

## Health Scrutiny Committee

Meeting to be held on Tuesday, 14 May 2019

Electoral Division affected:  
(All Divisions);

### Report of the Health Scrutiny Steering Group

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#### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 17 April 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 17 April 2019:**

#### **❖ Adult Social Care Learning from Complaints**

Tony Pounder and Angela Esslinger presented a report regarding Adult Social Care: Learning from Complaints and distributed a supporting document detailing a review of progress of the Care Act Policies, Procedures and Guidance as of February 2019. A copy is set out in the minutes.

The Chair asked for assurance and understanding of improvements to assessments and care planning, charging policies and the administration of blue badges and disabled facilities grants. These had been highlighted as areas that Lancashire County Council recorded the highest number of complaints as identified in the Local Government and Social Care Ombudsman's annual review of complaints for 2017/18.

The following questions were asked and responded to:

- In respect of Lancashire, is the Ombudsman correct that there's been a shift from one-off mistakes to problems with the whole system and the county council's policies and procedures being incorrectly applied?

It was confirmed that Adult Social Care worked closely with the internal audit and complaints team to identify any potential emerging themes and to respond to any patterns. For example, in 2016 there were long waiting times for occupational therapy assessment and provision, for which a public apology was given at Full Council. A service review was undertaken and extra staff were budgeted for, resulting in an increase of 15 to 40 occupational therapists, including additional management. The 2017 internal audit provided positive assurance of policies and procedures for occupational therapy. This showed how the service had reacted to complaints in a robust and systematic way.

The Ombudsman had highlighted a high number of complaints regarding the accuracy and charging for adult social care in Lancashire. Again the service responded to this by ensuring additional staff were in place for more timely assessments for direct payments and the internal audit review had revealed substantial assurance was in place for this area.

There had been recent issues regarding top-up payments, where an additional cost was incurred by the family for care homes charging a higher rate than the council allowed for. The Local Government and Social Care Ombudsman had identified that authorities were not explaining top-up payments and a policy to take account of the required improvements that need to take place had been drafted.

When there was evidence of emerging problems, the service was open and honest with the complaints team and worked together to frame a policy response that reflected best practice and to ensure appropriate measures were put into place to reduce problems.

Some complaints to the Ombudsman had highlighted that the council was charging people in a way that was unreasonable and had resulted in reimbursements.

- Have all the county council's adult social care policies been amended to reflect the Care Act 2014?

The Steering Group reviewed the Care Act Policies, Procedures and Guidance Review of Progress as of February 2019. The most up to date (March 2019) version is set out in the minutes). It was explained that policies had been updated where required and measures were in place to approve others. It was highlighted that the list included existing policies and practices that required reshaping as a result of lessons learned from complaints. In 2015, the Senior Leadership Team had agreed to prioritise the review of those policies which would give maximum benefit to the largest numbers of the population who would be affected.

- Are there any longstanding or emerging issues that may be the root cause to the number of complaints (irrespective of population size/deprivation/health) lodged with the Ombudsman?

It was explained that the publicity around the anticipated Green Paper on social care for adults to explore the issue of how social care is funded (which continued to be delayed) had made the public more aware. There was an expectation that individuals should have a clearer account of what they are being charged for, why and what the affordable options were. Often the journey from hospital to a care home resulted in complaints from families that they have been charged without being warned in advance and the council needed to ensure that systems were robust enough to prevent this. Care from the NHS was not chargeable, but social care was and complaints often arose when someone was discharged from the NHS but required continuing health care.

It was confirmed that the complaints process for the NHS was the same as the council's, but was much slower and included the opportunity to appeal decisions. Due to the extended length of time, social care costs often would remain unpaid as the power to claim money back was time limited. However 97% of charges were paid.

In response to further questions raised by members, the following information was clarified:

- The trend for supporting adults at home rather than in a care home could be attributed not only to cost savings but also to cultural and altruistic reasons. A small number of complaints had been received regarding reclaiming equity from home for care.
- The council accepted verbal complaints as well as electronic submissions via the telephone contact centre. Complaints were kept within a single team to ensure they were logged, addressed and tracked, in order to make the process simpler and to ensure a swift response. The team also dealt with the Ombudsman and advocacy services to ensure support was provided where needed. The public were also able to complain via a councillor.
- Members were pleased to note that council had increased staffing of occupational therapists in response to complaints regarding delays in and lack of assessment.
- It was noted that although the service was good at assisting adults with complex needs, there were issues supporting people with Special Educational Needs or a Disability (SEND) into adult life. The council had responded to the Ofsted inspection which had highlighted shortcomings in this area by recruiting a lead for SEND. Work was underway to address the concerns and Tony Pounder would discuss the joint work underway with Children's Services colleagues and report back to the Steering Group via Democratic Services. Members expected that the progress made in Adult Services could also be made for young adults with a special educational need or disability.
- Relatives were made aware of the costs and options for paying for care from the start and this was done correctly in the majority of cases. Due to work pressures, in some cases officers and NHS staff had not given families enough time to reflect on the impact and the options available. In a crisis, relatives were often compelled to make decisions regarding care in a short and often emotional period of time. There was a strong argument for the production of public information for relatives to take away and reflect on. Getting it right could be a significant challenge and social workers and occupational therapists worked hard to explain the options so families could make informed choices.

