

# Agenda

## Community Focus Scrutiny Committee

Date:	Thursday, 19 March 2015 at 6:15 pm
Venue:	Town Hall, St Annes, FY8 1LW
Committee members:	<p>Councillor Kiran Mulholland (Chairman) Councillor Christine Akeroyd (Vice-Chairman)</p> <p>Councillors Tim Armit, Mark Bamforth, Julie Brickles, Susanne Cunningham, Tony Ford JP, Gail Goodman JP, Nigel Goodrich, Peter Hardy, Paul Hodgson, Barbara Nash, Linda Nulty, Dawn Prestwich, John Singleton JP, Vivienne M Willder</p>

**Public Platform:** To hear representations from members of the public.

Item		Page
<b>1</b>	<b>Declarations of Interest:</b> Declarations of interest, and the responsibility for declaring the same, are matters for elected members. Members are able to obtain advice, in writing, in advance of meetings. This should only be sought via the Council's Monitoring Officer. However, it should be noted that no advice on interests sought less than one working day prior to any meeting will be provided.	<b>1</b>
<b>2</b>	<b>Confirmation of Minutes:</b> To confirm the minutes of the previous meeting, held on 22 January 2015, as a correct record as attached.	<b>3 - 7</b>
<b>3</b>	<b>Substitute Members:</b> Details of any substitute members notified in accordance with council procedure rule 23(c).	<b>1</b>
<b>4</b>	<b>Blackpool Teaching Hospitals -Update</b>	<b>8 - 11</b>

Contact: Lyndsey Lacey - Telephone: (01253) 658504 – Email [lyndseyl@fylde.gov.uk](mailto:lyndseyl@fylde.gov.uk)

The code of conduct for members can be found in the council's constitution at [www.fylde.gov.uk/council-and-democracy/constitution](http://www.fylde.gov.uk/council-and-democracy/constitution)

**© Fylde Borough Council copyright 2015**

You may re-use this document/publication (not including logos) free of charge in any format or medium. You must re-use it accurately and not in a misleading context. The material must be acknowledged as Fylde Borough Council copyright and you must give the title of the source document/publication.

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

This document/publication is also available on our website at [www.fylde.gov.uk](http://www.fylde.gov.uk)

Any enquiries regarding this document/publication should be sent to us at the Town Hall, St Annes Road West, St Annes FY8 1LW, or to [listening@fylde.gov.uk](mailto:listening@fylde.gov.uk).

# Minutes

## Community Focus Scrutiny Committee

<b>Date:</b>	Thursday, 22 January 2015
<b>Venue:</b>	Town Hall, St Annes
<b>Committee members:</b>	Councillor Kiran Mulholland (Chairman) Councillor Christine Akeroyd (Vice-Chairman)  Councillors Fabian Craig-Wilson, Tony Ford JP, Gail Goodman JP, Paul Hodgson, Barbara Nash, Edward Nash, Linda Nulty, Dawn Prestwich, John Singleton JP, Vivienne M Willder
<b>Officers:</b>	Paul Walker, Mark Evans, David Gillett, Bryan Ward, Lyndsey Lacey
<b>Other Representatives:</b>	Gill Brown, Chief Executive, Healthwatch (Lancashire)

### Public Platform

There were no representations

#### 1. Declarations of interest

Members were reminded that any disclosable pecuniary interests should be declared as required by the Localism Act 2011 and any personal or prejudicial interests should be declared as required by the Council's Code of Conduct for Members. There were no declarations on this occasion.

#### 2. Confirmation of minutes

RESOLVED: To approve the minutes of the Community Focus Scrutiny Committee meeting held on 4 December 2014 as a correct record for signature by the Chairman.

#### 3. Substitute members

The following substitutions were reported under Council procedure rule 23(c):

Councillor Fabian Craig-Wilson for Councillor Nigel Goodrich.

Councillor Edward Nash for Councillor Susanne Cunningham.

#### 4. The Future of CCTV in Fylde

Further to approval by Cabinet in 2013, to finance a replacement programme of 'Rapid Deployment' CCTV Cameras in Fylde, David Gillett (Head of Environmental Health and Housing) and Bryan Ward (Community Safety Manager) were invited to the table to present a comprehensive updated report on the future of CCTV provision in Fylde.

The committee was advised that subsequent to the report to Cabinet, a new Government Code of Practice and CCTV Regulation had focussed attention on the legitimate aim and purpose of all CCTV cameras operating in Fylde. These issues and associated implications were highlighted in the report. In essence, the fact that it is possible, affordable or has public support should not be the justification for processing personal information.

