

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Tuesday, 24 November, 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)**

<b>No.</b>	<b>Item</b>
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<b>1.</b>	<b>Apologies</b>
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<b>2.</b>	<b>Disclosure of Pecuniary and Non-Pecuniary Interests</b>
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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.

<b>3.</b>	<b>Minutes of the meeting held on 13 October 2015</b>	<b>(Pages 1 - 6)</b>
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<b>4.</b>	<b>Health and Wellbeing Board Update</b>
	Report to follow

<b>5.</b>	<b>Healthwatch Lancashire Update</b>	<b>(Pages 7 - 8)</b>
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<b>6.</b>	<b>Report of the Health Scrutiny Committee Steering Group</b>	<b>(Pages 9 - 20)</b>
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<b>7.</b>	<b>Work Plan</b>	<b>(Pages 21 - 26)</b>
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<b>8.</b>	<b>Recent and Forthcoming Decisions</b>	<b>(Pages 27 - 28)</b>
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<b>9.</b>	<b>Urgent Business</b>
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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.

**10. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will 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

## **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



## Health Scrutiny Committee

Meeting to be held on 17 November 2015

Electoral Divisions affected: All
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## Healthwatch Lancashire Update

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

[wendy.broadley@lancashire.gov.uk](mailto:wendy.broadley@lancashire.gov.uk)

### Executive Summary

Gill Brown, Chief Executive of Healthwatch Lancashire will provide the Committee with a presentation on the evolution of Healthwatch, its responsibilities and strategy and examples of current and planned work.

### Recommendation

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

## Background and Advice

Healthwatch Lancashire is the public voice on health and social care in Lancashire. It gives children, young people and adults a powerful voice – making sure their views and experiences are heard by those who run, plan and regulate health and social care services in Lancashire.

Healthwatch Lancashire works collaboratively with health and social care organisations and challenges when necessary. By being focused on local voices being able to influence the delivery and design of their services – Healthwatch Lancashire is not just for people who use them, but for anyone who might need them in the future.

Healthwatch Lancashire is a not-for-profit social enterprise organisation and a member of a network of independent local Healthwatch organisations in England.

Healthwatch England provides a national focus for their work but exercises no control over their activities. They are a company limited by guarantee established by Lancashire County Council (LCC). However, LCC has no members on the Board and Healthwatch Lancashire works independently from the LCC and the NHS.

Further information on the organisation and its work can be found at

[www.healthwatchlancashire.co.uk](http://www.healthwatchlancashire.co.uk)

**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

Meeting to be held on 24 November 2015

Electoral Divisions affected: All
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### Report of the Health Scrutiny Committee Steering Group

(Appendices A & B refer)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

[wendy.broadley@lancashire.gov.uk](mailto:wendy.broadley@lancashire.gov.uk)

#### Executive Summary

On 14 September the Steering Group 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 can be found at Appendix A.

On 5 October the Steering Group 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. 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 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;
- 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, 14th September, 2015 at 2.00 pm in Room B18b, County Hall - County Hall, Preston**

**Present:**

County Councillor Steven Holgate (Chair)

**County Councillors**

M Brindle  
Mrs F Craig-Wilson  
Y Motala

**1. Apologies**

None

**2. Notes of the last meeting**

The notes of the meeting held on 3 August were agreed as a correct record

**3. New ways of working**

Following comments on how the Committee and Steering Group receive and scrutinise information it was agreed that Steering Group need to consider the current ways of working and discuss ideas and suggestions for the future. The key points identified were:

- Does the way that the Committee and Steering Group engages with NHS Trusts need to be more formal? Does an informal 'critical friend' approach work?
- Ways to more efficiently and effectively carry out task groups should be explored
- Further training for Committee members was required
- Should the Committee try 'pre-meetings' again to discuss lines of questioning and expected outcomes?
- Increase the level of partnership approach to reviews with District scrutiny members.

