

OVERVIEW AND SCRUTINY COMMITTEE  
(HEALTH AND SOCIAL CARE)

Overview  
& Scrutiny



MEETING HELD AT THE TOWN HALL, BOOTLE  
ON TUESDAY 2ND MARCH, 2010

PRESENT: Councillor Hill (in the Chair);

Councillors Fenton, Ibbs, D. Jones, McGuire,  
Pearson and Webster.

Also Present: Councillor Larkin;  
Alistair Robertson, Head of Sport & Recreation,  
Leisure Services, Sefton MBC;  
Andy Wiggins, Leisure Services; Sefton MBC;  
Ann Brisbrown-Lee, Sefton LINK;  
Colin Throp, Deputy Chief Executive & Finance  
Director, Southport & Ormskirk NHS Trust;  
Finn McNicol, Director of Communications, Aintree  
University Hospitals Foundation Trust;  
Ian Ross, Sefton LINK;  
Janet Atherton, Director of Public Health, NHS  
Sefton & Sefton MBC;  
June Bradshaw, Leisure Services, Sefton MBC;  
Kim Crowe, Executive Director of Service  
Development & Delivery, Mersey Care NHS Trust  
Lyn Cooke, Head of Communications, NHS Sefton;  
Paul Acres, Chairman, NHS Sefton;  
Peter Pattenden, Head of Adult Services, Health &  
Social Care, Sefton MBC;  
John Cook, Chairman, NW Friends of Homeopathy;  
and  
Tina Wilkins, Assistant Director of Strategy &  
Service Development, NHS Sefton.

**85. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Barber, Councillor Howe and his Substitute, Councillor Mainey and Councillor McGinnity; and Leigh Griffin, Chief Executive, NHS Sefton.

## 86. DECLARATIONS OF INTEREST

The following declaration of interest was received:-

<b>Member</b>	<b>Minute No.</b>	<b>Reason</b>	<b>Action</b>
Councillor Hill	No. 93 – NHS Sefton – Update Report	Personal – his wife is employed by Southport and Ormskirk Hospital NHS Trust	Took part in consideration of the item and voted thereon.

## 87. MINUTES

That the Minutes of the meeting held on 26 January 2010, be confirmed as a correct record.

## 88. AMBULANCE SERVICE - OVERVIEW

The Committee received a presentation from Sarah Smith, Assistant Director, Corporate Communications and Tim Butcher, Assistant Director Performance Improvement, of the North West Ambulance Service (NWAS) NHS Trust. Information was provided on the following:-

### **Current Issues Facing the Trust**

- Foundation Trust (FT) status;
- Care Quality Commission (CQC) Inspection report;
- CQC Registration;
- Quality Account;
- Complaints.

### **Trust Operations**

- Covers an area of over 5,400 square miles;
- Serves a population of more than 7 million people;
- Operates from over 120 locations;
- Employs more than 4,500 staff;
- Receives in excess of 800,000 emergency calls per year;
- Undertakes more than 3 million patient journeys annually;
- Uses and services over 1,000 emergency and non-emergency vehicles;
- Emergency crews attend more than 677,000 incidents;
- In excess of 2,371,000 patient transport journeys.

### **Trust Promise to Patients**

*‘Taking health care to patients and patients to health care’*

“We will lead and shape the treatment and transport of the ill or injured when and where they need it”;

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“We will fulfill our responsibilities as the only 24 hour provider of access to NHS services covering the entire North West region by delivering an effective and responsive ambulance service“.

### **Service Delivery**

- NWAS provided a 24 hour, 365 days a year accident and emergency service to those in need;
- The Trust provided a non-emergency Patient Transport Service (PTS) for people unable to travel by public transport to or from hospital for appointments at out-patients, day surgery units and day centres.

### **Wider Areas of Work**

- Public Health;
- Service Developments;
- Urgent Care;
- Emergency Preparedness;
- Event support;
- Commercial training;
- Community work;
- Complementary resources;
- Public Engagement.

### **Foundation Trust Status**

- Remained a high priority for the Trust;
- Timeline revised to enable a focus on delivering performance;
- Committed to comprehensive public consultation.

### **Foundation Trust Timeline**

- April 2010: Second submission of Trust's business plans and financial model;
- July 2010 – Sept 2010: Consultation period;
- September/October 2010: Final submission of business plans and financial model;
- December 2010: Dept of Health Applications Committee;
- January 2011: Monitor assessment commences;
- April 2011: Potential authorisation date.

