Lancashire County Council

Health Scrutiny Committee

Tuesday, 14 April, 2015 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Meeting Held on 4 March 2015**	(Pages 1 - 8)
4.	**Ageing Well - Maintaining Independence**	(Pages 9 - 18)
5.	**Report of the Health Scrutiny Committee Steering Group**	(Pages 19 - 28)
6.	**Recent and Forthcoming Decisions**	(Pages 29 - 30)
7.	**Urgent Business** An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.	

Lancashire County Council

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 June 2015 at 10.30am at County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Wednesday, 4 March, 2015 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	M Otter
K Iddon	N Penney
M Iqbal	D Stansfield

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Trish Ellis, (Burnley Borough Council)
Councillor Carolyn Evans, (West Lancashire Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor M J Titherington, (South Ribble Borough Council Representative)

1. Apologies

County Councillors B Dawson and A Schofield replaced County Councillors N Hennessy and A James respectively, and Councillor J Oakes replaced Councillor H Jackson of Rossendale Borough Council.

Apologies for absence were presented on behalf of Councillors Asjad Mahmood (Pendle Borough Council), and Julie Robinson (Wyre Borough Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 13 January 2015

The Minutes of the Health Scrutiny Committee meeting held on the 13 January 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 13 January 2015 be confirmed and signed by the Chair.

4. Health and Wellbeing - update

The Chair welcomed Dr Sakthi Karunanithi, Director of Public Health, Adult Services, Health and Wellbeing Directorate and County Councillor Azhar Ali, Cabinet Member for Health and Wellbeing.

Dr Karunanithi presented the report, which provided an update on:

The Health & Wellbeing Strategy:

The three programmes of work – Starting Well, Living Well, Aging Well were underway and progressing well. The main risks to delivery had been identified. The Six Shifts Joint Strategic Needs Assessment (JSNA) was progressing well. Areas of synergy and opportunities for collaborative working were being identified and a final draft was to be presented to the next Health & Wellbeing Board (HWBB) Meeting.

The Better Care Fund (BCF) plan:

The plan had been approved and an implementation action plan had been developed by the Steering group on behalf of the HWBB.

The Relationship between the HWBB and Health Scrutiny Committee:

It was explained that Legislation underpinned the role of health overview and scrutiny committees in holding health bodies, including health and wellbeing boards, to account. The centre for Public Scrutiny had produced a report Spanning the System – Broader Horizons for Council Overview and Scrutiny to help support accountability through Overview and Scrutiny.

County Councillor Ali added that the Lancashire Enterprise Partnership was an important part of the contribution towards health and wellbeing; it was currently focussing on employment and economic development and he felt strongly that implications for health and wellbeing would need to be considered in planning and delivery, for example it was important to promote the living wage and, in terms of planned housing developments, ensure that appropriate services were in place. Seminars had already been held with housing providers to discuss and consider matters such as affordable housing and fuel poverty, and much work was ongoing behind that.

Work was also ongoing with the Head of Economic and External Relations to access European funds to support wellbeing services at a local level.

CC Ali reported that, following consultation with student councils about how best the county council could help support the emotional wellbeing of young people, an 18-month pilot had been launched through the mental health charity MIND who would work with a high school in every district in Lancashire to provide support with issues such as stress, bullying and cyber bullying. It was hoped that ultimately the project could be sustained over a longer period.

He reported also that a pilot had been launched in east Lancashire aimed at tackling obesity and getting communities more active.

He was looking forward to launching, later this year, an integrated wellbeing service to replace the current signposting service, provided by Help Direct. The vision was to provide a consortium of organisations delivering wellbeing services in the community at very local level to whom GPs could refer people for support.

Finally, CC Ali drew the Committee's attention to a report by the Lancashire Fairness Commission published earlier in the week and called 'Fairer Lancashire Fairer Lives'. It contained a number of recommendations and called on public, private and voluntary organisations to make changes to the services they provided to ensure everyone had a fair chance in life in terms of their prosperity, health and wellbeing.

Members raised a number of comments and questions and the main points arising from the discussion are summarised below:

- In response to a question about the number of CCGs that would contract at the levels set out in the plan, it was explained that the Health and Wellbeing Strategy was based on the Joint Strategic Needs Assessment and all CCGs had been part of determining the strategy. The CCGs would have to reflect the County Council's Health and Wellbeing Strategy in their two year and five year operating plans.
- It was explained that the Better Care Fund had been introduced after the Health and Wellbeing Strategy had been published and that much important work had been considered by the HWBB which had a very broad agenda. There had been an opportunity to refresh the strategy to fit with the current reality; it was suggested that, to some extent, the NHS was 'fire-fighting' and the work now coming through the BCF was therefore essential and necessary.
- It was explained that the HWBB was a strategic Board under which there were many partnerships operating at a lower level with varying degrees of success; it was hoped that all would be working well within the next six months.
- It was confirmed that health and wellbeing partnerships had evolved when the primary care trusts became clinical commissioning groups. The partnerships were not formal sub-groups of the HWBB and their contribution varied, but they provided crucial assistance to the H&WB function.

