

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Wednesday, 15 July, 2015 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	M Otter
C Henig	N Penney
M Iqbal	D T Smith
A James	D Stansfield

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Shirley Green, (Fylde Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Kerry Molineux, (Hyndburn Borough Council)
Councillor L Savage, (West Lancashire Borough Council)
Councillor M J Titherington, (South Ribble Borough Council)

County Councillor Chris Henig attended in place of County Councillor Bev Murray for this meeting.

1. Apologies

Apologies for absence were presented on behalf of County Councillors Gina Dowding and Nikki Hennessy and Councillors Roy Leeming (Preston City Council) and Julie Robinson (Wyre Borough Council).

Welcome

The Chairman welcomed new co-opted district members, Councillors Barbara Ashworth (Rossendale), Shirley Green (Fylde), Colin Hartley (Lancaster), and Liz Savage (West Lancashire).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

3. Minutes of the Meeting Held on 2 June 2015

The Minutes of the Health Scrutiny Committee meeting held on the 2 June 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 2 June 2015 be confirmed and signed by the Chair.

4. Falls in Care Homes

The report explained that, at the June meeting of this Committee members had met with North West Ambulance Service (NWAS) who had highlighted that ambulances were sometimes requested by residential care homes to pick up someone who had fallen and put them back in bed.

The report now presented provided members with:

- An overview of the assistance that Lancashire County Council (LCC) and partners provide to private residential homes regarding training, advice and guidance on falls
- Evidence that LCC are working with NWAS and other partners to reduce the number of falls in care homes
- The policies that homes should have in place to deal with falls
- Assurance that LCC care home staff are fully trained in dealing with falls

The Chair welcomed:

- Ann Smith, Head of Patient Safety and Quality Improvement
- Liz Wilde, Head of Service for Older People
- Farha Abbas, Public Health Knowledge and Intelligence Analyst

Farha used a PowerPoint presentation which set out the percentage number of population aged over 65 and projections to 2030. It also included statistics relating to hospital admissions for injuries due to falls in the over 65's and the trend over the four years to 2013/14, including mortality rates. Details of ambulance call-outs for falls among over 65's were also included. A copy of the presentation is appended to these minutes.

The Committee was assured that the Council was working to identify the care homes from where the highest number of calls had been made, however data

sharing arrangements were not in place to allow a full understanding of the issues to enable the targeting of appropriate interventions. It was explained that sometimes staffing levels, especially at night when sometimes just one member of staff would be present, were such that a resident could not be safely lifted. Data provided by NWS did not include the time of day calls had been made.

The report set out the varying arrangements for addressing falls within private care homes in different areas of the County.

The Committee was informed that the County Council currently had 17 homes for older people across Lancashire and that there was a consistent approach, including a pre-admission assessment with each individual to determine the risk of falling. This was followed, on admission, by a specific falls risk assessment which included considerations such as medication, and whether the patient was unstable or suffering dementia. Monthly risk assessments were carried out with every resident thereafter. All care staff received full training in moving and handling, and in the use of specific lifting equipment. There was a 'Falls Champion' and an increasing use of technology such as pressure mats which activated an alert to staff if a resident got out of bed. A minimum of two staff were on duty at night, with a senior officer sleeping-in.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- In response to a question about the source of the predicted figures for falls and hospital admissions by 2030, which appeared to be very high, it was explained that the figures had not been compiled locally, they were national, evidence-based projections.
- It was confirmed that there was currently no county-wide group looking into falls, which included NWS, however there was an intention to invite NWS to join a care home improvement project group, and as part of that project, there was to be an early audit, in October-November, to identify gaps in training and then to look at support that the County Council could offer over a 6-12 month period.
- It was noted by the district member for Hyndburn that there had been a spike in the figures for her area. It was explained that the figures had been provided by the hospital and Farha Abbas undertook to provide more information. It was reported also that the East Lancashire Falls Team had carried out a piece of work to try to understand the variance in Hyndburn and, working with NWS, they had identified some falls 'hotspots' - in particular two extra-care facilities with whom the falls team was now working; it was expected that figures would improve.
- There was some discussion about the cost implications for NWS of attending falls which could be dealt with by adequately trained staff, and conversely the cost to care homes of providing lifting equipment beyond what was required to meet basic health and safety requirements. It was suggested that the total cost to the whole health service economy should be considered.

