

Lancashire County Council

Scrutiny Committee

Friday, 16th January, 2015 at 10.30 am in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Agenda

Part I (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 5 December 2014	(Pages 1 - 8)
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4.	Domestic Abuse - Collaboration with Health Services	(Pages 9 - 14)
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5.	Work Plan and Task Group Update	(Pages 15 - 18)
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6.	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.

7.	Date of Next Meeting
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The next meeting of the Scrutiny Committee will be held on Friday 13 February at 10:30am at the County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall

Preston

Agenda Item 3

Lancashire County Council

Scrutiny Committee

Minutes of the Meeting held on Friday, 5th December, 2014 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Bill Winlow (Chair)

County Councillors

A Barnes	A Schofield
C Crompton	J Shedwick
S Holgate	V Taylor
R Newman- Thompson	C Wakeford
Mrs L Oades	D Watts
C Pritchard	G Wilkins

County Councillors Steven Holgate and Alan Schofield replaced County Councillors Miles Parkinson and David O'Toole respectively.

The Scrutiny Committee invited County Councillors Margaret Brindle, Susie Charles, Fabian Craig-Wilson, Cynthia Dereli and Yousuf Motala to the meeting.

1. Apologies

There were no apologies.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting held on 7 November 2014

Resolved: That the minutes of the meeting held on 7 November be confirmed and signed by the Chair.

4. Lancashire Safeguarding Children Board - Early Help Thematic Inspection Findings, LSCB Annual Report, Information-Sharing Pilot and Child Sexual Exploitation

The Chair welcomed Jane Booth, Independent Chair of the Lancashire Safeguarding Children Board (LSCB); Kathryn Grindrod, LSCB Business

Manager; Tony Morrissey, Head of Safeguarding Inspection and Audit; Bob Stott, Director for Universal and Early Support Services; County Councillor Matthew Tomlinson, Cabinet Member for Children, Young People and Schools; and Detective Chief Inspector Tony Baxter to the meeting.

At the March 2014 meeting of the Scrutiny Committee members asked the Lancashire Safeguarding Board (LSCB) representatives to return to present a number of items when they became available. These items were:

1. LSCB Annual Report
2. Findings from a thematic practice inspection of Early Help Services
3. Update about the information-sharing pilot between the NHS and CYP Directorate.

In addition, the Scrutiny Committee had requested some information about work in Lancashire around the issue of child exploitation, and a report about this had also been provided.

The LSCB had a statutory responsibility to ensure the effectiveness of work undertaken by agencies to safeguard children in Lancashire. The LSCB Annual Report set out the work undertaken in this regard in Lancashire for the previous financial year up to end of March 2014. The report reflected the sheer volume of work across the county and the pressure member agencies were under.

The report set out key successes and also areas for development for all LSCB member agencies during the coming twelve months. The LSCB remained particularly concerned about services for children experiencing emotional and mental health issues. This issue had recently been presented to the Lancashire Health and Wellbeing Board and ongoing development work had been agreed. The LSCB would continue to work with partner agencies to address all areas for development identified in the Annual Report and Lancashire County Council was a key organisation in all this work.

One of the key areas for development and further analysis was continued awareness raising and analysis of the risks presented through use of the internet and social media. DCI Tony Baxter informed Members that an open day for schools had been held in November on how to manage internet risks. He explained that work was also being done through the E-Safety Group. Lancashire Safeguarding Children Board had produced an E-Safety Strategy which set out how effective E-Safety services would be provided in Lancashire.

Another key issue was engagement with private sector children's homes and the Committee was informed that the LSCB had held an event regarding this.

The LSCB also stated it was vital services targeted resources to areas where the needs were the greatest.