- The Cabinet Member undertook to provide the Committee with information about the scope and role of the integrated wellbeing service referred to in his presentation, which would be launched later his year.
- It was considered important to avoid duplication and to ensure that organisations dovetailed together. CC Ali agreed that it was important to have a whole-system joined-up approach and in some areas progress had been good whilst in others it was acknowledged that there was some way to go.
- Regarding housing, a question was asked about what opportunities there were for owner- occupiers to obtain grants to enable them to maintain their property to an adequate standard, and how housing would integrate with the 'living well' strand of the H&WB strategy. CC Ali agreed that there was a need to work with district councils and also with the private sector to try to reinvigorate the housing market. Work was already ongoing with social landlords to address matters such as fuel poverty and infrastructure issues. In terms of the private sector, CC Ali said that he would like to see a licensing scheme introduced.
- One member referred to recent legislation, which introduced a cap on charges to pay for care, and asked what advice had been given to those people who would be affected by this. She was particularly concerned about elderly people who might not understand the implications of residential care and she asked whether this would be picked up by Help Direct in its expanding role as a wellbeing service. In response, it was suggested that this Committee receive an update on the implications of the Care Act via the Scrutiny Officer and that the Head of Care Act Implementation might attend a meeting to explain further if necessary. CC Ali confirmed that there was an intention to provide similar information to the public.
- Regarding the new wellbeing service Sakthi explained that a wellbeing workforce was currently being commissioned. This was a new type of workforce aimed at providing consistent, co-ordinated standards. Priorities included self-management, social isolation, and low-level mental wellbeing.
- Regarding a specific question about the capacity of the occupational therapy service, it was explained that this was being picked up as part of the re-design of the social care service. Members were reassured that much progress had been made and that, if requested, colleagues in Social Care would provide further information. It was noted that a key area of social care was re-ablement and a key part of this was occupational therapy. CC Ali undertook to pass on the Committee's concerns about the capacity of the occupational therapy service to cope with current demand.
- It was suggested that road safety was relevant to health and wellbeing and that 20 mph zones were part of this, for example around schools and in residential areas. CC Ali confirmed that, under the restructured county council, road safety would fall within public health, which would allow a re-think about how services would be delivered. In some areas 20mph zones were working well, but in others they were not. The Police and Crime Commissioner had listened to concerns around enforcement and a pilot was currently being conducted in the Chorley area. The Committee was assured that road safety was a priority and consideration was currently being given to how best to integrate road safety with public health.

- Clarification was sought about progress in rolling out 20mph areas and zones and CC Ali undertook to provide an update to the Committee from highways officers.
- Members were very pleased to hear about the initiative to engage with high school children and also the obesity pilot referred to in CC Ali's presentation. It was confirmed that the pilot was not just about obesity itself but included advice about things such as food poverty, cooking, and nutrition
- In response to a question about the progress of health checks, Sakthi undertook to provide a detailed update to the Committee. He acknowledged that it was important to identify people who would benefit from such health checks, and it was also important also to consider what follow up action was then taken.
- In response to a question about the possible impact of changes to the Help Direct service on the Welfare Rights service, it was confirmed that there would be no negative impact; access to the Welfare Rights Service would be through the wellbeing service. It was acknowledged that some people did not have the capacity to cope with what was essentially a telephone based service and it was confirmed that officers would, if necessary, visit applicants in their home.
- In response to a question how CCGs were to be supported in tackling health inequalities given that there appeared to be reducing levels of public health support, the Committee was assured that the county council was working closely with CCGs and looking at pooled budgets. The county council had adopted the Marmot principles some two years ago, but it would take time to see the results.

The Chairman thanked the Director for Public Health and the Cabinet Member for Health and Wellbeing for their attendance. He felt that many useful issues had been raised which could feed in to the work planning session to be held after the next meeting of this Committee on 14 April.

Resolved: That the report be noted.

5. Report of the Health Scrutiny Committee Steering Group

On 7 November the Steering Group had met to discuss the new congenital heart disease review prior to consultation. A summary of the meeting was at Appendix A to the report now presented.

On 28 November the Steering Group had met with officers from West Lancashire CCG and Southport and Ormskirk Hospital Trust to discuss breast services at Southport Hospital. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report be received.

6. Work Plan

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

Wendy Broadley reminded members that there was to be a 2015/16 work planning workshop following the next meeting of this committee on 14 April 2015.

She reported that a Motion had been carried at a meeting of the county council's Full Council on 26 February 2015 part of which said that:

> "The county council resolves that the chairman and chief executive of the North West Ambulance Service and north west CCGs be requested as a matter of urgency to attend a meeting of the LCC Health Scrutiny Committee Steering Group to advise what measures are being undertaken to improve response times across the county including those areas most affected by poor Red 1 performance."

