

Lancashire County Council

Health Scrutiny Committee

Tuesday, 13 October, 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	
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1.	Apologies	
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests	
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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 1 September 2015	(Pages 1 - 6)
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4.	Access to Services	(Pages 7 - 12)
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5.	Report of the Health Scrutiny Committee Steering Group	(Pages 13 - 20)
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6.	Work Plan	(Pages 21 - 26)
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7.	Recent and Forthcoming Decisions	(Pages 27 - 28)
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8.	Urgent Business	
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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.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will 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

Agenda Item 3

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 1 September, 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	B Murray
Mrs F Craig-Wilson	M Otter
G Dowding	N Penney
N Hennessy	D T Smith
Y Motala	D Stansfield

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor E Savage, (West Lancashire Borough Council)
Councillor M J Titherington, (South Ribble Borough Council)

1. Apologies

Apologies were received from County Councillor Mohammed Iqbal and Cllr Hasina Khan (Chorley Borough Council)

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed.

3. Minutes of the Meeting Held on 15 July 2015

The Minutes of the Health Scrutiny Committee meeting held on the 15 July 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 15 July 2015 be confirmed and signed by the Chair.

4. Joint Working - fragmented commissioning amongst partners

Dave Carr, Head of Policy, Information and Commissioning (Start Well) presented the report to the Committee

The report explained the concerns about fragmented commissioning and delivery of services exists at both a national and local level. It provided members with:

- An overview of commissioning responsibilities for health and social care.
- An overview of the Governance arrangements in Lancashire.
- Examples of activity intended to help determine future commissioning priorities.

Nationally, the Independent Commission on the Future of Health and Social Care in England concluded that "people needing access to care will be forced to continue to navigate the complexities and inconsistencies of the current fragmented systems of funding and entitlement" without a fundamental rethink of how health and social care should be funded and provided.

Locally, there are well known examples of fragmented commissioning. For example, the Lancashire Health and Wellbeing Board received a report on Children and Young People's Emotional Health and Wellbeing which identified a number of key issues and areas for improvement in relation to the current partnership and commissioning arrangements.

The report highlighted the fact that it was important to get a consistent view of the current situation regarding commissioning as a starting point to move forward from and members were reminded that the new corporate strategy for the County Council would form the basis for decisions in the future.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- Members were concerned that there didn't appear to be any single overarching organisation with lead responsibility. It seemed that different organisations took the lead for different areas so there was no single level of accountability. Dave Carr responded that it would be the Health & Wellbeing Board who were well positioned to take that role.
- Members were also concerned that the multiple number of partners involved made it even less clear what the overall direction was for the future
- Dave Carr suggested that part of the issue within Lancashire is about the governance of the system and where we take a steer from, normally it would be from partners own individual organisations, however as there are many partners involved he felt that the Health & Wellbeing Board was best placed to take the overall responsibility for governance.
- CC Holgate stated that the Health Scrutiny Committee has the opportunity to hold decision makers and commissioners to account and provided the Committee with the example of ambulance services being commissioned by Blackpool CCG on behalf of all north west CCGs. He questioned whether the Committee would have the capacity to hold each different

service area to account and considered whether members should hold the Health & Wellbeing Board to account instead if they have the lead responsibility for overall governance.