Councillors were invited to ask questions and raise any comments in relation to the LSCB Annual Report 2013/14, a summary of which is provided below:

- Members enquired about the level of engagement with further and higher education institutions. They were informed that the LSCB recognised that there was more work to be done in this area, though through sub-groups it did have contacts with further education establishments. Bob Stott, Director for Universal and Early Support Services, informed Members that he was meeting with all further education principals on 7 January and he would bring this awareness of safeguarding to them at this forum.
- Regarding the statement in the report "Abuse and neglect were clearly the most common reasons for children being looked after. As would be expected the more economically deprived districts had the highest rates", Members raised concerns about this statement, feeling it may reflect a stereotyped generalisation about certain areas, and could even prove to be counter-productive in terms of the attitudes towards such areas. The LSCB representatives advised the Committee that the reality was that vulnerabilities cluster and there were more children on a child protection plan as a result of concerns about neglect in these areas of the highest deprivation, but recognised that the language used should have been clearer and more specific, based on the specific evidence rather than appear to make such judgements.
- Members queried arrangements for dealing with children missing from home. The first port of call for missing children was the police, and it was confirmed that significant efforts had gone into developing and improving the response in this area. When a missing person was reported it was graded as high, medium or low risk and got an appropriate response from the police. When a missing child was found he or she got a safe and well check, and a return home interview. Return home interviews were done by the Children's Society. There was a commitment for the safe and well check, and the return home interview to be carried out within 72 hours.
- The Committee enquired what the recruitment policy was for people to become Child Exploitation and Online Protection (CEOP) ambassadors. DCI Baxter would take this query away and find out what the policy was. Essentially ambassadors were people who could reach young people and this was usually through education facilities.
- OIN relation to re-referrals, it was reported that there had been an impact in the recent migration of social services record from a previous ICT system to a new system (known as "Liquid Logic") and the migration of information had caused difficulties because some referral documents had to be opened and were now classed as re-referrals. The Team had also been working with the definition of referrals and as a result of this there had been a reduction of re-referrals coming through.
- The committee requested that the annual report be e-mailed to all County Councillors along with the additional CSE campaign report.

- The committee discussed the delivery of child abuse awareness raising sessions by the NSPCC in 498 primary schools. It was explained that the sessions were aimed at children around 9 years of age and were age specific – it was advised that the sessions dealt with the issues, such as "grooming" in a way that children of that age would understand. not mentioned grooming was part of the sessions in some way. The Committee were also informed that these sessions were a rolling programme.
- The Committee enquired what help was possible where abuse or neglect was a problem for families living in poverty. It was made clear that it was understood that, whilst poverty was a problem for many families, and there was support available, it could not be assumed that children in poverty were also victims of neglect, and that the response from any agency therefore had to be appropriate to the actual situation.
- There was concern over the inconsistency in support services for children with emotional distress in Lancashire and Members wanted assurances that these issues would be addressed. The LSCB recognised and shared these concerns and had requested assurances from the agencies about availability and consistency of support for children with emotional health and wellbeing. The Health and Wellbeing Board had set up a task and finish group that was reviewing the services delivered through LCC funding and Children's Social Care.
- Regarding prosecution in Lancashire, it was confirmed that the police robustly pursued offenders, and actively sought a range of actions against offenders. There was a high success rate of cases that reached court with very high conviction rates, and support for young victims of abuse was recognised as crucial and something the police worked hard on.

The Chair introduced Tony Morrissey, Head of Safeguarding Inspection and Audit, to introduce the findings of the Thematic Inspection of Early Help.

The LSCB had the responsibility for monitoring the quality and effectiveness Of the early help offer in Lancashire. The LSCB completed a multi-agency thematic practice inspection of Early Help in Lancashire in May 2014. The inspection team comprised a number of professionals from LSCB partner agencies, but also a team of young inspectors who had been funded by the LSCB to undertake inspections and assess how well agencies are safeguarding children and young people.

The inspection found a number of strengths in respect to early help, some of which would benefit from replication across Lancashire, as well as a number of issues which required discussion to clarify matters going forward. Potential improvements were identified, which if adopted could provide further

improvement in the early help children and young people and their families received, further enabling families to work with agencies to build their resilience and address any issues at an early stage.

In the thematic inspection report the strengths around the work of children's homes was noted. Other strengths from the inspection were the investment by agencies in Early Help activity and the level of consultation involved in specific commissions.

There were 18 areas identified for development and these had been shared with the CYP Trust and also the newly formed Children's Partnership Boards. There remained issues with instigation of the Common Assessment Framework and the application of thresholds. The SEND reforms and the future resourcing of all agencies would present challenges in the coordinated delivery of Early Help support.

