

# Agenda



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## Communities and Wellbeing Overview and Scrutiny Committee

**Wednesday, 31 January 2018 at 11.00 am,**  
Scaitcliffe House, Ormerod Street, Accrington

### Membership

Chair: Councillor Glen Harrison (in the Chair)

Councillors Bernadette Parkinson, Mohammad Ayub, Loraine Cox, Abdul Khan and Kath Pratt

Cooptees:

## AGENDA

**1. Apologies for Absence and Substitutions**

**2. Declarations of Interest and Dispensations**

**3. Minutes of Last Meeting (Pages 3 - 6)**

To receive the Minutes of the Community and Wellbeing Overview and Scrutiny Committee held on 20<sup>th</sup> December 2017 for approval as a correct record.

**Recommended** - That the Minutes be received and approved as a correct record.

**4. Evergreen School Update**



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Page 1 of 2

To update the Committee on progress with Evergreen School.

**Recommended** - **That the report be noted.**

**5. Chairs Update on Lancashire Health Scrutiny (Pages 7 - 14)**

To provide the Committee with an update on Lancashire Health Scrutiny.

**Recommended** - **That the report and comments submitted by Members be noted.**

**6. Responses of Cabinet to Reports of Overview and Scrutiny (Pages 15 - 18)**

To provide the Committee with feedback from Cabinet on reports of Overview and Scrutiny.

**Recommended** - **That feedback provided by Cabinet on reports of Overview and Scrutiny be noted.**

**7. 2018/19 Work Programme Planning**

To commence planning for the 2018/19 Work Programme.

**Recommended** - **That the comments from Members on items for the Work Programme 2018/19 be noted.**

## COMMUNITIES AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

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**Wednesday, 20th December 2017**

**Present:** Councillor Glen Harrison (in the Chair),  
Councillors Bernadette Parkinson (Vice Chair), Mohammad Ayub,  
Lorraine Cox, Eamonn Higgins

**In Attendance:** Lisa Cunliffe, Michelle Pilling and Rachel Watkin (NHS East Lancashire  
Clinical Commissioning Group) Lesley Patel and Andrew Simpson (NHS  
England)  
Observer- Councillor Miles Parkinson

**Apologies:** Councillors Abdul Khan and Kath Pratt

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### **1 Apologies for Absence and Substitutions**

Apologies for absence were submitted on behalf of Councillors Abdul Khan and Kath Pratt. Councillor Eamonn Higgins acted as substitute representative for Councillor Khan.

### **2 Declarations of Interest and Dispensations**

The Chair, Councillor Glen Harrison declared a personal interest in agenda item 5 as he was employed by Mersey Care. A standards Committee held in January 2017 had provided the Chair with a dispensation for the next four years to speak on this topic but not vote.

### **3 Minutes of Last Meeting**

The Minutes of the Communities and Wellbeing Overview and Scrutiny Committee held on 25<sup>th</sup> October 2017 were submitted for approval as a correct record.

**Resolved** - **That the Minutes be received and approved as a correct record.**

### **4 Care Navigation Pilot – East Lancashire Clinical Commissioning Group**

A presentation was given on the Care Navigation Pilot delivered by East Lancashire Clinical Commissioning Group.

The information presented explained what care navigation was and why it was introduced into local health services. Details also included who could be a care navigator, the types of questioning involved by NHS staff, extending it into other primary care services and the range of benefits.

A detailed summary of the pilot was provided along with the next steps of the process.

Research for the pilot had been gained via on site visits to West Wakefield and negative stories in the media about the scheme were discussed at length and answered.

A range of advanced questions had been submitted by Members before the meeting and a number of answers were provided to these questions asked by the Chair.

- When the pilot was announced, there was a largely negative public reaction. How have the public reacted during the pilot?

There had been no negative feedback from patients in the Hyndburn area to date and patient participation groups had been attended for consultation purposes.

- Have you identified any faults during the pilot, and if so, have you corrected these?