- Members were most concerned that some care homes had only one member of staff on duty at night. It was explained that the Care Quality Commission (CQC) required care homes to demonstrate that they provided safe staffing levels, and it was pointed out that there would be a distinction between what was regarded as a safe staffing level and the number of staff required to safely lift a person who had fallen. Members agreed that the question about safe staffing levels needed urgent clarification with the CQC. The Committee was assured that County Council homes had at least two members of staff on duty at night.
- Members were keen to receive information which enabled them to understand the situation in their own area in order to be able to flag up and address concerns.
- It was suggested that many people were in a care home because they had fallen in their own home and then would lose confidence, and there was a need to look at preventative measures in people's own homes such as hand rails, non-slip mats, floor coverings, steps, footwear, safe chairs, and kitchen drawers rather than cupboards.
- One member reported that Lancashire Fire and Rescue Service was actively taking measures such as the fitting of grab bars.
- The Committee was assured that the physical environment was recognised as very important; it was emphasised that the LCC care home process had been described in very brief terms for the purpose of the report now presented and it was actually a comprehensive process that was followed most conscientiously. Officers offered to explain the process in more detail at a separate opportunity, on request.
- The Committee was informed that the County Council had funded a proactive falls prevention programme, 'Steady On', across the whole of Lancashire as part of the falls pathway. It aimed to encourage people to report a fall and seek support. It was to be launched through all pharmacies and GP practices and there was to be a poster and leaflet campaign from September combined with awareness and training sessions with a wide range of partners to promote the programme. In addition there would be group sessions which people could attend to learn more about the support available including equipment which they could use or buy.
- Work was also ongoing with partners such as the Fire Service, NWAS and Age UK to launch a revised home improvement service across all districts, which targeted prevention; The Lancashire Healthy Homes Assessment would be launched over the next few months
- Officers confirmed that, in terms of private providers, the County Council did require certain minimum standards under the contractual arrangements in place and that work was ongoing to review those contracts. The need to work with NWAS across the county was accepted.
- Members were pleased that monthly risk assessments were carried out in County Council care homes, recognising that much could change to alter the level of risk. For example if blood pressure was coming down as a result of improving health, medication to reduce blood pressure could make blood

pressure too low and increase the risk of falling. Officers were asked if private care homes could be encouraged to undertake monthly reviews. It was confirmed that the CQC did encourage such reviews. It was suggested that the standards set by in-house providers should set the benchmark.

- It was felt that the rate of pay for care staff was far too low.
- One member recounted an example that had affected a member of his family in which the mattress provided did not fit the bed base and as a result his relative had slipped from the bed; weeks later the bed had not been replaced. He felt that there should be more that the County Council and/or the CQC could do to address such matters.
- The Committee was assured that the example used was the sort of issue that should be addressed as part of the risk assessment that any home had to undertake including any recommendations from occupational therapists and physiotherapists. It was a further example of the type of issue that related to the funding of the provision of furniture and equipment.
- It was emphasised that there was a need to consider the cost effectiveness of the approach in this area. In response the Committee was assured that there was a move away from involving occupational therapists and social workers in the provision of low level equipment such as grab rails. In terms of moving and lifting equipment, there was a need to assess every six months.
- It was suggested that Care Complaints data might be a source of information as to what themes were emerging.

The Chair reported that Paul Simic, CEO Lancashire Care Association, had been unable to attend this meeting, but was to attend a future meeting of the Steering Group. He encouraged members to submit any further questions for Mr Simic via email; answers would be circulated to all members.

The Chair thanked officers for their attendance. A number of recommendations arising from the discussion were suggested and agreed.

