

Lancashire County Council

Health Scrutiny Committee

Tuesday, 22 July, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Agenda

Part 1 (Open to Press and Public)

No.	Item	
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1.	Apologies	
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests	
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Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.	Minutes of the Meeting Held on 10 June 2014	(Pages 1 - 8)
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4.	Starting Well: A scrutiny overview of pregnancy, early years and healthy lifestyles	(Pages 9 - 20)
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5.	Report of the Health Scrutiny Committee Steering Group	(Pages 21 - 28)
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6.	Work Plan 2014/15	(Pages 29 - 32)
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7.	Recent and Forthcoming Decisions	(Pages 33 - 34)
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8.	Urgent Business	
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 September 2014 at 10.30am at County Hall, Preston.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Agenda Item 3

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 10 June, 2014 at 10.30 am in Cabinet Room 'C' - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	M Otter
N Hennessy	N Penney
M Iqbal	C Wakeford
A James	

Co-opted members

Councillor Julia Berry, (Chorley Borough Council Representative)
Councillor Melvyn Gardner, (South Ribble Borough Council Representative)
Councillor Paul Gardner, (Lancaster City Council Representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Helen Jackson, (Rossendale Borough Council Representative)

1. Apologies

County Councillor Christian Wakeford replaced County Councillor Keith Iddon, and Councillors Helen Jackson and Melvyn Gardner replaced Councillor Liz McInnes (Rossendale) and Mick Titherington (South Ribble), respectively, for this meeting.

Apologies for absence were presented on behalf of County Councillor Andrea Kay and Councillors Brenda Ackers (Fylde Borough Council), Julie Robinson (Wyre Borough Council) and Betsy Stringer (Burnley Borough Council).

2. Appointment of Chair and Deputy Chair

It was reported that Full Council, at its meeting on 15 May 2014, had approved the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Mohammed Iqbal as Deputy Chair for 2014/15.

Resolved: That the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Mohammed Iqbal as Deputy Chair for 2014/15 be noted.

3. Constitution, Membership and Terms of Reference

A report was presented on the Membership and Terms of Reference of the Committee.

It was noted that, not all district council nominees had yet been confirmed and a further update would be reported at the next meeting.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported, be noted.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

5. Minutes of the Meeting Held on 22 April 2014

The Minutes of the Health Scrutiny Committee meeting held on the 22 April 2014 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 22 April 2014 be confirmed and signed by the Chair.

6. Public Health England

The report explained that over the next 12 months the Health Scrutiny Committee would look in greater detail at the current and emerging strategies developed to deliver public health services to the residents of Lancashire. As part of that undertaking representatives from Public Health England (PHE) and NHS England had been invited to attend Committee to provide members with information on:

- Their roles and responsibilities
- Priorities
- Partnership working with other organisations to deliver the priorities

The Chair welcomed

- Jane Rossini, Centre Director - Public Health England, Cumbria and Lancashire Centre.
- Jane Cass, Head of Public Health - NHS England – Lancashire Area Team.

Jane Rossini explained that PHE is a national organisation with a local presence and that national and local priorities were similar. She delivered a PowerPoint presentation which briefly set out Public Health England's national priorities for 2013/14 and explained how their agenda was to be delivered locally. It explained their role and how PHE would work with partners. It also listed the main areas of focus for health improvement.

Jane Cass then delivered a presentation which focussed mainly on the commissioning of public health services across Lancashire. It showed which stakeholder organisations NHS England works with and the role that each of the various stakeholders has in improving public health and delivering services.

A copy of both presentations is appended to these minutes.

There then followed a discussion, the main points of which are set out below:

- It was recognised that Scrutiny could add value to the public health agenda, for example, a recent joint scrutiny report, with which Lancashire councillors had been involved, had made a significant contribution towards understanding the current picture relating to NHS Health Checks.
- In response to a question how PHE's role would fit with the role of Health and Wellbeing Boards, it was explained that PHE was collecting evidence and examples of good practice, which would be shared with stakeholders as appropriate. It was recognised that there could be a real benefit working alongside partners where it was sensible to do so.
- It was acknowledged that cervical cytology screening was a significant public health intervention where the target was not currently being met within certain communities. This was an issue that would need to be jointly addressed by a number of partners, including primary care settings where conversations could be had to alleviate concerns, and also local authority public health teams who could play their part in increasing uptake. There was a commitment to delivering on this issue in the coming year.
- Cervical cytology screening had already saved many lives, however it was acknowledged that more could be done. PHE was looking at a social marketing strategy across all screening programmes.
- Engaging with young people not in employment, education or training (NEET) was a challenge and it was acknowledged that there was a need to think "more laterally" about how best to capture that group. It was suggested that County Councillor Niki Hennessy as the Lead member for Schools might be able to help.
- Members considered it especially important to educate and empower young people to take care of themselves and prevent ill-health as they grow older.
- In response to a question whether there was any evidence that GPs, through their commissioning, were focussing on prevention, it was explained that there were different types of prevention – primary and secondary – CCGs invested in secondary prevention, for example where there was already an established condition such as Diabetes or COPD (chronic obstructive pulmonary disease). There were examples of investment in developing community assets, though

it was noted that some CCGs were doing better than others. NHS England undertook to provide further details to the Committee.