The LSCB would monitor progress of actions resulting from the thematic inspection and hold agencies to account for delivering improvements.

The Health and Wellbeing Board had endorsed the Children and Young People's Plan as the 'starting well' plan and therefore had strong strategic links with the early help agenda. This would provide clarity about the strategic lead for the Early Help agenda which was felt to be lacking by the inspection team.

The newly formed Children's Partnership Boards (CPBs) had agreed that Early Help, and the findings from the thematic inspection, would form part of their local action plans. The LSCB would have representation at every one of those CPB meetings to ensure progress continued to be made.

Councillors were invited to ask questions and raise any comments in relation to the Thematic Inspection of Early Help, a summary of which is provided below:

- Members asked how serious the lack of consistency was throughout Lancashire referred to in the report. It was explained that Lancashire was a large county and had 600 schools, and there were a number of different agencies involved, and ensuring consistency was a complex matter. It was explained that, whilst it was accepted that there needed to be a higher degree of consistency, this was being addressed. All organisations at a strategic level were signed up to the training. People had to be taken on in a professional role at the operational level and were utilising the Common Assessment Framework.
- It was noted that the financial challenges facing all public sector organisations was an issue facing the LSCB, but it was felt that organisations were using the opportunity to look at how to work better together and remove duplication. There were Prevention and Early Help Panels in each district which were agencies coming together and looking at a coordinated approach.

- The Committee enquired how Early Help addressed the issues of mental health problems within families. Where there were issues of emotional and mental health problems they would be addressed accordingly. CAMHS was working with schools on mental health issues.
- Members were informed that there was confidence that all organisations involved had appropriate measures in place in relation a Disclosure Barring Service (DBS) checks. A Section 11 audit also took place to ensure these checks had taken place.
- Regarding internet access, there was screening and blocking which took place within the local authority. Basic filters existed within the local authority's e-mails.
- On the subject of the Multi Agency Safeguarding Hub (MASH), Members enquired what the role of GPs was in this organisation. It was recognised that GPs were an important source of information regarding families, and children and young people. MASH looked at a range of information and screened this information. Whilst GPs were not directly part of the MASH, health representatives in MASH were able to ensure there were strong links.

Regarding Child Protection Information Sharing the Committee were informed that Lancashire County Council was the first local authority in the country to go live with this information sharing system which meant that when children presented at various health settings the professionals at these settings would be able to access information about whether or not children were subject to child protection plans.

Resolved: That,

1. The annual report be noted,
2. The committee note that the LSCB and partner organisations in Lancashire continue to have a positive and effective approach to Child protection and Child Sexual Exploitation
3. The LSCB annual report and CSE campaign report be circulated to all councillors
4. Further reports to Scrutiny are made as appropriate.

5. Work Plan and Task Group Update

A report was presented summarising the work to be undertaken by the Committee in the coming months, including an update on task group work.

Resolved: That the report be noted

6. Urgent Business

None.

7. Date of Next Meeting

It was noted that the next meeting of the Committee would be on Friday 16 January, at 10.30 at the County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Agenda Item 4

Scrutiny Committee

Meeting to be held on 16 January 2015

Electoral Division affected: All

Domestic Abuse – Collaboration with Health Services

(Appendix A refers)

Contact for further information:

Clare Platt, Adult Services, Health and Wellbeing (Public Health),

clare.platt@lancashire.gov.uk Tel: 07876844627

Executive Summary

This report provides an update to an earlier report to Scrutiny Committee about the partnership response to domestic abuse, particularly concentrating on working with NHS organisations.

A number of hyperlinks are included within the paper and supporting documentation attached as an appendix to provide Members with further information.

Recommendation

The Committee is recommended to note and provide comment on the paper.