Resolved: That,

- i. The Cabinet Member for Adult and Community Services be asked to ensure the establishment of a county wide working group to address falls prevention, with a specific focus on developing data sharing protocols, best practice and the total cost to the whole health and social care economy of falls;
- ii. The Clinical Commissioning Groups (CCGs) be asked to provide the Committee with feedback and evaluation on their commissioned services relating to falls prevention and support;
- iii. The Committee be provided with information on the Lancashire Healthy Homes assessment and data relating to complaints regarding falls;

- iv. District based data on the CCG commissioned services relating to falls prevention and support be provided to the Committee via the Scrutiny Officer; and
- v. The CQC be asked for clarification on safe staffing levels in all residential and nursing homes in particular at night and in relation to managing falls.

5. Report of the Health Scrutiny Committee Steering Group

On 11 May the Steering Group had met to finalise the work plan and discuss a range of current and outstanding issues. A summary of the meeting was at Appendix A to the report now presented.

Resolved: That the report be received.

6. Work Plan

Appendix A to the report now presented set out a draft work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

Resolved: That the work plan be noted.

7. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this could inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

Resolved: That the report be received.

8. Urgent Business

No urgent business was reported.

9. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 1 September 2015 at 10.30am at County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Falls in Lancashire's 65+ population – *Overview*

Farha Abbas
Business Intelligence
15 July 2015

Population aged over 65 years

District	Total population	65+ pop.	65 plus as % of total pop.	Compared to England
Burnley	87,291	15,552	18%	No significant difference
Chorley	111,607	20,904	19%	Significantly above
Fylde	77,042	20,081	26% ●	Significantly above
Hyndburn	80,208	14,135	18%	No significant difference
Lancaster	141,277	27,378	19%	Significantly above
Pendle	89,840	15,847	18%	No significant difference
Breton	140,452	20,321	14%	Significantly below
Ribble Valley	58,091	13,047	22% ●	Significantly above
Rosendale	69,168	11,980	17%	No significant difference
South Ribble	109,077	21,740	20%	Significantly above
West Lancashire	111,940	23,246	21%	Significantly above
Wyre	108,742	28,698	26% ●	Significantly above
Lancashire	1,184,735	232,929	20%	Significantly above
ENGLAND	54,316,618	9,537,708	18%	

