

Minutes of: OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

Date of Meeting: 5th December 2011

PRESENT: Councillor McInnes (Chair)
Councillors Crawforth, Driver, Kenyon, Milling, Morris, Oakes, Pilling (in part),
Robertson, Steen and Stansfield

Irene Divine (Co-opted Member)

ALSO PRESENT: Jeff Brown, Chief Inspector, Lancashire Constabulary
Lisa Stack, Deputy Programme Director, Healthy Futures
Martin Reddy, Programme Manager, Healthy Futures
Tom Wilders, Director of Strategic Planning, Healthy Futures
Sue Warburton, Primary Care Trust
Peter Williams, Local GP, Chair of the Rossendale Locality and East
Lancashire Commissioning GP
Fiona Meechan, Director of Customers and Communities
Carolyn Sharples, Committee and Member Services Manager

IN ATTENDANCE: Councillor A.Barnes

2 Members of the Public

1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred, L.Barnes, and Co-opted member Keith Pilkington.

2. MINUTES

That the minutes of the meeting held on 5th September 2011 be agreed as a correct record and signed by the Chairman.

3. DECLARATION OF INTEREST

Councillor McInnes declared a personal interest as she was an employee of Pennine Acute Trust.

4. URGENT ITEMS

There were no urgent items for discussion.

5. PUBLIC QUESTION TIME

The Chair agreed to deviate from the Procedure for Public Speaking and allow members of the public to ask questions as the reports were discussed.

6. CHAIR'S UPDATE

The Chair provided members with the following information:

The PCT would be in attendance on 6th February to give an update on Urgent Care – Minor Injuries Unit and GP Out of Hours Service. She encouraged all members to attend.

7. PRESENTATION ON CRIME IN ROSSENDALE

Chief Inspector Brown informed members that as of 1st December his role had changed and he was now Chief Inspector for the Pennine Division Senior Management Team, and was responsible for policing in Burnley, Pendle and Rossendale. Chief Inspector Brown presented information to members on crime in Rossendale, he gave information from 1st April to 30th November for 2011, a comparison with the 15 closest authorities with similar geographic areas including the average number of crimes per 1000 residents and a historical comparison with 2003 data.

All crimes were down by 6.2% this year and were down by over 50% when compared with 2003 (2407 recorded crimes from 01/04/2011 – 30/11/2011 and 5016 recorded crimes from 01/04/2003 – 30/11/2003). Rossendale also was first when compared with the other fifteen comparable authorities with the lowest crime rate, and the average crime rate per 1000 residents was 53.238. Chief Inspector Brown informed that Rossendale was in a healthy position in relation to overall crime and detection rates were higher.

There had been an 18.1% reduction this year for burglary in dwellings and there was a significant reduction when compared with 2003 (132 recorded crimes from 01/04/2011 – 30/11/2011 compared with 375 from 01/04/2003 – 30/11/2003). Rossendale also was eighth when compared with the other fifteen comparable authorities and the average burglary in dwelling crimes per 1000 residents was 3.071.

Vehicle crime was up by 29 offences this year but there was still a reduction when compared with 2003 (259 recorded crimes from 01/04/2011 – 30/11/2011 compared with 794 from 01/04/2003 – 30/11/2003). The majority of these had occurred in November and were committed by one individual. Rossendale was seventh when compared with the other fifteen comparable authorities and the average vehicle crimes per 1000 residents was 6.543.

N.B. Councillor Pilling joined the meeting at this point.

There had been a slight increase in criminal damage around bonfire weekend (97 recorded crimes from 01/04/2011 – 30/11/2011 compared with 54 offences last year). Rossendale was second when compared with the other fifteen comparable authorities and the average criminal damage crimes per 1000 residents was 10.698.

In relation to violent crime there had been a lot of negative publicity around Bacup Town Centre. There had been some incidents here but the individuals concerned had been sentenced. Violent crime was the biggest threat for Rossendale and a challenge for the division as a whole. Over the last eight months 52 more offences had been recorded. In relation to Bacup and Haslingden Town Centres, more visibility was needed, this would need to be tied into a police base in Bacup for the Neighbourhood Team to work from, but this was being currently looked at. In Haslingden the Neighbourhood Team would be working from the Fire Station. There was a need for positive publicity around the town centres to help start eradicating the problems and restore public confidence.

Regarding drug offences, Rossendale was first when compared with the other fifteen comparable authorities and the average crimes per 1000 residents was 2.048. Where non-domestic burglary was concerned Rossendale was sixth when compared with the other fifteen comparable authorities.