Members of the Committee have been asked to provide Wendy Broadley with their thoughts and comments which will be discussed in detail at a future Steering Group meeting.

**4. Task Group toolkit**

Following a request from CC Holgate the Steering Group were asked 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.

It was suggested that members undergo refresher training on best practice in terms of scoping reviews and evidence gathering

## **5. Actions from Committee**

Steering Group were provided with an update on the outstanding actions from previous Committee meetings and it was agreed that all information received be forwarded to the full membership.

## **6. Work plan**

The current work plan was noted and relevant updates made.

## **7. Chorley Urgent Care Centre - 3.00pm**

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.

Prior to the meeting the CCG had provided the following statement:

A spokesperson for NHS Chorley and South Ribble Clinical Commissioning Group said: "The new building work to increase space at the 'front end' of Chorley Hospital's accident and emergency (A&E) department was commissioned to provide areas to treat patients with more minor, but still urgent, illnesses and injuries. "This is key to helping to reduce pressure on the A&E department, and to free up the staff there so that they can focus on emergency and life threatening cases. "The first phase of work to the building is now complete and is already being used to treat patients with urgent care needs. There are a number of clinical rooms being used, as well as new areas, including a children and families waiting area. The second phase of construction is expected to be completed by the end of September. In total the cost for the building is around £2million.

"This urgent care service housed in the new building will continue to grow as part of an on-going plan to reduce pressure on emergency services, which is also dependent on increasing access for patients to services in the community and closer to home. Many of our local GP practices are now offering increased opening times, and there are a number of schemes in place to make sure that only patients with an emergency needs are taken to hospital.

"For example, GPs can be contacted by the ambulance service to do home visits, and we are working with voluntary organisations to support elderly people who may have had falls in their homes. "Separately, there is a national review of GP out-of-hours services and we will continue to work with our local providers as part of this review. This review does not affect the urgent care service at Chorley Hospital."

CC Holgate informed officers that his concerns centred around the negative feedback on the availability of GPs at the UCC despite a commitment to provide the service. He stated that during an evening visit to the centre there had been no triage and no ability to direct patients to the GP service on site as there was no-one there.

A discussion took place between members and officers and the main points were:

- A new model of service is being introduced and the CCG has currently been piloting it for approximately 18 months. It involves the change of some roles and shifts between different providers. The Preston site has been an early adopter of the 111 service but Chorley is further behind
- The extended access to GPs (Sat & Sun), had been previously provided by the Out Of Hours companies (Preston Primary Centre and Chorley Medics Ltd). 111 calls in Chorley will also take work away from these providers.
- Tensions exist between the differing levels of service the OOH provides are able to deliver in terms of extended hours
- Currently the service provision in Chorley is not able to provide a 24/7 service therefore a decision has been taken by the CCG end the pilot in Chorley and to go out to procurement.
- Members were informed that an interim service would be agreed for delivery from 1st October until the procurement process concludes and the contract is awarded

It was agreed that officers will provide the Steering Group with updated information on the interim measures at the Chorley UCC as soon as is possible

## **8. Date of next meeting**

The dates of the next Steering Group meetings are:

- 5 October –
  - Paul Simic – Lancashire Care Association re falls in care homes
  - Janice Scanlon – Trust Development Agency re appointment of Non-Exec Directors
- 26 October –
  - Gill Brown – Healthwatch re working relationship with Health Scrutiny Committee
  - Sam Nicol – Healthier Lancashire re latest developments

**I Young**  
**Director of Governance,**  
**Finance and Public Services**

**County Hall**  
**Preston**





**Lancashire County Council**

**Health Scrutiny Committee - Steering Group**

**Minutes of the Meeting held on Monday, 5th October, 2015 at 2.00 pm in  
Cabinet Room C - County Hall, Preston**

**Present:**

County Councillor Steven Holgate (Chair)

**County Councillors**

M Brindle                      Y Motala  
Mrs F Craig-Wilson

**1. Apologies**

None noted

**2. Notes of the last meeting**

The notes of the meeting held on 14 September were agreed as correct following an amendment to acknowledge that CC Holgate had informed the CCG he wished to meet with officers again at the Urgent Care Centre within Chorley Hospital and for a date to be arranged.