- PHE shared concerns about how CCGs were settling in to their commissioning role, particularly in the currently constrained times, and in the first year of the new arrangements it was difficult for CCGs to focus on prevention given their role as a provider.
- PHE, nationally, was trying to define what was expected from CCGs in terms of advice and support. There was a need to ensure that all CCGs, in their provider role, were meeting their obligations in terms of quality. A small group at regional level (five centres) had been established to give a sharp focus to this going forward. It was important to ensure best use of investment in primary care in their provider role. A further report would be provided to the Committee on request.
- There was a clear role for local authorities with responsibility for public health to provide advice and support to CCGs.
- It was emphasised that responsibility for public health was fragmented across a number of organisations and it was a challenge to achieve a joined-up, co-ordinated approach.
- The point was made that some of the determinants of ill-health, such as housing and employment fell within the remit of local authorities, and assurance was sought that public health would link in with district councils when prevention was being addressed. PHE was fully aware of the need to support local government to energise issues at grass roots level and the need for a strategic approach. A programme of work was coming forward which would be much more focussed on the role of district councils, for example licencing, the shaping of town centres, fast food outlets; and there would be a comprehensive framework for such an approach.
- Regarding the Preston, South Ribble and Lancashire City Deal and consequent implications for issues such as housing and transport, the Committee was assured that the impact on public health had been discussed. There were plans for public health impact assessments to be carried out on local masterplans and Dr Karunanithi, Director for Public Health, who came to the table to respond to this point, welcomed the level of importance attached to the health implications.
- The member who raised this point emphasised that it was important to consider the impact on public health when shaping such plans rather than try to mitigate plans at a later stage after they had been implemented.
- A question was raised about the Healthy Child Programme and in particular the apparent lack of emphasis on dental health and oral hygiene, and whether there were any plans to lobby large food producers about the quantity of sugar in their products. The Committee was informed that dental public health experts were embedded in the NHS Area Team and much proactive work was being undertaken both with adults and children. The 'Smile for Life' programme for children was to be adopted as a national model.
- There had been much debate around food; not just the implications for dental health, but also for obesity, and discussions were ongoing at a national level to consider how behaviours and access to sugar could be influenced.
- A question was raised about the level of public engagement particularly relating to 0 – 5 services, for example with Surestart centres and the role they

play, with neighbourhoods about the issues they face, and access to data which was important to be able to determine where the focus should be. It was acknowledged that the public were fundamental and central to decisions taken. It was recognised, however, that NHS England had not done as much engagement in the last 12 months as it would have liked whilst at the same time also setting up a new organisation. The Committee was informed that 0 – 5 services, as part of The Healthy Child Programme, would be transferring to local authorities in October 2015 and there was a lot of work to be done to ensure that an effective and engaged service was handed over.

- In response to a question about targets not currently being achieved, the Committee was informed that Cervical screening and breast screening coverage and uptake were not yet being delivered at a level expected and these would be areas of focus over the next twelve months. The majority of other programmes were on track. The commissioning and delivery of services in prisons in terms of screening and immunisation programmes was satisfactory, but there would, in future, be a need for more stop-smoking support as prisons became smoke-free.
- Specialist services were delivered through the Cheshire, Warrington and Wirral area team and further information would be provided to the Committee about these.
- It was confirmed that PHE was encouraging those from whom it commissions services to pay the living wage; officers were not aware of a commitment to make it obligatory that the living wage be paid, but would report back to the Committee on this.
- Domestic abuse was a most important issue and a significant drain on resources; it was essential to ensure, through education, that violence, including forced marriage, genital mutilation and honour based violence was unacceptable.

The Chair thanked guests for their attendance and for a very interesting session.

Resolved: That the report be noted and that the Committee would be provided with further information as set out above.

7. Update on Lancashire County Council Response to the Francis Inquiry

The report explained that Sir Robert Francis had been commissioned in July 2009, to chair a non-statutory inquiry into the happenings at mid Staffordshire. A recommendation had been made that there needed to be an investigation into the wider system to consider why issues had not been detected earlier and to ensure that the necessary lessons had been learned.

The report of the Mid Staffordshire NHS Foundation Trust Public Inquiry had made 290 recommendations, grouped into themes. It was recommended that all commissioning, service provision, regulatory and ancillary organisations in healthcare should consider the findings and recommendations and decide how to apply them to their own work. Further sharing of information across Lancashire

County Council was continuing to identify all the relevant work areas, and to consider if there were any further significant actions or opportunities to improve our work.

The report briefly set out the conclusions of the Francis report and the key actions taken by the county council so far.

Dr Sakthi Karunanithi, Director of Public Health, attended to present the report and take questions from the Committee. A brief summary of the main points arising from the discussion is set out below:

- In response to a question about whether patients, carers, elected members and the public were involved in the monitoring of services in a transparent way, Dr Karunanithi explained that the report now presented was a summary of only what the county council is doing in response to Francis; Healthwatch had an important role to play also. Decisions about the use of county council resources would be led by county councillors and available for the public to view. The Committee was invited to submit suggestions about how they would like elected members to be more involved. Dr Karunanithi acknowledged that the public have much to contribute and he confirmed that more thought would be given about how this could be achieved.
- The third sector, who it was acknowledged work very closely with local communities and were facing challenges in the current economic climate, had not been directly involved in the drafting of the county council's response to the Francis report, however they were fully engaged in the quality and safety agenda and had an important role to play.
- Ofsted style ratings were welcomed, but there was some concern that the Care Quality Commission might operate a selective approach to inspections / reports and assurance was sought that a more holistic approach would be taken in future. Dr Karunanithi explained that the county council could not influence the CQC however he was aware that discussions were ongoing about how to measure the organisation within which the relevant service was provided and that a broader view was to be taken about how well led the organisation being inspected was.
- Regarding opportunities to identify and report concerns about safeguarding issues, for example when carrying out of adaptations in people's homes, Dr Karunanithi acknowledged that safeguarding was an important, multi-agency issue; there was a process in place to trigger actions. In terms of who was responsible, there had to be some reliance on professional values and how well informed and well trained the relevant staff were. Quality and safety would always be a priority.

Resolved: That the report be noted.

8. Work Plan for 2014/15

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group

reviews. The topics included had been identified at the work planning workshop that members took part in during April 2014.