- It was agreed that the members of the Health Scrutiny Committee need to be more aware of the decisions taken by the Health & Wellbeing Board (HWB) and they were reminded that all HWB agenda and minutes were publically available on the council's website and that they could sign-up for email alerts to inform them each time they were published.
- One member asked if there was a timescale within which to de-fragment the commissioning process. Dave Carr responded that it very much depended on the national agenda for health and social care but stated that locally as the HWB had recently redefined its terms of reference it was a step forward in the right direction and indicated that the Better Care Fund was one example of how to address fragmented commissioning.
- A question was raised about the role of Healthier Lancashire and how they fitted into the process, particularly in respect of governance and it was suggested that officers from the Healthier Lancashire team be invited to deliver a Bite Size Briefing for members.
- Similarly clarity was sought on the role of the Integrated Wellbeing Service and the Committee were keen to know if a Bite Size Briefing was planned for the future.
- CC Motala raised concerns regarding the lack of understanding of GPs of what services are available in their local area and felt better alignment was needed between the Health Scrutiny Committee and the HWB due to the level of the pace of change. It was acknowledged that it was a challenge for many GPs to keep up with all the different services available due to the number of organisations that can deliver them.
- In thanking officers for the report Cllr Leeming felt that commissioning should be done at a very local level to meet the needs of residents but done in a joined up approach. He suggested that the real issue was there wasn't enough money to go around to deliver all the priorities. CC Holgate agreed that the Committee need to be satisfied that what is spent, is spent effectively whilst recognising specific local needs. The priorities of the County Council within its new corporate strategy need to be shared with partners so that they can be aware of what will and will not be delivered when they make their individual organisational decisions.

Resolved: That:

- i. officers be invited back to the November meeting of the Committee once the funding situation is a little clearer to continue the discussion on what the priorities will be
- ii. Healthier Lancashire be invited to deliver a Bite Size Briefing

5. Report of the Health Scrutiny Committee Steering Group

On 22 June the Steering Group had met to with the Care Quality Commission to discuss the process for inspections of Acute Trusts. A summary of the meeting was at Appendix A to the report now presented.

On 13 July the Steering Group had met with Lancashire Teaching Hospitals Trust regarding the review of their clinical services strategy and the current financial position following an inspection by Monitor. A summary of the meeting was at Appendix B to the report now presented.

Wendy Broadley presented the report and informed members that a small amendment to the notes of the meeting held on 13 July with Lancashire Teaching Hospitals Trust had been suggested by Trust officers

Resolved: That the report be received and the amendments be made to the notes of the meeting held on 13 July.

6. Work Plan

Appendix A to the report now presented sets out a draft work plan for both the Health Scrutiny Committee and its Steering Group. A discussion took place on potential different ways to address scrutiny topics and Wendy Broadley suggested that the members be provided with a range of options for the future.

Resolved: That:

- i. The report be noted
- ii. A range of options for how health scrutiny can be delivered in the future be produced for consideration by the Committee.

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 13 October 2015 at 10.30am at County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on 13 October 2015

Electoral Division affected: All

Access to Services

Contact for further information:

Ann Smith, Head of Patient Safety and Quality Improvement
ann.smith@lancashire.gov.uk Tel: 07789618193

Executive Summary

Committee members have requested information about how people access services including how citizens find information about services including eligibility criteria. Committee members have also asked whether a citizen living in an urban area has a greater choice and quality of services compared to a rural area. Committee members would also like to better understand the challenges that are faced by the Deaf community in accessing services.

This report provides members with:

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

Recommendation

Members are asked to note and comment on the report.

Background and Advice

The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to improve health and social care. In January 2014 NICE published recommendations for local authorities and partner organisations on improving access to health and social care services for vulnerable people who do not routinely use them, promoting equitable access for all.

There are many reasons why some people do not access health and social care services:

- Structural and service characteristics:
 - the structure, organisation and delivery of services.
 - service characteristics such as location and opening times.

- Population characteristics:
 - demographic characteristics, for example being an asylum seeker, being homeless, having a learning difficulty, or living in a rural area.
 - cultural characteristics, for example if the person does not speak English as their first language or lives in a Gypsy or Traveller community.
 - behavioural characteristics, for example illicit drug use or commercial sex work, that people may want to actively conceal.
 - attitudinal characteristics, for example being suspicious of the services offered or being unaware of the health benefits that might be gained.
 - lifestyle characteristics, for example being a carer.

People who do not have good quality access to standard health and social care services may be at increased risk of poor health, which can accumulate through life and lead to increased demand on services and increased health and social care costs.