Background and Advice

1. Members received a report entitled 'Partnership Response to Domestic Abuse' at the Scrutiny Committee meeting of 13 June 2014. As a consequence the Committee resolved (inter alia) that:
 - a further report specifically on the work of health bodies in relation to domestic abuse be presented to the committee in around 6 months

Update

2. Work is ongoing with health bodies, specifically representatives of the Clinical Commissioning Groups (CCGs), to improve the development, delivery and consideration of domestic abuse in mainstream service provision.
3. The National Institute for Health and Care Excellence (NICE) has produced public health guidance (ph 50) 'Domestic Violence and Abuse: How Health Services, Social Care and the Organisations They Work With can Respond

Effectively' which has been used as the basis for discussion with health colleagues.

4. The guidance is targeted at health and social care commissioners, specialist domestic violence and abuse staff and others whose work may bring them into contact with people who experience or perpetrate domestic violence and abuse. It identifies the following recommendations:

- Plan services based on an assessment of need and service mapping
- Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
- Develop an integrated commissioning strategy
- Commission integrated care pathways
- Create an environment for disclosing domestic violence and abuse
- Ensure trained staff ask people about domestic violence and abuse
- Adopt clear protocols and methods for information sharing
- Tailor support to meet people's needs
- Help people who find it difficult to access services
- Identify and, where necessary, refer children and young people affected by domestic violence and abuse
- Provide specialist domestic violence and abuse services for children and young people
- Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
- Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
- Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
- Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
- GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
- Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse

5. Many of the health bodies are already working to improve their response to domestic abuse, utilising the NICE guidance as the benchmark. For example Lancashire Care Foundation Trust (LCFT) is working on the following issues currently:

- Embedding routine enquiry across adult services (already embedded in 0-19yr service)
- Ensuring a risk assessment approach is utilised if disclosure of domestic abuse is made, followed by appropriate referral on to further support
- Improving the availability of information and sign-posting within LCFT health premises

- Generally reviewing and updating of policies and procedures to reflect NICE recommendations
6. A workshop has also been held with representatives of the CCGs to consider the guidance in terms of current provision, and to identify where improvements can be made. Notes of the workshop are attached at Appendix A.
 7. The key areas for further development / improvement are considered to be:
 - Effective partnership working – strategic and operationally
 - Integrated care pathways
 - Workforce development – across all agencies
 - Sustainability of domestic abuse services

Next Steps

8. An ongoing engagement with health services is planned in order to agree a mutual action plan, as the basis of future joint working.
9. The CCGs in Lancashire have agreed representation at the Lancashire Chief Executives Group, which has adopted the statutory function of Community Safety Strategy Group for the county. This forum provides strategic direction for community safety, including domestic abuse issues.

Consultations

N/A

Implications:

N/A

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
Agenda & Minutes Scrutiny Committee	13 June 2014	Josh Mynott / Democratic Services / 01772 534580

Domestic Violence and Abuse Workshop

23rd October 2014

Workshop Notes

Attendance

Representatives from:

Lancashire County Council Public Health
Lancashire County Council Community Safety
Lancashire County Council Prevention and Early Help
Lancashire Safeguarding Children Board
Lancashire Safeguarding Adults Board
University of Central Lancashire
NHS England
Public Health England
Blackburn with Darwen Council
Blackpool Council
Fylde & Wyre Clinical Commissioning Group
East Lancashire Clinical Commissioning Group

Welcome – Dr Sakthi Karunanithi

Dr Sakthi Karunanithi welcomed attendees and set the context for the workshop. Following a presentation from the Lancashire Community Safety Strategy Group, Lancashire County Council's Scrutiny Committee had requested feedback on the work of health bodies in relation to domestic abuse. The purpose of the workshop is a starting point for this work to enable us to identify what can be improved in relation to domestic abuse. He stated that by the end of the workshop we want to:

- Achieve a common understanding of the guidance
- Identify what it means for us and our organisations
- Identify key actions needed going forward

Overview of NICE Guidance – Professor Nicky Stanley

Professor Nicky Stanley (UCLAN and member of the NICE Guidance Programme Development Group) gave an overview of the NICE Guidance (Domestic Violence and Abuse: how health services, social care and the organisations they work with can respond effectively) and highlighted that this is 'a call to arms' particularly for the health services. Key points in the presentation included; considering how different professions define consent to share information, the role of primary prevention and the importance of workforce training to support implementation of the guidance. Professor Stanley gave details of the PEACH (preventing domestic abuse for children) study and the Strength to Change Campaign (targeting male perpetrators of domestic abuse). In addition information was provided about the Connect Centre for International Research on Interpersonal Violence and Harm.

