

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 13 October, 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

Mrs F Craig-Wilson	B Murray
G Dowding	M Otter
N Hennessy	N Penney
M Iqbal	A Schofield
Y Motala	D T Smith

Co-opted members

Councillor Jean Cronshaw, (Chorley Borough Council)
Councillor Trish Ellis, (Burnley Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor E Savage, (West Lancashire Borough Council)
Councillor M J Titherington, (South Ribble Borough Council)

1. Apologies

Apologies for absence were presented on behalf of County Councillors Alycia James and Margaret Brindle and Councillors Barbara Ashworth (Rossendale), Shirley Green (Fylde) and Julie Robinson (Wyre)

County Councillor Alan Schofield attended in place of County Councillor David Stansfield and Councillor Jean Cronshaw attended in place of Councillor Hasina Khan (Chorley).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting held on 1 September 2015

The Minutes of the Health Scrutiny Committee meeting held on the 1 September 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 1 September 2015 be confirmed and signed by the Chair.

4. Access to Services

The Chair welcomed officers attending to present the report:

- Jacqui Routledge, Public Health Specialist
- Phyl Chapman, Head of Customer Access Service
- Ranjit Supra, Project Manager

The report provided members with information about:

- The process for accessing social care services
- Support for accessing services via the 'Wellbeing Worker Service'
- Views of citizens from the deaf community on accessing services

It was explained that the Wellbeing Worker Service, which began on 1 September, was aimed at vulnerable adults, particularly those at risk of a health or social care crisis, in order to provide targeted early help, improve resilience and prevent the need for more intensive services. The service had been designed around the successful elements of several other services including Help Direct; Social Prescribing; Health Trainers and Connect 4 Life and Luncheon Club provision.

The service would work at a community level across the 12 districts of Lancashire and would operate in a variety of settings, such as people's homes and within local communities in a variety of community/outreach venues, which would be accessible, as well as being acceptable locations for all adults and communities.

It was explained that the service was not open to general access by the public but could be accessed by referral from a wide range of partners including the County Council's own Customer Access Centre.

Individuals would receive up to six sessions to enable an assessment of their needs in a holistic way and provide support in self-help and/or accessing appropriate services, for example access to weight loss advice. It was hoped that early intervention would prevent people from falling into more serious care packages.

It was emphasised that the Wellbeing Worker Service was not a clinical/medical service and neither had it been intended to replace, 'like-for-like', Help Direct, which had now ceased. The Customer Access Centre would continue to receive calls which had previously been referred through the Help Direct Service and members were informed that the telephone number remained the same. The Committee was assured that the majority of calls that had previously come through Help Direct required little more than signposting, and that service would continue through the Customer Access Centre.

Members were invited to comment and raise questions and a summary of the main points arising from the discussion is set out below:

- In response to a question how the service would be evaluated, it was explained that each person accessing the service would receive a wellbeing 'score' by use of the 'Get the Most Out of Life' self-assessment tool, which would be repeated during the process and three months later; consideration would be given to what actions had been taken and what had been effective.
- In terms of an overall assessment of the effectiveness of the service, it was intended to carry out a comparison of the level of social care usage before and after its introduction.
- In response to a question about how much the service would cost to provide, the officer did not have details to hand, but undertook to supply this information to the committee after the meeting.
- Members felt that it was most important to ensure that those partners from whom it was expected to receive referrals were fully aware of the Wellbeing Worker Service and how to access it. The Committee was assured that much work was actively being done to inform partners and there was also a stream of work ongoing in relation to wider customer access.
- It was acknowledged that often the most vulnerable people did not have access to the internet. It was explained, however, that this service was accessed through referral by, for example a GP or a social worker, and members of the public could continue to telephone the Customer Access Centre, on the same number through which Help Direct had previously been accessed, for low level needs.
- The Committee was assured that the need to engage people in the most deprived and rural areas was well understood and the service would be monitored to ensure that the population in those areas was being served.
- It was re-emphasised to the committee that staff in the Customer Access Centre had been trained to identify differing needs and provide appropriate support including referral to the Wellbeing Worker Service.
- It was explained also that an extensive Wellbeing Directory had been developed to assist with advice/referrals in cases of low level need.
- Members' concerns about the possible gap left by the cessation of Help Direct were acknowledged and officers undertook to ensure that answers to specific concerns would be provided in the forthcoming bite size briefing for members on the Wellbeing Worker Service scheduled for 21 October.
- The Committee was assured that the introduction of this service was not simply a cost cutting exercise; there had been a substantial review of the work

and impact of Help Direct which had revealed that the majority of callers had had low level needs. It had therefore been determined that a referral service to help prevent vulnerable people from slipping into more serious care packages was needed. There had also been further investment in the Customer Access Centre, a front-facing service through which self-referral to many other services was possible, for example to Citizens' Advice Bureau.