If there were no capital assets or savings, the council often met the greater share of costs and the family could make top-up payments if they preferred to select a different care home than Lancashire County Council chose. Where there were assets, arrangements would be made to release the capital. The Care Act 2014 made provision for deferred payments to allow families to make a decision and pay for care when the house was sold.

- The council bought in independent advocacy services via Lancashire Hub, where people could be signposted for their specific issue.

- The difficulties around the slow handling of complaints by NHS Trusts was a common theme. There was generally an increased peak in activity around winter discharges. Clinical Commissioning Groups delegated continuing healthcare complaints upon discharge, however Lancashire Care Foundation Trust and Lancashire Teaching Hospitals Foundation Trust were no longer part of this arrangement which could create a risk for the future handling of complaints.
- Lancashire County Council currently employed 40 occupational therapists and were currently looking at recruiting 3 more. Looking at the ideal staffing level, for comparison purposes Oxfordshire County Council employed 70 and Lancashire was on a journey of growing this workforce. However the occupational therapists did work closely with NHS colleagues. Recruitment was proactive and Lancashire had invested in more occupational therapist management to ensure that all aspects of the role were made clear. The post had been made more attractive and management were ensuring staff would be given a manageable workload. The council were transforming services for older people, improving outcomes and making pathways more efficient. Effective occupational therapists focused on reducing long term costs through improved prevention and the budget was rebalanced to reflect this.

It was suggested that a report regarding the impact of additional recruitment on waiting times for assessment be presented at a future meeting of the Health Scrutiny Committee.

**Resolved:** That;

1. A briefing note be circulated to the Steering Group reporting on how public complaints would be dealt with effectively under the new arrangements.
2. A report regarding the impact of recruitment of additional occupational therapists on waiting times be presented to a future meeting of the Health Scrutiny Committee.

#### ❖ **Responses to Quality Accounts 2018/19**

The Chair welcomed Oliver Pearson, who explained his role and responsibility for responding to the annual Trusts' Quality Accounts.

It was noted that Healthwatch provided a commentary regarding the appearance of the accounts and how they could be made more user friendly. He also checked if the priorities were correct compared to recent Care Quality Commission (CQC) reports and patient feedback as the accounts should show a clear pathway to improvement. It was stressed that it was important to provide high quality, balanced feedback, including suggestions for improvements for future accounts.

The following positives from the Lancashire Teaching Hospital Foundation Trust Quality Accounts were shared:

- The views regarding priorities matched those of Healthwatch surveys and CQC reports.
- The Chief Executive's statement set the scene, however there were incorrect links to the Trust's intranet site rather than internet.

- The STAR team who carried out checks on wards, however more information regarding who was involved would have been useful. Many trusts invite councillors, lay people, and sometimes carry out mock CQC inspections.
- The appointment of a Director of Continuous Improvement and a Head of Continuous Improvement.
- Comprehensive information regarding the required clinical audits.
- Achievements against delivery of Commissioning for Quality & Innovation (CQUINs). If the Trust achieved certain standards they received additional funding.
- Inclusion of their provision for whistleblowing, required for adherence to a recent change in legislation following the Gosport Inquiry.

Areas that would be highlighted for improvement included:

- The inclusion of complicated graphs that were confusing for members of the public.
- The lack of benchmarking against similar organisations in terms of response times and other areas.

The following positives from the Lancashire Care Foundation Trust Quality Accounts were shared:

- The Trust was working with Northumberland Tyne and Wear NHS Trust, who were rated as excellent.
- The accounts honestly stated what work needed to be done.
- The Trust was looking to improve peer support.

Areas that would be highlighted for improvement included:

- The accounts were too reliant on narrative and needed more visual aids. They were very descriptive, but too wordy to be user friendly.
- The accounts didn't give an idea of the scale of work that needed to be done.
- There was no benchmarking, Healthwatch would suggest this as an addition for next year, alongside the inclusion of charts for comparison purposes.
- The accounts would benefit from more data around staff morale, specifying which services were affected.
- There was no reference to whistleblowing provision, i.e. Freedom to Speak Up and the Gosport Inquiry.