Website pages had been looked at to identify any grey areas or gaps and a call management system had been installed at some practices along with automated arrival screens.

- How are issues regarding privacy resolved when patients are asked for information about their symptoms / condition?

There are already protocols in place to deal with privacy issues and telephone conversations are normally conducted in a back office away from the frontline reception.

- What does the care navigator training entail? How have staff reacted to their new roles as care navigators?
- Is the system working? E.g. how many GP appointments have been freed up as a result of the care navigation pilot?

It had been three months since Hyndburn went live along with Rossendale and the Ribble Valley. Monthly data was collected and verbal feedback locally had been positive.

- There was a recent national news article which stated that a third of GP surgeries plan to close to new patients. How accurate is this figure and how many Hyndburn based surgeries are planning to close the registration of new patients?

**Resolved**

- (1) That the presentation on Care Navigation by East Lancashire CCG be noted by the Overview and Scrutiny Communities and Wellbeing Committee;**
- (2) That Councillors are nominated to attend the Care Navigation Training with dates, times and locations to be confirmed.**

## **5 Transforming Care Update- NHS England**

Andrew Simpson and Lesley Patel, gave a presentation to update Members on NHS England's Transforming Care service.

Previously the Committee had received the last presentation from NHS England in February 2017. Meetings had since taken place in relation to the consultation for the proposed redesign of learning disability and autistic spectrum disorder services in the North West region.

The proposed redesign of services had direct implications for Mersey Care, based at the Whalley site (Formally Calderstones). NHS England's preferred option after consultation involved the removal of both medium and low secure services from the Calderstones location.

A range of advanced questions had been submitted by Members before the meeting and a number of answers were provided to these questions asked by the Chair.

- What progress has been made since the decision was taken to move all low and medium secure services off the Mersey Care Whalley Site?
- Has work started on the Medium Secure Unit yet?
- Has a location been identified for the Low Secure Unit yet?
- How many patients have been resettled in the community from Mersey Care Whalley? Have any of these patients been readmitted?
- Are there plans to use the low secure unit, which was recently built, for other health services, if not by NHS England then by the CCG or anyone else? If not, what is planned for the site?

Timescales for changes had been moved back until 2020, with a commitment to close the site by then but to keep patients safe over that period of time.

**Resolved**

- (3) That the presentation on Transforming Care by NHS England be noted by the Overview and Scrutiny Communities and Wellbeing Committee;**
- (4) That NHS England give serious consideration to an appropriate location for the Low Secure Unit. Moving the site to Maghull (or somewhere of similar distance) would likely lead to the inability to retain the current skilled staff at Mersey Care based on the Whalley Site. This could lead to a number of redundancies in the East Lancashire area and potential recruitment issues for the new site.**

Signed:.....

Date: .....

Chair of the meeting  
At which the minutes were confirmed

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# Agenda Item 5.

<b>REPORT TO:</b>		Communities and Wellbeing Overview and Scrutiny Committee	
<b>DATE:</b>		31 January 2018	
<b>REPORT OF:</b>		Cllr Glen Harrison, Chair of the Communities and Wellbeing Overview and Scrutiny Committee	
<b>REPORT AUTHOR:</b>		Ben Caulfield, Overview and Scrutiny Officer	
<b>TITLE OF REPORT:</b>		Update from Lancashire County Council Health Scrutiny Committee	
<b>EXEMPT REPORT (Local Government Act 1972, Schedule 12A)</b>	<b>Options</b>	Not applicable	
<b>KEY DECISION:</b>	<b>Options</b>	If yes, date of publication:	

## 1. **Purpose of Report**

- 1.1 To update the Committee on activity from Lancashire County Council's Health Scrutiny which may affect Hyndburn or residents of Hyndburn.

## 2. **Recommendations**

- 2.1 The Committee notes the report.