It was noted that the Steering Group were to look at access to welfare rights and it was pointed out that there was currently a working group looking at the Care and Urgent Needs Support Scheme, which might overlap with this work.

Wendy Broadley explained that it was intended to invite a range of relevant partners to Committee for each topic in order to give members the opportunity to get a holistic view.

It was requested that speakers be asked to avoid using jargon and to provide practical examples to illustrate policies and strategies, where relevant, to enable members to acquire a clear understanding of the topic being discussed.

Members were invited to feed back any further suggestions.

Resolved: That the report and the comments made be noted.

9. Report of the Health Scrutiny Committee Steering Group

On 4 April the Steering Group had met with Janice Horrocks, Consultant working with Southport & Ormskirk Hospital Trust and West Lancashire CCG, to receive an overview of the Care Closer to Home Programme. Damien Reed, Deputy CEO/Finance Director had also attended to provide an update on the partnership arrangement with St Helens & Knowsley NHS Trust for pathology services. A summary of the meeting was at Appendix A to the report now presented.

Resolved: That the report be received

10. 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.

11. Urgent Business

No urgent business was reported.

12. Dates of Future Meetings

It was noted that the next meeting of the Committee would be held on Tuesday 22 July 2014 at 10.30am at County Hall, Preston.

2014/15 Timetable of Meetings

It was reported that future meetings had been scheduled for:

2 September 2014
14 October 2014
25 November 2014
13 January 2015
4 March 2015 (Wednesday)
14 April 2015

All meetings would be held at 10.30 am in Cabinet Room C - The Duke of Lancaster Room, County Hall, Preston

Resolved: That the report be noted.

I M Fisher
County Secretary and Solicitor

County Hall
Preston

Health Overview and Scrutiny Committee

Meeting to be held on 22 July 2014

Electoral Division affected: All

Starting Well: A scrutiny overview of pregnancy, early years and healthy lifestyles

Contact for further information:

Mike Leaf, 01772 534393, Adult Services Health and Wellbeing

Mike.leaf@lancashire.gov.uk

Executive Summary

The importance of early years and partnership working was clearly and comprehensively set out within the [Chief Medical Officers \(CMO\) Annual Report, 2012](#). Despite the continued efforts of many across many fields, the evidence still points to room for improvement, needing everyone in the public sector to 'think children, young people and family' at every interaction. There is strong economical evidence in relation to investment in early years and throughout childhood ensuring that our young people leave school fit for work. Such strong evidence should never be ignored.

The CMO shows strong support for programmes such as the [Healthy Child Programme \(HCP\)](#) which underpins public health efforts directed towards children and young people, and seeks to include both universal and targeted approaches. HCP is evidence-based, ensuring that children have the best start in life, underpinned by key health professionals, particularly health visitors and school nurses.

Starting Well, Living Well and Ageing Well are the three key strands of Lancashire's Health and Wellbeing Strategy. The Health Scrutiny Committee has agreed to structure its work programme around these three key strands and as part of Starting Well has requested additional information about pregnancy, early years and healthy lifestyles.

The report provides a focus on the following themes: pregnancy, early years initiatives and support for families to make healthy lifestyle choices. It provides brief background information to each of these themes, including some statistical information; outlines the types and range of initiatives that LCC either commissions, provides or is integral to; considers some of the key challenges that we face; and explores how elected members could make a difference.

Recommendation

The committee is recommended to note and comment on the report.

Background and Advice

The following information provides a brief overview of data that relates to pregnancy, early years and healthy lifestyles and highlights how this compares to regional and national benchmarks.

Area of Need	Current Performance			
	Num	%/Rate	Versus Eng Ave	Versus NW Ave
Mothers smoking at delivery	2,104	16.8%	▼	▼
Mothers accessing early maternity services	12,285	88.0%	▲	▲
Low birth weight	1,119	8.2%	▼	▼
Infant mortality	80	5.4/1,000	▼	▼
Breastfeeding initiation	8,686	66.5%	▼	-
Breastfeeding at 6-8 weeks	3,974	30.3%	▼	-
DTaP/IPV/Hib by their 1st birthday (Vaccine)	12,208	93.9%	▼	▼
Obesity in reception class	1,232	9.6%	▼	▶
Obesity in year 6	1,955	17.9%	▲	▲
Oral health – 5 year olds % with active decay	1,707	34.9%	▼	▼
Proportion of positive Chlamydia tests	3,444	8.2%	▲	▼
Under-18 conception rates	563	26.9/1,000	▼	▲

Key	
▲	Lancashire performance better than comparator
▼	Lancashire performance worse than comparator
▶	Lancashire performance equal to the comparator

Current provision

There is a range of activity and provision that is being delivered in Lancashire that directly contributes to the themes highlighted by the Health Scrutiny Committee of pregnancy, early years and healthy lifestyle choices. Below is a summary of some of this provision under these three themes:

Pregnancy

Smoke free homes

- East Lancashire project that has now been commissioned county wide to raise awareness about the harms associated with exposure to second-hand smoke in the home and car.
- Promoted by professionals including Midwives, Health Visitors, Fire Service and Children's Centre teams and has seen over 12,000 homes make a pledge to make their home and car smoke free.
- 280 workers have been trained in supporting families to become 'smoke free' and an awareness campaign includes materials, information and resources

Smoking in pregnancy

- Maternity services are routinely assessing smoking status, in some areas also using carbon monoxide tests, and referring into smoking cessation services. This information is collated and benchmarked nationally.
- A draft multi-agency strategy and action plan has been developed and is currently with key partners for consultation and feedback
- Scoping exercise has highlighted great differences in service provision across the 5 maternity trusts. A 2 year pan-Lancashire strategy "Tackling Smoking in Pregnancy" action plan has been collectively developed by public health, maternity trusts, Clinical Commissioning Groups (CCGs), Stop Smoking Services and the Third sector.
- Funding has been allocated to support the public health elements of this programme. LCC is also developing a social media campaign to reduce smoking in pregnant women under 25 year of age

Early Years

Emotional Health Team

- Providing holistic care to families where a parent or carer is living with the challenges of substance misuse and/or mental health (including maternal depression), and where this is, or is likely to, impact negatively on the physical and emotional health of an infant or pre-school child.
- Provides a named Substance Misuse Worker and a named Infant Mental Health Worker for each locality across East Lancashire, who will advise the children's centres on delivery of effective emotional health interventions and strategies.
- In partnership with treatments prescribed by the community drugs team or GP's provide outreach, emotional health needs assessments, care plans and therapeutic interventions to service users and their families.