In response to questions raised by members the following information was clarified:

- Non-executive directors did play a major role in influencing and challenging the Trust and its executive directors. For example in Morecambe they had undertaken ward inspections with Healthwatch, talking directly to patients, introducing staff from different sites. In terms of non-executive directors giving timely responses, Healthwatch may be able to help make organisations more open, but did not have the power, unlike the Health Scrutiny function to insist on the provision of information. Healthwatch would be pleased to work together with Health Scrutiny and to liaise to make positive changes to the culture of NHS transparency.

- The content that had to be included in the Quality Accounts was statutory and therefore may not necessarily include current local issues such as the closure of Accident and Emergency, the temporary closure of maternity services at Chorley hospital and the Our Health Our Care Programme. However it was confirmed that if Health Scrutiny wanted the inclusion of topical local issues this could be suggested for the 2019/20 accounts and this response would be published.
- It was confirmed that the Quality Accounts for the University Hospitals of Morecambe Bay NHS Foundation Trust were commended as an excellent example of Quality Accounts.

The Steering Group agreed to use the stakeholder Feedback Questionnaire provided by a different Trust as a template for providing a statement to the Quality Accounts.

It was suggested that in view of the discussions held, the clerk could formulate a draft statement for inclusion in the formal statements to the 2018/19 Trusts' Quality Accounts for Lancashire Teaching Hospitals and Lancashire Care Foundation Trust. And for these to be circulated to members of the Steering Group for approval prior to submission.

**Resolved:** That draft statements be compiled from the points highlighted at the meeting and circulated to the Steering Group for final approval prior to submission.

#### ❖ **Housing with Care and Support Strategy task and finish group request**

Joanne Reed, Head of Service for Policy, Information & Commissioning; Craig Frost, Policy, Information and Commissioning Manager and Julie Dockerty, Policy, Information and Commissioning Senior Manager attended the meeting to respond to any questions raised in relation to the request for a task and finish group to review the Housing with Care and Support Strategy in more detail.

It was reported that the comments raised in the 2 April Health Scrutiny meeting had been discussed with County Councillor Gooch and Louise Taylor, Executive Director of Adult Services and Health and Wellbeing and as a result some revisions to the language of the strategy were being progressed in order to emphasise the strategy would provide more choice. It was also confirmed that it needed to make clear how housing with care and support supports the continuum of need and was not replacing current services. The detail that had been queried at the Health Scrutiny meeting would be included in the delivery of the strategy at a local level. This included engagement with individuals, which would be undertaken at the planning and decision making stage, not at strategy level. The draft strategy had opened up opportunities to discuss a best practice approach with partners. It was noted that case studies had been submitted for modern living and these were circulated for review (copies of which are set out in the minutes). It was clarified that once the strategy had been agreed, the planning stage could take up to 5 years, therefore local engagement would be appropriate at a later stage as needs identified now were likely to change before implementation.

In terms of housing provision a discrepancy had been highlighted between district expectation and actual requirements. A needs analysis at a district and a neighbourhood level would take place and Lancashire County Council would consult with districts on a draft framework for implementation. It was emphasised that the strategy signalled the intent and would inform a range of work strands to ensure the right services were in place at the right time.

Members made the following comments:

- The Scrutiny function would like to have sight of the implementation document that demonstrated how the strategy was working and emphasised the importance of undertaking due diligence for providers expressing an interest.
- In line with the responsibility to support people to live healthy lives, there was a need to plan for those with higher levels of complex needs and options for housing would need to reflect this on an individual level.
- In response to a question it was confirmed that the funding would be from a combination of registered providers and Homes England. It was not anticipated that Lancashire County Council would be required to provide funding. There had been some clarity regarding welfare reforms which had assuaged concern in the development sector for this type of housing, resulting in increased confidence in the market. It was clarified that rental levels for specialist housing was high due to the necessity of individual specifications and therefore there was no cap on housing benefits.

Following a discussion members concluded that it was not appropriate to set up a task and finish group as the strategy was an overarching document, broad in intent and any issues raised would be dealt with at the planning and implementation stage.

**Resolved:** That

1. The request for a task and finish group to review the Housing with Care and Support Strategy be refused.
2. The Cabinet Members for Adult Social Care and Health and Wellbeing provide assurances to the Health Scrutiny function that closer working relationships are established between the county council and all district councils to ensure provision is in place so that the strategy can be successful.
3. The county council takes every opportunity to respond to district council consultations on their forthcoming local plans to encourage the implementation of the Strategy's intentions.
4. The final approved Housing with Care and Support Strategy be circulated to all members of the Health Scrutiny Committee in May 2019.
5. An update report on the implementation of the Strategy be presented to the Health Scrutiny Committee in 12 months' time.

## **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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None

Reason for inclusion in Part II, if appropriate

N/A