

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 3rd November, 2020 at 10.30 am in Skype Virtual Meeting - Skype

Present:

County Councillor Stuart C Morris (Chair)

County Councillors

L Beavers	M Iqbal MBE
J Burrows	E Pope
C Edwards	J Shedwick
N Hennessy	K Snape
A Hosker	D Whipp

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Paul Campbell, Burnley Borough Council
Councillor Gina Dowding, (Lancaster City Council)
Councillor Margaret France, (Chorley Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor David Howarth, (South Ribble Borough Council)
Councillor Jayne Nixon, (Fylde Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillor Joan Burrows replaced County Councillor Joe Cooney permanently on the committee.

Councillor Jayne Nixon replaced Councillor Viv Willder from Fylde Borough Council permanently on the committee.

Councillor Paul Campbell replaced Councillor Lian Pate from Burnley Borough Council permanently on the committee.

County Councillor Julia Berry attended the meeting under Standing Order D13 (1).

1. Apologies

Apologies were received from County Councillor Peter Britcliffe.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Eddie Pope declared a non-pecuniary interest in Item 5 as he was Lancashire County Council's Champion for Mental Health.

3. Minutes of the Meeting Held on 15 September 2020

Resolved: That the minutes from the meeting held on 15 September 2020, be confirmed as an accurate record.

4. LCC Adult Social Care Winter Plan

The Chair welcomed County Councillor Graham Gooch, Cabinet Member for Adult Services; and Sue Lott, Head of Community North and Health and Prisons, to the meeting.

The report presented provided details of the Lancashire County Council Adult Social Care Winter Plan for 2020-21, and the additional capacity that would be mobilised to meet the anticipated demand. The winter plan would be considered by Cabinet when it met on 5 November 2020.

It was explained that for the last 5 years, adult social care had developed a winter plan that set out the challenges of winter and the response to it. The plan sat alongside and contributed to the mandatory NHS plans produced by each Integrated Care Partnership (ICP). This year was anticipated to be a 'winter like no other' in terms of the multiple challenges that health and social care could face and planning was therefore driven by a number of potential areas of pressure. This year adult social care had been allocated £5.5m from the Better Care Fund to ensure risks were managed, people were supported to be safe and well and wherever possible to be supported in their own homes.

The plan set out what adult social care needed to do in response to winter. This included:

- Service capacity enhancements.
- Additional staffing capacity.
- Continued support to care homes.
- Designated care settings.
- Resilience and escalation.

In terms of next steps adult social care would continue to work collaboratively with the NHS and other organisations regarding implementation of winter plans and resilience across the winter period and would continue to support the sufficiency and stability of the care market, as part of the winter and Covid-19

response planning. Recruitment campaigns were underway to ensure additional capacity would be in place. The team was also working with the care sector, including the Care Quality Commission (CQC) and local NHS partners in relation to identifying Designated Settings. The team would also monitor the implementation, progress and effectiveness of the winter plan through the Lancashire County Council Adult Social Care Winter Board.

In response to questions from members the following information was clarified:

- Adult social care was focused on supporting people to remain at home as much as possible, rather than access a hospital bed or care home unnecessarily.
- It was acknowledged that identifying designated settings was a challenge for the sector and this was understandably so given the challenge around admitting people with Covid19. A policy for designated settings was currently being developed in order to avoid what happened in the first wave of the pandemic. There were a number of stringent regulations to meet in order to become a designated setting. It was highlighted that for a number of care homes across the county their environment did not provide sufficient space to zone Covid19 residents (including those with dementia and learning disabilities) from all other residents and therefore couldn't apply to become a designated setting. For those who were able to meet those environmental regulations and were interested in becoming a designated setting, the county council was working closely with them on infection, prevent and control measures and participating in enhanced CQC inspections. The NHS was looking to create an additional 250-300 beds with some of those beds being in the care home sector (Covid negative beds).
- It was recognised that care homes would continue to experience outbreaks over the winter period and would close to admissions for periods of time. A number of measures were in place to co-ordinate activity across the county and to ensure that care homes would be supported.
- On maintaining staffing levels and keeping the system running, the county council made daily phone calls with most care homes to check how they were managing, what issues they had that day, what their staffing levels were and whether they had sufficient PPE. A Lancashire Temporary Staffing Agency had been set up during the first wave. A number of staff had been retained and the service would continue throughout the winter period to support care homes with staffing pressures.
- Regarding insurance for care homes, the committee was informed that the Cabinet Member for Adult Services had written to Government requesting indemnity for care homes. One care home had reported that their insurance premium had risen by 500%.
- On the movement of agency staff from one care home to another, it was explained that the county council was working closely with care homes and agency staff in order to minimise the movement between homes. Support was also provided through the Infection Control Fund to help

retain staff to work within a single home. Weekly testing of staff in care homes was supporting the infection control plan.