## 3. **Reasons for Recommendations and Background**

- 3.1 Lancashire County Council is the statutory authority for health scrutiny. Each District Council in Lancashire is allocated one co-optee position on the Health Scrutiny Committee.
- 3.2 On 11<sup>th</sup> May 2017, the Council appointed Cllr Glen Harrison as the representative for Hyndburn Borough Council on LCC's Health Scrutiny Committee.
- 3.3 LCC's Health Scrutiny review health related issues across the county, many of which will have some impact on Hyndburn or Hyndburn's residents.
- 3.4 This Committee should be aware of the health scrutiny carried out at county. This report summarises scrutiny reviews carried out by LCC's Health Scrutiny Committee over the last year which are relevant to Hyndburn.

3.5 Below are some of the scrutiny topics including a brief overview of the outcome of the scrutiny review. The purpose of this is to keep members informed of county level scrutiny reviews which may directly or indirectly affect Hyndburn and its residents. Summaries below are taken from the minutes of Lancashire County Council's Health Scrutiny Committee Meetings in 2017/18.

3.6 **Lancashire Teaching Hospitals Foundation Trust - Recruitment and Retention and the mobilisation of Chorley and South Ribble Hospital Emergency Department and Urgent Care Centre**

The Chair welcomed Professor Mark Pugh, Medical Director from the Lancashire Teaching Hospitals Foundation Trust, to the meeting. Professor Pugh provided the Committee with an update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre and the issues faced with recruitment and retention. A copy of the presentation is set out in the minutes.

The presentation provided the background to the circumstances, key findings of an independent review, the current situation, recruitment issues, use of locums and key messages.

The Committee expressed concerned with recruitment figures and policies. It was reported that there was no delay between an interview being conducted and a job offer being made. The majority of delays involved visa applications and the English language tests. It was noted there was capacity within the system to allow individual Trusts to undertake their own individual English language assessments. On the use of locums it was reported that the Trust was limited to paying £120 per hour and the Trust was not allowed to break this cap in accordance with the regulator, NHS Improvement.

Resolved: That:

- i. The update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre be noted; and
- ii. Further updates on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre be assigned to the Health Scrutiny Committee Steering Group.

3.7 **Next Steps on the NHS Five Year Forward View: Integrating Care Locally**

A presentation was given on progress made since the Next Steps on the NHS Five Year Forward View was published on 31 March 2017 and the Sustainability Transformation Partnership (STP) for Lancashire and South Cumbria. A copy of the presentation is set out in the minutes.

In July 2017, Lancashire and South Cumbria was identified as advanced when NHS England compared STPs nationally. This demonstrated the strength of the collective efforts of organisations in the region to maintain and improve performance, and, provided a strong platform to build on.

There were key national priority areas for immediate delivery by the STP and the Accountable Care System (ACS). These were:

- Urgent & Emergency Care
- Mental Health
- Learning Disabilities

On transformation, priority areas to be looked at were:

- Primary Care
- Community Care
- Social Care
- Prevention
- Voluntary, Community and Faith Organisations

It was reported that growth monies would be used on all the above priority areas. However, on income for acute and specialised care, where most of the costs were incurred it was reported that this would remain the same.

It was noted that Lancashire and South Cumbria were not expecting a funding cut in health and care but were expecting around £345m in funding growth. It was projected that by 2020/21, Clinical Commissioning Groups would have a combined budget of £3.1bn and Upper Tier Councils would have a budget of £0.6bn for social care.

The STP would adopt the NHS RightCare approach looking at the best way to use resources with a focus on what was best for patients. RightCare benchmarked our health economies issues against places in similar economic areas and similar demographics. Delivery of efficiency savings within NHS providers was also being reviewed. Prioritised savings would be in areas such as surgical supplies and drugs, as well as reductions in the use of agency staff and staff sickness levels.

Involvement with Councillors, Voluntary, Community and Faith Sector and wider partners were a priority for the STP team. There was strong emphasis on developing the Communications and Engagement network. Local people would be involved through the Local Delivery Partnerships. There would be targeted public and patient engagement events taking place as the programme developed.

The Committee was informed that the STP Board was not a statutory body but the organisations within it were statutory. Whilst no organisation had a place on the Board as of right, all statutory organisations had signed up to it. The STP Board had an assurance role dealing with the sustainability of finances and performance against key targets as well as approving transformation plans. It was reported that a refresh of the STP would take place in approximately two months' time.

Members were informed that Partnership Board Engagement had representation from Health Education England and universities on it and dealt mainly with the transformation agenda.

Resolved: That;

- i. The report be noted; and
- ii. The Sustainability and Transformation Partnership Refresh be presented to a future meeting of the Health Scrutiny Committee in the New Year.

### 3.8 **Winter pressures and preparations**

The Chair welcomed Peter Mulcahy QAM, Head of the Paramedic Emergency Service, from the North West Ambulance Service (NWAS) who gave a presentation highlighting the pressures they would face and the preparations they had made in readiness for the forthcoming winter season.

It was reported that winter planning was a Department of Health directive which commenced during the summer months. NWAS was also accountable to the commissioners – Blackpool Clinical Commissioning Group (CCG). Some of the preparations not referenced in the PowerPoint slides included:

- From the 1st December 2017, a command structure (senior managers) in place both in and out of hours;
- Liaison officers based in hospitals to ensure smooth handover of patients;
- St John's Ambulance and other third party providers in place to support;
- The fleet service having their own plan for maintaining emergency vehicles; and
- Audit teams in place to monitor 999 calls.

On 999 calls, it was reported that patients with mental health problems were known to take up considerable time with call handlers. It was acknowledged that NWAS was not the expert on mental health and was working with Lancashire Care Foundation Trust (LCFT) to employ appropriately trained people to work in call centres to field these calls.

The Committee was also informed that Hazardous Area Response Teams (HART) from Manchester and Liverpool would be called upon to support the rest of the NWAS region.

Each year NWAS developed a Strategic Winter Capacity Plan for its entire region and a Local Winter Plan for each area including Lancashire and Cumbria. Planning would be continuous up to and throughout the winter season with regular meetings to ensure that focus was maintained. NWAS covered the five counties of Lancashire, Cumbria, Greater Manchester, Merseyside and Cheshire. The benefit of having a plan that covered five counties was that resources from one county could be used in another.

Some paramedics were placed in the Emergency Control Centre as support call takers to advise on the most appropriate treatment. The Police would also work in the control room on key dates.

Regarding their communications strategy, NWAS would be supporting the national Stay Well This Winter campaign providing information locally and assisting partner organisations in spreading the messages.

The Committee was informed that over the festive period during 2016/17, emergency calls had increased by 24% with approximately 180 calls received per hour over New Year's Eve and New Year's Day. Over the December period NWAS had dealt with on average 150 calls per hour. The Committee expressed concern at the amount of resources used during this period and that the main cause of this increase related to incidents involving alcohol. Communication from NWAS and NHS partners would focus on this aspect in the run up to the Christmas period. It was suggested that the County Council's Communications Team assist the implementation of the NWAS communication strategy. Members were also reminded of the benefits in utilising social media to help spread the message.

In terms of winter planning for care homes, it was reported that NWAS responded to a considerable number of call outs. NWAS was currently visiting care homes throughout the region, training staff on making better assessments of the patient's needs.

Members were informed that flu jabs were now available from NWAS staff. Last year, 62% of staff at NWAS took up the flu jab.

One member sought assurance that planning was sufficient and implementable if there was a bad winter. Members were reassured by NWAS that there were no gaps in their system. However, NWAS could not guarantee that ambulances would not be delayed in respect of any increase in Delayed Transfers of Care within the hospitals. It was reported that interaction between the hospitals and NWAS was good.

Regarding vacancies NWAS would nearly be at full establishment by the end of December. It was noted that the service did not actively seek recruitment of staff externally or from overseas. However, it was noted that the Polish paramedic qualification was akin to the UK qualification. NWAS had also worked with the University of Central Lancashire and the University of Cumbria on the creation of paramedic courses for staff to attend on a day release basis.