1. Access to social care services across Lancashire

The Customer Access Centre (CAS) holds a service catalogue which details all services delivered through CAS and services including which services have a 'self-service' online access point. From a customer perspective there should be no disadvantage to rural communities accessing our telephony channels. In CAS if a customer contacts Customer Access regarding a specific service and during the course of the conversation it becomes clear that the customer may benefit from other County services, these other services will be discussed and brought to the customers attention. In addition to telephony, email and online, there is also face to face access and information provided through and managed by the Library service, Children's centres, etc.

Services relating to Social Care can be accessed either by the individual themselves or by a professional, with the individual's consent. Professionals, including GPs, can refer to the Wellbeing Service directly but any referral for a statutory assessment is made via the Customer Access Service. An initial holistic assessment is undertaken to establish a person's needs in line with the national eligibility criteria before the appropriate action is taken. This can range from information and advice being provided to referrals for the Wellbeing Service, Occupational Therapy or Social Care Services.

A number of social care and public health services are in the process of being re-tendered. As part of this process the spread of services and access points are considered. For example following Cabinet approval in January 2014 a tender process was conducted to select the providers to be placed on a new Home Care for Older Adults and People with Physical Disabilities framework agreement. The new framework has been developed following extensive briefings and communications with current providers. Working with fewer providers is expected to improve the effectiveness of contract management and resolve issues the Council has in securing homecare for service users in hard to reach areas of the county or difficult to deliver packages of complex care.

2. Supporting access to services via the 'Wellbeing Worker Service'

This new service commenced on 1 September and will help people to stay well and maintain their independence. It will particularly support people to have improved mental wellbeing and be better able to look after their health and the things that might affect it. People will be referred by their doctor, health worker or professionals from other agencies that might come into contact with those who would benefit from the service. It is envisaged that the service will support around 25,000 vulnerable people each year.

The Service can be accessed by referral from a wide range of partners including our own Customer Access Service. The Wellbeing Service comprises 8 teams of Wellbeing Workers covering the whole of Lancashire, and the service will be locally driven responding to needs and working in partnership with key agencies such as primary care teams, statutory partners such as district councils, the Voluntary, Community and Faith Sector (VCFS), police early action teams and others.

Lancashire Wellbeing Service staff will be based alongside colleagues within health and social care, in particular, primary care Integrated Neighbourhood Teams and alongside GP surgery teams. The service will work at a community level across the 12 districts of Lancashire and will operate in a variety of settings, such as people's homes and within local communities in a variety of community/outreach venues, which will be accessible, as well as being acceptable locations for all adults and communities.

The Wellbeing Worker service specification requires the service provider to:

- Ensure that services are acceptable and accessible to people with learning and/or physical disabilities including the deaf and partially sighted community
- Ensure equitable access to services for people with protective characteristics and that they are not disadvantaged by the way services are provided or targeted
- Undertake equality impact assessments for all its functions and policies to ensure the service does not directly or indirectly discriminate
- Ensure that staff can respond sensitively and appropriately to the needs of individuals who are defined in law as sharing protected characteristics under the Equality Act 2010.

The service is required to carry out an annual equity audit to ensure that the service is meeting the needs of priority communities, wards and under-served groups, and is also required to report on the number of people offered a face to face and accepted appointment by:

- Age
- Gender
- Ethnicity
- Disability

- Sexual orientation
- Service user post code (Lower super output area)
- Religion or belief (including no belief)
- Locality for the delivery of service
- The reason for attendance

3. Views of citizens from the deaf community on accessing services

To better understand the challenges that are faced by citizens with a sensory impairment, Lancashire County Council (LCC) has undertaken a number of information gathering sessions with the support of Lancashire Deaf Society (LDS), Galloway's and the Deafblind Forum, 14 sessions were arranged across Lancashire. 8 were with the deaf community, 5 with the visually impaired community and 1 with the deafblind community. Some initial findings from the focus groups are detailed below:

3.1. Technology

Technology is important as it gives people access to the world. They are able to shop online and bank online, check the bus times and use Facebook and twitter. Many of the people at the sessions would like to be able to use new technology, making better use of the internet and smartphones but need to be shown how. The majority of people that we spoke with use mobile phones or smart phones. The deaf community use them to keep in contact with friends and family via text. They will also use smart phones for apps such as Skype and Glide to keep in touch with people.

