

**CORPORATE AND ENVIRONMENTAL
OVERVIEW AND SCRUTINY COMMITTEE**

HELD: 20 FEBRUARY 2014

Start: 7.30pm

Finish: 9.35pm

PRESENT: Bailey (Chairman)

Councillors: Mrs Atherley G Hodson
Mrs Baybutt J Hodson
Mrs Blake Mrs Houlgrave
Dereli McKay
Mrs C Evans Ms Melling
Fillis Nolan
Fowler Pye
Gibson Mrs Stephenson
Griffiths Whittington

Officers: Assistant Director Community Services (Mr D Tilleray)
Community Safety Officer (Mr C Owens)
Policy and Performance Officer (Ms A Grimes)
Assistant Solicitor (Mrs T Sparrow)
Principal Overview and Scrutiny Officer (Mrs C A Jackson)

In attendance: Dr S Frampton (GP Executive Lead West Lancashire Clinical
Commissioning Group (WLCCG))
Ms J Moran (Head of Quality, Performance and Contracting
WLCCG)
Ms K Thompson, Consultant in Public Health, Lancashire County
Council (LCC)

165. APOLOGIES

Apologies for absence were submitted on behalf of Councillor L Hodson.

166. MEMBERSHIP OF THE COMMITTEE

In accordance with Council Procedure Rule 4, Members noted the termination of membership of Councillors Delaney and Wright and the appointment of Councillors Pye and J Hodson, for this meeting only, giving effect to the wishes of the Political Groups.

167. URGENT BUSINESS

There were no items of urgent business.

168. DECLARATIONS OF INTEREST

Councillor Fowler declared a non-pecuniary interest in item 6 (Health Provision Changes – Local Roles and Responsibilities) stating that the presenter, the GP Executive Lead (WLCCG), was known to him through a business association with that presenter's wife.

169. MINUTES

RESOLVED: That the minutes of the meeting of the Corporate and Environmental Overview and Scrutiny Committee held on 5 December 2013 be received as a correct record and signed by the Chairman.

170. WORK PROGRAMME 2013/14

Members considered the following two presentations in relation to the topic 'Health Provision Changes – Local Roles and Responsibilities'.

171. HEALTH PROVISION CHANGES - LOCAL ROLES & RESPONSIBILITIES

Presentation 1

Consideration was given to the presentation by Ms K Thompson, Consultant in Public Health, LCC. The presentation was supported by a series of slides as contained on pages 223 to 232 of the Book of Reports.

The presentation focussed on:

- Public Health's new role and responsibilities in LCC, including West Lancashire.
- The key challenges.
- The Health and Wellbeing Strategy.

An overview of the composition of the Public Health service at LCC was provided that outlined responsibilities in relation to improving and protecting the health of the local population and the various tasks, previously carried out by the NHS that, from April 2013, the county council had assumed responsibility for.

An explanation was given on commissioning responsibilities and the work undertaken in partnership with other parts of the county council, public sector partners, business and the Voluntary Community and Faith Sector (VCFS), in relation to prevention and early intervention.

Ms Thompson then went on to outline the key public health challenges in Lancashire, with particular reference to West Lancashire, highlighting some performance areas of concern which included: smoking in pregnancy; childhood obesity and deaths from preventable causes. Statistical information related in West Lancashire Health Profiles between 2008 to 2013 provided an overview of the intelligence gathered that showed the Borough's performance against national identified indicators.

In relation to West Lancashire the key areas of advice and support to CCG, Borough Council and Partnerships highlighted were:

- Improving breast feeding rates
- cancer and adult smoking prevalence profiling
- NHS Health Checks performance
- Refresh of the Health and Wellbeing Plan
- Children's Trust support
- Borough Council input (in development)

Reference was also made to the Better Care Fund, formerly the Integration Transformation Fund, a budget introduced to support health and social care services to work more closely in local areas, enabling a more joined-up service.

An overview of the Lancashire Health and Wellbeing Strategy, agreed in July 2013, was also provided and the approach being adopted in relation to:

- Goals to achieve by 2020 – better health, better care and better value.
- Work Changes and Approaches – working more closely with the NHS and district councils to promote good health and bring services together through a co-ordinated approach.

The presentation concluded with reference to the focus on changes to improve services and give those involved in public health greater influence over many of the different areas that impact on people's health including education, poverty, housing, the local environment and employment.

Members discussed, raised questions/comments in relation to :

- Recycling of mobility equipment going to landfill – crutches; zimmer frames; etc.
- Budget allocation for CCGs and Health and Wellbeing – comparison of the budget allocated to Unitary and two-tier Councils.
- Proportion of investment in physical activity.
- Influence related to working with other parts of the County Council – social care; employment; education; special needs.