A number of questions/comments were raised by public and members as follows to which the Chief Inspector responded:

- Did vehicle crimes include no tax or insurance detected from number plate recognition?
- Were the categories the same as in 2003?
- Detection and prevention measures for violent crime?
- Improvements over the year and maintaining the work of the police teams, PACT and neighbourhood meetings.
- Interim measure to provide a room as a base for Bacup at Futures Park.
- Put police in touch with REAL regarding possibility of using premises as a base.
- Using converted empty shops.
- Positive impact of drink banning orders.
- Was crime down in Rawtenstall as pubs seem to be empty?
- Good work of the PCSO's.
- Copies of the figures circulated.
- 24/7 lock up facilities?
- With the cuts, how much would be lost from the frontline as opposed to back office?
- Correlation between age/ethnicity etc., in the figures?
- Zero tolerance regarding drink banning?
- Police buildings: sold or regenerated?
- Proactive in demolishing buildings if not sold.
- Activity around pubs but also supermarkets and tackling behaviour.
- Why do PCSOs have different powers in Lancashire?
- Do officers leave the area to transfer those arrested to Burnley for lock-up?
- Improving public confidence by providing adequate feedback to members of the public who report crimes.
- Handing cases over and providing holiday cover.

In response to questions Chief Inspector Brown confirmed that:

- Vehicle crimes did not include no tax or insurance detected from number plate recognition, but it included theft of number plates and theft from vehicles.
- The categories were the same as in 2003.
- Violent crime included harassment (e.g. via text/social media), public disorder on the street, or threatening/abusive behaviour.
- In tackling violent crime there was a need to pursue drink banning orders and anti-social behaviour, particularly around the town centres. Licensees also needed to take responsibility when serving people and/or by providing door staff to turn people away who would provide a potential threat.
- Crimes were down in Rawtenstall Town Centre but there had been an increase in vehicle crimes in Crawshawbooth.
- Once the Rawtenstall Police Station was sold there would be a need for a Rawtenstall base for the Neighbourhood Team to work from.
- PCSO's Ian Pickles and John Pepper had made a fantastic difference and PCSO's were valuable resources and essential in delivering services.
- Recording was now more robust than 2003 and had to be in line with crime recording standards, records were auditable and figures were also submitted to the Home Office.
- There had been no 24/7 lock-up facilities in Rossendale since 2000, this was the same in Preston and Blackburn.
- There were £42 million savings required over 4 years which would impact on frontline as well as back office, which was why there had been a move to divisional based structures.

- There were correlations with some groups and crimes and reductions in youth service provision may also have an impact as well as increasing unemployment.
- Police buildings would need money spending on if they were sold.
- PCSO powers can only be granted by the Chief Constable, in 2005 the Chief Constable at the time made a decision not to grant powers to the Lancashire PCSOs and wanted their role to be around visibility and tackling anti-social behaviour.
- When people were being transferred to Burnley, it was not necessarily Rossendale staff who would do the transfer, as there would still need to be adequate resources in each area.
- When crimes were reported there should be feedback unless it had been stated that there were no further lines of enquiry.

The Director of Customers and Communities informed members that the Community Safety Partnership had been undertaking a strategic assessment to develop a community safety plan. They had looked at a matrix of different crimes and scored them against categories such as volume, number, direction of travel, geography, harm and threat level. The top priorities had been identified as substance misuse e.g. alcohol, road safety, violent crime, reducing re-offending and protecting vulnerable people. The group would also be looking at anti-social behaviour more generally and gathering more information.

The next step would be working on hot spots and problem profiles. The next meeting would be in January where they would be building a picture for the Community Safety Partnership Plan which would be ready for April.

The Chair thanked Chief Inspector Brown for a very informative presentation.

Resolved:

That the presentation and information to members be noted.

8. PRESENTATION ON THE HEALTHY FUTURES CONSULTATION: CARDIOLOGY AND STROKE SERVICE

Lisa Stack, Healthy Futures gave members a presentation and video clip on the Stroke and Cardiology Consultation.

The presentation informed members of:

- The background of the consultation and original proposals from the 2006 consultation.
- The changes required owing to:
 - changes in clinical practice
 - movement of acute services from Rochdale Infirmary site
 - the need to maintain Silver Heart Unit accreditation
 - recommendations made by local consultants and GPs
 - an independent review conducted by Professor Roger Boyle in March 2011
- The proposals for cardiology in improving local provision and moving high risk procedures to Fairfield General Hospital.
- The proposals for stroke rehabilitation:
 - Option 1 - Stroke rehabilitation (for Rochdale residents) delivered in a specialist stroke unit co-located with an acute stroke facility whilst also developing timely supported discharge.
 - Option 2 - As option one with the added development of a step down inpatient stroke facility in the Rochdale Borough.
- Video – highlighting the need and case for change.
- Local engagement process including pre-consultation and planned consultations.