**3. Lancashire Care Association - falls in care homes**

Paul Simic, Chief Executive from the Lancashire Care Association (LCA) attended the meeting to talk to members about the issues of falls in care homes and the challenges faced by the care home sector to address these issues

CC Holgate provided background as to why we were discussing the topic – he referred to the July meeting of the Committee.

Paul wanted to provide members with some context and then a discussion took place the main points being:

- Important that members know there is a social care partnership – chaired by Tony Martin. Its role is to take the strategic issues to do with care and move them forward. Meet regularly.
- National shortage of registered care managers. LCA facilitate a networking group and Paul indicated that any Councillor could attend one of those meetings to meet with officers. It was suggested that County could provide the venue for the next meeting and members of Steering Group would attend. Paul to provide dates of future meetings.
- He'd asked LCA members for their views on the issue of falls and he read out a number of responses. Members' view was that some responses

appeared quite defensive and they felt that maybe the rationale behind wanting the opinion of care homes had been misinterpreted

- It was agreed that training was needed for lifting and handling.
- Many responses were opportunities for care homes to vent but it indicated a general sense of dissatisfaction with support amongst partners.
- Should the SG spend their time assisting homes and manager reducing the number of falls or provide more training to deal with falls? – It would be helpful to have some objective statistics. Maybe progress with NWAS to see if this is available.
- CC Motala stated that one area that these concerns raise is the availability of adequate staffing. Paul acknowledged that this was an ongoing issue.
- CC Craig-Wilson felt it would be interesting to know how many falls happen in nursing homes as separate from care homes. Maybe each home could have a nominated person to be a falls champion – they could then cascade to other staff. The Workforce Development Partnership could be asked for their views on this and whether there is something that they are/could do about it.
- CC Holgate stated that we need to gather evidence to make an informed view going forward. Could Paul ask the membership about how we could help?
- Do we know what the biggest cause of falls, e.g. standing up, falling over when already stood up, physical environment issues, or medical problems?
- Maybe certain conditions such as dementia or Parkinson can be affected by flooring and furniture or equipment.
- H&S at Work Act – does this mean that care homes are legally obliged to report incidents?
- Key issue seems to be it's not clear what the actual statistical data tells us.
- Potential to work with the HSC to set up a mini project to get more to the bottom of the issue. – To progress with Paul.
- CC Holgate would like to find out more about best practice and speak to some of the providers who deliver this.
- Attendance at a registered manager's network meeting is a good way to kick start the conversation.
- Do we know which homes have appropriate lifting equipment? LCA can do a survey of providers, but this raised the long standing issue of relevant equipment in care homes.
- The private sector don't always have access to the required capital to ensure that the accommodation meets all needs.
- As the fees are reduced it creates barriers to care home investment.
- It's a bigger issue of funding, increased demand and reducing capacity, not just Lancashire – it's a national issue.
- Suggested that a regular (bi-monthly) between Paul and Wendy to keep up to date
- Would like feedback from LCA members on the CQC inspection process – to be progressed in the future

#### 4. Non-Executive Directors in hospital Trusts

Janice Scanlon, from the Trust Development Authority (TDA) attended the meeting to talk about the appointment of non-exec directors and the support they can access.

Steve provided some background as to why SG are interested in the role of non-execs. Feels it's important to hold organisations to account who are run by Boards that have not been democratically selected.

Janice explained that the TDA work with the NHS Trusts (as opposed to Foundation Trusts) and that they have different governance structures.

Mid Staffs and the subsequent Francis review changed the impetus on forcing hospitals to progress FT status. – The TDA has been instructed by the DoH to work more closely with Monitor in future. – will be called NHS Improvement (single chair, new chief exec – Jim Mackey).