The Consultant in Public Health, LCC responded to Members' questions.

In response to a question relating to the recycling of mobility equipment, reference was made to the Brighter Future initiative based in Skelmersdale that, through its recycling enterprise, aimed to reduce or prevent pieces of reusable mobility equipment ending up in landfill sites.

Presentation 2

Consideration was given to the presentation by Dr S Frampton, GP Executive Lead, WLCCG. The presentation, entitled 'The story so far

In his introduction Dr Frampton made reference to the composition of the WLCCG that is responsible for buying the health care for the people of West Lancashire. He made reference to the geographical position of the Borough in relation to the local health economy citing the cross border working; partner relationships and engagement with other stakeholders.

It was noted that NHS West Lancashire is made up of 23 GP practices and covers a population of 112,000 people in Ormskirk, Skelmersdale and surrounding communities.

In relation to the work of the WLCCG three priority areas were highlighted:

1. Right care, right time, safely delivered (*planned care programme; urgent care programme and end of life care programme.*)
2. Preventing people from dying prematurely (*cardiovascular diseases programme and cancer programme.*)
3. Integrated working for better patient experience, safety and quality of life and inequalities. (*diabetes programme; respiratory diseases programme; dementia programme; mental health programme; alcohol programme and children and young families programme.*)

Dr Frampton then went on to explain how the commissioning budget for 2013/14 has been allocated and provided practical examples of efficiency savings in place to ensure value for money. He made reference to the Better Care Fund, its purpose and the national conditions that must be met, providing information on the types of measures that are being considered locally in relation to the Fund that would be delivered, in the main, by the Care Closer to Home programme including:

- Delayed transfers of care – working with paramedic pathfinders.
- Emergency admissions – reducing unnecessary admissions across Lancashire.
- Effectiveness of reablement – assisted fitness in hospital to allow patient home and able to look after themselves.
- Admissions to residential and nursing care – using resources effectively.
- Patient and service user experience – difference in perceived care.

The opportunities for stakeholders and the public to provide their views on what is being proposed was also referenced.

Dr Frampton explained that the vision of the CCG is to secure the best possible care and health outcomes for the West Lancashire population, to empower them to be in control of their own health care. The presentation was concluded with a few examples of practical approaches to healthcare in the community resulting in:

- Working more closely with hospitals – better partnership working.
- Acute visiting service - to try to stop unnecessary use of accident and emergency.
- Alternative Quality Contract – email discharges; ensuring the quality of information; continuity of care; weekend working; increasing efficiency.
- Children's Community Nursing Outreach Team – better pathways across hospital and GP care.

Members discussed, raised questions/comments in relation to:

- Allocation of the CCG budget – proportion to each service.
- Walk-in Centres – their role, link to hospital services and patient experience.
- Ambulance service – revised ways of working on arrival at hospital.
- Care and use of agency nurses.
- Nursing Homes – approaches to care; quality; staff turnover and business implications.
- Health Watch – progress.
- Urgent Care initiative – success of ‘pilot’ scheme; roll out across the Borough; availability of GPs through Out-of-Hours service (OWLS).
- CCG budget implications – impact of ‘cross border’ arrangements (West Lancashire/Southport)
- Prescription Service – different approaches to collection and deliver.
- Air Ambulance Service – funding streams.

The GP Executive Lead and Head of Quality, Performance and Contracting (WLCCG) responded to questions.

On behalf of the Committee the Chairman thanked the representatives from LCC and WLCCG for their informative presentations and contributions to the discussion.

At the conclusion of the presentations the Chairman announced that this item completed the Work Programme for 2013/14 and that the annual process to request items, and associated work, would now proceed with a view to bringing a Work Programme Report 2014/15 to the first meeting, of the Committee, of the municipal year.

RESOLVED: That the presentations and details in relation to the Work Programme 2014/15, be noted.

172. CRIME & DISORDER - PRESENTATION

A presentation was received from the Community Safety Officer on behalf of the West Lancashire Community Safety Partnership (CSP). The presentation was supported by a series of slides as contained on pages 241 to 256 of the Book of Reports.

In his introduction the Community Safety Officer gave an overview of the CSP Executive, its vision and its local delivery structures; the statutory responsibility to produce a Community Safety Partnership Plan and the funding and how it was allocated, during 2013/14, against local CSP priorities.

Reference was made to the four priority areas in 2013 where funding had been allocated:

- Bright Sparx (including support of the Go4IT Event; Community Action and Engagement Events and Halloween and Mischief Night diversionary plans.
- The Freshers Task and Time Group.
- The Domestic Violence Perpetrator Group.
- Community Action and Engagement Events.