- Initial feedback provided by local groups likely to be affected by the proposals, including:
 - Transport and access to the hospital sites.
 - The need to provide ongoing support and care once a patient is discharged from hospital.
 - The importance of providing and developing specialist services.
 - The need to improve communication.
- Services available across the Pennine Acute Trust Hospitals.

A number of questions/comments were raised by members as follows to which the health representatives responded:

- Rehabilitation care no longer at the Rawtenstall Hub.
- Was stroke rehabilitation and physiotherapy being cut?
- Were beds still available at Olive House?
- Was there a need for people to still go to Pendle?
- Where would stroke patients from Whitworth go?
- What about cardiology?
- Urgent Care coming?
- Depending on which side of the valley you are on, where would you be sent?
- Did physicians agree to the stroke and cardiology changes?
- Unused space in the Hub.
- Transport issues.
- Urgent care of minor injuries terminology?
- Communication on where to go and what services were available at the different sites?
- Pharmacy opening times in centres.
- Need to make staff aware of what facilities were available at different venues.
- Creating efficiencies by discharging people from hospital in a timely manner and not having to wait for hospital prescriptions.

The Leader of the Council reminded members that the presentation was about the Stroke and Cardiology Consultation and not services at the Rawtenstall Hub. The Chair clarified that the PCT would be coming to the next meeting to discuss Urgent Care and GP Out of Hours services and such questions should be directed to the next meeting.

Members continued to discuss the following:

- Would some patients still need to go to Blackpool Victoria?
- Need for consultation in Rawtenstall.
- Cost of consultation would be expensive.

In response to questions from members it was confirmed that:

- Rehabilitation care had closed at the Rawtenstall site on 30th September. Treatment or care at home was being provided, as well as occupational therapy and physiotherapy care was still at Rawtenstall.
- Stroke rehabilitation and physiotherapy were growing services.
- Beds were still available at Olive House.
- People would be sent wherever their treatment would be most effective and dependant on the needs of the patient.
- There was a need for improved communication for stroke co-ordination in East Lancashire and they were currently looking at teleconferencing.
- There was a need to improve transfer times in East Lancashire.
- Stroke patients from Whitworth would go to Bury or Rochdale, or after 10pm would go to Blackburn or Hope Hospital where appropriate facilities were available.

- There had not been cardiology facilities in Rossendale for around 30 years, but cardiologists were keen to start working in the localities. There were currently discussions about coming in and working with GPs on this.
- Minor injuries would be 8am – 8pm and 365 days a year.
- Paramedics would decide where the patient would go depending on their needs.
- Consultation had taken place with the emerging clinical groups and GP's. Details would be sent following the meeting.
- Space was specifically designed to make it light and airy. Information had been distributed on the clinics and the timetable was full (clinic information would be re-distributed to the committee). Work was being undertaken with the pods to get them in use.
- The centre would offer more than just minor injuries once teamed up with the GP out of hours service where minor ailments could be covered.
- A 111 service would be available shortly to direct people to the nearest and most appropriate service.
- They had been looking for someone to provide extended pharmacy provision but as yet no one had come forward.
- Some specific types of heart attack could only be effectively treated at Blackpool Victoria and Wythenshawe, paramedics could determine/detect these and direct to the best hospital for treatment.
- Other consultation events would be taking place including roadshows and focus groups.
- Work was currently taking place with PCTs on transport issues and possible community transport providers.

The Chair thanked the health representatives for the informative presentation.

Resolved:

That the presentation and information to members be noted.

9. OVERVIEW AND SCRUTINY PROGRESS UPDATE REPORT

The Chair presented a progress update on the work of the Overview and Scrutiny Committees, Task and Finish Groups and Response Groups from September 2011- November 2011.

In considering the report, members discussed the following:

- Debt collection process would be going to Performance Overview and Scrutiny.
- Update on the birthing suite.
- Some prefer facilities with medical backup.
- Higher rate of home births in Rossendale.
- Mothers have a choice on birthing facilities depending on their circumstances.
- More communication on the relaxed atmosphere and having the birth at facilities within the local area.

Resolved:

That the report be noted.

The meeting commenced at 6.30pm and closed at 9.05pm

Signed
 (Chair)
Date.....