### **Consultation**

- In line with Cabinet Office Code of Practice 2005 and NHS confederation guidance;
- The Trust would consult on:
  - Its vision and values;
  - Its future direction of travel and five year plans;
  - How it would be run as a FT, including Governance arrangements and Membership;
- Required to evidence the process and feedback as part of authorisation.

### **Consultation and Engagement**

- Consultation plans:
  - A full consultation document and associated materials;
  - Geographically spread public meetings/events;
  - Existing forums and meetings;
  - Specific and targeted stakeholder events and meetings;
  - Staff engagement activities;
  - Public communications and media activity;
  - Patient information;
  - Website and other e-communications.

### **Care Quality Commission – Infection Prevention & Control**

- The Trust was visited by the CQC in July 2009 to conduct an unannounced inspection of infection control procedures to ensure that it was in adherence with the Health and Social Act 2006;
- A warning notice was issued by CQC on cleanliness, followed up with an inspection report that outlined specific areas where the Trust clearly had to make improvements;
- This issue was being given utmost priority by the Board.

### **Action Plan**

- Measures already in place:
  - 92 Infection Control Staff Champions;
  - Specialist Paramedic of Infection Control;
  - Over £100,000 investment into the deep cleaning of vehicles.
- These were immediately strengthened by:
  - A full audit of all vehicles for cleanliness throughout the North West;
  - A deep clean of all vehicles by the end of September 2009;
  - An increased and regular programme of deep cleaning of ambulances;
  - A review of all decontamination procedures and training/learning materials for staff;
  - Recruitment of two more Infection Control Specialist Healthcare professionals.

### **Follow-Up**

- The CQC revisited the Trust unannounced on 3 November 2009;
- The Trust was declared fully compliant;
- The CQC highlighted the stringent measures the Trust now has in place;
- Commitment to maintain high levels;
- Vehicle deep cleaning programme;
- Audit programme to ensure continuous monitoring;
- Mandatory staff training programme.

### **CQC Registration**

- NWAS had applied for registration from 1 April 2010;
- A detailed self-assessment against the new standards was carried out;
- The Trust was able to declare full compliance with the new standard.

### **Quality Account**

- New requirement on all NHS Trusts to publish a Quality Account for 2009/2010 in June 2010;
- Requirement to engage regarding both the proposed content and the first draft.

### **Proposed Areas for Quality Improvement**

- Management of frequent callers;
- End of Life Care;
- Chain of Survival and Complementary Resources Strategy;
- Acute Stroke Care;
- Cardiac Care, incorporating PPCI & Thrombolysis.

### **Quality Indicators**

- Safety, including Vulnerable Children, Infection Prevention and Control, & Medicines Management;
- Effectiveness, including Asthma, Cardiac Arrest Management, Hypoglycaemia Management, Pain Management, PRF Completion, Stroke Management, & Management of Acute Myocardial Infarction;
- Patient Experience:
  - Responsiveness, including information on call answering times and emergency response times;
  - Feedback, from the various ways in which patients and stakeholders informed the Trust of their experiences and opinion, including complaints, PALS and complimentaries;
  - Surveys – the outcome from occasions when the Trust had sought feedback from service users and stakeholders, such as the Category C service user survey, PTS surveys.

Members raised various queries with the NWAS.

In response to concerns raised by Members, Paul Acres, Chair of Sefton NHS, stated that the commitment to the protocol for ambulance crews to determine the destination for care of seriously injured children had been reaffirmed.

RESOLVED: That

That the North West Ambulance Service be thanked for its interesting and informative presentation;

## **89. TRANSFORMING COMMUNITY SERVICES**

The Committee considered a document entitled “Transforming Community Services: A Commissioning Strategy for Community Provision 2010-2015”. The document set out details of the following:-

- key drivers and policy background behind changes in NHS healthcare provision;
- a baseline health needs assessment, including views of partners and the public;
- an analysis of the wider healthcare market;
- NHS Sefton’s current healthcare market, including buildings and equipment, business intelligence, & conclusions drawn;
- vision and core principles on the future commissioning of services;
- the envisaged healthcare market, including integrated and co-ordinated care & development of model of care for chronic conditions;
- key objectives, including strategic & clinical commissioning, market analysis, contracting, tendering and procurement, market development;
- delivering the strategy, including strategic cornerstones, commissioning services, future organisational forms for provider services, improving patient experience by commissioning along care pathways, such as long-term conditions, acute care in the community, & end of life care;
- 5 year plan for service reviews and re-design;
- resources, including financial & human;
- implementation plan, including project management implementation;
- supportive and enabling strategies, including organisational development, quality and productivity, engagement, consultation and communication, contestability framework; procurement framework; and
- conclusions.