Examples were given of how the Partnership had delivered the events and the outcomes achieved.

Reference was also made to the performance during the period up to January 2014 that saw a reduction in ASB incidents (-3.2%); violence against the person (-6.8%); domestic abuse (-18%); damage and arson (-3.8%) and vehicle crime (-6%). In relation to Acquisitive Crime, including burglary dwelling and burglary other than a dwelling (for example from sheds) this had increased (29%) producing an increase in All Crime by 1%. The latter compared against a 10% end of year reduction in March 2013.

The Community Safety Officer then went on to explain the CSP plans for 2014/15 to include a refresh of the Plan to ensure it is reflective of identified local priorities. The commitment of the CSP, to work in partnership through established delivery structures, recognise the strength of the partnership and work collaboratively to resolve local issues, was emphasised.

The presentation concluded with a look at the priorities for 2014/15 to include the themes: General Anti-Social Behaviour (ASB); Reducing Reoffending; Child Sexual Exploitation; Cross Border Offending/OCG's; Violent Crime including Domestic Abuse and the key 'cross cutting theme' related to the impact of the misuse of alcohol and drugs on both perpetrators and victims of crime.

During the ensuing discussion Members raised/questions comments in relation to:

- Community Action and Engagement Event – Ward Member involvement.
- Graffiti removal – commercial property /private dwellings.
- Intelligence gathering – statistical interpretation.
- Effective targeting of resources – CCTV placement / initiatives relating to local ASB problems.
- Freshers' Week – local priorities; effectiveness of partnership working.
- Beat Sweep / Community Beat Weeks – future plans.

The Community Safety Officer responded to Members questions.

RESOLVED: That the presentation be noted.

173. QUARTERLY PERFORMANCE INDICATORS (QPIS)

The following two reports relating to Quarterly Performance Indicators (QPIs) for the periods indicated were considered.

174. QUARTERLY PERFORMANCE INDICATORS - Q2 2013/14

Consideration was given to the report of the Transformation Manager which detailed performance monitoring data for the quarter ended 30 September 2013 as contained on pages 185 to 199 of the Book of Reports.

RESOLVED: That the Council's performance against the indicator set for the quarter ended 30 September 2013 be noted.

175. QUARTERLY PERFORMANCE INDICATORS (Q3 2013/14)

Consideration was given to the report of the Transformation Manager which detailed performance monitoring data for the quarter ended 31 December 2013, as contained on pages 201 to 215 of the Book of Reports and also pages 217 to 222 giving details of a revised Appendix A.

The Partnership and Performance Officer attended the meeting and updated Members on the revisions to Appendix A as circulated and provided details of the amendments at paragraph 4.2 of the report in relation to the 31 indicators for Q3 to read:

- "16 met or exceeded target
- 5 indicators narrowly missed target; 7 were 5 % or more off target
- 1 is data only
- 2 indicators have data unavailable at the time of the report (*N191: Residual household waste per household; N192: Percentage of household waste sent for reuse, recycling and composting*).

As a general comparison, Q3 performance from 2012/13 suite gave 14 (from 32) indicators on target."

In discussion Members raised questions and comments in respect of the following performance indicators:

- TS24a & b (Average time taken to re-let authority housing (days) – General Needs & Supported Needs – reasons for missed target; no. of houses empty; delays affecting re-letting (key staff absences; expansion of detail and reasons relating to the Kitchen Refurbishment Programme.)
- N191 (Residual household waste per household (Kg) – reason affecting receipt of data.

In relation to a question on the Members' item "Choice-Based Lettings", agreed at the last meeting, it was confirmed that a request had been submitted to the Assistant Director Housing and Regeneration (Minute 163 refers) and that the item was scheduled for inclusion on the agenda of the next meeting. A request was put forward that an invitation to attend be extended to the Portfolio Holder.

At the conclusion of the discussion it was agreed that there were concerns in relation to performance on the Kitchen Refurbishment Programme, as detailed in the Performance Management Plans for PIs – TS24a & TS24b (Appendix B1 and B2), and the effect on the re-letting process.

RESOLVED: A That as a consequence of the discussion on the Quarterly Performance Indicators (Q3 2013/14), Performance Improvement Plans – Indicators: TS24a & TS24b, it was agreed that the following comment be referred to Cabinet:

“There are significant concerns about the performance of the Kitchen Refurbishments Programme and the associated re-letting process.”

B. That the Council’s performance against the indicator set for the quarter ended 31 December 2013 be noted.

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Chairman