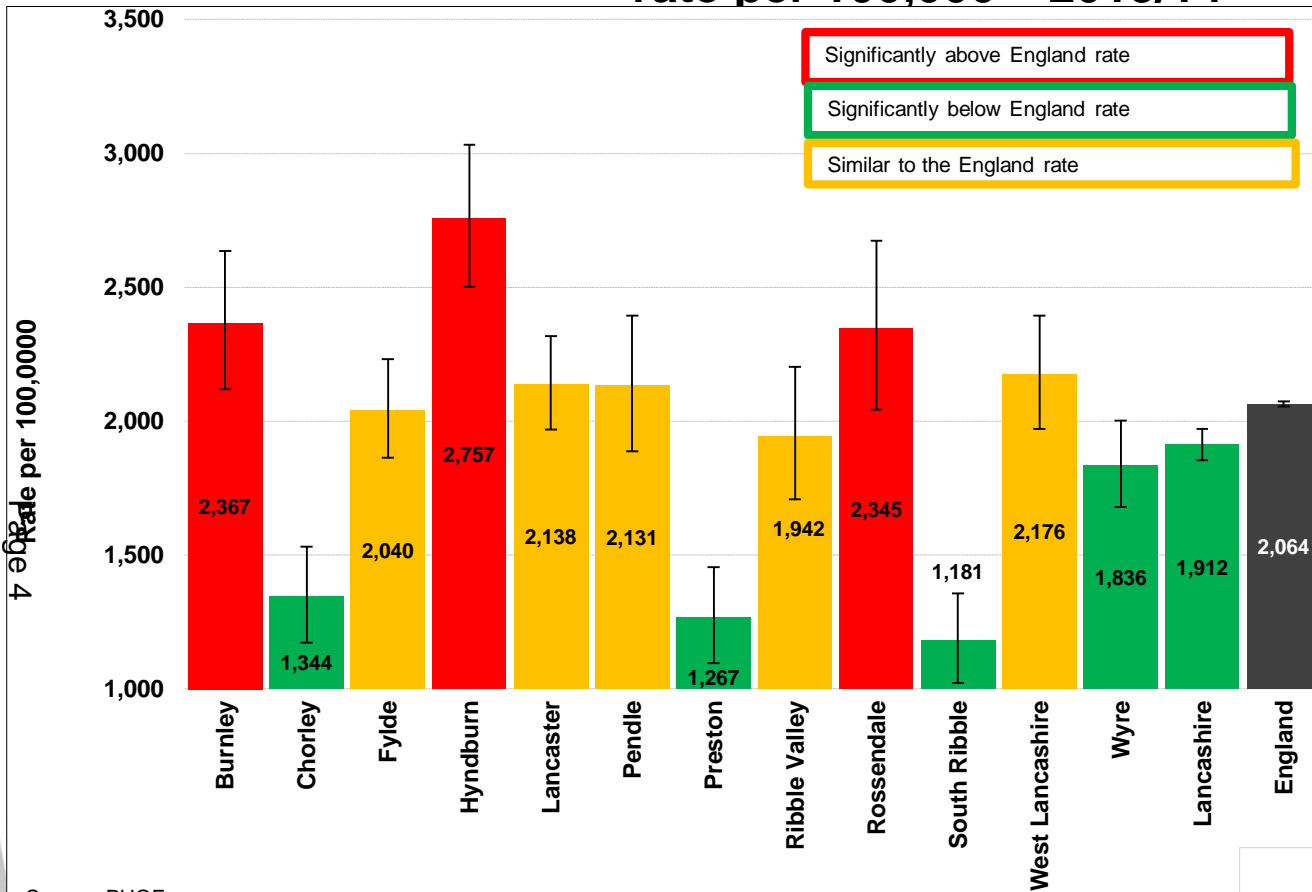
Source: ONS, Mid 2014 estimate

Projections

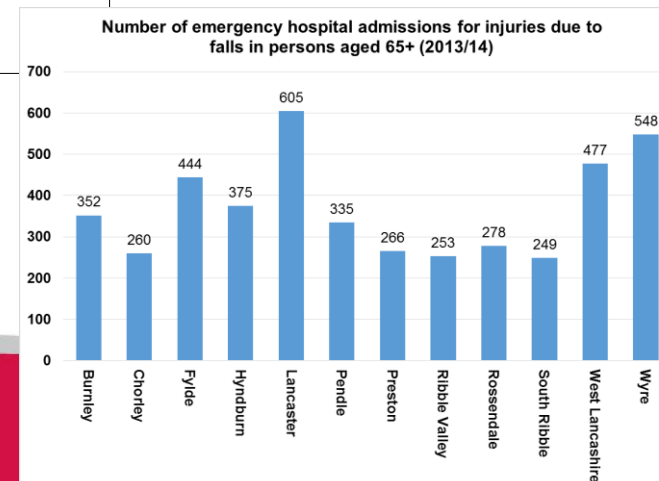
	2014	2015	2020	2025	2030
Lancashire: Total population aged 65 and over predicted to have a fall	61071	62356	68648	75819	85381
Lancashire: % increase in population aged 65 and over predicted to have a fall		2%	12%	24%	40%
Lancashire: Total population aged 65 and over predicted to be admitted to hospital as a result of falls	4,717	4,815	5,462	6,356	6,985
Lancashire - % increase in population aged 65 and over predicted to be admitted to hospital as a result of falls		2%	16%	35%	48%

Source: Projecting Older People Population Information

Emergency hospital admissions for injuries due to falls in persons aged 65+, rate per 100,000 – 2013/14