- The Chair noted that access via the telephone was popular and he acknowledged that a judgement had been made that low level needs, which had previously come through Help Direct, could be dealt with in a different way. He was reassured that the well-known telephone number had been retained and that low level needs were still being dealt with through a triage style process.
- It was re-emphasised that the Wellbeing Worker Service was not a medical service or intended to provide a package of social care, it was a wellbeing support service for vulnerable people and intended to avoid a need for more serious care. It was confirmed that GPs had received information to raise awareness and hospitals would also receive information going forward.
- The Committee acknowledged that it was a complicated picture and asked that a flow chart be provided to members at the forthcoming briefing which clearly set out the pathways for accessing services.
- It was noted that there had been no discussion at this meeting about specific provision for people with sensory impairment and it was agreed that the Steering Group would pick that element of the report up.

Resolved: That,

- i. The report be received.
- ii. A flowchart clearly setting out the pathways for accessing services be provided to members.

5. Report of the Health Scrutiny Committee Steering Group

The Chair noted that members had said they would like to know more about the work of the Steering Group and he went on to report issues that had recently come to the Steering Group's attention.

The Steering Group had become aware that Trust Board confidential agenda items were not being listed on the agenda front sheet to which there was public access and therefore there was no opportunity to challenge the exclusion of press and public from the meeting or to access those reports. He moved that a letter be sent to the Trust Development Authority to ask that the practice by the NHS of omitting confidential items from the agenda front sheet be reviewed in the interest of openness and transparency. CC Gina Dowding seconded the motion and, on being put to the vote it was agreed that a letter be sent by the Chair as suggested. It was then suggested and agreed that the letter be copied to Clinical Commissioning Groups and Acute Trusts also.

The Chair then referred to a recent meeting of the Steering Group with representatives from the Chorley and South Ribble Clinical Commissioning Group at which there had been some discussion about a proposal to cease a pilot scheme which provided the GP out-of-hours service within the Urgent Care Centre and Accident and Emergency department at Chorley Hospital. The Steering Group had been unable to obtain a satisfactory explanation for this decision and subsequent interim arrangements whilst a permanent solution was sought and the Chair was seeking suggestions from members as to what steps he should now take to pursue this.

It was considered most important to ensure, in the first instance, that any approach taken on behalf of the Committee reflected the views of local people. It was suggested that the Chair might write to one or more of the following: the local Health and Wellbeing Partnership; Lancashire Teaching Hospitals Trust; Health Watch Lancashire; NHS England.

Members commented that this matter illustrated concerns expressed earlier in the discussion about the need for transparency and openness. It was suggested that the role of Non-Executive Directors was also a matter worth investigating, using this situation as an example.

The report now presented summarised a meeting between the Steering Group and the Chief Executive of Southport & Ormskirk Hospital Trust on 3 August to talk about their post Care Quality Commission inspection Action Plan. A summary of the meeting was at Appendix A to the report now presented.

There was much concern among members about the amount of money currently being spent by the Trust on agency staff, a situation that was replicated across the country and which was unsustainable and unacceptable.

It was recognised that there were many factors that contributed to this situation including: the ability of nurses from overseas to obtain necessary permits; levels of pay; the availability of appropriate training courses; and current policies within relevant partners and agencies. It was suggested that this Committee seek approval to establish a task group to investigate the issues in some depth, including conversations with national agencies and partners, and local MPs to gain a better understanding the reasons why this shortage exists and to make recommendations.

Resolved: That,

- i. The report be received.
- ii. A letter be sent by the Chair on behalf of the Health Scrutiny Committee to the Trust Development Authority to ask that the practice of omitting confidential items from the agenda front sheet be reviewed in the interest of openness and transparency. The letter be copied to Clinical Commissioning Groups and Acute Trusts also.

- iii. A request to establish a Task Group to investigate the shortage of trained nurses be submitted to the Scrutiny Committee.

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.

It was reported that, in relation to the item on joint working that had been considered at the September meeting, officers were to be invited to provide an update at the January meeting of this Committee.

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 24 November 2015 at 10.30am at County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston