted that some people needing care might, for a variety of reasons, choose to ignore the Preferred Provider list.
- It was recognised that hospitals were not the best place for the effective care of dementia sufferers and it was suggested that the HWB could concentrate on improving joint working with the NHS and social care providers to ensure that people were not left in hospital unnecessarily. The responsibility for ongoing care would fall to social care and voluntary groups. Discharge arrangements from hospital and continuum of care needed particular attention.
- It was felt that more education generally about dementia was necessary to inform representatives and communities about dementia. It was suggested that much could be learned from examples of dementia-friendly environments in

Europe and the Joseph Rowntree Trust, and there was scope for a range of bite size briefings for councillors on this subject.

**Resolved:** That the responses of the Cabinet Member to the Dementia Care Pathway Task Group Report be noted.

## **6. Health Scrutiny - Legacy and Future Work Plan**

The Steering Group of the Health Scrutiny Committee had recently met to discuss the overall impact of the work of the Committee over the last 4 years. They had agreed to produce a report detailing some of the successes achieved and to consider what the key priorities for health scrutiny should be over the coming months. A summary of all the topics discussed by both the Committee and the Steering Group was attached at Appendix A to the report now presented.

Members felt that they had considered a wide range of issues which had focused on the people of Lancashire and the Committee had been robust in its approach; it had referred two issues of concern to the Secretary of State for Health.

In terms of future priorities and topics for inclusion in a work plan, members considered priorities for additional or new scrutiny and the following topics were suggested:

- University Hospitals of Morecambe Bay Trust
- Health reforms
- Restructuring within the NHS
- The Liverpool Care Pathway
- Training for the provision of dementia care and care homes for the elderly
- Dementia friendly councils and cities (within and outside the UK)
- Communication - ensuring that people knew where to get help
- Clinical Commissioning Groups and how they fulfil their new roles

It was explained that much work had been ongoing through the Steering Group, on behalf of the Committee, with the CCGs, Acute Trusts and other providers to build relationships moving forward. It was also intended to explore the opportunity to have an independent expert to offer advice and insight to the Committee, which would be helpful when the Committee was considering information provided by the NHS.

**Resolved:** That the topics suggested above be used as a basis for developing the future work plan of the Health Scrutiny Committee.

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

On 8 January the Steering Group had met to discuss the consultation on specialised services currently being undertaken by the NHS Commissioning Board. A summary of the meeting was at Appendix A to the report now presented.

On 29 January the Steering Group had met to discuss and provide a response to the consultation on the short breaks strategy carried out by the Children & Young People's Directorate. A summary of the meeting was at Appendix B to the report now presented.

It was reported also that on 26 February the Steering Group had met with representatives from Lancashire North CCG, Fylde and Wyre CCG and West Lancs CCG to discuss how best they could share information and work together with scrutiny in the future.

**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**

The Joint Lancashire Health Scrutiny Committee had met on 22 January 2013. 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 11 June 2013 at 10.30am at County Hall, Preston.

The Chair noted that this was the last meeting of the Health Scrutiny Committee in this municipal year and the last meeting before the County Council elections in May. She took this opportunity to thank all members for their service to the Committee and thanked also Wendy Broadley, Scrutiny Officer for her support.

In response members congratulated the Chair, County Councillor Maggie Skilling for her effective chairmanship.

I M Fisher  
County Secretary and Solicitor

County Hall  
Preston