

## Health Scrutiny Committee

Meeting to be held on Tuesday, 5 February 2019

Electoral Division affected:  
(All Divisions);

### Report of the Health Scrutiny Steering Group

Contact for further information:

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#### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 16 January 2019.

#### Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group.

#### Background and Advice

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 Labour Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of 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 a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
  - Reasons/focus, objectives and outcomes for scrutiny review;
  - Develop key lines of enquiry;
  - Request evidence, data and/or information for the report to the Committee;
  - Determine who to invite to the Committee
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

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 Committee for consideration and agreement.

### **Meeting held on 16 January 2019:**

#### **❖ Pennine Lancashire Regulated Care Transformation Programme Update**

Adele Thornburn, Nursing and Quality Manager, David Rogers, Head of Communications and Engagement at NHS East Lancashire Clinical Commissioning Group and Sumaiya Sufi, Quality Improvement and Safety Specialist – Health and Residential Settings from Lancashire County Council attended the meeting to provide an update on the Pennine Lancashire Regulated Care Transformation Programme. A copy of the revised presentation is set out in the minutes. Additional handout in relation to Discharge to Assess were also handed out and are set out in the minutes.

It was reported that the programme's work had been aligned with NHS England's Enhanced Health in Care Homes Framework, published in September 2016. The programme focussed on four work streams: quality; workforce; digital; and finance and contracts.

Information on current schemes and initiatives were provided to the group and included:

- The Red Bag Scheme
- Discharge to Assess Scheme
- Medicines Optimisation in Care Homes (MOCH) Scheme
- Web based quality assurance tool
- Oral Health Pathway Pilot
- Playlist for Life

The presentation also covered aspects including; management and leadership, proactive and reactive support, recruitment and supply, promoting nursing within the sector, education programme, skills enhancement and a digital strategy. Key areas for 2019/20 for the programme included:

- Review of community services and Integrated Neighbourhood Teams;
- Strengthening integration and care home offer;
- Engagement with domiciliary and supported living;
- Engagement with service users;
- Web based quality assurance tool;
- GDPR compliance and secure email.

It was pointed out that 82% of care homes across Lancashire had either good or outstanding rating from the Care Quality Commission.

Members raised a number of comments and questions, a summary of which is provided below:

- A question was asked in relation to GPs and their compliance to the work of the programme and their working relationships with care homes. It was acknowledged that smaller care homes tended to have stronger connections with their GP(s). Care Homes also acted in the best interests of their clients particularly around medicine management. It was highlighted that the East Lancs Medicines Management Team visited every care home in the area to carry out an annual review.
- On oral health a suggestion was made as to whether students training in dentistry could provide additional support or reduced priced dental work. It was acknowledged that there were wider issues for commissioners to resolve on the provision of dentist practices such as location and accessibility for people in care home settings. Notwithstanding issues relating to transportation to where students received training.
- On the playlist for life, the importance of establishing links with local communities such as schools and playgroups was highlighted.
- Some concerns were raised in relation to the competency of care home managers. It was reported that the Care Quality Commission (CQC) accredited individuals to work as managers within care home settings.
- Members acknowledged there was a transient workforce within the sector and asked whether this represented a challenge for the programme in achieving its objectives. The Steering Group was informed that workforce was an issue for the whole system and not just the regulated care sector. It was accepted that the sector needed to establish career pathways, including apprenticeships and an improved employment offer. It was reported that at ICS (Integrated Care System) level, there was a dedicated work stream on developing the workforce within Lancashire and South Cumbria. Members stated that such roles should be promoted as a career and not just a job and that the profile of care homes needed to be raised.
- Members recognised that the programme had a significant number of pilots/trials underway and asked at what point the CCG would share its work and findings with all CCGs across Lancashire and South Cumbria. It was acknowledged that a shift in culture within the whole workforce was required and that there was a considerable number of variables that affected care homes.
- In considering the programme's key areas of work for 2019/20, and in view of discussions held at the meeting the chair suggested that a greater emphasis ought to be placed on the upskilling of staff within the regulated care sector. Whereupon it was;

**Resolved:** That the upskilling programme for care staff be explored beyond insulin administration and form a part of the Pennine Lancashire Regulated Care Transformation Programme's key area of work for 2019/20.

## ❖ **Guide for co-opted members on the Health Scrutiny Committee**

The report presented provided advice on the role of district councillors co-opted onto the Health Scrutiny Committee. It was reported that the content of the report would be used to form a helpful guide for co-opted members.

Members of the Steering Group felt the information provided in the report would also be useful for county councillors to have sight of.

**Resolved:** That the content of the report be used to form the basis of a guide for all members of the Health Scrutiny Committee.

## **Future meetings of the Steering Group**

Future meetings of the Steering Group have been provisionally scheduled for the following dates:

- 20 February;
- 13 March;
- 17 April; and
- 14 May.

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

## **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/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A