Councillor Jackson of Rossendale Borough Council had mentioned at a previous meeting of this Committee that Rossendale Borough Council was conducting a piece of work relating to ambulance response times. It was suggested and agreed that the Steering Group engage with those councillors when taking forward arrangements for the meeting with NWAS.

It was considered most important to include in the work plan an item through which the Committee could be reassured that appropriate and proper governance arrangements were in place across organisations within the health service, and that any governance issues arising were dealt with correctly. It was considered important, as part of that, to seek assurance that whistleblowers were listened to and protected, and that supportive HR policies were in place. It was suggested also that there should be a pan-Lancashire, strategic approach and that the role of non-executive directors in holding organisations to account and the effectiveness of relevant inspectorate bodies be considered. It was agreed that this would be a very relevant piece of work, the scoping of which would need careful consideration.

Members were informed that, in advance the work planning workshop, they would be provided with a list of suggested outline topics

Resolved: That the work plan, as now amended, be noted.

7. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

Resolved: That the report be received.

8. Urgent Business

No urgent business was reported.

9. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 14 April 2015 at 10.30am at County Hall, Preston.

I Young
County Secretary and Solicitor

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on Tuesday 14 April 2015

Electoral Division affected:
ALL

Ageing Well – Maintaining Independence

Contact for further information:
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Executive Summary

As part of the scrutiny of the 'Ageing Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which presents an overview of maintaining independence, focussing on dementia friendly initiatives, social isolation, falls prevention and support for carers.

A number of hyperlinks are included within the paper to provide Members with further information.

Recommendation

The Committee is asked to note and comment on the report.

Background

1. As part of the scrutiny of the 'Ageing Well' element of the Health & Wellbeing Strategy, the committee is provided with this report which presents an overview of maintaining independence, focussing on dementia friendly initiatives, social isolation, falls prevention and support for carers.

Dementia Friendly Initiatives

2. Lancashire's population is ageing, and although the increase in life expectancy is positive, the gap between healthy life expectancy and life expectancy is getting wider in some parts of the county. For some sections of our population, people are living longer but in poorer health. The onset of illness and frailty in older age can lead to unforeseen social, medical and financial demands on local government, the National Health Service and the wider public sector.

3. Dementia is a syndrome, usually of a chronic or progressive nature, caused by a variety of brain illnesses that affect memory, thinking, behaviour and ability to perform everyday activities

4. In Lancashire older people make up a larger portion of the population than the average nationally. In 2010, those aged 65 and over made up 18% of the population in Lancashire, compared to 16.5% nationally and these numbers are increasing, with already some districts of Lancashire where a quarter of the population is aged over 65 years.

5. Compared White ethnic population, a higher percentage of Asian/Asian British population describe their health to be bad, or very bad, or have a limiting long term condition which limited day to day activities (2011 Census). The South Asian population of Lancashire is relatively young in age structure, although, with a projected increase in the older populations, the incidence of dementia is also likely to increase as the South Asian population ages.

6. Increasingly older people are living alone, with 13% of households in Lancashire occupied by a single individual aged 65 years or over, compared to 12% for England as a whole.

7. There are approximately 850,000 people with dementia in the UK (Alzheimer's Society); and this number is set to grow to over 1,142,000 people by 2025; with the financial cost estimated at £26.3 billion each year and growing. The Prime Minister has created a challenge to train 1,000,000 dementia friends and a commitment to research into dementia.

8. The national Dementia Action Alliance is made up of over 500 organisations committed to transforming the quality of life of people living with dementia in the UK and the millions of people who care for them.

9. Across Lancashire and in collaboration with the Alzheimer's Society, district councils, and Clinical Commissioning Groups (CCGs) are working together to deliver the outcomes of the national strategy, 'Living well with Dementia'. The strategy sets out the need for significant improvements in meeting the health and wellbeing needs of people with dementia and their carer's, through:

    - Improved awareness
    - Earlier diagnosis and intervention
    - Higher quality of care

10. The Quality Outcomes Framework (QoF) 2012/13 suggests there are 9,655 people pan Lancashire on the dementia registers; with prevalence the same as for England at 0.6%, and with a varying prevalence of between 0.5% to 0.8% across CCGs. According to the NHS Dementia Calculator (NHS 2013) there are estimated to be 18,006 people with dementia in Lancashire, based on the January 2013 registered population. The estimated cases of dementia are higher than the recorded number on the 2012/13 QoF registers, suggesting under-diagnosis. Although, we do not have any detailed data for Black, Asian and Minority Ethnic (BAME) communities, we can draw an inference from a number of reports, including:

    - All-Party Parliamentary Group report July 2013, which reported that the number of people with dementia from BAME groups is expected to rise significantly as the population ages.

