

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 24 November, 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	A James
Mrs F Craig-Wilson	Y Motala
G Dowding	M Otter
C Henig	D T Smith
N Hennessy	D Stansfield
M Iqbal	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor R Blow, (South Ribble Borough Council)
Councillor Shirley Green, (Fylde Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Kerry Molineux, (Hyndburn Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor E Savage, (West Lancashire Borough Council)

County Councillor Chris Henig attended in place of County Councillor Nikki Penney, and Councillor Renee Blow attended in place of Councillor Mick Titherington (South Ribble Borough Council) for this meeting only.

1. Apologies

Apologies for absence were presented on behalf of County Councillor Bev Murray

Guests

The Chair welcomed:

- CC Jennifer Mein – Chair of the Health & Wellbeing Board and Leader of the County Council
- Sakthi Karunanithi, Director of Public Health
- Richard Cooke, Health Equity, Welfare and Partnership Manager
- Gill Brown, Chief Executive of Healthwatch

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no disclosures of interest relating to matters on the agenda.

3. Minutes of the meeting held on 13 October 2015

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

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

4. Health and Wellbeing Board Update

The report was introduced by County Councillor Jennifer Mein, Chair of the Health and Wellbeing Board and Leader of the County Council, and was presented by Dr Sakthi Karunanithi, Director of Public Health. It provided an update on the progress made by the Health and Wellbeing Board (HWBB).

Sakthi used a PowerPoint presentation which briefly explained the role of the HWBB; it referred to a review of the Board which had been undertaken in April 2015, and set out some recent developments and future priorities.

He emphasised that the Board was working in an environment in which resources were diminishing and demand was rising, which could lead to a serious gap in funding.

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

- There was concern about proposals related to the transformation of care for people with learning disabilities and in particular transport provision for disabled adults and the consequent effect on carers. It was recognised that the proposals were well-intentioned but it was felt that they were not practical. In response CC Mein explained that some very difficult decisions would have to be taken in light of the financial pressures facing the county council. She assured the Committee that all budget proposals to be considered had an

associated equality impact assessment; no decisions would be taken lightly and mitigation would be put in place wherever possible.

- The Chair pointed out that this Committee was to receive a report on services for adults with learning disabilities at its January meeting.
- The Chair noted that services for people with mental health problems were under strain and expressed concern about the cost and appropriateness of moving people to facilities many miles away from their home; he asked that this Committee be involved in any review of these services. Sakthi emphasised that mental health and emotional wellbeing were a priority for the HWBB.
- It was explained that it was the role of the HWBB to ensure that appropriate plans were in place to improve the health and wellbeing of the people of Lancashire and that reports to the HWBB were part of the assurance process. Agenda and minutes could be read on line and members of the public were able to attend meetings to observe. Members were advised that if they required more detail on a particular topic they would be directed to the most appropriate officer/partner.
- In response to a specific question about Occupational Therapy and what service users could expect in the current financial climate, the Chair reported that the Steering Group was hoping to receive a presentation about this service; he added that any member with a particular interest in any matter coming before the Steering Group could ask to attend the relevant meeting.
- It was explained that 'Healthier Lancashire' was a programme currently being scoped and would be considered by the HWBB; significant changes would be needed to meet rising demand and solutions were not yet designed. There would need to be substantial engagement and Scrutiny would be part of that process. The Committee was informed that 'Healthier Lancashire' was undertaking an alignment of some 53 different plans that needed to be brought together to produce a strategy to achieve better spending for the good of the people of Lancashire. It was reported that there was to be a bite size briefing for members about 'Healthier Lancashire' on 2 December.
- It was suggested that the HWBB should raise its profile as a leadership body. In response it was explained that the HWBB had its own website, logo and newsletter, and the Leader of the Council was its Chair which also reflected how important its work is. It was acknowledged that to some extent it was media responses that determined how much publicity the Board received. It was noted that there were some district councillors among the HWBB membership which provided a helpful conduit to the districts.
- Sakthi said that notwithstanding financial pressures going forward there would need to be a different approach to the public health agenda and how services are delivered.

Resolved: That,

- i. The content of the report, the areas of progress and the future focus of the Health and Wellbeing Board be noted;

- ii. It be agreed that the Health Scrutiny Committee develop better working and links with the Health and Wellbeing Board.
- iii. The Committee would consider the areas for future focus of the Health and Wellbeing Board and how this aligns with its future work programme.