Some of the individuals at the visual impairment sessions had speaking mobile phones that they purchased from the Royal National Institute for the Blind (RNIB). For them the mobile phones with voice activation were valuable as they could ring people and get verbal updates as well as having the phone read out any messages they had received. The advantage of using mobile phones is that individuals can receive texts and emails wherever they are. This is one of the reasons why getting information in these formats is preferred.

Face to face apps such as Skype and Face Time are also important to the deaf community because they are what everyone can use regardless of their abilities in English. Because it is a visual form of communication it offers deaf citizens more clarity in the message being conveyed.

IPads and Android Tablets are used by most of the people that we spoke with. These are used for browsing the web, keeping in contact with family and friends via Skype etc., connecting with other people and online shopping.

Talking books were important to most of the visually impaired individuals that attended. Many get the talking books from the RNIB, Calibre or their local library. Galloway's also provide a newsletter and the Lancashire Evening Post on a USB that speaks the news to the user. This allows people to keep in touch with what's happening in their local area.

3.2. Access to Services

The sessions clearly indicated that the needs of the visually impaired communities are different from those of the deaf community. Citizens in the deaf community can struggle to read and write English. This makes it very difficult for people to read and understand letters, utility bills and forms. They need support to understand the letters they receive, how to resolve any issues which may have arisen and support to complete forms.

This is one of the biggest areas of concern for deaf citizens because this reduces their ability to be independent and keeps them isolated from the rest of their community. Access to British Sign Language (BSL) interpreters is the biggest reason for social isolation in the deaf communities in Lancashire. There are a great number of this community that do not understand, read or write English. They may be able to pick out the odd word but little more. In the hearing world there is an assumption that deaf people can read so information is produced in the form of letters and posters.

3.2.1 Healthcare

There is no access for BSL users to an interpreter at GP surgeries. Unless a deaf person can take a hearing person with them they have to write everything down, sometimes in very broken English and pass to the receptionist. They feel this is not a dignified way to access services. Deaf citizens also have to go to the surgery to make appointments when others can make them over the phone.

The use of data protection prevents citizens from accessing many services. There is a requirement of many organisations that when a phone call is received the person making the call has to prove they are the person on the 'account'. This is not possible for a deaf person and on most occasions someone has made the call on their behalf.

Recommendations from the focus groups have been forward to the appropriate services for consideration.

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

Health Scrutiny Committee

Meeting to be held on 13 October 2015

Electoral Divisions affected: All

Report of the Health Scrutiny Committee Steering Group

(Appendix A refers)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

wendy.broadley@lancashire.gov.uk

Executive Summary

On 3 August the Steering Group met with the Chief Executive of Southport & Ormskirk Hospital Trust to talk about their post Care Quality Commission inspection Action Plan. A summary of the meeting can be found at Appendix A.

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;
- 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
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 3 August, 2015 at 2.00 pm in Room B18b, County Hall - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala
Mrs F Craig-Wilson

1. Apologies

None

2. Notes of the last meeting

The minutes of the meeting held on 13 July 2015 were agreed as an accurate record

3. Southport & Ormskirk Hospital Trust - CQC action plan

County Councillor Nikki Hennessey and Councillor Liz Savage from West Lancashire District Council were also in attendance for this item.

The Chair introduced Johnathan Parry, Chief Executive of Southport and Ormskirk Hospital Trust (SOHT), who provided an update to the Steering Group regarding results of a recent Care Quality Commission (CQC) inspection and subsequent action plan.

Johnathan explained that the Trust was disappointed with the outcome of the report as two areas had been deemed inadequate. The two areas were outlined to be Maternity and Gynaecology, and also the North West Regional Spinal Injuries Centre. It was explained that the action undertaken would be monitored by the CQC around areas concluded to require improvements.