- The Centre for Policy on Ageing and the Runnymede Trust applied well established dementia prevalence rates to census data, giving a current estimate of nearly 25,000 people with dementia from BAME communities in England and Wales; and expected to grow to nearly 50,000 by 2026.
- The report further states that currently, people from BAME communities are under-represented in services and they are often diagnosed at a later stage of the illness, or not at all. There is a particular need in the South Asian Community for accessible information on dementia both to raise awareness, so encouraging diagnosis and to enable people with dementia to live successfully at home.

11. It is important to establish appropriate services to help to ensure people can access the support they need so that families can better cope and individuals with dementia can experience a better quality of life. A lack of culturally sensitive dementia services has also been identified as an issue.

12. In terms of provision for people with dementia, the Council's Older People Services manages residential homes and day time support for older people; providing 17 residential care homes and 14 day centres across all districts in Lancashire. Of the 734 residential placements, 300 are for people with dementia. In addition there is specialised short term (6 weeks) rehabilitation provision for people with dementia being admitted from hospital or directly from the community, instead of being admitted to long term residential care. This has achieved a 60-65% success rate of people returning back home to their community.

13. Across Lancashire there are also approximately 1,300 placements per week into day care for older people with high levels of dependency living in the community. Approximately a third of the provision is within specialised dementia facilities. The day time support services provide support to people to maintain their independence in the community, and also provide support to carers.

14. The service has specialised in the provision of dementia services for some years, investing in the training of staff with both Bradford and Stirling Universities which provide specialist education in dementia issues.

15. The Lancashire Health & Wellbeing Board, through its Ageing Well programme has identified managing dementia a priority for action. Work is ongoing to develop and deliver a general public information campaign, which includes a strong prevention message that ‘what’s good for your heart is good for your head’. Risk of dementia may be reduced if we protect our general health, e.g. by eating a healthy diet, stopping smoking, exercising regularly, drinking less alcohol and generally protecting the brain from injury. The dementia friends and dementia friendly communities initiatives deploy strategies for community engagement, to increase levels of understanding and build supportive social networks.

16. Dementia Friends is a national initiative that is being run by the Alzheimer's Society and is funded by the government. It aims to improve people's understanding of dementia and its effects, and is looking to create a network of Dementia Friends across England. A Dementia Friend learns a little bit

more about what it's like to live with dementia and then turns that understanding into action

17. People can become Dementia Friends in one of three ways:
    - Watching and interacting with an online film, available on the Dementia Friends website
    - Attending a 45 minute face-to-face information session run by a Dementia Friends Champion.
    - Reading a specially designed booklet that gives all the learning required to become a Dementia Friend

18. The Council's Cultural Services team has also been active in increasing awareness of dementia and providing services tailored to the needs of those with dementia. These include developing and maintaining the memory box loans; memory tours in the Museum of Lancashire; designing outreach sessions on a range of reminiscence based activities; producing a programme of activities for Dementia Awareness Week and other times of the year in order to promote Dementia Awareness, shared reading groups; arts and dementia; other resources e.g. stock including the recently launched national reading well books on prescription for dementia.

Social Isolation

19. Loneliness and social isolation are widely recognised as among the most significant and entrenched issues facing our ageing society. The two are often talked about in the same breath, but there are important distinctions. While social isolation is an objective state – defined in terms of the quantity of social relationships and contacts – loneliness is a subjective experience. Loneliness is a negative emotion associated with a perceived gap between the quality and quantity of relationships that we have and those we want.

20. Age UK has recently produced a publication 'Promising Approaches to Reducing Loneliness and Isolation in Later Life' suggests three key challenges:

    - Reaching lonely individuals
    - Understanding the nature of an individual's loneliness and developing a personalised response
    - Supporting lonely individuals to access appropriate services

21. 'Social relationships, or the relative lack thereof, constitute a major risk factor for health – rivaling the effect of well established health risk factors such as cigarette smoking, blood pressure, blood lipids, obesity and physical activity'. This was a conclusion of a report produced in 1988 entitled 'Social Relationships and Health'.

22. The study 'Social Relationships and Mortality Risk' identified that low social interaction was as high a risk factor for early death as smoking 15 cigarettes a day or being an alcoholic. Low social interaction was a higher risk factor than not exercising and twice as high a risk factor for early death as obesity. Co-author of that report, Tim Smith, noted: 'We take relationships for granted as humans – we're like fish that don't notice the water….That constant

interaction is not only beneficial psychologically but directly to our physical health.'

23. Similarly researchers from University College London undertook a study published in 2013 'Social Isolation, Loneliness, and All-cause Mortality in Older Men and Women' which looked at the health effects of social isolation. It found that social isolation in older people was associated with increased risk of death from any cause in the UK, and this relationship was independent of demographic factors and baseline health. It concluded that efforts to reduce the social isolation of older people are likely to have positive outcomes for wellbeing, and suggested that they could also reduce mortality.

24. The percentage of Lancashire adult social care users who feel they have as much social contact as they would like, is significantly better than the national average at 49.2% (England 44.5%) according to the 2012 Adult Social Care Users Survey. With regards to adult carers in Lancashire, figures from the 2012/13 Personal Social Services Carers survey show that 38.3% of individuals have as much social contact as they would like, which is not significantly different to the national average of 41.3%.

