

## **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 its 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

