

**Lancashire County Council**

**Health and Adult Services Scrutiny Committee**

**Minutes of the Meeting held on Wednesday, 8th May, 2024 at 10.30 am in  
Committee Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

**Present:**

County Councillor David Westley (Chair)

**County Councillors**

L Collinge	S Rigby
J Burrows	A Whittaker
S Jones	U Arif
E Lewis	J Couperthwaite
E Pope	

**Co-opted members**

Councillor Tony Austin, Ribble Valley Borough Council  
Councillor Chris Church, Pendle Borough Council  
Councillor Margaret France, Chorley Council  
Councillor Martin Gawith, Lancaster City Council  
Councillor Lou Jackson, South Ribble Borough Council  
Councillor Vickie Cummins, West Lancs Borough  
Council  
County Councillor Nweeda Khan, Preston City Council

**1. Apologies**

Apologies were received from County Councillor Nikki Hennessy, and Borough Councillors Julie Robinson and Fiona Wild.

Councillor Nweeda Khan replaced Councillor Jennifer Mein for this meeting only.

**2. Disclosure of Pecuniary and Non-Pecuniary Interests**

None.

### 3. Minutes of the Meeting Held on 20 March 2024

**Resolved:** That the minutes of the meeting held on 20 March 2024 be confirmed as an accurate record.

### 4. Living Better Lives in Lancashire

County Councillor Graham Gooch, Cabinet Member for Adult Social Care, Mark Howe, Director of Quality Improvement and Principle Social Worker and Kerry Ross, Head of Service Quality and Improvement, Elaina Quesada, Deputy Executive Director of Adult Services attended the meeting to provide information and partake in a discussion on Living Better Lives in Lancashire.

The report and presentation circulated in the agenda pack provided information on the Adult Social Care vision for the Living Better Lives in Lancashire operating model. The report also included information on the strength-based model utilising a three step conversation approach to prevent and delay social care needs.

The Chair invited questions from committee members and a summary is outlined below:

- The committee queried when the Living Better Lives strategy would be fully implemented. Members were informed that the first and key stage would begin on 1 July 2024 with the Wellbeing and Early Support Function and that the updates to the Liquid Logic System would also be implemented from 1 July 2024. It was reiterated to members that some teams were already working to the strength-based practice model, the date of 1 July 2024 referred to when this model would go County wide.
- Regarding the Living Better Lives workforce model, it was queried what the workforce's reaction had been to the model. It was explained to the committee that this report specifically applied to the social care services (e.g. social workers, social care support officers etc) and the training being delivered was in partnership with the Social Care Institute of Excellence (SKIE), who had rolled out strength-based practice training on a national scale. It was further explained to members that the training was not new, and strength-based practice training had been in place since 2021 and from this, the feedback already received was largely positive and changes made to the model as a result of workforce feedback. It was confirmed the training offered from SKIE was accompanied by managerial supervision, training for the system to be utilised by social care staff and the training programme up to the launch date was significant.
- The committee raised concern regarding savings required within the Adult Social Care budget and queried how much was needed to be saved. Members heard that the implementation of the strength-based practice model attributed to specific savings, and from information regarding national strength-based practice models, it was a positive way of working for both the individual and the authority, as savings were made without affecting the individual requiring the service.



- Concern was raised regarding implementation of the model, and an impact on staff morale. Further concern was raised by members regarding whether the workforce was equipped to deliver the model effectively and in a timely manner. It was explained to the committee that initially the authority was partnered with Partners4Change. It was explained to members that the first 5 pilot sites were largely successful however when the model was then rolled out across Central Older Adults and People with Physical Disability Services, staff feedback highlighted the need for more structure and support. Members were informed that as a result, the Living Better Lives in Lancashire model was developed. It was confirmed to the committee that staff engagement has been good, and from feedback professional practice had been enhanced to ensure staff have the time and support to implement this model effectively and this support would continue past implementation.
- Regarding 'Conversation two' (Wellbeing and Early Support), it was queried which staff would be delivering this level of service and their level of qualification. Further to this, it was queried if the model expected service users to stay on the lower levels of support. The committee were informed that existing staff would be used to deliver every level of the model. Members were informed 'Conversation one and two' referred to individuals not previously known to Adult Social Care and was the 'front door' support, which would be delivered by mental health, learning disability, older people, and physical disability Social Workers alongside unregistered staff (Social Care Support Workers, Occupational Therapy Support Officers etc). In terms of 'Conversation one and two', this delivered the local authorities Care Act duty. The model ensured those who needed lower level of support (e.g. mobility equipment) would not wait for a Care Act assessment to receive this, however those who needed long term care would move through the Conservation model quickly to an assessment.
- Members queried if there was a different assessment model for individuals in hospital care, opposed to the 6-week response timeline highlighted within the report. It was confirmed the assessment was different for an individual in hospital care, and the timeline for this type of assessment was 72 hours after an individual is discharged into an intermediate care bed or to their home.
- The committee raised concern regarding the recurring mention of the involvement of the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector to support this model of working and queried if investment was being made into this sector to support their involvement in community care. It was confirmed to the committee that no commissioning plan for the VCFSE sector had been made however Adult Social Care had been involved in discussions with umbrella organisations on how to commission the sector. It was acknowledged to members that district councils had a very strong relationship with the VCFSE sector and did commission their services already, as well as Lancashire County Council (e.g. care services and advocacy services). It was explained to members that in 2024, funds had been set aside to invest in the VCFSE sector however links needed to be made between health services and district councils to ensure commissioning was done properly to prevent inundating voluntary sector organisations beyond their capacity. Further to this, the committee heard that