Children & Families Partnership Team

This service, available in the East delivers:

- Specialist input to maternity services, children's centres, schools, primary care and partner agencies on a range of health priorities including infant feeding and the promotion of breastfeeding, speech and language development, peri-natal health and oral health.
- Provision of quality assured parenting support.
- Improving the links between the children's centres, primary care and the midwifery service, supporting the delivery of peri-natal care, identifying women at high risk of adverse birth outcomes, and providing early intervention programmes.
- Improving the links between children's centres, schools, colleges and mainstream NHS services, by supporting the transfer of mainstream services into the settings, for example, children's centres - stop smoking services.
- Providing multi-agency training on a range of emotional health topics including: hidden harm; substance misuse; post-natal depression; parenting facilitators and safeguarding.

- Contributing to the design and delivery of health promotion and social marketing campaigns aimed at raising awareness of emotional health issues.

0-5 Healthy Child Programme

- The [Healthy Child Programme](#) for the early life stages focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.
- Responsibility for the universal and targets programme including Health Visiting and Family Nurse Partnerships, will transfer to LCC in October 2015 from NHS England Lancashire Area Team

Home-Start

- 7 schemes across Lancashire that aim to reduce the isolation of families, increase wellbeing and reduce health inequalities where at least one child is under the age of five. Home-Start offers support, friendship and practical help to parents with young children through the recruitment, training and co-ordination of a network of volunteers.
- Support might include: working with families affected by depression, post natal illness, bereavement and isolation; enabling families to attend health appointments; encouraging healthy lifestyles; providing advice regarding safety in the home, fire prevention and hygiene.

Safer Sleep

- Through the Child Death Overview Panel, the pan Lancashire Safer Sleep guidance and campaign was refreshed and provided frontline staff with a consistent message and materials to share and discuss with parents/carers.
- The materials supported professionals to have an open conversation about the risks of sharing beds with babies to support parents to make informed and safer choices.

E learning

- The Infant Mortality E Learning package is in the final stages of development and consists of three main areas: smoking in pregnancy, breastfeeding and safer sleeping.

Healthy Lifestyle Choices

School Nursing Service (Commissioned by LCC)

- A national public health programme for children and young people from 5-19
- Supports the transition from children to adult
- Delivers the National Child Measurement Programme which provides a robust data base of healthy weight status across Lancashire.
- Delivers the Healthy Child Programme (5-19 years) which includes health assessment at key transition stages.

Lancashire Children's Centres

These centres are commissioned by LCC to deliver a Core offer of services/support as defined in DfE Statutory Guidance. Children's centres are used on a daily basis by health staff to deliver midwifery and health visiting services/clinics ensuring services are located in the heart of communities.

- Lancashire children's centres have high rates of engagement with children in the first year of life (over 80%) of all have accessed services in the last year via a children's centre.
- Early Notification of pregnancy, a process/system which alerts Children's Centres to pregnancies across the County, this enables children's centres to identify vulnerable mothers and then offer services/support appropriate to need before the baby is born.
- 'From Bump to Birth and Beyond' (BBB) is a universal ante-natal course held in children's centres across the County and jointly delivered by Health and children's centre staff. The BBB course is for all pregnant women (whether it's their first child or a subsequent child), dads, carers and grandparents can also attend. The BBB course provides advice and information which helps families prepare for parenthood and not just the birth of a baby, the course includes a number of safety in the home/safeguarding messages.
- Children's centres have a referral system in place with neo-natal units which provides vulnerable families with access to services/support in the community on discharge.
- A number of Children's centres and staff teams have achieved the staff UNICEF baby friendly status and staff are trained to offer support around choices to breastfeed and support after birth to sustain breastfeeding.
- Children's centres provide 1-1 support and advice to Teenage parents including accessing the "From Bump to Birth and Beyond" courses.
- Children's centres implement a visiting pattern to vulnerable children up to the age of 3 years which supports and enables parents/carers to play and learn with their children. To support the most vulnerable children to achieve their expected levels of development.
- Children's Centres deliver evidenced based parenting programmes in line with Lancashire's parenting strategy to vulnerable parents in need of support.
- Children's Centres and health visitors are currently piloting the integrated educational and health review at 2 years of age, by sharing EYFS and health assessments. Children's Centres then follow up on poor attendance for vulnerable children and work closely with health visitors and nurseries / child-minders to identify speech and language delays early and offer support and access to services.
- Children's Centres deliver outreach/family support services to vulnerable children and families in their homes on a daily basis, this one to one support covers a range of activities relating to the health and wellbeing of young children and their parents / carers. This service is accessed on a referral basis via Health Visitors, midwives and other professionals.
- Change for life is promoted in all Children's Centres with access to Health Heroes and Smile 4 life activities.