- Care homes were in the process of setting out how residents with dementia and other cognitive impairments could be isolated. Where necessary the county council would fund a number of 1:1 hours to support the care home to provide additional staffing hours, usually from their own staff to support those residents.
- In terms of visiting care homes, the county council had received funding from central government to enable safe visits by relatives to take place. The money could be used for both capital (building facilities) and revenue (staffing) expenditure to enable safe visits.
- Rapid testing was currently being piloted within the Adult Disability Day Services. This would inform the rollout plan for wider testing.
- Regarding the anticipation of a vaccine it was reported that the NHS was currently planning the rollout and the training requirements to deliver it. It was understood that NHS staff and Social Care staff would be prioritised to receive the vaccine.
- On the use of iPads in care homes to facilitate family visits, it was highlighted that these were not necessarily a suitable alternative for this purpose in particular for those people with learning disabilities and other cognitive impairments.
- A suggestion was made that visitors should be subject to the same procedures on testing staff within care homes.

Resolved: That:

1. The report presented be noted.
2. The Health Scrutiny Committee supported the ongoing work of Adult Social Care to ensure vulnerable people who need social care support across the winter period and continuing pandemic, receive the right support at the right time.

5. Update on suicide prevention in Lancashire and South Cumbria

County Councillor Eddie Pope declared a non-pecuniary interest as he was Lancashire County Council's Champion for Mental Health.

The Chair welcomed County Councillor Shaun Turner, Cabinet Member for Health and Wellbeing; Chris Lee, Public Health Specialist – Behaviour Change, Lancashire County Council; and Paul Hopley, Deputy Director ICS Mental Health, Lancashire and South Cumbria Integrated Care System (ICS); to the meeting.

An update on suicide prevention activity across Lancashire and South Cumbria was presented to the committee. The update also provided members with information on actions taken against recommendations previously made by the committee at its meeting in December 2017.

In response to questions from members the following information was clarified:

- Public Health were currently engaged with a number of district councils across the county to implement the Suicide and Drug Related Deaths Logic Model Action Plan that was initially developed with Rossendale Borough Council. In addition information packs were due to be issued to all district councils to support the Covid19 hubs.
- Lancashire and South Cumbria was one of the first areas in the country to implement a real time surveillance system. The system was viewed as best practice by NHS England and the Royal College of Psychiatry. The system provided access to police data in relation to suspected suicides and facilitated timely support for families. Slide 30 (page 68 in the agenda) was a mock example of the data collected by the system. The data had been used to inform and produce targeted campaigns across the area.
- The Lancashire and South Cumbria Integrated Care System website¹ contained details of support available including an interactive map.
- Lancashire and South Cumbria was also one of the first areas in the country to implement a Suicide Bereavement Service.
- On the work of hospital and mental health trusts in the area, members were informed that suicide prevention training was paused for a month during the pandemic while the offer was converted to online format. It was reported that the training offer was open to anybody not just frontline staff and was provided free of charge. An evaluation of the first year of Lancashire and South Cumbria's suicide prevention training had also been conducted by Liverpool John Moores University². The outcome from this evaluation was positive.
- Work had been commissioned through Public Health around supporting teachers in schools.
- The key message was that mental health and suicide prevention was everybody's business and there had to be a whole system approach to tackle it and build resilience into communities, schools and businesses.
- There was a 24 hour helpline available run by professional staff and volunteers. Crisis Cafes had also been established as an alternative option.
- Members were informed that a psychological resilience hub had been set up for staff to fast track referrals.
- It was felt there was a vital need to establish Covid safe venues for community groups and vulnerable people to meet in a safe environment.
- On whether there was a formal route for district member champions to link in with suicide prevention work, it was explained that there was a pan Lancashire Elected Members Group which district champions and parish councillors could connect with. Contact details would be provided to members following the meeting. It was suggested that suicide prevention training be offered to parish councillors.

¹ <https://www.healthierlsc.co.uk/suicide>

² <https://www.ljmu.ac.uk/~media/phi-reports/pdf/2020-08-evaluation-of-lancashire-and-south-cumbrias-suicide-prevention-training-programmes.pdf>

Resolved: That the update on Suicide Prevention in Lancashire and South Cumbria be noted.

6. Report of the Health Scrutiny Committee Steering Group

A report was presented on matters considered by the Health Scrutiny Steering Group at its meeting held on 14 October 2020.

Resolved: That the report of the Health Scrutiny Steering Group, as presented, be received.

7. Overview and Scrutiny Work Programme 2020/21

The report presented provided information on the single combined work programme for all of the Lancashire County Council scrutiny committees.

It was suggested that all members of the committee should contact the Health Scrutiny Steering Group with any topics they felt should be included in the work programme.

Resolved: That the items listed for the Health Scrutiny Committee on the single combined work programme be agreed.

8. Urgent Business

There were no items of Urgent Business.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee would be held on Tuesday 15 December 2020 at 10.30am by means of a virtual meeting.

L Sales
Director of Corporate Services

County Hall
Preston