5. Healthwatch Lancashire Update

Gill Brown, Chief Executive of Healthwatch Lancashire provided the Committee with a detailed presentation on the evolution of Healthwatch, its responsibilities and strategy, and examples of current and planned work. A copy of her presentation is appended to these minutes.

There was a lengthy discussion about the work of Healthwatch and in particular the pressures facing the care home sector. It was considered important that the sector be offered support and solutions for the difficulties it was facing and to improve services. It was believed that there was potential for the current crisis in the care sector to destabilise the NHS and it was suggested that this might be an important topic to come before this Committee.

Regarding a specific question about whether the conditions for staff were inspected as part of the 'enter and view' project, it was explained that much depended on what staff were prepared to say and that sometimes they were inhibited by the presence of the care home manager. It was explained that Healthwatch did not just look for things going wrong but also at good practice which would be shared with others.

It was recognised that there were many dedicated care staff working in the care sector and it was suggested that sometimes, where homes were falling short of required standards, it was the care home owners, looking to save money, who were responsible for poor standards. It was considered most important not to shy away from robust questioning to understand what was really happening.

There was concern that often CQC (Care Quality Commission) recommendations and follow-up visits did not lead to sufficient positive changes and too many care homes were in need of improvement or, in some cases, inadequate. The point was made that many care home residents suffered from dementia and were not able to express themselves, and there was also sometimes a fear of intimidation in speaking out. It was therefore important to ensure CQC recommendations were carried out robustly.

The Committee was informed that Healthwatch had met with the CQC inspection team and fed back concerns following their visits and they also referred concerns to commissioners to ensure the home was 'on their radar'. It was emphasised that the 'enter and view' team were very well trained and this included dementia training.

There was concern about where residents could go if the home in which they were staying closed down particularly given the pressure on the NHS and the

lack of available beds. It was agreed that this was an important question and there was a serious need for action to address this.

It was suggested that the issues around care services needed to be considered in a holistic way not just care homes, for example district councils should be involved because of their role in housing provision, and studies had shown that remote support via technology in people's homes had significantly reduced the number of GP callouts to those people. It was agreed that there was an opportunity for Lancashire to be innovative in how these issues were approached.

It was suggested that it would be interesting to know what all partners were doing with regard the 'Ageing Well' agenda, for example West Lancashire Borough Council was focussing on loneliness, isolation and dementia.

It was reported that the Health Scrutiny Committee Steering Group was to host a meeting with Registered Care Managers Network, originally intended to discuss falls in care homes, but the meeting would provide an opportunity to consider other issues and to develop a relationship which would help to elicit their most serious challenges.

Gill Brown encouraged the members to raise issues of concern with Healthwatch either as a Committee or on an individual basis.

Gill explained that the 'enter and view' team were currently employed on fixed term contracts until the end of March, as part of a pilot scheme, and she was hopeful that the county council would continue to provide its support, though she recognised that there were some difficult budget decisions to be taken.

Resolved: That the report be noted.

6. Report of the Health Scrutiny Committee Steering Group

It was reported that on 14 September the Steering Group had met to consider its current ways of working and discuss ideas and suggestions for the future, and also to consider whether a 'tool kit' for task groups would be useful to members to enable their full participation and involvement in future task group reviews.

In response to concerns raised by CC Holgate about GPs using the Urgent Care Centre (UCC) at Chorley Hospital Ian Crossley, acting Chief Officer and Nicola Walsh, Interim Head of Operations and Delivery from Chorley South Ribble/Greater Preston CCG attended the meeting to provide members with a status update and discuss the plans for the future. A summary of the meeting was at Appendix A to the report now presented.

On 5 October the Steering Group had met with Paul Simic, Chief Executive from the Lancashire Care Association (LCA) to discuss issues around falls in care homes and the challenges faced by the care home sector to address these issues. Following that meeting the Steering Group had agreed to host a meeting

of Registered Care Managers which would provide an opportunity to discuss wider issues and the main challenges. Janice Scanlon, from the Trust Development Authority (TDA) also attended the meeting to talk about the appointment of non-executive directors and the support they can access. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report of the Steering Group be received.

7. 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 a report about Services for Adults with Learning Disabilities would now be presented to the January meeting, and the report, originally scheduled for January, about Joint Working in light of the Budget impact would now be presented to the April meeting.

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

8. 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.

9. Urgent Business

The Chair reported that University Hospitals Morecambe Bay Trust (UHMBT) had arranged a special session for Health Scrutiny Committee members of both Lancashire and Cumbria to take place in Kendal on 11 January 2016, before the next meeting of this Committee. The aim was to enable members of both authorities to learn the Trust's vision for their hospital buildings, their longer term plans and possible changes over the next 12 months. This would assist with future scrutiny of the Trust's performance and activities.

The Chair asked members to approve the session with UHMBT on 11 January as an approved duty.

Resolved: That the session arranged by UHMBT, to take place on 11 January 2016, be treated as an approved duty of the Committee.

10. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 26 January 2016 at 10.30am at County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee Health and Wellbeing Board Update 24 November 2015

Minute Annex

What is a Health and Wellbeing Board?

- Established as part of the Health and Social Care Act 2012
- Required to understand the health needs of the population and produce a needs assessment
- Has to agree shared priorities and produce a joint health and wellbeing strategy
- Has a duty to encourage integrated working between health and social care commissioners
- To provide leadership across the health and social care system

Review of the Board

- April 2015
- To ensure effective, fit for purpose Board that makes a difference
- Approach - workshop, task and finish, good practice from elsewhere
- 23 proposals for change agreed and many now implemented; the remainder are being progressed

Some recent developments

- Children and Young People's emotional health and wellbeing
- Transforming Care for people with a learning disability
- Better Care Fund
- Health Behaviours – joint strategic needs assessment

Future priorities

- Better links with Health Scrutiny
- Partnership structure – streamlined, coherent and effective
- Sustainable health and care system
- Improved outcomes for people in Lancashire

Recommendations

- Note the content of the report
- Agree to develop better links with the health and wellbeing board
- Consider future focus of the Board and how this aligns with the work programme for health scrutiny

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Presentation to
Health Scrutiny
Committee

Gill Brown

Chief Executive, Healthwatch Lancashire

24th November 2015



Local Environment....**Significant** challenge:

- 1.47 million residents
- **NHS: 8 NHS Trusts:**
 - University Hospitals Morecambe Bay
 - Calderstones Partnership NHS FT
 - East Lancashire Hospitals Trust
 - Blackpool Teaching Hospitals
 - Lancashire Teaching Hospitals
 - Southport & Ormskirk NHS Trust
 - Lancashire Care NHS FT
 - NWAS
- **Social Care:** drastic funding reductions.
- **Robust Regulation (CQC, Monitor, TDA):**
- **6 (8) Clinical Commissioning Groups**
- **.....Small Healthwatch Lancashire Team**

Our Responsibilities

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services

How do we comply?

- Trained a cohort of volunteers (resident in Lancashire)
- PULSE – young people group
- NHS Engagement Days / Patient Journeys
- Enter and View Project – Care Homes, GPs
- Surveys, Consultations, Campaigns
- Healthwatch Lancashire Website
- Healthwatch Lancashire Quarterly Newsletter
- E Newsletters
- Social Media
- Database of c6000 residents / organisations who we involve in our work
- Attendance / Membership of CCG Governing Body, Clinical Quality & Safety and Primary Care Commissioning meetings. Also NHS Board Meetings, Health and Wellbeing Board, GB: One of the Exec Leads – Healthier Lancashire Programme



Our Responsibilities

2. Enabling local people to monitor the standard of provision of local care services..... and influence how local care services could and ought to be improved

How do we comply?

- Enter and View – Care Homes
- Specific Projects eg:
 - Age UK Day Centres
 - 'Your Care & Getting There'
 - 'Your Dentist....Your Say'
- NHS Engagement Days
- PLACE (Patient Led Assessments of the Care Environment)
- Feedback reports eg to NHS Trusts, CQC
- Mock CQC assessments
- Mystery Shopping
- Consultations : eg Better Care Together (N Lancs) Vanguard, Non Emergency Patient Transport



Our Responsibilities

3. Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known

How do we comply?

- Surveys eg
 - 111 Survey - CCG Commissioners, NWS
 - Your Dentist, Your Say - NHS England
 - Calderstones - Lancashire 'Fast Track' Steering Group
- Enter & View Projects eg Care Homes - NHS and LCC Commissioners, CQC, Engagement Days - Blackburn Royal Hospital, Royal Lancaster Infirmary, Blackpool Teaching Hospitals, Ormskirk Hospital - Trusts and CQC
- Patient Journeys - Trust, CCG and CQC
- 'Real People of Lancashire' campaign
- Mock CQC assessments
- Membership of 'Patient Voice / Patient Experience' Groups / Council of Governor membership @ UHMB and LCTH. CCG Governing Body meetings. NHS Trust Board Meetings. Healthier Lancashire Leadership Team member – Executive Lead for Communications and Engagement

Our Responsibilities

4. Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England

How do we comply?

*****All Healthwatch Lancashire reports are made public*****

- Patient Journeys – Hospital Trusts, CQC
- Enter and View – Care Homes, Commissioners (LCC and NHS), CQC
- NHS Trusts - Feedback to Trusts & CQC
- Mock CQC assessments
- ‘Your Dentist – Your Say’ – NHS England
- Other surveys being planned
eg Access to 7 Day Primary Care services
- Access to routine healthcare for the LGBT community – CCGs and NHS Trusts

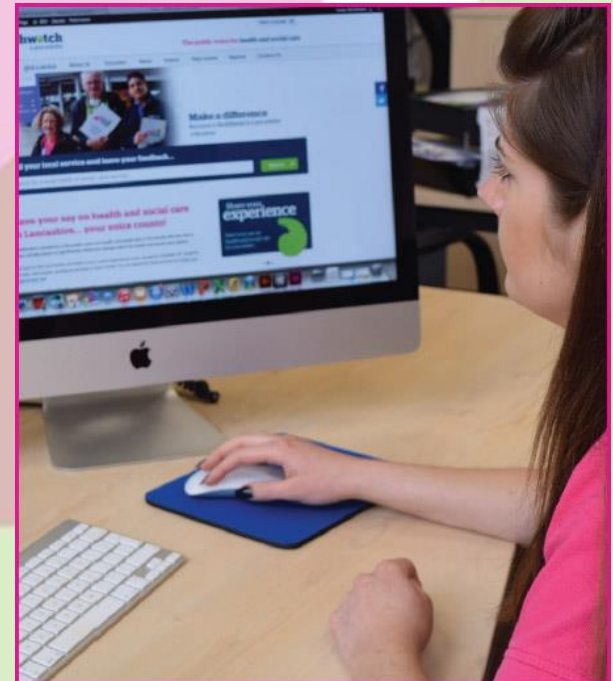


Our Responsibilities

5. Providing advice and information about access to local care services so choices can be made about local care services

How do we comply?

- Website – signpost to services
- On line help and advice eg Complaints, advocacy
- Increased use of social media – Twitter, Facebook Weekly ‘TweetChats’
- Interaction with local media – press, radio
- Face to face contact – engagement events
- Enter and View reports
- Health Melas, galas, community events
- AHSN ‘Know your Pulse’ – Stroke Awareness and other campaigns
- Roadshows – in conjunction with Macmillan Cancer Care - seldom heard groups



Our Responsibilities

6. Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England

How do we comply?

Healthwatch Lancashire is taking a very proactive approach to 'Enter & View' at a time when the NHS and Local authority no longer have sufficient intelligence regarding the quality of the service(s) being commissioned or provided.

Our reports provides intelligence on the quality of service from the users perspective....which is often very different to that of the provider....or the commissioner



Our Responsibilities

7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues

How do we comply?

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Respond to information requests from Healthwatch England and attendance at relevant meetings / seminars / consultations / workshops

- Produce reports for CQC, attendance at stakeholder events

Hi Gill

Many thanks for the information - that's all very relevant to us.

Kind regards

Colin Potter

Senior Regional Public Engagement & Involvement Officer – North Region

07469 567124

Web: www.cqc.org.uk

Our Responsibilities

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively

How do we comply?

We share reports, press releases, research information with Healthwatch England

Healthwatch Lancashire also attend various Healthwatch England national and regional meetings and seminars to share information and provide insight into local and national themes eg Vanguard sites, Healthwatch Quality Statements

Further examples of our projects / work

- Safeguarding Boards – active membership;
- Health and Wellbeing Boards – active membership;
- Morecambe Bay NHS Trust / CCG's and Cumbria on implementations of the Kirkup Report;
- NHS England's Quality Improvement Board for Calderstone's Partnership NHS FT (Post CQC assessment);
- AHSN / LCC Raising Quality Standards in Residential Care
- Housing Association – assisted living and health / social care provision project;
- Lancashire Care NHS Trust – Care Hotel and the Harbour;
- Lancashire Teaching Hospital – Transformation Programme inc scrutiny of transformation programme
- University Hospital Morecambe Bay Hospital – Mock CQC assessments – approx 50 wards /services assessed by Healthwatch Lancashire.
- Lancaster University Health Hub.
- More engagement work in East Lancashire.
- COMMISSIONED WORK**

....and finally



....its not my view, its not Healthwatch Lancashire's view

... Its what our residents tell us that really matters !

Thank You

&

Any Questions ?