Tina Wilkins, Assistant Director of Strategy and Service Development, gave a presentation, explaining that Transforming Community Services (TCS) would require a Commissioning Strategy to reshape the market in health and social care. The presentation outlined the following:-

- key issues;
- TCS – methodology;
- proposed shape of the market;
- reshaping the marketplace;
- opportunities;
- increased productivity, including productive community services, & increasing levels of self care and redesigning services to be more patient focused;

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- delivering success would require shared goals, alignment of incentives, clinical leadership, a culture of teamwork;
- moving forward, including the development of enhanced primary health care teams, shared electronic records & intelligence, commissioning along care pathways, and integrated and co-ordinated approaches with providers of health and social care working together.

Ms. Wilkins also explained the timeline for the project over the next 4 years.

Members raised queries and comments in relation to the matter.

RESOLVED:

That the document on Transforming Community Services be received and NHS Sefton be thanked for the presentation.

### **90. MERSEY CARE NHS TRUST**

The Committee considered the report of the Chief Executive, Mersey Care NHS Trust on current issues impacting on healthcare provision by the Trust. Information was provided on the following:-

#### **Capital Developments**

##### **A. TIME Project (Mersey Care Footprint)**

Information was provided on developments at the Walton and Edge Lane sites and also the financial aspects of the project. On the Edge Lane site, the developers had received approval in principle for their overall plans. The TIME Team was continuing to engage with local residents and representatives on both sites.

##### **B. Service Improvements**

###### **1. Foundation Trust equivalent**

The Trust was continuing with its application to become a Foundation Trust equivalent organisation and was working towards an authorisation date of 1 September 2010.

###### **2. Quality, Innovation, Productivity and Prevention Programme**

The Trust was currently developing ways in which it could increase collaborative working with other organisations in the region, in order to improve quality for service users/carers and provide better value for commissioners.

### **3. Top Leaders Programme**

The Trust would be involved in a Department of Health 'Top Leaders' Programme, for leaders who were working in the most complex organisations in the NHS. Mersey Care had been identified as one of six such organisations in the North West, in recognition of the complex nature of the work of the Trust and its staff.

### **4. National Memory Services Congress and Memory Services National Accreditation Programme (MSNAP)**

In 2009 the Memory Service at Mossley Hill Hospital became the first Memory Service to be accredited with "Excellence" in the country, as part of the MSNAP programme. Two members of the team would be presenting their involvement and experiences in the programme at the first national conference in London in March 2010. The "Excellence" accreditation for the service provided a strong base from which to develop memory services in Liverpool, in line with the National Dementia Strategy 2009. Memory services in Sefton, also provided by Mersey Care, were currently going through the accreditation process.

## **C. Performance/Finance**

The Trust anticipated meeting all of its financial duties in 2009/10. At the end of 2009, there was an income and expenditure surplus of £2.251m. The Trust was forecasting achievement of the planned surplus of £3m and a Financial Risk Rating of 4. The Trust was forecasting "Good" for Quality of Services and "Excellent" for Quality of Financial Management for 2009/10. A table was attached to the report providing further performance information.

## **D. High Secure Services**

High Secure Services had been successful in achieving the highest ever score for a high secure hospital within a recent prison service audit undertaken by Her Majesties Prison Services Audit Team, the score attained being 96%. The minimum target score to pass the audit had been established at 90%.

## **E. 'Think Family' – Family Rooms Survey**

Mersey Care was at the forefront of implementing the new guidance by the Social Care Institute of Excellence – Think Child, think parent, think family – a guide to parental mental health and child welfare.

Working with Barnardo's Action with Young Carers' Keeping the Family in Mind Project over many years, Mersey Care had introduced family visiting rooms at units across all of its services.



The Trust had recently undertaken a survey asking children, young people and their families what they felt about the services provided for them, and the results would be evaluated to ensure services were developed in a way that met the needs of this group.