25. Currently Lancashire County Council and partners are investing in a range of community based services and provision to support vulnerable people to develop their community networks to help reduce social isolation/loneliness and build community resilience, these include Help Direct, Connect for Life, the East Lancashire Befriending service, with East Lancashire Clinical Commissioning Group also funding an individual and community resilience programme.

26. The Council has also approved the Extra Care Housing Strategy which will seek to establish alternatives to residential care. A key element of housing design will be to develop supportive and inclusive communities with an emphasis on maximising opportunities for participation and socialisation.

27. There is much work across the County still progressing to address loneliness and isolation. The challenge is to identify those at risk and supporting them prior to the loneliness having an impact on their overall health & wellbeing. Tackling loneliness is also an integral part of Lancashire's Health & Wellbeing Strategy through the Ageing Well programme.

28. Lancashire County Council is in the process of commissioning a Wellbeing Worker Service to support vulnerable adults, particularly those at risk of a health or social care crisis. The service will empower individuals to build resilience and support people to connect with the assets in their community. One of the main outcome areas for the service is to reduce social isolation and loneliness. It is intended that the new service will lead to those on the brink of isolation to be identified and supported effectively.

29. The next phase of the work programme is to consider options for development of additional services that will provide additional support for clients accessing the new service. A needs analysis is underway with a particular focus on reducing social isolation and loneliness in order to plan and design evidence based interventions.

Falls Prevention

30. Current estimates are that 1 in 3 people over the age of 65 years will experience at least one fall in a year. The implications of falls are wide ranging creating human and growing financial costs to individuals and the health and social care economy, for example, where a fracture is sustained there is a minimum cost of £10,000 per patient to the NHS, rising to £25,000 with additional social care costs for a year.

31. The Department of Health estimates that the annual cost across health and social care of 1 hip fracture is £40,000 per annum.

32. Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care. A measure that reflects the success of services in preventing falls will give an indication of how the NHS, public health and social care are working together to tackle issues locally.

33. A Lancashire health needs assessment completed in November 2014 reported that by 2030, the number of people aged 65 years and over predicted to have a fall is projected to increase by 40%. The key findings were:

    - Hospital admissions for falls injuries in 65+ persons significantly worse than England
    - Only in 20% most affluent areas emergency hospital admissions for falls injuries in 65+ persons are significantly better than the England rate
    - In Lancashire's deprived areas, rate of emergency hospital admissions for fractured neck of femur in 65+ persons worse than England
    - Mortality from accidental falls in the 65-74 and 75+ year olds higher than England
    - In 8 electoral wards the rate of emergency admissions due to hip fractures in 65+ year olds is worse than England
    - 68% of ambulance call outs for falls are in 65+ persons.
    - There are 51 wards where there were more than 200 ambulance call outs for 65+ falls in the last 3 financial years
    - Considerable correlation between ambulance call outs for falls and resident 65+ population
    - Elderly living alone have a 3.4 times greater representation in the ambulance call outs for falls than in Lancashire population
    - Elderly singles and couples, home owners and in comfortable homes have a 1.5 times greater representation in the ambulance call outs for falls than in Lancashire population

34. Currently the falls prevention work stream is part of the scope of the wider Integration of health and care services project which is primarily focused on

the Ageing Well population; vulnerable older people, aged 65 and above. The project is split into 3 phases:

Phase one:

- Get buy in from identified stakeholders
- Understand current service provision – uptake and reach
- Get feedback from citizens and their carers who use current services (what works/doesn't work)
- Understand what best practice falls prevention and treatment services look like
- Align evidence submission to NICE guidelines; this will highlight gaps in practice and service provision.

Phase two:

- Develop Falls Prevention and Treatment strategy with stakeholders
- Consult on strategy and gain approval from Lancashire Health and Wellbeing Board
- Produce Implementation Plan
- Establish work streams and identify actions to be embedded within other transformational programmes

Phase three:

- Implement work streams actions with regular reporting via project board.

35. A Lancashire wide falls campaign will be launched in July 2015. Engaging with older people and presenting the topic of falls prevention in a way that they find acceptable is key to the success of falls awareness campaigning. Research into attitudes on falls prevention in later life shows that older people are more likely to be receptive to messages which focus on improving health, mobility and confidence, rather than the risk and consequences of falls. Educating older adults about individual risks and methods of prevention is an important building block of every fall prevention program.

36. STEADY On! is a unique and productive brief intervention falls prevention package for older people developed with the East Lancashire Falls team and UCLAN, which has been fully evaluated. The service targets hotspots found via North West Ambulance Service data which is received monthly, enabling the team to immediately target high risk areas.

37. Subsequently funding of £320,000 over 2 years has been agreed by Cabinet to enter into agreements with East Lancashire Hospitals Trust, Lancashire Care Foundation Trust, Southport and Ormskirk Hospital NHS Trust, and Blackpool, Fylde and Wyre Hospitals NHS Foundation Trust to extend the delivery of the STEADY On falls prevention programme.