As part of the budget process a contingency fund was specifically set aside for winter to cover for additional vehicles, etc. Additional funding was also provided either nationally from the Department of Health or locally from the commissioners during the winter season.

The Committee was informed that Lancashire had a Local Health Resilience Partnership which scrutinised all Lancashire hospitals' plans regarding their periods of most activity.

Members asked if the potential impact of flooding formed a part of winter planning for NWAS. The NWAS had a Generic Major Incident Plan with flood plans rolled out across the County through the Local Resilience Forum. It was also noted that NWAS had a good working relationship with Highways England.

With regard to the NHS Five Year Forward View and the Sustainability and Transformation Partnerships, it was explained that in the future there would be less ambulances and more appropriate care for the patient at the front end of the journey. Emphasis was also being placed on health prevention and promotion, interfacility transfers and how the service worked with health care professionals. NWAS was also looking to increase capacity in their contact centres over the next few years.

Resolved: That;

- i. The Committee welcomed the North West Ambulance Service was meeting its recruitment targets;
- ii. The County Council's Communications Team be recommended to assist the North West Ambulance Service on the implementation of their communications strategy for the forthcoming winter season; and
- iii. A site visit to North West Ambulance Service's regional headquarters be arranged for members of the Committee to attend.

### **3.9 Suicide Prevention in Lancashire**

It was agreed by the Chair to bring Item 5 – Suicide Prevention in Lancashire forward in the meeting. Chris Lee, Public Health Specialist (Behaviour Change), was welcomed to the meeting and provided an overview of the key work that had been undertaken to date. A copy of the presentation was provided with the agenda papers.

The Committee noted that on 4 April 2017, the Chair of the House of Commons Health Committee, Dr Sarah Wollaston MP, wrote to all Chairs of Health Scrutiny Committees to recommend that all Health Overview and Scrutiny Committees be involved in ensuring effective implementation of local authorities' suicide prevention plans and that this should be established as a key role of these Committees.

It was also noted that short term outcome no.3 under leadership within the Lancashire and South Cumbria STP Suicide Prevention Logic Model (Action Plan) set out to identify Elected Members from all Local Authorities [within the Lancashire and South Cumbria footprint] to take on the role of Mental Health and Suicide Prevention Champion. In considering these points it was;

Resolved: That:

1. The Leader nominate a member Champion for Mental Health and Suicide Prevention;
2. The Leader and Cabinet Member for Health and Wellbeing write to all district councils in Lancashire to consider identifying an elected member for the role of Mental Health and Suicide Prevention Champion;
3. Options for Elected Member Champion involvement in the newly formed Lancashire Suicide Prevention Partnership be considered;

4. A training session on Mental Health awareness be arranged for all the appointed Mental Health and Suicide Prevention Champions and any County Councillors who wish to attend;
5. A progress report be presented to the Health Scrutiny Steering Group in six months' time with attendance from the Mental Health and Suicide Prevention Champions; and
6. Progress be monitored by the Committee on an annual basis with an update report to be presented to the Health Scrutiny Committee in December 2018.

### 3.10 Improvements to Mental Health provision in Lancashire

The Chair welcomed from the Lancashire Care Foundation Trust (LCFT), Bev Liddle, Team Leader; Alistair Rose, Projects Director; and Steve Winterson, Engagement Director, to the meeting. They presented to the Committee on the planned changes for mental health inpatient provision in the Pennine Lancashire and Central Lancashire areas. A copy of the presentation was provided with the agenda papers.

The planned changes represented the next phase of improvements to mental health provision in Lancashire that commenced with a formal consultation in 2006, which was formally signed off by the Joint Primary Care Trust, the Joint Lancashire, Blackpool and Blackburn Mental Health Overview and Scrutiny Committee in Spring 2017 and the launch of a ten year programme of reconfiguration.