Issues cited by the CQC within the North West Regional Spinal Injuries Centre were:

- An observed insufficiency in leadership with a lack of clarity around roles and responsibilities which had led to poor decision making.
- Staff levels on the North West Regional Spinal Injuries Centre were identified to be significantly lower than the NICE guidelines and this had been substantiated by a local review.
- The Trust was required to ensure adequate senior nursing management was afforded to the Centre.

- There were insufficient numbers of suitably qualified skilled and experienced nursing staff to safeguard the health, safety and welfare of users of the Centre.
- There were not enough senior nurse managers on the Centre to be able to provide effective leadership of this service. Nursing roles and responsibilities lacked clarity. Poor local decision making regarding staff allocation resulted in some patients being exposed to unnecessary risk.
- People who used services at the Centre were at risk from equipment that was not properly maintained.

It was explained to the Steering Group that issues around nursing levels stated by the CQC were attributed to the absence of the Director for Nursing. It was explained that determining nurse staffing levels within the North West Regional Spinal Injuries Centre was particularly difficult as it was very subjective and that there wasn't a specific method for determining nursing levels.

Issues raised by the CQC within Maternity and Gynaecology were:

- It was observed that within obstetric theatres midwives were deployed without appropriate training and had no competency assessment, contravening recognised guidelines.
- The Trust was to ensure consent for obstetric procedures were recorded appropriately.
- The Trust was to ensure all staff working in obstetric theatres were appropriately trained and experienced to provide care.
- Staffing and skill mix levels in maternity and A&E services were below those needed to provide a consistently safe service. Of particular concern was the use of band five staff for duties above their level of competency and the lack of trained operating theatre personnel in obstetrics.
- The Trust was to ensure adequate medical and nursing levels and an appropriate skill mix in maternity.
- The Trust was to ensure medical and senior nurse cover out of hours was safe and fit for purpose.
- The Trust was to review the incident of peripartum hysterectomies and ensure the use of forceps delivery was appropriate and safe.
- The Trust was to ensure all newly qualified midwives received support and supervision as per their preceptorship guidance, taking into account the number of experienced midwives working with them on any shift.
- The Trust was to ensure the leadership of the maternity services encouraged and enabled an open and transparent culture.
- The Trust was to ensure the equipment used in the theatres was fit for purpose and older equipment was replaced under a planned replacement schedule.

It was explained to the Steering Group that inspectors had discovered disagreement between midwives which had contributed to the inadequate rating received and issues around staffing and leadership would be resolved via the Director of Nursing.

Regarding blood transfusions, it was explained that the CQC did not approve of arrangements, and the Trust had therefore asked the Royal College for advice in order to bring arrangements up to standard. It was emphasised that this had never been an issue but the Trust had sought professional guidance to meet requirements and would report to the CQC once a month regarding progress. The Steering Group was informed that issues had been raised by CQC inspectors around hand hygiene as observations had been made of a nurse neglecting to use hand gel between attending to patients. Members were informed that the Trust inspected hand hygiene regularly via monthly audits and that signage for hand hygiene was prevalent within the Trust. However, as part of the measures implemented to assuage the issue, a working group had been established involving key stakeholders to review current signage and opportunities for improvements. It was emphasised that if there was a problem with hand hygiene within the Trust there would be high infection rates, which was not the case.

The Steering Group was informed that the CQC had identified *Pseudomonas* within the water system at a Trust site. It was conveyed that action had been taken, however testing continued to discover traces. Therefore, it was explained that an external company had been consulted who recommended that staff at the Trust undertake water safety training. Once all staff had attended the sessions, this would be deemed to be adequate.

Issues regarding the isolation of patients with diarrhoea were identified by the CQC. It was explained to Members that patients were relied on to inform of such issues, and there was limited capacity for beds in order to isolate patients with diarrhoea.