Support for Carers

38. In Lancashire, a range of support is provided to unpaid carers via the 'Carers Lancashire' service, which is a partnership of providers commissioned by LCC. They currently support over 18,000 carers with around 400 new carers identified each month. The service offers carers:

    - An emergency planning service , which includes up to 72 hours of replacement care in emergency situations where the carer isn't able to provide support
    - Information, support, signposting and advice - The service offers a telephone helpline, a range of social media and face to face visits. The service also provides a range of support groups.
    - Leisure cards offering reductions to access leisure centre facilities
    - A volunteer manned sitting in service is available to carers to enable them to have a break.
    - Former carers are supported for up to two years after their caring role ends. This is in recognition that carers at the end of their caring role can face bereavement, financial difficulties, housing issues, low confidence, unemployment etc.
    - A range of courses and activities are offered to carers to enable them to have a break.
    - Carers Awareness Training - All organisations who come into contact with carers have access to carers awareness training delivered by Carers Lancashire.
    - Forums - There are a range of local forums feeding into a Lancashire wide carers forum facilitated by Carers Lancashire

39. Carers Lancashire and social work teams offer the carer a carers assessment, which identifies the needs of the carer and a carers support plan is produced. As part of the carers assessment, it will be identified if a carers is eligible to receive an annual personal budget of around £200 to £300. This budget can be spent on anything to meet the needs of the carer, for example, to purchase gym memberships, laptop or therapy treatments.

40. In addition, there is a county wide carers mental health service supporting carers caring for people with complex mental health problems. The service offers information and advice, face to face crisis support and a 24/7 helpline.

41. Each year, the council also support and fund about 6,600 people to receive replacement care, for example residential, day or home care, so their carer can have a short break.

42. We have a very good track record of supporting carers in Lancashire and we have seen a significant rise over the last few years in the number of carers supported. This trend is anticipated to continue with the implementation of the Care Act which simplifies, consolidates and improves existing legislation;

'putting carers on an equal legal footing to those they care for and putting their needs at the centre of the legislation'.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management implications arising from this report.

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

Paper	Date	Contact/Directorate/Tel

Health Scrutiny Committee
Meeting to be held on 14 April 2015

Electoral Divisions affected:
All

Report of the Health Scrutiny Committee Steering Group
(Appendices A and B refer)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
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Executive Summary

On 26 January the Steering Group met to receive an update on the work of the Committee and discuss future topics for scrutiny A summary of the meeting can be found at Appendix A.

On 23 February the Steering Group met with officers from East Lancashire CCG to discuss Primary Care Access and Calderstones regarding their post CQC inspection plan. A summary of the meeting can be found at Appendix B

Recommendation:

The Health Scrutiny Committee is asked to receive the report of the Steering Group.

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

Lancashire County Council

- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

NOTES

Health OSC Steering Group
Monday 26 January 2015– B18b
2.00pm

Present:

- CC Yousuf Motala
- CC Margaret Brindle
- CC Fabian Craig-Wilson

Apologies received from:

- CC Steve Holgate

Notes of last meeting

The notes of the Steering Group meeting held on 5 January were agreed as correct following the amendments identified below:

The following bullet points are to be added to the notes of the meeting on 5 January

- CC Motala felt that there was an issue around GPs handing out anti-depressants (over prescription) – why not look at prevention measures.
- Blood tests that could be done by nurses at GP surgeries rather than be referred to a hospital – stream line the process.

Healthier Lancashire Programme

Officers had been invited to attend but subsequently were unavailable therefore it was agreed that they would be invited to a future meeting (13 April)
The Steering Group also requested that they be provided with a briefing paper prior to that meeting.

Healthier Lancashire – NHS England – need some background but NHSE a no show
Notes of last meeting – see changes below

General Update

The Steering Group took the opportunity to receive and discuss updates on other health scrutiny activity:

- Wendy had recently met with Gill Brown – new Chief Exec of Healthwatch and CC Craig-Wilson said that she has also attend a Fylde Borough Council Scrutiny meeting
- HWB – update. SG to get copies of agendas etc when they are published– to be added to circulation list
- Work planning event after April Committee (14) – need to be planned (at meeting 16 March)
- Next Health Committee (4 March) – CC Azhar Ali and Dr Sakthi Karunanithi will be attending to discuss the wider health & wellbeing agenda, the

development and implementation of the Better Care Fund and the relationship between the HWB and the Committee