Janice and members then had a discussion, the main points were:

- CCG non-execs are appointed by the CCG – possibly some NHS guidance.
- The pay and number of NEDs are different between FTs and NHS Trusts.
- Two different processes for the two different types of Trust.

Appointment process –

- Appointment of chairs – organisations are encouraged to use local networks to advertise vacancies. For Chairs, they tend to use head hunters. They shouldn't be asking for a degree – experience is the key skill required.
- Also do a stakeholder engagement event as part of the Chair appointment process – to meet the candidates and provide feedback to the selection panel.
- Standard person spec usually – include key criteria (engagement/understanding of local community). Try not to have too many criteria – don't want to be off-putting.
- Is there a targeted selection shortlist to ensure they reflect the local community? – head hunters are asked to seek people that reflect the diverse community.
- For all other NED appointments expect the Trust to know the information about its local population.
- Selection panel – Chair is a public appointments assessor (experienced senior people, mainly white, middle aged males) other representatives include someone from the TDA (local) and then external (LA officer, someone from a patient group).

Once in post

- Receive induction – get a buddy from another NHS Trust (outside the area)
- Meet with the Director of TDA. The Chair can be very isolated so it's important they receive adequate support.
- Monitor also have an induction programme for FTs (the same one they use for the induction of Chief Execs)
- On-going training for NEDs (not Chairs) – usually be between 5-7 on the Board – always more than the Execs.
- Too much mirroring of the execs skill sets – largely done to put the emphasis on clinical governance.
- Needs someone from a commercial background to offer a different perspective
- People should be representative of the community – need governance expertise (worked at that level)
- Specialist skills can be useful – experience of mergers, organisational development, IT issues etc.
- How do they make sure their NEDs have soft skills – listening, reading people/situations etc.?
- NHS Provide – working jointly on providing training on constructive challenge and dealing with the culture of the organisation.
- Many NEDs meet outside the Board meetings.
- Length of appointment (2 years) – have a break clause. Short term appointments hopefully prevent the elements of too much cosiness
- CC Brindle talked about her experience of attending ELHT Board – mixed bag of interaction from the NEDs. Felt they didn't support questions from the public. However they were keen that the HSC be involved.
- Loophole that Trusts don't have a statutory obligation to publish the subject titles of their Part II reports on their agendas

## **5. Work plan and actions from Committee**

The latest version of the work plan presented to members was attached to the agenda papers for the Committee to be held on 13 October

## **6. Date of next meeting**

The next meeting of the Steering Group will be 2.00pm on 26.10.15 – Officers from Healthwatch and Healthier Lancashire will attend.

I Young  
Director of Governance, Finance  
and Public Services

County Hall, Preston





## Health Scrutiny Committee

Meeting to be held on 17 November 2015

Electoral Divisions affected: All
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## Health Scrutiny Committee Work Plan 2015/16

(Appendix A refers)

Contact for further information:

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### 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 – 24 November 2015

Health Scrutiny Committee	
Date	Topic
2 June	<ul style="list-style-type: none"> <li>North West Ambulance Service</li> </ul>
15 July	<ul style="list-style-type: none"> <li>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</li> </ul>
1 September	<ul style="list-style-type: none"> <li>Joint Working – fragmented commissioning amongst partners. To use mental health commissioning as the example. To include how partners share information and intelligence.</li> </ul>
13 October	<ul style="list-style-type: none"> <li>Access to Services – using services for deaf people as an example and a comparison between rural and urban areas</li> </ul>
24 November	<ul style="list-style-type: none"> <li>Health &amp; Wellbeing Board update</li> <li>Healthwatch update</li> </ul>
26 January	<ul style="list-style-type: none"> <li>Joint working update in light of the budget impact – follow from September meeting</li> </ul>