Children & Families Partnership Team (Health Improvement Service)
(East Lancs only)

This service delivers

- specialist input to maternity services, children's centres, schools, primary care and partner agencies on a range of health priorities including infant feeding and the promotion of breastfeeding, speech and language development, peri-natal health and oral health.
- support for the Lancashire Parenting Strategy across East Lancs, ensuring there is accessible; quality assured parenting support for all ages across the 0-19 age group and adequate provision across the continuum of need
- improving the links between the children's centres, primary care and the midwifery service, supporting the delivery of peri-natal care in the centres and GP surgeries, identifying women at high risk of adverse birth outcomes, and providing early intervention programmes, including additional support for teenage parents. parent craft, vitamin D promotion, smoking in pregnancy, infant mortality prevention, and promotion of maternal and emotional health, healthy weight in pregnancy pathway, development of the public health role of midwives and supporting the introduction of new public health projects, initiatives and messages in respond to emerging health inequalities and public health priorities..
- improving the links between children's centres, schools, colleges and mainstream NHS services, including maternity services by initiating and supporting the transfer of mainstream services into the settings e.g. children's centres - Stop Smoking Services.
- providing multi-agency training on a range of emotional health topics including:
 - Hidden Harm
 - Substance misuse brief intervention strategies
 - Post-natal depression training.
 - Parenting facilitators training.
 - Safeguarding in relation to substance misuse and maternal depression
- contributing to the design and delivery of health promotion and social marketing campaigns aimed at raising awareness of emotional health issues including bonding and attachment, substance misuse and post-natal depression

Infant Feeding

- Continuing work towards maintaining and achieving UNICEF UK Baby Friendly Initiative (BFI) accreditation to ensure consistent, evidence based, best practice infant feeding services for women and families across Lancashire.

North Lancashire

- North Lancashire community – full BFI accreditation
- Blackpool Teaching Hospitals NHS Foundation Trust – reached BFI stage 1 accreditation, for stage 2 assessment soon
- University Hospitals of Morecambe Bay NHS Trust – no engagement with BFI

Central Lancashire

- Central Lancashire community– reached BFI stage 1, for stage 2 assessment later this year
- Lancashire Teaching Hospitals NHS Trust – no engagement with BFI

East Lancashire

- East Lancashire community – Reached BFI stage 1, for stage 2 assessment in January 2015
- East Lancashire Hospitals NHS Trust – full BFI accreditation
- Delivery of evidence based breastfeeding peer support programmes across Lancashire to improve breastfeeding initiation rates and provide support for mothers to continue breastfeeding for as long as they wish.
- Delivery of evidence based breastfeeding peer support programmes across Lancashire to improve breastfeeding initiation rates and provide support for mothers to continue breastfeeding for as long as they wish. The peer support programmes we currently commission are:
 - Breastfeeding Network in North Lancashire – comprehensive package of various targeted and non-targeted peer support programmes
 - Families and Babies in Central Lancashire – mostly non targeted peer support programme
 - National Childbirth Trust in East Lancashire – smaller programme of non-targeted peer support.
 - The work currently being undertaken in the commissioning review will lead to the design of a Lancashire wide infant feeding service specification to enable equity in service delivery across Lancashire.

Vitamin D distribution

- East Lancashire LCFT providers are currently commissioned to provide Vitamins to all pregnant women and children aged 0-4. This is a recommendation in the CMO report (2012) where targeting (beneficiaries only) has not made an impact. A review of the effectiveness of this provision could determine if a universal role out would be appropriate across all of Lancashire. This is currently delivered by the Children's Centres in East Lancashire.

Oral Health

A number of commissions in East Lancashire include:

- Oral health promotion service and epidemiology
- Tooth brush Scheme
- Smile4Life award framework which focuses on oral health is available for early years settings (children's centres; private, voluntary and independent nurseries; and child minders) to celebrate existing good practice and shape provision.
- The large majority of Children's centres across the County have achieved the Smile4Life award, messages/information are shared with children and parents on a daily basis as part of the services/support delivered from children's centres.

Healthy Settings

- Two awards frameworks are available for early years settings (children's centres; private, voluntary and independent nurseries; and child minders) to celebrate existing good practice and shape provision. Smile4Life which is focussed on oral health and Be Active Eat Healthy, which focuses on promoting healthy weight.
- Healthy Heroes is an emotional health and wellbeing resource that has been adopted by 43 children's centres, 28 nurseries and 23 schools.
- In September a suite of e learning modules will be cascaded across the CYP workforce. These will include modules that focus on infant mortality, healthy weight, asthma, oral health, sexual health, substance misuse, healthy child programme, domestic abuse and a number of emotional health and wellbeing modules. Providing the CYP workforce with an awareness, knowledge and understanding of working with families experiencing these issues.

Child Accident Prevention Service

- This is only available in the East and aims to reduce the number of children injured in an accident
- Specific support for children and families is provided through:
 1. The Home Safety Equipment Scheme (HSES)*
 2. Information and resources on keeping your baby safe at 6- 8 weeks.
 3. Talks to parents and carers groups on home child safety.
 4. Talks to School Children (reception year 1) on Home Safety

Suicide prevention

- Under the Lancashire Children's Safeguarding Board there are several areas of work which have been identified for progressing:
 - Reviewing the provision of support for children and young people who demonstrate their emotional distress by self-harming
 - Including specific work with BME communities to increase the understanding of need in this area
 - Reviewing the availability of self-management and problem-solving training for children and young people with a view to increasing their resilience to crises that occur in their lives
 - Ensuring equitable access to both universal and specialist services for all 16 – 18 year olds, in particular those not accessing further education, as they are often the most vulnerable and most in need of service
 - Ensuring that projects working with troubled families focus on emotional resilience as a high priority

Working Together with Families

- The Working Together With Families (WTWF) multi-agency strategic work programme commenced in September 2011 and is aimed at increasing the resourcefulness and resilience of families across Lancashire. Focussed on whole-system culture change, the emphasis is on working with families as opposed to doing to, helping them to take greater control over changing their circumstances and improving outcomes for their children.