- Issues of links with HSC to be discussed at the next SG (23 Feb) – to aid with questions at Committee
- Members commented on the discussions that took place at Jan Committee – particularly about the lack of progress and positive outcomes from partnership working, examples of more joined approaches needed and shared priorities/workload/networking.
- Topics for future SGs
    - Learning disabilities
    - Services for deaf people – equity access to services. (also blind)
    - How to deal with 'flannel' from trusts
    - What difference do we actually make – not the NHS police, already inspected/monitored by independent organisations – discussion on how health can/could be delivered in the future
    - Support non-execs to scrutinise trusts more effectively.
    - Should we challenge the inspection regime – are they good enough?
    - Publicity and promotion of the scrutiny role
    - Immunisation amongst the immigrant population – they have a higher than birth rate

It was suggested that it would be useful for SG to receive a brief summary of what the roles and responsibilities the HWB and its partnerships have, and current position of the Public Health team for information. Wendy to liaise with Mike Leaf

Topics for future meetings:

- 23 February – East Lancs CCG re Hyndburn Health Access Centre and Calderstones re post CQC inspection update
- 16 March – Lancashire Care Foundation Trust update/workshop planning
- 13 April – Healthier Lancashire

NOTES

Health OSC Steering Group
Monday 23 February 2015– B18b
2.00pm

Present:

- CC Steve Holgate
- CC Yousuf Motala
- CC Margaret Brindle

Apologies:

- CC Fabian Craig-Wilson

Notes of last meeting
The notes of the Steering Group meeting held on 26 January were agreed as correct

Primary Care Access
Officers from East Lancashire CCG attended to discuss Primary Care Access, they were:

- Cath Randall – Senior Operating Officer
- Lisa Cunliffe - Senior Primary Care Development Manager
- Collette Booth – Communications (but works for CSU)

Lisa provided members with background to the process – Primary Care Development (PCD) was identified as a cross cutting theme
Key points of discussion were:

- Access is just one of the key priorities of PCD
- Steering Group set up to look at accessing primary care – what services were available.
- Started July 2014 – patient and population engagement – various locations, online survey, hard copies in health centres, compared data to other local and national engagement. Worked with protected groups e.g. deaf people
- Over 400 responses – used the feedback to present a co-production event (9 Oct) to identify the key themes that had emerged and from those what the priorities were.
- Created smaller co-production group based on localities – produced 3 key priority areas. Original plan was to use that information to develop service delivery models and options. Instead have developed a series of principles. Next steps is to go back out to engagement asking about the principles and use them as the basis on any service delivery.
- A representative of the Health & Wellbeing Partnership sits on the governing body of the PCD (Healthwatch also) – provides challenge
- Patient engagement – did they look at the demographics as well as geographic? – Majority of engagement so far hasn't covered a lot of young people, however specific engagement is being planned. Also need to work more with BME communities, traveller community – the people from the

protected groups are the ones who have most problems accessing primary care services.

- Asian women and specific conditions such as diabetes – issues around accessing services. CC Motala also raised his concerns around mental health problems for young people and the support they are given.
- All the existing strategies within the county need to feed into the PCD
- CC Brindle gave rural communities as an example (Cliviger – no dentist, doctor or post office and poor bus service). Housing Associations are not well represented in rural areas so they are not the best organisation to share information throughout the community. Engagement – would they consider going out to community groups in those rural areas? Could Help Direct be utilised? Aim to do as much as possible but must to work within time and financial constraints – try to reach as many as possible.
- CC Holgate stressed that as long as they ensured that there was adequate representation of different groups it wasn't expected that every single small community be engaged with directly.
- CCG keen to engage with the younger population as they will be service users of the future
- Exploit the possibility of supermarket foyers as a means of having opportunities to engage with the wider community
- Wider engagement to determine whether the principles are fit for purpose.
- Health promotion and prevention – prevention responsibilities sit with PH team in LCC. Is this a key area? GPs could be more involved in early engagement and how services can be delivered differently.
- What's the experience of the out of hours service? – how effective are they? – Many people unaware of the OOH, particularly younger people. The 111 system doesn’t fit with how people want to engage with the service (particularly young mums and BME community – based on the clunky way that information is triaged)
- The commissioning of health services is very fractured – many different partners commissioning different elements, particularly for children's health care services. Availability of information – about services, about self-care and access to medical records
- Urgent access needed much closer to home – to try and stop people attending A&E unnecessarily
- Patient experience needs to be at the forefront and not just focusing on achieving targets.
- Perfect Week – the commissioners (and GPs) spend time with the providers and follow the patients through their journey. Provides useful feedback to help influence future commissioning decisions
- How can all the different partners work together to improve the system? – better alignment.
- HW will challenge the plans of the governing body and ask questions. Maybe make better use of their 'enter and view' powers.
- Hope to present to governing body by end of June – if it results in major service redesign then it will require a full public consultation. If this is the case will approach scrutiny to discuss this further.
- A lot can be achieved regarding delivering a different service by tweaking existing contracts

- Primary care across the county – needs a consistent approach, CCG network to be more transparent and accessible – maybe use a similar model to that of BCF.
- Safeguarding needs to be at the forefront of any development of plans and future service design.
- All providers will be involved in the redesign of services
- What do patients understand what primary care is? – GPs services and other out of hospital services provided in the community
- CC Motala suggested that the team contacted local County Councillors to discuss communication and engagement options in their local areas.
- Need to also engage with District and Parish/Town councillors
- When would they be able to speak to us again to provide an update? – September. Wendy to arrange for them to attend a future SG meeting.