Lancashire Context – Helene Cooper

Helene gave an overview of the domestic abuse joint strategic needs assessment and highlighted the fact that under reporting is an issue which can skew the perspective of need. She provided attendees with information about the local commission.

Comments/questions from the group:

- How much do we spend per head on the victims? What would an excellent service look like and how much would it cost?
- We are on the right journey to meet the NICE Guidance but the funding is temporary.
- Older adults – perpetrators may be classed as carer under stress.
- Also issues where victims of domestic abuse then become carers.
- Public Health England priorities around violence are: domestic abuse, elder abuse, and the impact of adverse childhood experiences.

Workshops

Two groups considered the NICE recommendations and assessed the current position against them. A summary of the workshop discussions is identified below:

Recommendation 1: Plan services based on an assessment of need and service mapping
Health Safeguarding Group (nurses) looking at guidance. Local Health & Wellbeing Partnerships e.g. WL looking at pathways. Governance arrangement mapping to clarify and maximise opportunity to influence. DA in health visitor specs to look at the whole family and not just CYP. Gaps in provision e.g. CYP/APT are adult mental health services routinely asking about CYP with family. Better understand epidemiology to identify where the tipping point is in likelihood of becoming perpetrator/victim. What is a healthy relationship? Solihull training. Not always about specialist services.
Recommendation 2: Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse
Pan Lancashire – Lancashire, Blackpool, Blackburn with Darwen. Theme for Health & Wellbeing Board; Lancashire Safeguarding Children Board; Children & Young People Plan; Community Safety Partnerships; and Supporting People Boards. Development of shared outcomes: self-care, prevention and early help, golden threads, reflect local action. Build joint working into criminal justice partners e.g. police, probation.
Recommendation 3: Develop an integrated commissioning strategy
Empower service users to access universal services rather than build reliance on specialist service. Break dependency culture. Design interventions to build resilience, self-care and self-management e.g. picking up the pieces. Abilities for partners to see outcomes, expected gaps or performance issues by exception. Development of performance dashboard. Need to improve strategic sign-up to commissioning strategy and delivery against shared outcomes.
Recommendation 4: Commission integrated care pathways
Joint working and development with third sector in-line with commission. Link social

marketing to services to improve take-up, plan in tandem (raising expectations and manage demand creatively)
 Understand what every agency does along the pathway
 Not always universal access therefore look at the range of provision. Review pathways for vulnerable groups. Routine engagement with universal services, share learning from good practice.

Recommendation 5: Create an environment for disclosing domestic violence and abuse

Partnership campaign materials in different languages available e.g. football World Cup campaign.
 Been too reliant on services to do this - need to work together and influence. Need to utilise what is already available
 Adults - care assessment / planning, often with service user and carer together - how does someone decline?
 Need to be left alone with health professionals to disclose. Training need re getting people alone - antenatal, A&E etc.
 Need to circulate better the information about services available e.g. to GPs, dentists, pharmacies - need a single number. No health reps currently on strategic leads group - need all relevant agencies there. Need to identify who has responsibility for different parts of the pathway. Role of HWBB to be clarified. Emphasis continues on high risk victims rather than prevention.
 Safeguarding training currently inconsistent - need to specifically understand DA as part of that
 LCC - staff support scheme and training in place. DA employers charter under development
 Could cover at induction for staff - across all sectors.

Recommendation 6: Ensure trained staff ask people about domestic violence and abuse

MARAC - lead professional role – all need to understand DA relevant to their role
 NHS East Lancs - good practice questions
 Need to audit across professionals & sectors. All midwives 'have' to ask the question
 Independent Domestic Violence Advisor (IDVA) involvement needed as part of referral pathway.

Recommendation 7: Adopt clear protocols and methods for information sharing

Improve confidence of front line staff to ask the question and use pathways. Address cultural issues in organisations.