Lancashire Sport Strategy

- A key County strategy which maintains a focus on working with a range of partners to ensure access to quality sports and physical activity, with one of its priorities focussed on children and young people.
 - Positive Together project- To provide a range of sporting and physical activity opportunities locally for inactive people living in deprived communities, with a particular focus on young people 10-25 who are involved in anti-social behaviour or identified as being 'at risk'.

Smoking in young people

- Public health is currently undertaking research into the use of tobacco, Shisha and e- cigarettes in young people aged under 25 and are planning to develop training for retailers, campaigns for parents and carers, and digital resources for young people to reduce access to these products
- Plans to extend the Smoke-Free Play Scheme, which introduces a voluntary smoke free code in park play areas in North and Central Lancashire (East already has it)

Challenges

There are a number of key challenges that can be identified across the Starting Well offer for families in Lancashire:

Inconsistency of delivery – the targeting of resources and delivery at those families in Lancashire that are most vulnerable necessarily means that there will be geographic variations in our health offer to families (see above). There are examples of good practice which could be rolled out across Lancashire, subject to resource constraints.

Inheritance of contracts – In April 2013, the majority of the resource and responsibility for public health transferred to Lancashire County Council from the former 3 NHS Primary Care Trusts, each of which operated in different ways, had different priorities and each had hundreds of contracts with hundreds of different voluntary and statutory providers. The complexity and inconsistency involved in managing and reviewing these contracts, is resource intensive, although it is anticipated that this will become easier once a full review of these contracts has been undertaken before April 2016.

Wider children's workforce engagement - there has been a lot of progress made in developing a culture where health improvement is not just the role of health professionals. There is a need to build on this to ensure that all agencies working with children understand, and play a role in supporting improved health and wellbeing for children and families.

Commissioning fragmentation - following the introduction of the Health and Social Care Act 2012, the responsibility for commissioning services for children and young people became very fragmented. For instance **Clinical Commissioning Groups** are responsible for maternity and new-born and health care services; **NHS England**-Health services for young offender institutions, juvenile prisons, secure children's

homes/ Public health services for children from pregnancy to age 5 (Healthy Child Programme 0-5), including health visiting, family nurse partnership, responsibility for Child Health Information Systems/immunisation and screening; **Local government (LCC)** - Healthy Child Programme for school-age children, including school nursing, oral health, sexual health, substance misuse, physical activity, obesity programmes, birth defects, suicide prevention, mental health and accident prevention; **Public Health England** -Infectious diseases, health campaigns. Coordinated commissioning for children and young people can be difficult.

Role of elected members

The role of elected members extends beyond the role of Health Scrutiny. As local representatives of communities, their roles could include:

- Understanding the importance of healthy pregnancy, early years and healthy lifestyles
- Ensure local commissioning and services are shaped by the views of local children, young people and parents
- Ensure there are joined up services for children 0-19yrs with health visitors and school nurses working together with other partners
- Support and encourage multi-agency work and training
- Champion the shift towards prevention and early intervention
- Gain the views of frontline staff, partners and service users
- Support and promote the Health Advocate Course (2 Day Programme) for elected members (Gulab.singh@lancashire.gov.uk). The aim is for elected members to gain an understanding of the health responsibilities and opportunities, and use their life experience, understanding and position of influence to help communities lead healthier lives
- Challenge partners who are not engaging
- champion CYP issues in their area, encourage parents/parents to be to access maternity services early in their areas, prepare well prior to conception (folic acid, healthy weight, stop smoking, get ready to stop taking substances such as drugs and alcohol), safe environment to raise a child (housing and health, built environment), advocate for smoke free play areas, encourage more physical activity in school and at home.

Recommendations

The committee are asked to note and comment on this report

Consultations - N/A

This item has the following implications, as indicated:

Risk management

There are no risk management implications arising from this report

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Directorate/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

Agenda Item 5

Health Scrutiny Committee

Meeting to be held on 22 July 2014

Electoral Divisions affected: All

Report of the Health Scrutiny Committee Steering Group

(Appendices A and B refer)

Contact for further information:

Wendy Broadley, 07825 584684, Office of the Chief Executive,

wendy.broadley@lancashire.gov.uk

Executive Summary

On 2 May the Steering Group met with Mark Hindle, Chief Executive of Calderstones NHS Trust to update members on the Trust's annual and 5 year plans and also received a further update from Lancashire Care Foundation Trust on inpatient facilities. A summary of the meeting can be found at Appendix A.

On 13 June the Steering Group met with University Hospitals Morecambe Bay Trust to discuss the forthcoming publication of the CQC inspection report and other recent developments. A summary of the meeting can be found at Appendix B.

Recommendation:

The Health Scrutiny Committee is asked to receive the report of the Steering Group.

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;

- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

NOTES

Health OSC Steering Group Friday 2 May 2014

Present:

- County Councillor Steve Holgate
- County Councillor Mohammed Iqbal
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle

Notes of last meeting

The notes of the Steering Group meeting held on 4 April were agreed as correct.

Calderstones

Mark Hindle – Chief Executive of Calderstones NHs Trust attended the meeting to update members of the Trust's annual and 5 year plans.