Calderstones

Mark Hindle (Chief Executive) attended Steering Group to update members on the action and progress since their recent CQC inspection.

Also Nick Kashew (Director of Finance) and Fran Foster attended

Key points:

- Inspected June 2014 – 60 inspectors, report produced December, followed by a Quality Summit (QS) which was attended by CC Motala and Wendy
- Lack of community based support by primary and secondary care for clients that need to move on
- Gender split of patients is 80/20 male/female
- The Trust provides low and medium secure services – high level is the likes of Rampton
- CQC report highlighted the use of restraints – used to manage people's aggressive behaviour, drugs can be used to calm them down or physical restraint.
- All these issues were discussed at the QS – and the Trust have developed a comprehensive action plan. HSC should have been identified as taking part in an improvement board – Ian Leybourne attends from LCC (need to get copies of minutes)
- Progress is generally good – real test is are the changes embedded. Invested in more cleaners, training (particularly for clinical staff), more therapists.
- £1.2 – £1.8m revenue consequences to deliver the improvements. Discussing with the commissioners regarding finding the resources to sustain the service.
- NHSE buy a certain amount of beds, (clients with exceptional needs as charged on a per client basis). It costs more to care for a female client than a male one but the funding is based on beds and not gender.
- Quite a unique service but are benchmarked against standard processes e.g. cost per bed. Difficult to demonstrate for value for money.
- The private sector don't have to abide to the agenda for change regarding terms and conditions relating to single sex provision.
- Length of treatment – 6 months to 20 years (very much depends on the individual)

- Discharge down from medium to low can proof problematic due to different commissioners for different levels. NHSE commission low/medium secure services and the CCGs commission the enhanced support packages.
- CC Motala concerned that someone discharged back to the community would have the right level of support – investment in social care, housing etc. is required to enable the provision of adequate support.
- Mental health review tribunals, DOLs are blocking discharge as many clients are resulting with a more restricted lifestyle than if they remained at Calderstones.
- Readmission rates? – very low for the Trust.
- Where is the primary care element at the very beginning to stop being getting into the system in the first place?
- Following Winterbourne it was deemed that more community provision was required – however the number of inpatients has doubled in the 2 years since.
- A lot of pressure in the system for commissioners to change the type of provision – 50 patients within Calderstones have been deemed as should be discharged but there is a lack of services to deal with these people in the community.
- The Trust have had active talks with Merseycare to discuss merged services – in advance of making a decision want the input of scrutiny. Would be a more robust organisation both financially and staffing/facilities
- How do the Trust see a financial solution for the future with increased demand? Merseycare are very financially sound and have many assets.
- There are significant savings of organisations coming together. The Trust currently use a lot of agency staff (10% sickness absence amongst staff). Recent events have made it difficult to recruit staff. Over 50% of those staffing shortages are filled with agency staff for which they pay a 25% premium. If joined with another organisation would have the use of a very large pool of 'in house' bank staff.
- Management costs could also be significantly reduced in a merged organisation. 10% could be saved through efficiencies and service delivery changes.
- However investment is still required in community based clinical services.
- Would be a rationalisation of existing estates across the two organisations but it's too early to say what the detail of this would be
- Need to be careful about people's care pathways if merged to make sure they are close to the people and services they require.
- Merseycare – flagship organisation. However concerns of CC Brindle is that Calderstones would end up with low secure dementia patients who are unlikely to be discharged back into the community. Currently not commissioned to deliver services for patients with dementia – however rationalisation of how this type of service would look in the future is needed.
- People with Learning Disabilities have never had the capacity to consider their future if affected by dementia
- CC Motala asked about governance and accountability – two organisations coming together with two Boards. Clear direction of travel, don't know yet whether this may be subject to public consultation.
- Mark asked for a steer on how the Trust continue to engage with scrutiny for the way forward. CC Holgate asked if the Trust had non-execs on the Board (yes). Demographic makeup of the organisation is largely typical of the local population. Good engagement with service users and they attend Board

meetings. Talking to staff about the future and meeting with them all over recent and coming weeks. Also dealing with the reaction of carers and relatives in light of the CQC report and conversations regarding a merger.

- Need to make sure not creating any unnecessary tension and insecurity
- Not clear when it's a relevant time to discuss next steps with HSC. The Trust just to keep us up to date – Mark to liaise with Wendy.

Dates/topics of future meetings

- 16 March – LCFT update and work planning workshop agenda
- 13 April – Healthier Lancashire programme/NWAS

Health Scrutiny Committee
Meeting to be held on 14 April 2015

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:
Wendy Broadley, Democratic Services, 07825 584684
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Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this can inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a)to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b)to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

Lancashire County Council

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

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

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A