There were two main challenges in Lancashire. Recruitment of staff was one. The other was the demand on services. From the presentation it was noted that in Lancashire, GP referrals were 2.7 x the national average. The Committee was informed that this was not because GPs were doing anything wrong, but how the Trust can support a GP to address the mental health need at that point such as placing mental health nurses into practices. It was reported that referrals had reduced to 2.2x the national average and that officers expected the number to continue to reduce.

Lancashire had slightly below the mean number of beds for its population. However, the planned changes would allow people to be referred closer to home and speed up access to services particularly in the criminal justice system. Enhanced community services for those people who would not require an inpatient bed was key to the success of reconfiguration.

It was reported that the planned changes would be completed by the end of 2018.

Resolved: That the;

1. Planned changes for a site in Pennine Lancashire remain the original proposal as previously supported by the Joint Lancashire Health Scrutiny Committee at its meeting on 13 November 2012 be noted; and
2. Planned changes for a site in Central Lancashire to be located at the former mental health inpatient accommodation the Chorley Hospital site be supported.

**4. Alternative Options considered and Reasons for Rejection**

4.1 Report is for noting

**5. Consultations**

5.1 NA

**6. Implications**

<b>Financial implications (including any future financial commitments for the Council)</b>	Not applicable – none arising directly from this report.
<b>Legal and human rights implications</b>	Not applicable
<b>Assessment of risk</b>	Not applicable
<b>Equality and diversity implications</b> <i>A <a href="#">Customer First Analysis</a> should be completed in relation to policy decisions and should be attached as an appendix to the report.</i>	Not applicable

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

7.1 *Agenda, reports and minutes of Lancashire County Council's Health Scrutiny Committee Meetings in 2017/18*  
<http://council.lancashire.gov.uk/ie/ListMeetings.aspx?CommitteeId=182>

# Agenda Item 6.

<b>REPORT TO:</b>	Communities and Wellbeing Overview and Scrutiny Committee		
<b>DATE:</b>	31 January 2018		
<b>REPORT OF:</b>	Cllr Glen Harrison, Chair of the Communities and Wellbeing Overview and Scrutiny Committee		
<b>REPORT AUTHOR:</b>	Overview and Scrutiny Officer		
<b>TITLE OF REPORT:</b>	Responses of Cabinet to Reports of Overview and Scrutiny – Veterans in Hyndburn		
<b>EXEMPT REPORT (Local Government Act 1972, Schedule 12A)</b>	<b>No</b>	Not applicable	
<b>KEY DECISION:</b>	<b>No</b>	If yes, date of publication:	

## 1. **Purpose of Report**

- 1.1 To provide Members with the responses from Cabinet to recommendations made by this Committee relating to Veterans in Hyndburn.

## 2. **Recommendations**

- 2.1 That the responses from Cabinet be noted.

## 3. **Reasons for Recommendations and Background**

- 3.1 At its meeting on the 25th October 2017, the Communities and Wellbeing Overview and Scrutiny Committee received a report and presentation from Veterans Association UK. This demonstrated the work being carried out with veterans nationally and also the work done locally in Hyndburn. VAUK are an organisation run mostly by a nationwide network of volunteers, which span the country from Cornwall to the far north of Scotland! Their services are free to access and all their coordinators are suitably trained for the services provided. They are mostly self-funded and rely on a funding team to cover the costs of their operation.
- 3.2 The mission of the Veterans Association UK's is to:
- Help veterans, serving Military and their families to access housing, treatment for mental or other health issues in a timely manner and to get homeless veterans off the streets and into a home of their own.

- To help disabled or elderly veterans obtain stair lifts, wet rooms and other aids to make their lives easier.
- To help veterans obtain war pensions, DWP Pensions, Benefits, medal reclamation and to offer help in any way we can.
- To train our Caseworkers and Regional Coordinators to high standards in the relevant areas and to ensure that the correct help and advice is available at all times. Some of VAUKs volunteers are qualified teachers (PTLLS) Counsellors ( IAG 3) and suicide interventionists (ASIST).