A copy of the annual plan is attached

Mark talked about the services provided by the Trust and the challenges they face, a discussion took place and the main points were:

- An adult with a learning disability is identified as having an IQ lower than 80
- Currently everyone in the facility (with the exception of one) is there for criminal justice reasons
- They are vulnerable adults – had poor outcomes, lots of self abusers, have been abused in the past (physical, sexual and financial). 30/70 female/male split of clients.
- There are more males as they are more likely to be part of the criminal justice system (CJS)
- There is a medium secure unit (50 beds) – clients are challenging, can be violent, have mood swings, have underlying mental health issues and often display high levels of aggression towards staff – consequently there are high levels of sickness absence amongst staff
- Generally come from prison or the CJS
- The Trust is currently asked to assess people from across the country. This is a physical assessment and requires the team to travel wherever the client is and the Trust receives no payment for this (would only receive funding if the person becomes a client of the Trust).
- Mark has been in post for approximately 6 months now and is currently looking at the ways in which things have always been done and whether there are better more efficient ways of working.
- There are up to 250 beds in the organisation in total (Calderstones and Gisburn) – a mixture of low and medium secure facilities. High secure clients are held at Rampton (until they are deemed a medium secure risk and then they are transferred back to Calderstones).

Appendix A

- The Trust is the biggest medium secure facility of its kind in the country (rest of the provision is in the private sector) and the average length of stay is 9 years.
- Have national and international recognition for the therapy provided, in particular the Adaptive Sex Offender Programme – it is very bespoke to individual clients and is one of the strengths of the organisation.
- Although they have very vulnerable and needy clients don't want Calderstones to be an 'institution', but instead what people, who are able, to move on – have very few readmissions
- Deal with a lot of clients that the rest of the system have given up on
- Mark acknowledged that safeguarding issues are always a key concern and following the critical report by the CQC a number of changes have been made to improve the service.
- No issue with the local neighbours – the local village has 'grown up' with the facility
- Step down facilities include a low secure unit (less staffing, lower fences). It is still residential but clients are able to wander around the site, get home leave, go to college, and learn life skills and self development.
- Next stage is a further step down to row of terrace houses on the site where they house share with other clients and a member of staff and begin to lead a more independent life.
- The next stage after that is to either go back home or supported living in the community
- The Trust wants to invest in adaptive programmes to help people move through the system – currently staffing resources cannot enable clients to take part in all the different types of activity that could be provided.
- The future – reconfiguration – the Trust is a small organisation in NHS terms (£60m). Feel that they have got to the end of potential efficiency savings without affecting safeguarding.
- Trust will have a reduced income and need to identify efficiencies. Know this is going to happen within the next 3 years – merger is not the solution
- Mark would like to partner up with a like minded local organisation (particularly one that specialises in high secure facilities) to develop a joint pathway for clients
- This would be part of the wider efficiency savings that need to be achieved but quality and effective therapy and support is more important – scope to merge back office functions with another partner organisation.
- Options for income streams? – could take on 'private' work. Look at ways for providing services for vulnerable people with challenging behaviours – could maybe take on dementia, autism etc.
- Commissioners are pushing for more low/medium secure facilities – could partner with an organisation to provide, for example, an autism supported living facility – could apply to other service user groups
- Prison in-reach – if the Trust can get the resource to diagnose people with learning difficulties and help provide services once people are released. Lots of ideas for the future but struggle to get the support for required resources
- Organisation is weak in developing itself as a lead organisation within the system.
- Liaison with families – they are encouraged to be part of the care planning, policies, care pathway design, take part in Board meetings and 'tell their story'. Regulators and Inspectors seek out families for feedback.

Appendix A

- The Trust only takes adults (those 18 and over). Under 18s would only appear on their radar because of the CJS – wherever they are within the system with a learning difficulty as soon as they reach 18 they could access the Trust.
- CC Holgate informed Mark that members are happy to help where ever they can and if the Trust has any specific issues the Committee can talk to the commissioners.
- Mark would like to return to Steering Group again sometime to update members on the new ways of working for the future – to liaise with Wendy re timeframes

Lancashire Care Foundation Trust

Alastair Rose and Bev Pickover from the Trust attended the meeting to provide members with the latest update relating to the progression of in-patient facilities in across the county.

- Within the next 2 weeks the new in-patient facility in Lancaster is to open and following that Ridge Lee will then close.
- The Harbour is still on target to open in 2015 (February hopefully)
- Central Lancashire site? – Ribbleson Hospital is a possibility (the Trust own the site) but this will be the final site and won't be finalised until all the other in-patient accommodation is up and running and then the Trust can determine what capacity remains to be required.
- East Lancs site (RBH) – can't redevelop the existing buildings as they aren't owned by LCFT, therefore in the process of buying the land next door (need the proximity of the acute trust). Planning permission needs to be sought, currently it's zoned for employment. Already met with BwD planners and they are aware and unsupportive. BwD own the land. Still on target for a 2016/17 completion/open date (the original timescale for the Blackburn site)
- Within the next 6-8 weeks the Trust will be able to firm up the timescales – potential stumbling blocks include:
 - Planning permission
 - Affordability – both for the commissioners and availability of capital (cost of borrowing)
 - General election – hope to finalise the business case before the election
- All other issues are transactional – the Trust need to promote the fact that the Blackburn site will be a smaller version of the Harbour (i.e. brand new/same facilities)

Its was agreed that Alastair would come back to Steering Group after the summer with further detail and a communications and engagement plan

Public Health work planning workshop – feedback

The Steering Group considered a summary of the feedback that members provided on the draft public health business plan. It was agreed that the feedback be forwarded to the DPH for information and/or action prior to the production of the final business plan

Draft work plan

Steering Group were provided with a list of topics for scrutiny identified at the public health work planning workshop on 22 April.

It was agreed that Wendy would provisionally produce a comprehensive work plan for all Committee and Steering Group dates for the next municipal year and this will then be presented to Committee in June for consideration.