CC Steve Holgate queried whether there was a view to capital investment in order to respond to the CQC. It was acknowledged that the Trust required more isolation wards, however there was no capital to utilise, and therefore the Trust would focus on early identification and intervention. Further measures were explained to Members outlining that mandatory standards had been made clear to staff and that non-compliance would result in disciplinary action.

It was explained to Members that the CQC inspection had highlighted an issue with medicine management, as a controlled drug was not locked away as it required immediate access. It was conveyed that the particular drug had not been locked away for ease of access, however this had now changed, with a simple robust process implemented to ensure staff had timely access to locked cupboards and that critical care staff were currently reviewing access and safe storage of medicine in conjunction with pharmacy.

The Steering Group was informed of issues identified by the CQC around replacing equipment and that they had specified that the Trust was to ensure all equipment in theatres was fit for purpose, and that older equipment was replaced under a planned replacement plan. It was explained to Members that the Trust invested £700,000 annually in the procuring of new equipment, however the arrangements in place for replacements were deemed to be insufficient. Therefore, a new system was to be implemented which prioritised what

equipment was replaced. It was explained that the new system consisted of utilising £150,000 on 10 year old equipment and an increased share in 2016/17 to replace 7 year old equipment, which would shift the balance towards a planned replacement cycle system.

Cllr Liz Savage queried how long the investment levels into equipment had been £700,000 per annum. It was explained that investment levels had gone up from £500,000 to £700,000 five years ago.

CC Yousuf Motala made reference to hospitals raising money which had contributed towards the purchase of new equipment, and therefore asked if SOHT had similar arrangements. It was explained that SOHT did fund raising activities with a number of charitable organisations. Regarding funding for spinal injuries, it was explained that this was funded separately from CCG's and therefore involved fund raising from other parties.

CC Margaret Brindle enquired if any equipment that was either surplus, or was under capacity in terms of its use, could be offered to other hospitals in need of equipment. It was explained that there were ethical issues with sharing equipment abroad, as if it was deemed unfit in the UK, it posed questions why it would be suitable overseas. Regarding sharing equipment, it was explained that hospitals, if they required an item, wanted the latest technology rather than used equipment.

CC Yousuf Motala asked if SOHT had large numbers of agency staff. It was conveyed that SOHT spend £9m per annum on agency staff, and were 70 nurses short of the required numbers. It was explained that a large number of nurses were employed from the Philippines, however there may be issues in the future due to new laws around immigration introduced by the Government.

CC Steve Holgate enquired what the reasoning was behind nurses choosing to become agency staff, rather than being employed directly by a Trust. It was explained that agency staff received more money than they would via full employment. It was conveyed that the Trust made efforts to employ local nurses, however very few wanted to work in acute medicine where the main issues with staffing levels were.

CC Fabian Craig-Wilson voiced her concern around nurses preferring to work in a planned care setting, making reference to the fact that Britain had an ageing population, and therefore there would be more and more frail and elderly people in the coming years. The potential for issues was noted and it was explained that, going forward, caring for the elderly at home would increase if possible.

Wendy Broadley enquired whether health care assistants wanted to become nurses, as this would help with supporting nursing levels. It was explained that four health care assistants would be offered conversion courses per year at Edge Hill University and UCLan, however this was very costly. Therefore, it was not anticipated that this would be increased. It was explained that the Trust held open days to recruit nurses, but it was stressed that the market for nurses was highly competitive and nurses were often attracted to inner-city hospitals.

Regarding shortfalls identified in Accident and Emergency by the CQC around adequate staffing levels and an appropriate skill mix, it was explained that this would be remedied by the recruitment of overseas nurses. Moreover, it was explained that A&E staffing levels were subjective and required the Director of Nursing to analyse requirements.

CC Nikki Hennessy enquired whether nurses from the Philippines were of a good standard. It was expressed that nurses from the Philippines were trained via the British/American system, and therefore they were first class. The nurses had visas to only work within SOHT, and if they were to leave their positions, they would return to the Philippines.