In brief, the report provided an overview of the background and current position with regard to CCTV provision in Fylde. It also provided an outline of the limited police support/capability, current and proposed funding arrangements, operational issues and details of the various options available to develop the service in light of the legal implications/ government guidance highlighted.

Members were reminded of the three systems operating in Fylde:-

- A monitored system which includes the two town centres of St Annes and Kirkham (9 cameras in total, in permanent positions)
- A range of 18 rapid deployment cameras which can be transferred to any of 30 locations
- Two CCTV cameras on board the two mobile CCTV Vans operated by the Police

Members were also reminded that an agreement is now in place to have the monitored cameras controlled from Wyre Civic Centre and this will come on line by March.

Included as appendices to the report was a copy of the current and proposed Rapid Deployment Camera locations.

Councillor Edward Nash asked about the possibility of Blackpool Council offering to reinstate the monitoring arrangements in the future. In response, Mr Ward referred to the new collaborative arrangements/5 year service level agreement that the Council had in place with Wyre Council.

Councillor Nulty enquired about the contributions made by the various town and parish councils (as detailed in the report) and made particular reference to any on-going costs for the councils concerned. Mr Ward addressed this by stating that there would be no on-going costs as they were 'one off' costs towards the purchase of the cameras.

Following consideration of all the matters highlighted in the report it was RESOLVED to recommend to Cabinet:

1. To note the current position with regard to the management and monitoring of the Rapid Deployment and the fixed CCTV cameras in Fylde Borough.
2. To approve the option of adding the three Lytham Town centre cameras to the existing monitored system (as outlined in the report) to be delivered through the Wyre BC and Fylde BC CCTV monitoring partnership, funded from the approved Capital programme at an estimated cost of £11,185

3. To approve a fully funded budget increase of £2,151 to the CCTV replacement scheme within the approved Capital programme and that this increase be met for the additional LSP final balance.

4. As a consequence of the high risk to the existing downloading facility (outlined in paragraph 7 of the report) no further maintenance or renewal works be undertaken to other existing rapid deployment cameras, (as listed in Appendix 1 of the report) and they be decommissioned where such works are required.

5. To approve the continuation of the existing maintenance work for the existing CCTV vans, where such works are a Fylde BC responsibility, whilst the Police provide ongoing support.

6. To note that any further works that may be approved would be delivered in 2015/16.

## **5. Healthwatch Lancashire**

Gill Brown, Chief Executive of Healthwatch Lancashire attended the meeting to give a brief presentation on the work of the organisation.

By way of introduction, Ms Brown provided an overview of her professional and clinical background. She then went on to outline the role, responsibilities, key objectives and challenges of Healthwatch Lancashire. In doing so, she stated that it is one of 152 local Healthwatch organisations which, together with Healthwatch England, make up the Healthwatch Network across the country.

Ms Brown further reported that the body acts as an independent consumer champion for health and social care with the role to listen and the power to significantly influence change within the health and social care system. She added that it gives children, young people and adults a powerful voice, making sure their views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

Ms Brown then went on to outline the 5 key projects planned by Healthwatch Lancashire for the period January 2015 to March 2016 and these related to: developing an engagement data base; facilitation of roadshows across the county; communication/online activities; recruitment and training of volunteers and the scrutiny of residential care.

Various questions were raised by members at the conclusion of the presentation including: the perceived anomaly between the Blackpool and Lancashire Healthwatch (particularly when the residents of Fylde tend to use the services of Blackpool Victoria Hospital), links with other health care bodies, funding arrangements and details of the key projects proposed. These were addressed in turn by Ms. Brown.

Following consideration of this matter it was RESOLVED:

1. To note the report and thank Ms Brown for her attendance at the meeting.
2. To request that an updated report be presented to an appropriate programme committee later in the year.

## **6. Planning Improvement Plan 2013/14**

Further to previous reports submitted to scrutiny and Cabinet, Mark Evans (Head of Planning and Regeneration) presented an updated report on progress made with the actions contained in the Planning Improvement Plan 2013/14 (previously adopted).

In summary, the report provided details of the tasks/actions remaining from the Improvement Plan and provided commentary against the performance/ progress of each of the actions concerned.