#### **F. Older Peoples Services Development Programme**

The Trust was currently reviewing services provided to older people in both Liverpool and Sefton, in line with the National Dementia Strategy. This work would involve all key stakeholders, including commissioners, primary care, service users/carers, and voluntary sectors.

RESOLVED: That

- (1) Mersey Care NHS Trust be thanked for its report;
- (2) Mersey Care NHS Trust be requested to report back to this Committee on any developments with regard to the temporary arrangements in place relating to services for older people within the Borough.

#### **91. SAFETY OF SWINE FLU VACCINATION**

Further to Minute No. 80 (2) of 26 January 2010, the Committee considered the report of the Chief Executive, NHS Sefton on the safety of the swine flu vaccination. The report outlined the latest advice from the Chief Medical Officer, on behalf of the Department of Health (DH), underlining the continuing importance and safety of offering the vaccine to those in the vulnerable groups which were:-

- pregnant women;
- those people who lived with immune-compromised individuals;
- children aged over 6 months and under 5 years old; and
- people in the seasonal flu at risk groups.

The report indicated that the vaccine had undergone a rigorous testing and approval process across the European Union. Although swine flu had not been a severe illness for most people, some children and younger adults had developed serious complications, been admitted to hospital and a small number had died.

The DH had a well-established system for monitoring adverse reactions to medicines and vaccines, and no significant adverse reactions to the swine flu vaccine had been reported.

The World Health Organisation estimated that 175 million doses of vaccine had now been administered worldwide and no unusual safety issues had been reported. The report set out the number of vaccinations administered to those people within the vulnerable groups in England, to date.

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NHS Sefton's vaccination programme remained ongoing and those eligible were still being advised to be immunised, in order to protect themselves from developing complications when the virus returned in the 2010 flu season. Around 15,000 Sefton patients in high-risk groups had been vaccinated and this figure was expected to be much higher when GPs submitted relevant data. Phase 2 of the local swine flu vaccination programme had commenced recently and to date, almost 400 children within Sefton, aged between 6 months and 5 years of age had been vaccinated.

NHS Sefton front-line staff had been immunised against swine flu and the campaign was now being rolled out to other staff. In addition NHS Sefton's district nursing team had been offering vaccination to residents in care/nursing homes and nearly 1,000 patients had taken up the offer of the vaccination.

Further information could be obtained from the NHS Choices website.

RESOLVED:

That the report be received.

### **92. HOMEOPATHY SERVICES**

Further to Minute No. 78 (2) of 26 January 2010, the Committee considered the report of the Chief Executive, NHS Sefton, outlining (1) the reasons for the Primary Care Trust's (PCT) decision to cut funding to the Homeopathic Service; and (2) why the PCT had disinvested in the service without consultation of patients or potential future patients.

The report indicated that the decision had been based on a lack of research evidence in support of the effectiveness of the service. In consideration of this factor, NHS Sefton aimed to prioritise its funding more effectively, reinvesting monies into providing more treatments that were based on best clinical evidence and national guidance.

The report also indicated that NHS Sefton had notified Liverpool PCT Provider Services, the service provider, that it would be disinvesting in the Homeopathy Service, with effect from 1 October 2007. Patients already in the service would continue to receive funding until the completion of their course of treatment. No new patients would be accepted for treatment after 1 October 2007 and NHS Sefton ceased all funding of the service at the end of October 2009. The report outlined the background on information exchanged between NHS Sefton and the service provider. NHS Sefton had made numerous attempts to obtain data regarding patients in the Liverpool Homeopathic Service and to date this information had yet to be received

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In November 2008 Sefton NHS had commenced a large-scale public consultation exercise, outlining the priorities set out within its strategic commissioning plan. Having been decommissioned, Homeopathic Services were not included within the information provided. During the three-month consultation, people took the opportunity to contact the PCT with their views about local health services and NHS Sefton did not receive any comments about homeopathy services during this process.

An appendix attached to the briefing paper outlined the limited evidence in support of the use of homeopathy.

The Chair indicated that detailed information had been received in response to the report submitted by NHS Sefton and that this would be circulated to all Members of the Committee.

### RESOLVED:

That the report be received and any further developments on the matter be reported to the Committee.

### **93. NHS SEFTON UPDATE REPORT**

The Committee considered the report of the Chief Executive, NHS Sefton, on current issues impacting on healthcare provision within Sefton. Information was provided on the following:-

#### **A. Improving Dental Access**

Over the past few years NHS Sefton had made significant investments in dental healthcare which had resulted in Sefton residents having better access to dental services than in most other areas of the country.