CC Fabian Craig-Wilson made reference to a requirement within the CQC report that SOHT were to 'ensure consent for obstetrics procedures were recorded appropriately', and therefore enquired why this had not been adhered to. It was explained to Members that this had occurred when one patient had an emergency issue, and could not sign for the procedure to take place beforehand. It was explained to be a paper work issue, rather than an issue with asking for consent.

CC Steve Holgate expressed concern around feeding of patients, as it appeared that nurses did not have enough time to feed patients themselves. It was explained that the new Director of Nursing had implemented measures to ensure patients were fed properly. For example, the implementation of protective meal times, training and red trays for patients who had difficult eating in order for them to be easily identified.

Cllr Liz Savage outlined a personal experience in which a family member had provided incorrect food to a diabetic relative and enquired what measures were in place to stop incidents such as this occurring. It was explained to Members that it was part of the nursing process to check the food that was consumed by patients. The Steering Group were informed that the Trust had missed its financial targets by £900,000, however this was not expressed to be a worry. CC Steve Holgate informed that Lancashire Teaching Hospital Trust had missed its financial target by £1.6m and this had escalated into significant budgetary issues, which had led to the involvement of Monitor who were to loan Government money to aid their financial troubles. It was stressed that SOHT should be aware of the situation at LTHT.

CC Nikki Hennessy noted that, within a staff survey around engagement, that BME staff felt highly disengaged and asked why this was the case. Members were informed that there had been huge efforts placed into staff engagement, however as the Trust were 70 nurses short, they worked extremely hard and were likely to feel disengaged. It was expressed that if the Trust were fully staffed, there may not be issues. Since the results, the Trust had convened a BME focus group to understand issues. It was also expressed that there were two ongoing issues with BME staff which had contributed to the poor results. CC Nikki Hennessy noted that the Trust had a higher than expected mortality rate according to the summary hospital mortality indicator. Members were informed that since the assessment the Trust was now in the normal range.

CC Nikki Hennessy also noted that the Trust was rated in the next to worst category for stroke outcomes. It was explained that the Royal College had been consulted for advice in order to improve outcomes for patients who had suffered a stroke.

Furthermore, CC Nikki Hennessy highlighted that the readmission rate for trauma and orthopaedics was higher than the normal average. The Steering Group was informed that the Trust had a large number of elderly patients, as the area it is situated in had a higher aged population.

Wendy Broadley explained to Johnathan that the Steering Group was to look into the CQC inspection process and asked if he would oblige to providing information. Johnathan agreed that he would be happy to provide feedback. CC Steve Holgate requested that a Bite-sized Briefing be held to inform Members about the Healthy Lancashire initiative.

4. Work plan/Actions from Committee

The work plan for the Steering Group was noted

An item of Urgent Business was raised by CC Brindle

CC Margaret Brindle had previously raised concerns around a care home which had residents who were supported by Lancashire County Council. After background checks, it had been observed that the CQC had deemed the care home to be inadequate and had been subsequently taken over by another company. However, it had been reopened and rebranded but the owners remained the same (under a different business name), and therefore the issues were likely to reoccur. It was agreed that, in the first instance CC Brindle would pursue the issues she had identified with officers and report back to the Steering Group at a future meeting.

5. Date of next meeting

Next meeting of the Health Steering Group was noted to be Monday, 14 September, 2015, 14.00 in the Scrutiny Room (B18b).

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on 13 October 2015

Electoral Divisions affected: All

Health Scrutiny Committee Work Plan 2015/16

(Appendix A refers)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in during April 2015 and also additions and amendments agreed by the Steering Group.