Dates of future meetings

- 23 May – cancelled
- 13 June – hopefully to be ELCCG re proposals for Health Access Centre in Hyndburn
- 4 July – Richard Jones – NHS England (Lancashire)

NOTES

Health OSC Steering Group Friday 13 June 2014 – Scrutiny Chairs Room (B14a) 2.00pm

Present:

- County Councillor Steve Holgate
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle

Also:

- County Councillor Richard Newman-Thompson
- County Councillor Darren Clifford

Apologies:

- County Councillor Mohammed Iqbal

Notes of last meeting

The notes of the Steering Group meeting held on 2 May were agreed as correct

UHMBT – CQC Inspection

Phil Woodford, Deputy Director of Corporate Affairs from University Hospitals Morecambe Bay Trust attended Steering Group about:

- Recent CQC inspection and impending report
- Medical Director – following step down of George Nasmyth
- Chair of the Board – following resignation of John Cowdall

Members had been provided with recent copies of press releases relating to their CQC inspection and changes at the Trust for information.

Although the meeting with the Trust was already scheduled the Chair made the comment that it was fortuitous that the very recent developments at the Trust could also be discussed even if all the content of the draft CQC reports would possibly not be minuted for confidentiality reasons.

Discussions were based on the draft report as the Trust had not yet seen the final version and the main points were:

- There will be a report per hospital site and then an overall one for the Trust, and 'Ofsted' style ratings will be published.
- Phil informed members on the detail of the draft reports and the process around receipt of and response to the issues raised. The Trust submit evidence to CQC around mechanisms to address the issues and Phil fed back to members' examples of the evidence provided.
- Members asked a number of questions on the draft report which included topics such as staffing, specific departments, leadership and organisational

culture. Responses were provided by Phil to the best of his ability at the present time.

- The CQC will be holding a quality summit – Wendy to contact them to determine whether HSC representatives are to be invited.
- The Trust will produce an action plan for each element of the report.

Press releases –

- John Cowdall – regret expressed by some members on the resignation of the Chair
- George Nasmyth – came out of semi-retirement to help the Trust out and indicated at the time that it would be a short term appointment. The Trust had been previously aware of the deadline but unfortunately it wasn't announced at the time.

Next steps:

- Phil to provide updates on the content of the draft reports as issues arise
- The Trust are meeting with local MPs
- BCT programme? – Joint Committee updates to ensure clarity of messages
- Published final report? – embargoed for Monday 23rd June.
- Action plan/progress updates – to be shared with the Committee as developed.

The Chair assured the Trust that members are supportive and keen to know areas where they can help with the process – possibly express those sentiments in a press release, visit individual departments and ensure that local members are up to date with the facts.

Key message that members expressed and wanted the Trust to take on board is the use of language in their communications – confusion leads to misunderstanding.

Work plan – work in progress

The current work plan for the Committee and Steering Group was attached for comment and update.

Confirmed that will work on the Starting, Living & Ageing Well basis therefore the July Committee will look at public health implications of early years services and services available to pregnant mothers (lifestyle issues etc)

Further development of the Steering Group work plan is required – hospital discharge issues to be added after further investigation has been carried out on what the current position is

Dates of future meetings

- 4 July – Richard Jones, NHS England (Lancashire Area Team) and Tony Pounder, LCC re Home Care procurement update and Care Act Implementation challenges
- 25 July – CCG Commissioning & NWAS 5 year plan
- 15 August - tba

Agenda Item 6

Health Scrutiny Committee

Meeting to be held on 22 July 2014

Electoral Divisions affected: All

Health Scrutiny Committee Work Plan 2014/15

(Appendix A refers)

Contact for further information:

Wendy Broadley, 07825 584684, Office of the Chief Executive,

wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in during April

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Committee Work Plan 2014/15

Starting Well		
Date	Health Scrutiny Committee	Steering Group
22 July	Families:- <ul style="list-style-type: none"> • Pregnancy • Early years • Healthy lifestyles 	<ul style="list-style-type: none"> • NHS England Lancashire Area Team • Home Care Procurement update • Care Act implementation – challenges for LCC
2 September	<ul style="list-style-type: none"> • Health needs assessments of families • School nurses • Health visitors 	<ul style="list-style-type: none"> • Response from Cabinet Member to NHS Health Checks task group report • Lancashire Teaching Hospitals Trust – pre CQC inspection discussion • NWAS – 5 year plan • CCG commissioning arrangements • CQC – information sharing protocols • Lancashire Care Foundation Trust – inpatient facilities update
Living Well		
14 October 25 November 13 January	Economic Impact:- <ul style="list-style-type: none"> • Links between economy and public health • Role of the LEP • Impact on services – who is affected most? 	<ul style="list-style-type: none"> • Food banks • Renewable energy • Policies affecting different demographics • Getting maximum impact from voluntary sector – how they are

	<p>Self-Care:-</p> <ul style="list-style-type: none"> • Improving health literacy to make healthier lifestyle choices • Community assets/local solutions – identification and support <p>Environment:-</p> <ul style="list-style-type: none"> • Healthy spaces • Healthy work places • Housing <ul style="list-style-type: none"> ○ Planning processes ○ Affordability ○ Sustainability 	<p>supported</p> <ul style="list-style-type: none"> • Access to welfare rights • Access to sexual health services • Emergency planning • Climate change • Update on recommendations of the Care Complaints task group • Health & Wellbeing Board • Trust Board Governance
Ageing Well		
<p>4 March 14 April</p>	<p>Independence:-</p> <ul style="list-style-type: none"> • Dementia friendly boroughs • Support for carers • Social isolation • Falls prevention • Access to services for people with LTCs 	<ul style="list-style-type: none"> • Fuel poverty • Mortality reduction • Complaints of domiciliary care (from the Care Complaints task group) • Standards of care in residential and nursing homes
Task Groups		
June	Disabled Facilities Grants	Chair: CC Newman-Thompson

Health Scrutiny Committee

Meeting to be held on 22 July 2014

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:

Wendy Broadley Office of the Chief Executive, 07825 584684

wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about 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 can 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>

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a) to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A