A new dental service would be opening at the end of April, based in the Investment Centre on Stanley Road, Bootle, offering Bootle residents improved access to treatment. Whilst anyone living locally would be able to book appointments with the practice, it would also have a remit to improve the oral health of children in the area, as childhood oral health rates in Bootle were well below the Sefton and national averages.

Councillor McGuire asked how many Sefton residents were not registered with a dentist and this information would be obtained and provided to Members.

The Head of Communications, NHS Sefton, advised Members that a campaign would take place in the future on non-attendance and rare attendance of dentists by the public, and it was hoped that this campaign would encourage families to attend regularly.

**B. Primary Care Services in Sefton**

The number of GP practices across Sefton that offered extended opening hours had increased to 73%, representing a rise of around 10% over the last 6 months. A significant number of practices across the Borough were now open for longer in the evening and at the weekend, giving people more choice about booking appointments at a time that was convenient for them. The walk-in treatment service at Litherland Town Hall Health Centre was an example of how NHS Sefton was increasing access to primary care services, and the report detailed the numbers of users of the facility from local communities.

Councillor Fenton asked what the percentage of Sefton residents accessing the Litherland Town Hall facility was and this information would be obtained and provided to Members.

**C. Summary Care Records – Informing People of their Choices**

NHS Sefton was amongst a number of North West PCTs that had received funding to carry out an early Patient Information Programme around the introduction of Summary Care Records (SCRs). Commencing in March 2010, every registered patient in Sefton would be sent information setting out their choices and rights in relation to SCRs and asked to complete an opt-out form, if they preferred. SCRs would be particularly useful for people needing emergency health care, or anyone away from home in England requiring treatment. The system would eventually go “live” in Sefton over the next 12 months and GP practices would be required to record their patients’ status on the clinical system.

**D. Closure of National Pandemic Flu Service**

Due to the steady decline in the number of people reporting flu like symptoms over recent weeks, it was no longer necessary to provide GPs with additional support and the Department of Health had recently closed the National Pandemic Flu Service. Residents with flu like symptoms were still being asked not to visit their GP surgery but to seek advice or help by phoning their surgery or calling NHS Direct. GPs could continue to make antivirals available to patients with flu like symptoms until the end of the seasonal flu period.

**E. Reducing Antibiotic Use Helps Cut Health Care Acquired Infections**

Work remained ongoing by NHS Sefton to reduce the numbers of hospital and community acquired infections such as Clostridium Difficile and MRSA. Alongside this, the PCT was continuing its health promotion campaign, which aimed to gain public support to reduce the use of high-risk antibiotics, whilst clinicians targeted those patients who genuinely required such medication in order to treat their condition.

**F. New Chlamydia Website for Sefton**

A new website had been launched in Sefton, aimed at 16-24 year olds, encouraging testing for chlamydia. Users could now order a free chlamydia testing kit online and it would be delivered to them by post within 2 weeks. The kit could then be returned in the post to Sefton's local NHS sexual health service, and individuals would be contacted by text or by letter with their results. The website also contained information about the infection. Over the coming weeks NHS Sefton intended to send all 18-24 year-olds in Sefton a letter to raise awareness of chlamydia and invite them to be tested.

**G. Alcohol Awareness - Making the Invisible Visible**

A new national campaign, "Alcohol Awareness: Making the Invisible Visible", was being supported by NHS Sefton, warning of the unseen health damage people were doing to their bodies if they drank more alcohol than the NHS recommended. Statistics indicated that 83% of people who regularly drank more than was recommended did not think their drinking was putting their long-term health at risk.

In the North West, 3 in 10 adults drank more than the recommended levels and in Sefton, work was being carried out to address this through investment in specialist alcohol treatment services and awareness campaigns to advise people to make sensible choices about their drinking.

**H. Giving Sefton Residents a Healthy Start**

NHS Sefton was supporting the local Healthy Start initiative, which provided vouchers for pregnant women and families with babies and young children. The vouchers could be spent on fresh fruit, vegetables and milk and those eligible could also get coupons to exchange for women's and children's vitamins at a number of clinics and children's centres across Sefton.

The Chair hoped that NHS Sefton would publicise the initiative.

**I. Phlebotomy Service**

Councillor McGuire asked about the impact of the closure of drop-in clinics for the above service.

Information would be obtained and provided to Members.

**J. Children's Minor Injuries Unit, Southport**

Councillor McGuire enquired about progress on the above facility and whether the departure of the current Chief Executive of NHS Sefton would impact on its delivery.

The Chair, NHS Sefton, reported that relevant clinicians had raised a number of clinical issues and the PCT was frustrated by the delays which had arisen. He also stated that the Chief Executive's departure would not cause any additional delays for the facility.

RESOLVED: That

- (1) NHS Sefton be thanked for the report;
- (2) NHS Sefton's actions against recommendations and proposals contained in the report, and reported verbally at the meeting, be monitored as appropriate; and
- (3) that NHS Sefton be requested to provide information to Members of the Committee on the following matters:
  - dental registration;
  - use of the Litherland Town Hall facility; and
  - developments within the Phlebotomy Service.

**94. ACTIVE WORKFORCE - PROGRAMME DEVELOPMENTS**

Further to Minute No. 82 of the meeting of the Cabinet Member – Leisure and Tourism of 27 January 2010 and to Minute No. 95 of the meeting of the Cabinet Member – Corporate Services of 3 February 2010, the Committee considered the report of the Leisure and Tourism Director updating on the Active Workforce Programme.

The report covered the period April 2008 – December 2009, and since the successful pilot provided by Sefton Public Health Partnership, namely Sefton Council and Sefton Primary Care Trust, the partnership now included 10 organisations. 4,000 employees had signed up to the programme, with 1,500 of these paying for a subsidised Active Sefton fitness suite membership, generating £25,000 per month additional income across all leisure centres. The Programme was contributing towards National Indicators 18 and 19, and £47,000 worth of funding from the Department of Work and Pensions had been applied for through the Health Work and Well-being Challenge Fund, with a view to increased opportunities for the workforce to participate in sport and recreation, such as the creation of courses and leagues in sports such as badminton, football, netball and softball.

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RESOLVED: That

- (1) the report and the significant progress and development of the Active Workforce Programme be noted;
- (2) partner organisations be encouraged to participate in the Programme; and
- (3) congratulations be extended to all relevant members of staff on the success of the Programme.

**95. CABINET MEMBER REPORT**

The Committee considered the report of the Assistant Chief Executive submitting the most recent report of the Cabinet Member – Health and Social Care, submitted to the Cabinet on 4 February 2010.

Members of the Dementia Working Group commented on the Sefton Dementia Strategy.

RESOLVED:

That the Cabinet Member report be received.

**96. WORK PROGRAMME KEY DECISION FORWARD PLAN - 1  
MARCH TO 30 JUNE 2010**

The Committee considered the report of the Assistant Chief Executive indicating that there were no Key Decisions within the latest Forward Plan that fell under this Committee's remit.

Councillor Webster, as Lead Member, reported on progress in relation to the Dementia Working Group, the last meeting of which took place on 9 February 2010, when Members received evidence from Sefton LINKs and the Alzheimer's Society. The next meeting of the Working Group was scheduled to be held on 19 March 2010. Councillor Webster also reported that the Working Group hoped to visit some homes for the elderly mentally infirm and the carers' centre.

The Overview & Scrutiny Management Board had recently established a cross-cutting Working Group, to scrutinise health inequalities within the Borough, membership comprised of the four Overview and Scrutiny Chairs. The inaugural meeting of the Working Group had taken place on 16 February 2010 and the next meeting was scheduled to be held on 16 March 2010. The Chair reported on developments by the Working Group.

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RESOLVED: That

- (1) That the fact that there are no Key Decisions which fall under the remit of Health and Social Care within the latest Forward Plan, be noted;
- (2) that the progress and actions of the Dementia Working Group taken to date be approved; and
- (3) that the progress and actions of the cross-cutting Working Group, to scrutinise health inequalities within the Borough, be supported.

**97. PETER PATTENDEN, HEAD OF ADULT SERVICES, HEALTH AND SOCIAL CARE DIRECTORATE - FINAL MEETING**

The Chair referred to the fact that Peter Pattenden, Head of Adult Services, would be leaving the Council in the near future, due to voluntary early retirement, and that this was the last meeting of the Committee he would attend.

RESOLVED:

That thanks be extended to Peter for all the support he has offered this Committee and its Members, and best wishes be accorded to him for the future.