Recommendation

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

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

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
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Committee – 2015/2016 Work Plan

Updated – 13 October 2015

Health Scrutiny Committee	
Date	Topic
2 June	<ul style="list-style-type: none"> • North West Ambulance Service
15 July	<ul style="list-style-type: none"> • Prevention – to focus on falls, care homes 'no lift' policies and the role of CQC regarding those policies. What LCC and partners can do to address the issues
1 September	<ul style="list-style-type: none"> • Joint Working – fragmented commissioning amongst partners. To use mental health commissioning as the example. To include how partners share information and intelligence.
13 October	<ul style="list-style-type: none"> • Access to Services – using services for deaf people as an example and a comparison between rural and urban areas
24 November	<ul style="list-style-type: none"> • Health & Wellbeing Board update • Healthwatch update
26 January	<ul style="list-style-type: none"> • Self-Care – health literacy, the role of education and possible engagement with Youth Council – using diabetes as an example

15 March	<ul style="list-style-type: none"> Assets – role of assets re social isolation, volunteers, facilities, groups etc. Also challenges of named GPs for over 75s (and how they might identify social isolation and signpost)
26 April	<ul style="list-style-type: none"> Health Inequalities – using adults with learning disabilities as the example. Cross cutting theme with access to services and joint working

Steering Group		Progress
CQC/Monitor inspections – ongoing review	<ul style="list-style-type: none"> A review of the inspection process undertaken by CQC and Monitor in relation to Acute Trusts 	22.6.15 – met with CQC Inspection Manager to determine the process/management of an actual inspection
Non-Executive Directors – ongoing review	<ul style="list-style-type: none"> An investigation into the role, responsibilities and effectiveness on Non-Executive Directors on Acute Trust Boards 	<ul style="list-style-type: none"> 22.6.15 – agreed dates to attend individual Trust Board meetings ELHT Board attended by CC Brindle Meeting to be arranged with TDA officers – 5 October
End of year HSC report	<ul style="list-style-type: none"> An annual report highlighting the work and outcomes of the Committee 	
Healthwatch – joint working	<ul style="list-style-type: none"> Consideration of how the Committee and Healthwatch can work in partnership to achieve shared outcomes 	Healthwatch Chief Executive invited to SG 26 October
Additional topics	<ul style="list-style-type: none"> Inclusion and Disability Service – at the request of the Budget Scrutiny Working Group 	
	Occupational Therapy - capacity and collaborative working	Meeting to be arranged with OT service managers for both adults and children's services

	<ul style="list-style-type: none"> • Commissioning of Health Visitors from October 2015 	
	<ul style="list-style-type: none"> • Maintaining oversight of Healthier Lancashire 	Future meeting with HL planned
	<ul style="list-style-type: none"> • Lancashire Teaching Hospitals Trust <ul style="list-style-type: none"> ○ Your Hospital, Your Health – review of clinical strategies and hospital estate ○ Financial situation following investigation by Monitor 	Attended SG on 13 July
	<ul style="list-style-type: none"> • Southport & Ormskirk Hospital Trust – action plan following CQC inspection 	Attended SG on 3 August. CC Hennessey and Cllr Liz Savage also in attendance.
	<ul style="list-style-type: none"> • CAMHS review for Health & Wellbeing Board 	Officers to be invited to a SG meeting in the Autumn to provide an update
	<ul style="list-style-type: none"> • Request from Lancaster OSC <ul style="list-style-type: none"> ○ Carers visiting older people in their own homes and how the carers were trained, monitored and employed. ○ Monitoring of Older People's Homes both private and public. 	Representatives from Lancaster OSC invited to attend to discuss their request – date to be confirmed
	<ul style="list-style-type: none"> • Falls Prevention – role of care homes 	Meeting with Paul Simic, Chief Executive of the Lancashire Care Association arranged for 5 October
	<ul style="list-style-type: none"> • GP recruitment/vacancies 	CSR/GP CCG undertaking a 'Workforce for the Future' project. Meeting to discuss to be arranged.
	<ul style="list-style-type: none"> • SOHT – retendering of Community Services 	Officers from WLCCG to be invited to meet with Steering Group

Health Scrutiny Committee

Meeting to be held on 13 October 2015

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:

Wendy Broadley, Democratic Services, 07825 584684

wendy.broadley@lancashire.gov.uk

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.

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
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N/A

Reason for inclusion in Part II, if appropriate

N/A