Recommendation 8: Tailor support to meet people's needs

Risk management needed in terms of data v domestic abuse outcomes. General information sharing so people know what's in place.
 Evaluation monitoring quarterly - Co-ordinated Action Against Domestic Abuse (CAADA) monitoring/evaluation built into commission.
 Workforce development delivery via MARAC training
 Community based programmes and peer support available
 Some gaps in service and ongoing funding challenges.
 Need to look at commissioned contracts and ensure links are in place to relevant services.
 Need services to work together better - joint training

Recommendation 9: Help people who find it difficult to access services

Use social media and explicit messages. Utilise social marketing to challenge perceptions and raise awareness.
 Better links to local information on web - make searching easier. Build on community assets to challenge behaviour and support families. Better understand how people make choices to access or not access services - insight consultation. What are the barriers that turn potential service users away?

Recommendation 10: Identify and, where necessary, refer children and young people affected by domestic violence and abuse
Importance of role of ante-natal and midwifery services
Recommendation 11: Provide specialist domestic violence and abuse services for children and young people
Include DA elements in Early Support and Child and Adolescent Mental Health Services (CAMHS) provision. Improve access to psychological therapies. Raise political awareness.
Recommendation 12: Provide specialist advice, advocacy and support as part of a comprehensive referral pathway
Training - workforce development issue Commissioning issue - working towards CAADA leading lights Future funding may be insufficient to ensure on-going compliance with guidance. Clarify role of NHS England and CCGs in this wider DA agenda Fragmented workforce development. On-going service status is unsure – funding uncertainty. Need to commission services together better. Need to screen for other needs at same time e.g. sexual health referrals
Recommendation 13: Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition
MARAC and mental health service co-ordination poor / patchy. Involvement of mental health colleagues tends to be retrospective
Recommendation 14: Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse
(Initially concentrating on victims – adult & children/young people).
Recommendation 15: Provide specific training for health and social care professionals in how to respond to domestic violence and abuse
Lancashire Safeguarding Board – opportunity to provide training Social work degree - little DA training. GP training - little coverage of DA. Need the training to be bespoke to role, relevant and compelling
Recommendation 16: GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse
Needs improvement - NHS England role? Need to invest in prevention.
Recommendation 17: Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse
More important once in role, but essential.

Agenda Item 5

Scrutiny Committee

Meeting to be held on 16 January 2015

Electoral Division affected: None

Work Plan and Task Group Update

(Appendix A refers)

Contact for further information:

Josh Mynott (01772) 534580 , Office of the Chief Executive,

josh.mynott@lancashire.gov.uk

Executive Summary

The plan at Appendix 'A' summarises the work to be undertaken by the Committee in the coming months, including an update of task group work. The statement will be updated and presented to each meeting of the Committee for information.

Recommendation

The Committee is asked to note the report.

Background and Advice

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

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are not significant risk management implications.

Financial, Legal, Equality and Diversity, Human Rights, Crime and Disorder, Personnel, Property Asset Management, Procurement, Traffic Management, CIA (policies and strategies only):

N/A

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

Paper	Date	Contact/Directorate/Tel
N/A	N/A	N/A
Reason for inclusion in Part II, if appropriate		
N/A		

Scrutiny Committee Work Plan 2014/15

16 Jan 15		Health response to Domestic Abuse issues	Sakthi Karunanithi / NHS representatives	Follow up on item considered at June 2014 meeting
13 Feb 15		Environment Agency	EA Reps	Flood risk management and water quality
13 Mar 15		Growth Deal	Becky Joyce	
17 Apr 15		CAMHS	Mark Warren	Outcomes of the review of CAMHS by the Health & Wellbeing Board
15 May 15		Learning Disabilities		
19 Jun 15		Safeguarding Children	LSCB / Louise Taylor / Police	Update from the meeting held in December 2015

Future Topics: not yet scheduled

- Lancashire Skills Agenda (Report in 2015)
- Supporting Adults with Learning Disabilities

Task Groups

The following task and finish groups are ongoing or have recently been established:

- Planning Matters: Interface between upper and lower tiers authorities in making the right decisions on planning applications (esp.flood management and educational provision)
- Fire Prevention Measures in Schools
- TAMP