

**MINUTES OF A MEETING OF THE
HEALTH AND SOCIAL CARE SCRUTINY PANEL
HELD AT THE TOWN HALL, NELSON
ON 18TH OCTOBER, 2016**

PRESENT –

Councillor K. Hartley – Panel Leader (In the Chair)

Panel Members - Councillors

K. Turner

S. Wicks

Also in attendance:

Councillor D. Whalley

Dr S. Berry

Paul Gauntlett

Gill Dickson

Helen Hedges

Yvonne Hope

Elena Murphy

Lynne Rowland

Older People's Champion (Pendle Borough Council)

East Lancashire Clinical Commissioning Group

Pendle Dementia Action Alliance

Principal Policy Officer (Pendle Borough Council)

Critical Friends East Lancashire

Critical Friends East Lancashire

Christ Church Dementia Support Group

Committee Administrator (Pendle Borough Council)

(Apologies for absence were received from Councillors M. Adams, W. Blackburn and N. McEvoy.)

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20.

MINUTES

AGREED

That the minutes of the meeting of the Panel held on 16th August, 2016 be approved as a correct record.

21.

PENDLE DEMENTIA ACTION ALLIANCE

Paul Gauntlett, the Chairman of the Pendle Dementia Action Alliance and Gill Dickson, the Council's Principal Policy Officer gave an update on progress with Pendle's Dementia Action Alliance Action Plan, which had been approved by Scrutiny Management Team in March of this year.

The Chairman reported on two successful information events that had been held in the borough. One had been held in Nelson and had approximately 80 people in attendance. The second took place in Colne with around 100 people there. Arrangements were being made for a third session to be held in Barnoldswick.

A directory of services had also been produced and distributed widely. This would be reviewed in 12 months' time.

It was acknowledged that there was still work to be done, particularly with supermarkets and businesses and with ethnic minorities. With this in mind, a meeting had been held with an officer

of the People's Enterprise and Empowerment Forum (PEEF) who had shown an interest in joining the Steering Group. He had also supported the delivery of a Dementia Friend session to staff members.

Following the update, Elena Murphy of Christ Church, Nelson advised the Panel of a dementia support group that had recently been established with the help of funding from East Lancashire Clinical Commissioning Group (ELCCG). The group met at Christ Church, Carr Road, Nelson and supported people with all forms of dementia, especially under 65s, and their carers.

AGREED

- (1) That this Panel is satisfied at the level of activity currently taking place in raising awareness of dementia and thanks the Pendle Dementia Action Alliance for the production and implementation of the Action Plan.
- (2) That details of the dementia support group based at Christ Church, Nelson be circulated to all Members of the council for information.

22.

SCRUTINY REVIEWS

(a) Drug and alcohol rehabilitation provision in East Lancashire

The Panel considered a report from Chris Lee, Lancashire County Council's (LCC's) Alcohol, Drugs and Tobacco Public Health Specialist on substance misuse services in East Lancashire.

In the report it was explained that, under the Health and Social Care Act (2012) LCC was the responsible commissioner for drug and alcohol treatment in local communities of Lancashire. Information was also provided on the current National Drug Strategy and the main themes in drug and alcohol treatment. It was noted that drug and alcohol misuse were key determinants of health inequalities and levels of crime and that it was estimated that the national social and economic cost of Class A drugs was £15 billion and of alcohol misuse, £21 billion per annum.

With regard to local commissioned services, new contracts had been awarded by LCC for both adult and young people's treatment services as of 1st April, 2016. Information was provided on the structure of the new contracts and the changes in delivery compared with previous contracts. The adult treatment service was being delivered under the 'Inspire' brand and the service for young people was provided by Young Addaction. Members were reminded that representatives of both these organisations had attended earlier meetings of the Panel.

In addition to the above services, LCC also commissioned a range of providers to deliver specialist support, in both residential and community settings, for those requiring an inpatient detox from drugs or alcohol and those requiring intensive therapeutic support following a detox. These services were sometimes referred to as 'tier 4 services' and were located both within and outside Lancashire's borders. These were accessed either via community services or specific LCC social workers.

AGREED

- (1) That the Panel's research into drug and alcohol rehabilitation provision in East Lancashire be concluded.

- (2) That Committee Services be asked to write a draft report on the scrutiny study of drug and alcohol rehabilitation provision in East Lancashire for consideration at the next meeting of the Panel.

(b) Mental Health Care in the Community, Care Homes and Mental Health Wards

Further to concluding its work on mental health care in the community, the Panel continued its review by considering a briefing note on mental health care provision in care homes and mental health wards.

The report provided details on the care homes in Pendle that currently provided care for patients with mental illness, together with their most recent Care Quality Commission rating.

Details on the provision of inpatient mental health care in East Lancashire were also provided.

It was reported by one Panel member that a recent visit to a local care home had given cause for concern. It was suggested that more frequent inspections were required.

AGREED

- (1) That the Panel's research into mental health care in the community, care homes and mental health wards be concluded.
- (2) That Committee Services be asked to write a draft report on the scrutiny study of mental health in the community, care homes and mental health wards for consideration at the next meeting of the Panel.
- (3) That Lancashire County Council's Health Scrutiny Committee, in consultation with the Cabinet Member for Health and Wellbeing, be asked to consider carrying out inspections of care homes and nursing homes in Pendle and report their findings to a future meeting of this Panel.