work was being carried out with the Integrated Care System to maintain regular contact with the 12 district councils' Chief Executives to discuss how to commission the VCFSE services as one. Members were informed that it was agreed that the district councils would coordinate a single interface of services for the North, East and Central Lancashire and from this interface, Adult Social Care could commission services. It was highlighted to the committee that the focus on commissioning the sector was to fill any gaps within Adult Social Care and to ensure services were not duplicated, and Senior Operational Focus Groups were in place to oversee this work with the district councils, county council, Health sector and VCFSE sector.

- The committee raised concern regarding how Adult Social Care would ensure undue burden was not placed on other organisations, families, or carers specifically with non-commissioned services. It was acknowledged that organisations, families, and carers were vital to deliver community support on every level. It was explained that within the Senior Operational Focus Groups, there was a focus on supporting carers. The committee were informed it was a complex work area on both the preventative side, and end-of-life.
- The committee commented that the public may not be aware of VCFSE sector organisations within their area. Members were informed that the purpose of creating the online directory of services was to inform the public of what support was available to them, however the challenge with a directory was to prevent small organisations within the community from being overwhelmed.
- Regarding a directory of services, the committee commented if directories of this nature did exist, how the Health and Adult Services Scrutiny Committee and councillors could raise awareness. It was confirmed that directories of this nature did exist within certain areas of Lancashire and Adult Social Care were aware of some of these directories, and it was explained to the committee that creating a County wide database of this size was challenging, and ensuring the Social Care workforce and residents were aware of this resource was difficult. Members were assured that the creation of a database was a service objective, and Adult Social Care were hoping to partner with Childrens' Social Care and Public Health to create a robust list of services to meet a variety of needs. It was acknowledged to the committee that councillors were essential in spreading awareness of services within their divisions.
- The committee commented that the University of Central Lancashire were currently working with the VCFSE sector to create an online directory to allow the public to search local organisations.
- It was confirmed that the Living Better Lives in Lancashire practice model was compliant with the Care Act 2014.

**Resolved:** That the:

- i. Introduction of the Living Better Lives in Lancashire Practice Model through adoption of a strengths-based approach and the Wellbeing and Early Support operating system be supported.



That the following recommendations be considered by the Cabinet Member for Adult Social Care in the implementation of the Living Better Lives in Lancashire Practice Model:

- ii. Concerns raised as part of discussions, and as outlined in the body of the minutes, be incorporated.
- iii. All county councillors be provided with opportunity to feed into existing work being undertaken to identify services available from VCFSE sector across Lancashire.
- iv. A system of notification for councillors be identified and implemented to further support information sharing on VCFSE services to adult social care services.
- v. Discussions be held with UCLAN on work currently being undertaken to create directory of VCFSE services.
- vi. A review of implementation of the Living Better Lives in Lancashire Practice Model be undertaken at a future meeting of the committee.

## **5. Lancashire and South Cumbria Integrated Care Board - Transforming Hospital Care and New Hospitals Programme Update**

Andrew Bennett, Director of Population Health (System Lead for New Hospitals Programme) and Andy Curran, Associate Medical Director, Lancashire and South Cumbria Integrated Care Board attended the meeting to present an update on transforming care in hospitals, and the New Hospitals Programme in Lancashire and South Cumbria.

The report circulated in the agenda pack provided an overview of the continued development of NHS Lancashire and South Cumbria Integrated Care Board (ICB), transforming care and the New Hospitals Programme. The report highlighted the three key elements of transforming care in hospitals: care for healthy communities, high quality and efficient services and population-centred care.