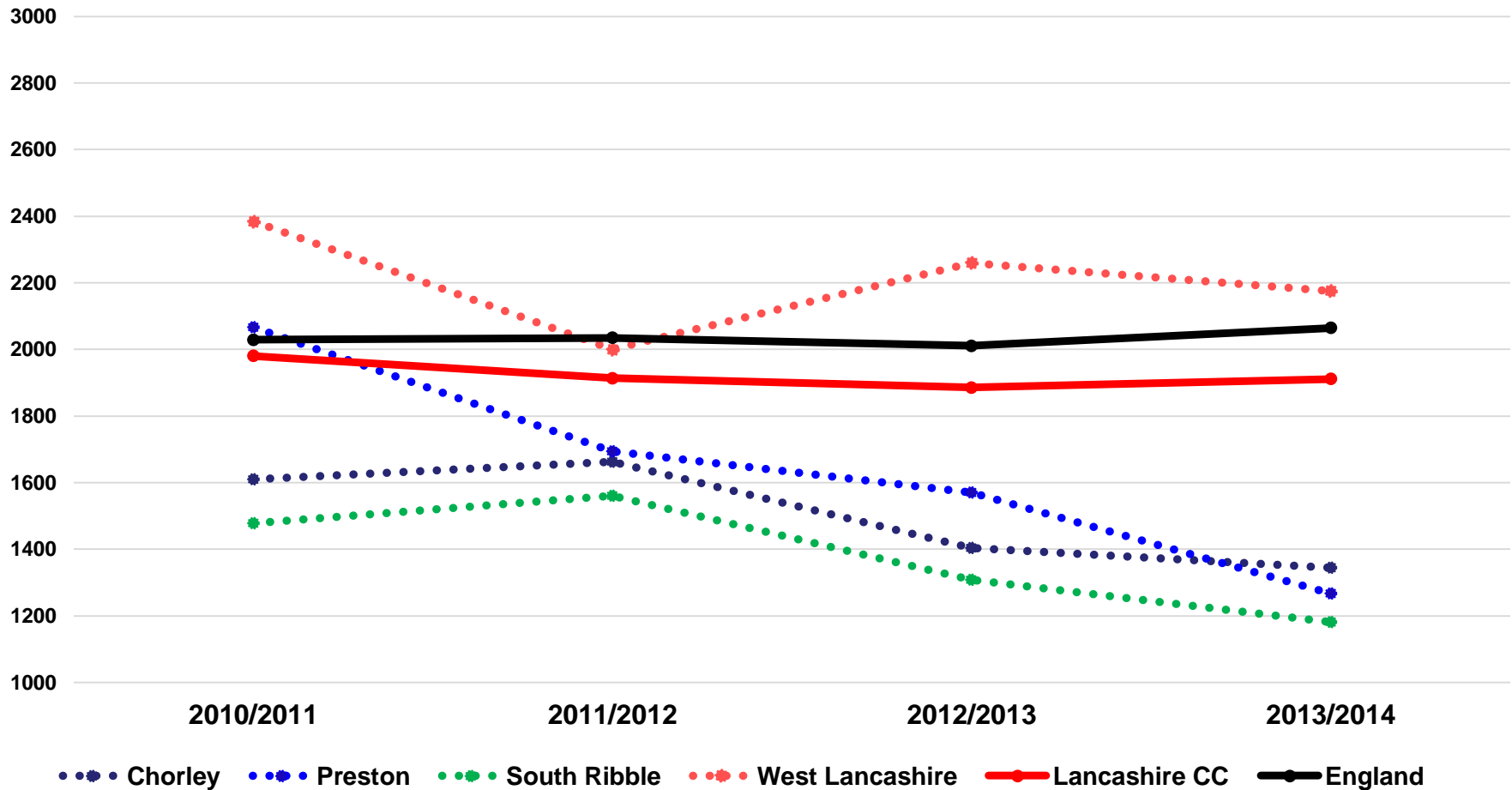


Source: PHOF



Trend in emergency hospital admissions for injuries due to falls in people aged 65 years and over, rate per 100,000 (Central)