23. END OF LIFE NURSING CARE

At the last meeting of the Panel, Members deferred consideration of a briefing note from Committee Services on end of life nursing care provision, to allow time to consider a national report on the issue. On looking at the national report, it had been noted that the information was in the form of a dementia care atlas, which specifically related to dementia care across the country. This had not covered the areas of concern raised with regard to end of life nursing care, therefore the Panel was asked to reconsider the briefing note and determine how it wished to proceed.

The Panel was reminded that Pendle Council did not have a remit over adult social care and that this responsibility lay with LCC and/or the NHS (bearing in mind it related to nursing care). It was suggested that it would be more appropriate for those bodies with a more direct role to carry out a review.

Members were also advised that Critical Friends East Lancashire was due to commence research into end of life nursing care early in the New Year.

AGREED

That the concerns around end of life nursing care provision be referred to Lancashire County Council's Health Scrutiny Committee for appropriate action and that an update on progress be requested in six months' time.

24. UPDATE ON INTEGRATED CARE

An update on East Lancashire Hospital Trust's Integrated Care was submitted for information. As requested by the Panel, the report included detailed statistical information on the work of the Front Door Team between January and August, 2016. Information was also provided on the Trust's work with the Falls Response Service/North West Ambulance Service in August of this year.

25. PENDLE HEALTH PROFILE

(a) Public Health Indicators

It was reported that Public Health England had recently published the annual Health Profiles which provided a snapshot overview of health for each local authority in England. A summary of the public health indicators for Pendle was submitted for consideration.

(b) Comparison Report

The Leader of the Panel submitted a report which compared the 2016 Public Health Profile of Pendle against its neighbouring regions of Craven, Ribbles Valley, Calderdale, Rossendale and Burnley. It was noted that Pendle did not compare well to some of its neighbours in a number of categories. However it was acknowledged that some of the areas used in the comparison were differently placed in terms of many health determinants.

The Council's Principal Policy Officer explained that it had already been recognised that the current health and social care system in Lancashire was not sustainable. Therefore a new government approach had been introduced to help ensure that services would be built around the needs of the local population and be financially sustainable. To do this, as with every health and care system in England, Lancashire and South Cumbria had produced a Sustainability and Transformation Plan (STP) for submission to government. Aspects of the Health Profile were being addressed through the various workstreams, prevention being one.

Pennine Lancashire had been identified within the Lancashire and South Cumbria Change Programme as one of the distinct Local Health and Care Economies (LHCE) and, as required, was developing a Local Delivery Plan as part of the STP process. It was noted that the resource gap in Pennine Lancashire for health and social care would grow to approximately £238m over five years and the Local Delivery Plan would need to respond to this challenge. Each LHCE would be supported by a System Leaders' Forum. Pendle represented East Lancashire districts on the Pennine Lancashire Forum.

In addition, an East Lancashire District Council Public Health Offer had been developed, which outlined the health gains associated with core functions and how district councils contributed to these gains through the services they provided. The Offer included a 10 point pledge to the Pennine Lancashire Transformation Programme.

The STP was to be submitted to government later this month and, further to a decision of the Executive, it had been agreed that a seminar be arranged for Members to discuss the STP and its

potential implications for health and social care provision in Pendle. Public consultation on the Pennine Lancashire transformation was being delivered through [Together a Healthier Future](#).

AGREED

- (1) That this Panel –
 - (i) recognises the major public health problems in Pendle and accepts that these cannot be solved by health organisations alone;
 - (ii) supports the decision of the Executive to arrange a seminar for Members to discuss the Sustainability and Transformation Plan and its potential implications for health and social care provision in Pendle
- (2) That an update on the work of the Pennine Lancashire Transformation Programme be included as a standing agenda item for this Panel.
- (3) That consideration be given to addressing the individual points identified in the Health Profile by way of a scrutiny review.

26. CLINICAL COMMISSIONING GROUP UPDATE

Dr Stuart Berry of East Lancashire Clinical Commissioning Group (ELCCG) gave a presentation on the work of the ELCCG. He began by providing a brief update on the public response to a recent consultation with regard to the development of primary care access.

He continued by providing information on Community Care Navigators; Integrated Neighbourhood Teams; Over 75s care; Pendle Dementia Action Alliance; Pendle Armed Forces Community Covenant; Telemedicine; improving mental health services; and improving cancer services.

He closed the presentation by reporting on the patient and public engagement that had already taken place and provided details of upcoming engagement opportunities.

Throughout the presentation he answered questions from the Panel.

The draft minutes of the August meeting of the Pendle Locality Commissioning Steering Group were also submitted for information.

27. NORTH WEST AMBULANCE SERVICE

The Panel Leader reported on his attendance at a meeting with the Interim Director of Operations and Sector Manager of the North West Ambulance Service (NWAS) where a discussion had been held with regard to the latest ambulance response times; the loss of the Community Paramedic based in Barnoldswick; and the protocol between the NWAS road ambulance and the air ambulance.

A further meeting was to be held later this month to discuss air ambulance transfers. He reported that Members were keen to establish protocols clearly defining landing/transfer sites.

28. WORK PLAN

The Panel's work plan 2016/17 was submitted for information.