The Chair invited questions from committee members and a summary is outlined below:

- The committee queried if the New Hospitals programme focused on increased community care, it was further queried how residents could see benefits to this practice. It was explained to the committee that the transformation of community services and people receiving care within the community was a key aim of the ICB. The committee were informed that transforming community services was a separate work programme, however, ran very closely with the transformation of hospitals work programme and one of the commissioning intentions was to commission within the community and out of hospital. Furthermore, it was explained to members that the views of the public were essential to this.
- The committee queried if a funding settlement from central government was in place for the New Hospitals Programme. It was further queried if this funding was sufficient for 2 new Lancashire hospitals. It was confirmed the New Hospitals Programme had a financial envelope for both hospitals.



- Regarding vascular services, the committee queried if this included stroke pathways. It was explained to the committee that this service did not include stroke services, as it was ringfenced to arterial vascular services.
- In regard to the public consultation process once site selection had taken place, the committee were assured councillors would be utilised as much as possible during the consultation process. It was highlighted that the ICB had strong connections to several local organisations to ensure an effective response and breadth of reach to all communities.
- Members queried how services were selected for each hospital, and whether there were certain criteria for one service to be in one hospital. The committee were informed that no decisions had been made regarding where services would be delivered in the New Hospitals Programme. Members were informed that it was dependent on the need of services of the population.
- Members queried if funding would be available for Royal Preston Hospital and Royal Lancaster Infirmary for their maintenance and upkeep until the new hospitals were in operation. It was explained to the committee that the trusts received capital funding from the government for their maintenance and this would not end until they were no longer in use.
- The committee queried if GP Services would have an opportunity to enhance the services they offered with the shift to community based care to further support hospital attendance. It was confirmed that there would be an opportunity for primary care services to receive more funding to expand their services.
- It was further queried by the committee how much control there was over how funding was spent in the community sector. Members were informed that 90% of General Practice funding came from the services national NHS contract, 10% was determined by the ICB. It was highlighted to the committee that within a General Practice's national contract, they were required to deliver the range of traditional services. The goal of the ICB was to ensure GPs were integrated into a supported neighbourhood team model.
- Concern was raised over the lower bed capacity planned within the new hospitals, and members queried if the provision was in place to support a care in a community-based model. It was highlighted to members that the goal of the ICB was to prevent people from hospital stays by managing any long-term illness within the community, and further meant that when an individual had a period of acute illness, they were cared for by a clinician that knew them. It was confirmed that extensive work needed to be done before moving away from hospital-based care.
- Members commented that the public may not have the awareness of available resources and queried how communication with the public could be improved. It was confirmed that work was being undertaken to improve awareness within the community and explained that social prescribing was a key aim in every primary



care provider. It was also highlighted to the committee the importance of staff awareness of resources as they had significant contact with the public, as well as embedding health and wellbeing champions within the community.

- A query was raised regarding how the advancement of medical technology by 2035 would affect the New Hospitals programme. The committee were informed that no certain information could be given regarding how hospital technology would look in ten years, however this information could be brought back to the committee at a later date.
- Members raised concern over the programmes timescale being affected by the long site finding process and queried how this delay would affect the next steps of the New Hospitals Programme. It was explained to the committee that without a site, the next stages of the process could not move forward, and the ICB would return with further updates to the Health and Adult Services Committee at a later date.
- It was confirmed that no speculation could be made regarding sites for the New Hospitals Programme, and this was dependent on the national programmes team.

**Resolved:** That

- i. A more detailed update be provided in the Autumn to include site details.
- ii. Further detailed work be undertaken in consultation with the Chair and the Scrutiny Officer on aligning NHS forward plan of clinical reconfigurations with committee work programme for 2024/5.

## **6. Report of the Health Scrutiny Steering Group**

County Councillor Lizzi Collinge presented a report on the Health Scrutiny Steering Group meeting which took place on 18 April 2024.

There was an update on Performance Monitoring and Management in Adult Social Care and an update was provided on the CQC Inspection Preparation and the LGA Peer Review process.

The report contained information on data capture and analysis, with a particular focus on waiting lists and staffing challenges within Adult Social Care. There was information provided on Shaping Care Together, specifically the programme in West Lancashire.

**Resolved:** That the report of the Health Scrutiny Steering Group be received.



**7. Health and Adult Services Scrutiny Committee and Steering Group Work Programme 2023/24**

The committee received a report which provided information on the work programme of the Health and Adult Services Scrutiny Committee and Health Scrutiny Steering Group.

**Resolved:** That Health and Adult Services Scrutiny Committee and Health Scrutiny Steering Group work programme be noted.

**8. Urgent Business**

There were no items of Urgent Business.

**9. Date of Next Meeting**

The next meeting of the Health and Adult Services Scrutiny Committee will be held on Wednesday 26 June at 10:30am in Committee Room C – The Duke of Lancaster Room, County Hall, Preston.

H MacAndrew  
Director of Law and Governance

County Hall  
Preston