15 March	<ul style="list-style-type: none"> <li>• Director of Public Health – Annual report?</li> </ul>
26 April	<ul style="list-style-type: none"> <li>• Services for Adults with learning disabilities.</li> <li>• Update on year's topics</li> </ul>

<b>Steering Group</b>		<b>Progress</b>
CQC/Monitor inspections – ongoing review	<ul style="list-style-type: none"> <li>• A review of the inspection process undertaken by CQC and Monitor in relation to Acute Trusts</li> </ul>	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"> <li>• An investigation into the role, responsibilities and effectiveness on Non-Executive Directors on Acute Trust Boards</li> </ul>	<ul style="list-style-type: none"> <li>• 22.6.15 – agreed dates to attend individual Trust Board meetings</li> <li>• ELHT Board attended by CC Brindle</li> <li>• Meeting to be arranged with TDA officers – 5 October</li> <li>• SOHT Board – 7 October</li> </ul>
End of year HSC report	<ul style="list-style-type: none"> <li>• An annual report highlighting the work and outcomes of the Committee</li> </ul>	
Healthwatch – joint working	<ul style="list-style-type: none"> <li>• Consideration of how the Committee and Healthwatch can work in partnership to achieve shared outcomes</li> </ul>	Healthwatch Chief Executive invited to SG 26 October. Follow up with attendance at Committee (24 Nov)
Additional topics	<ul style="list-style-type: none"> <li>• Inclusion and Disability Service – at the request of the Budget Scrutiny Working Group</li> </ul>	
	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"> <li>Commissioning of Health Visitors from October 2015</li> </ul>	Meeting to be arranged with Mike Leaf
	<ul style="list-style-type: none"> <li>Maintaining oversight of Healthier Lancashire</li> </ul>	Met with Sam Nicol 26 October
	<ul style="list-style-type: none"> <li>Lancashire Teaching Hospitals Trust                             <ul style="list-style-type: none"> <li>Your Hospital, Your Health – review of clinical strategies and hospital estate</li> <li>Financial situation following investigation by Monitor</li> </ul> </li> </ul>	Attended SG on 13 July. BSB delivered 17 November
	<ul style="list-style-type: none"> <li>Southport &amp; Ormskirk Hospital Trust – action plan following CQC inspection</li> </ul>	Attended SG on 3 August. CC Hennessey and Cllr Liz Savage also in attendance.
	<ul style="list-style-type: none"> <li>CAMHS review for Health &amp; Wellbeing Board</li> </ul>	Officers to be invited to a SG meeting in the Autumn to provide an update
	<ul style="list-style-type: none"> <li>Falls Prevention – role of care homes</li> </ul>	Meeting with Paul Simic, Chief Executive of the Lancashire Care Association arranged for 5 October
	<ul style="list-style-type: none"> <li>GP recruitment/vacancies</li> </ul>	CSR/GP CCG undertaking a 'Workforce for the Future' project. Meeting to discuss to be arranged for 16 Nov
	<ul style="list-style-type: none"> <li>SOHT – retendering of Community Services</li> </ul>	Officers from WLCCG to be invited to meet with Steering Group. Arranged for 7 December
	<ul style="list-style-type: none"> <li>Commissioning Support Unit</li> </ul>	Meeting with Lynda and Maureen Harrison from CSU to discuss delivery of support in Lancashire – 18 January

	<ul style="list-style-type: none"> <li>Rossendale Task Group report on NWS</li> </ul>	Cllr Barbara Ashworth at Pat Couch to present final report 16 November
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#### **Task Groups:**

- Shortage of Nurses – request presented to Scrutiny Committee 13 November

## Health Scrutiny Committee

Meeting to be held on 24 November 2015

Electoral Division affected: None
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### Recent and Forthcoming Decisions

Contact for further information:

Wendy Broadley, Democratic Services, 07825 584684

[wendy.broadley@lancashire.gov.uk](mailto: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