Mr Evans indicated that the report concluded that overall, good progress had been made with the plan which has been detailed in nature. There were however some strands of work that continue which are vital to the long term success and improvement of the planning service. They included: progression with the Local Plan, business process re-engineering and member development (involving new and existing members post May 2015 elections)

Various members commented on key aspects of the report with particular reference to: customer experiences, website improvements and Neighbourhood Planning strategies. These points were addressed by Mr Evans.

Following consideration of this matter it was RESOLVED:

1. To note the outstanding actions from the Planning Improvement Plan.
2. To note the ongoing improvement work (as outlined in section 3 of the report) and seek support for their delivery.
3. To present an updated progress report to the appropriate committee later in the year.

#### **7. Overview and Scrutiny Work Plans - Update**

Following consideration of the overview and scrutiny workplans (which were included as an appendix to the report) it was RESOLVED to note the report.

**Fylde Borough Council copyright [2014]**

You may re-use this document/publication (not including logos) free of charge in any format or medium. You must re-use it accurately and not in a misleading context. The material must be acknowledged as Fylde Borough Council copyright and you must give the title of the source document/publication.

Where we have identified any third party copyright material you will need to obtain permission from the copyright holders concerned.

This document/publication was also available on our website at  
[www.fylde.gov.uk](http://www.fylde.gov.uk)

Any enquiries regarding this document/publication should be sent to us at the Town Hall, St Annes Road West, St Annes FY8 1LW, or to [listening@fylde.gov.uk](mailto:listening@fylde.gov.uk).

DRAFT

# REPORT



REPORT OF	MEETING	DATE	ITEM
RESOURCES DIRECTORATE	COMMUNITY FOCUS SCRUTINY COMMITTEE	19 MARCH 2015	4

## BLACKPOOL TEACHING HOSPITALS - UPDATE

### PUBLIC ITEM

This item is for consideration in the public part of the meeting.

### SUMMARY

As requested by committee in January 2014, representatives of the Blackpool Teaching Hospitals NHS Trust, will attend the meeting to present an annual update on progress against their targets and any emerging issues.

### RECOMMENDATION

To note the content of the presentation and invite views and comments.

### CABINET PORTFOLIO

This item falls within the following cabinet portfolio(s):

Social Wellbeing - Councillor Cheryl Little

### CORPORATE PRIORITIES

To Promote the Enhancement of The Natural & Built Environment ( <b>Place</b> )		To Encourage Cohesive Communities ( <b>People</b> )	√
To Promote a Thriving Economy ( <b>Prosperity</b> )		To Meet Expectations of our Customers ( <b>Performance</b> )	√

### SUMMARY OF PREVIOUS DECISIONS

None.



## REPORT

At the meeting of committee on 21 January 2014, a report on the outcome of the work undertaken by the task and finish group (appointed to examine the inspection and monitoring regimes relevant to the performance of Blackpool Teaching Hospitals) was considered. This was in response to reports in the public arena about mortality rates and underperformance at some of the hospitals in the UK, and in particular, the high Standardised Hospital Mortality Indicator (SHMI) at Blackpool Teaching Hospitals.

At that time, members were advised that the review was not intended to replicate any work to be undertaken by the NHS Commissioning Board but sought to understand who reviews the performance of the Trust and why the issues were not identified earlier.

An updated report/Briefing Paper produced by Gary Doherty, Chief Executive of Blackpool Teaching Hospitals NHS Trust is attached for members' consideration.

Representatives of the Blackpool Teaching Hospitals NHS Foundation Trust will be in attendance at the committee to present an overview of their work and answer any questions that members may have.

IMPLICATIONS	
Finance	None arising directly from this report
Legal	None arising directly from this report
Community Safety	None arising directly from this report
Human Rights and Equalities	None arising directly from this report
Sustainability and Environmental Impact	None arising directly from this report
Health & Safety and Risk Management	None arising directly from this report

REPORT AUTHOR	TEL	DATE	DOC ID
Lyndsey Lacey	01253 658504	February 2015	CFSC

LIST OF BACKGROUND PAPERS		
Name of document	Date	Where available for inspection
None	NA	NA

### Attached Documents

Appendix 1      Briefing Paper for the Community Focus Scrutiny Committee on Mortality Rates