- 3.3 Veterans Association UK specialise in housing support and counselling for Post-Traumatic Stress Disorder, but also support veterans in many other fields. Their head office is in Burnley and they currently operate a branch out of Accrington Market Hall.
- 3.4 The Committee made several recommendations. At the Cabinet meeting on 6<sup>th</sup> December 2018, the Chair presented a report to Cabinet, outlining the recommendations and reasons. The recommendations and responses from Cabinet are detailed below.

Recommendation: That this Council promotes the support available for Veterans in this Borough through its website and through social media.

*Reason: It was suggested that the services available to veterans locally were hidden, which led to the recommendation about the Council promoting these services via its website and social media pages.*

**Response: The Portfolio Holder will discuss this directly with the Armed Forces Champion and report back to the Committee if necessary.**

Recommendation: That Cabinet agrees to provide a letter of support for future external funding applications submitted by Veterans Association UK where that project will benefit Hyndburn residents, and that Cabinet considers providing match funding where required on a case by case basis.

*Reason: VAUK have struggled at times to access external funding. It was thought that something as simple as a support letter from the Council could help with future funding bids. It was also noted that some funders require match funding, which is why the Committee are requested that Cabinet consider any future requests for match funding from VAUK for external funding where appropriate. As VAUK is a national organisation, this recommendation relates only to projects that would benefit residents of Hyndburn.*

**Response: Recommendation rejected. There are numerous charities who regularly apply for funding from sources such as the lottery throughout Hyndburn. However, Councillors would consider an application to the Area Grants should sufficient resources be available**

Recommendation: That Cabinet commends the support provided by Hyndburn Homes when it comes to housing veterans, and encourages other social housing providers in Hyndburn to take a similar approach.

*Reason: VAUK commended that Hyndburn Homes are one of the best housing associations in the country when it comes to supporting veterans.*

**Response: Accepted. The Portfolio Holder will write to local housing associations.**

Recommendation: That Cabinet considers introducing a policy whereby veterans receive appropriate prioritisation for relevant Council services, such as Disabled Facilities Grants where this can be done lawfully and in accordance with grant rules

*Reason: The Committee felt that the Council may have some powers to proactively support veterans through our own services. If Cabinet could add veterans to a list of priority groups, it could improve their access to Council services including disabled facilities grants and more.*

**Response: The Portfolio Holder will review the feasibility of implementing such policy with the Head of Regeneration and Housing and report back to the Committee.**

Recommendation: That Cabinet considers providing funding to enable Veterans Association UK to continue to operate out of Accrington Market Hall after July 2018.

*Reason: VAUK is a small charity which is largely self-funded. The Committee felt that any financial support to cover costs such as rent would enable VAUK to maintain a presence in Hyndburn and continue to provide a service to our residents.*

**Response: VAUK may apply for an Area Grant if they wish to do so, which would be considered against the set criteria as with any other area grant application.**

#### **4. Alternative Options considered and Reasons for Rejection**

4.1 **Not applicable to this report**

#### **5. Consultations**

5.1 **Not applicable to this report**

#### **6. Implications**

<b>Financial implications (including any future financial commitments for the Council)</b>	Not applicable – none arising directly from this report.
<b>Legal and human rights implications</b>	Not applicable

<b>Assessment of risk</b>	Not applicable
<b>Equality and diversity implications</b> <i>A <a href="#">Customer First Analysis</a> should be completed in relation to policy decisions and should be attached as an appendix to the report.</i>	Not applicable to this report. A CFA was submitted to Cabinet on 6 <sup>th</sup> December alongside the Scrutiny recommendations

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

- 7.1 *Agenda, reports and minutes of the Communities and Wellbeing Overview and Scrutiny Committee on 25<sup>th</sup> October 2017*  
<https://democracy.hyndburnbc.gov.uk/ieListDocuments.aspx?CId=129&MId=2287&Ver=4>
- 7.2 *Agenda, reports and minutes of Cabinet on 6<sup>th</sup> December 2017*  
<https://democracy.hyndburnbc.gov.uk/ieListDocuments.aspx?CId=133&MId=2190&Ver=4>