## **Briefing for the Fylde Council Community Focus Scrutiny Committee**

### **Mortality Rates**

#### **1. Introduction**

Measuring mortality rates, as opposed to a simple measure of say the number of deaths per hospital, is a complex task. In order to make any meaningful comparisons the figures must be adjusted to take account of the differing risk factors between different patients/conditions. The two main measures in the NHS are the Hospital Standardised Mortality Rate (HSMR) and the Summary Hospital-level Mortality Indicator (SHMI). The SHMI takes account of patient deaths that occur within 30 days of discharge and includes all patients. The HSMR includes around 80% of deaths. Our action plan with the CQC, and this paper, focuses on the SHMI measure, but both are monitored within the Trust on a regular basis. As stated by Sir Bruce Keogh, the NHS Medical Director “However tempting it may be, it is clinically meaningless and academically reckless to use such statistical measures to quantify actual numbers of avoidable deaths.” For this reason the NHS is working to bring in a measure of avoidable deaths, though other than for very simple conditions this is even more complex.

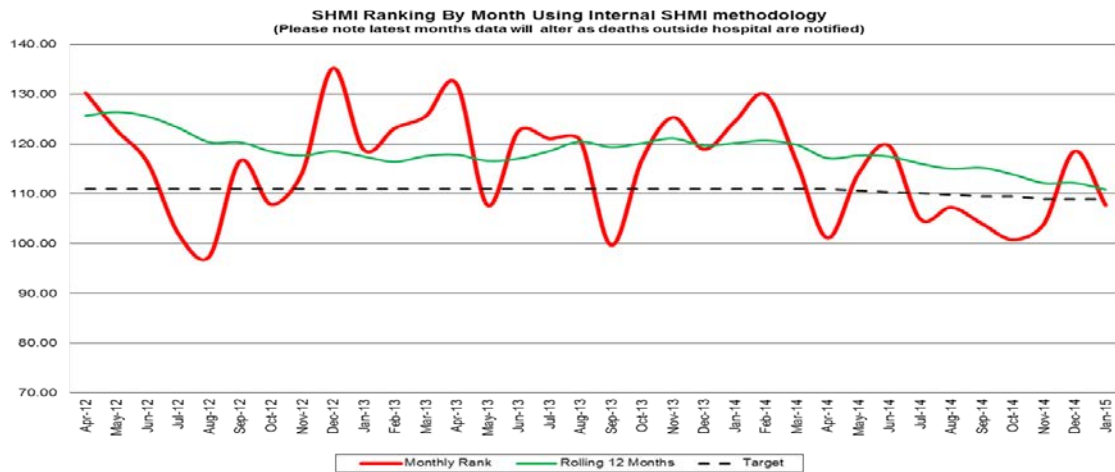
#### **2. Actions taken to reduce Mortality rates**

A range of key actions have been taken to improve SHMI rates:

- Improved staffing levels – for example an additional £0.6m has been invested in nursing budgets this year, which is planned to rise to £1.5m next year and an additional 7 new consultant posts have been agreed at a full year cost of £730K ( FYE)
- Reviewing and improving our clinical pathways for those areas with the highest mortality risks – new pathways have been introduced for conditions including pneumonia, stroke, chest pain and sepsis
- Strengthening the way we review each death and learn lessons in our Mortality Review meetings as well as encouraging more and more staff to report clinical incidents and near misses we can learn from these as well
- Improving the training and support we give to staff, for example in our fully accredited simulation suite where we have a family of sophisticated life sized manikins who are programmed to replicate a number of conditions in unwell adults, children and babies so clinicians can learn how to operate in a complex, pressurised environment
- Establishing and developing a robust Mortality Committee including GP representatives from Clinical Commissioning Groups and Public Health consultants
- Working with national/regional improvement bodies such as the Advancing Quality Alliance

#### **3. Progress in Reducing rates**

The national figures for SHMI come out 6 months in arrears. Unlike most Trusts we calculate our figures on a weekly basis, though this does mean they can change when the national figures are calculated. The latest figures are shown overleaf – but please note that the January position is liable to change as deaths within 30 days of discharge are notified to us:



The red line shows the in-month figure, the green line the 12 month rolling figure (which is the figure reported nationally). As can be seen we are making good progress in getting back to within the expected range for a Trust of our type/complexity (i.e. below 110). Because the national figures come out 6 months in arrears it is difficult to say how other Trusts are doing, though a research report by Doctor Foster looked at the 11 Trusts that were put into Special Measures in 2013 following the Keogh Reviews (Blackpool was not one of these Trusts) and found that three had seen significant improvements in mortality rates, five showed gradual improvement, two had seen no significant change and one Trust had seen its mortality rates increase

**Gary Doherty**  
**Chief Executive**  
**19<sup>th</sup> February 2015**