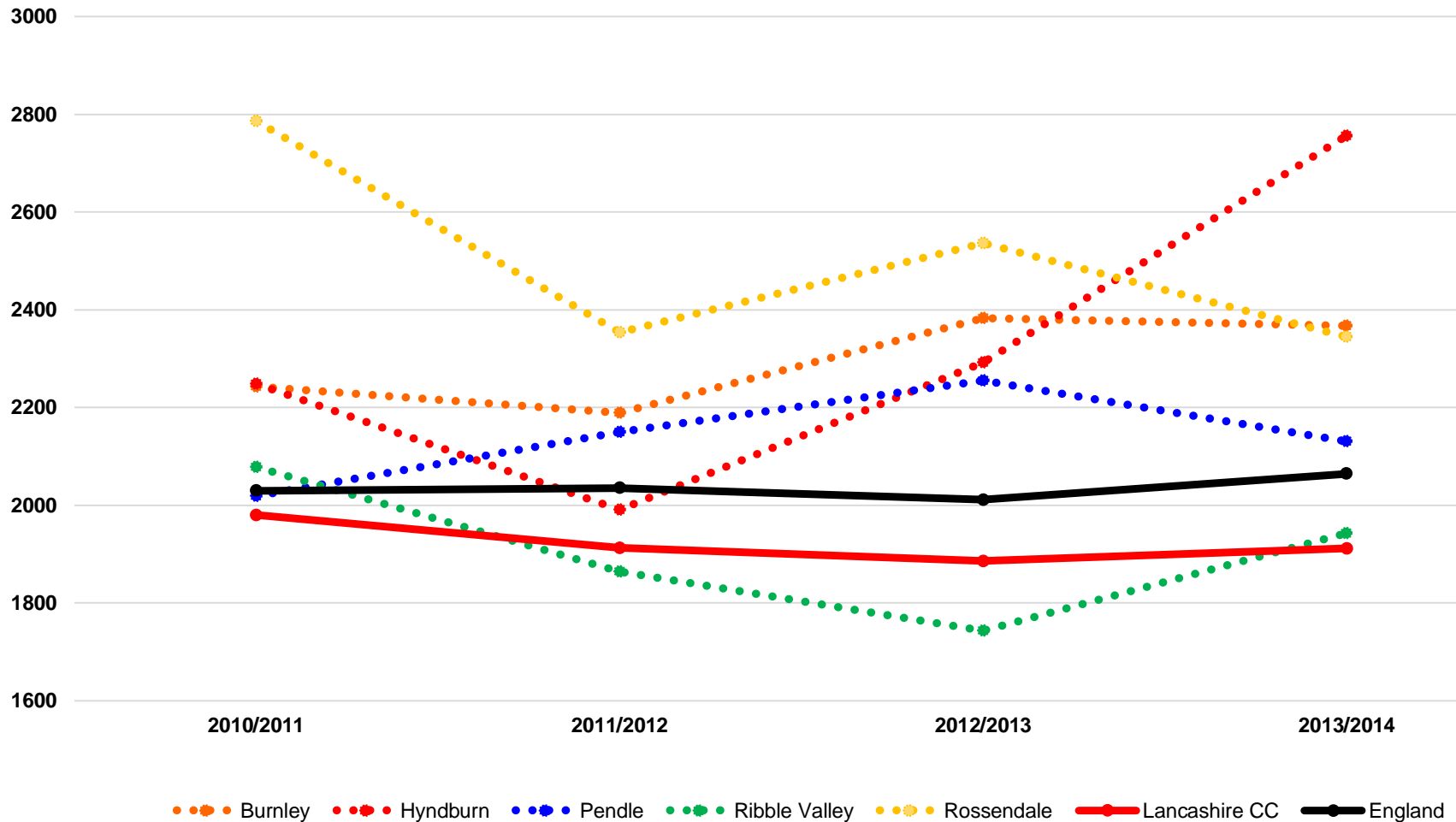
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Source: PHOF

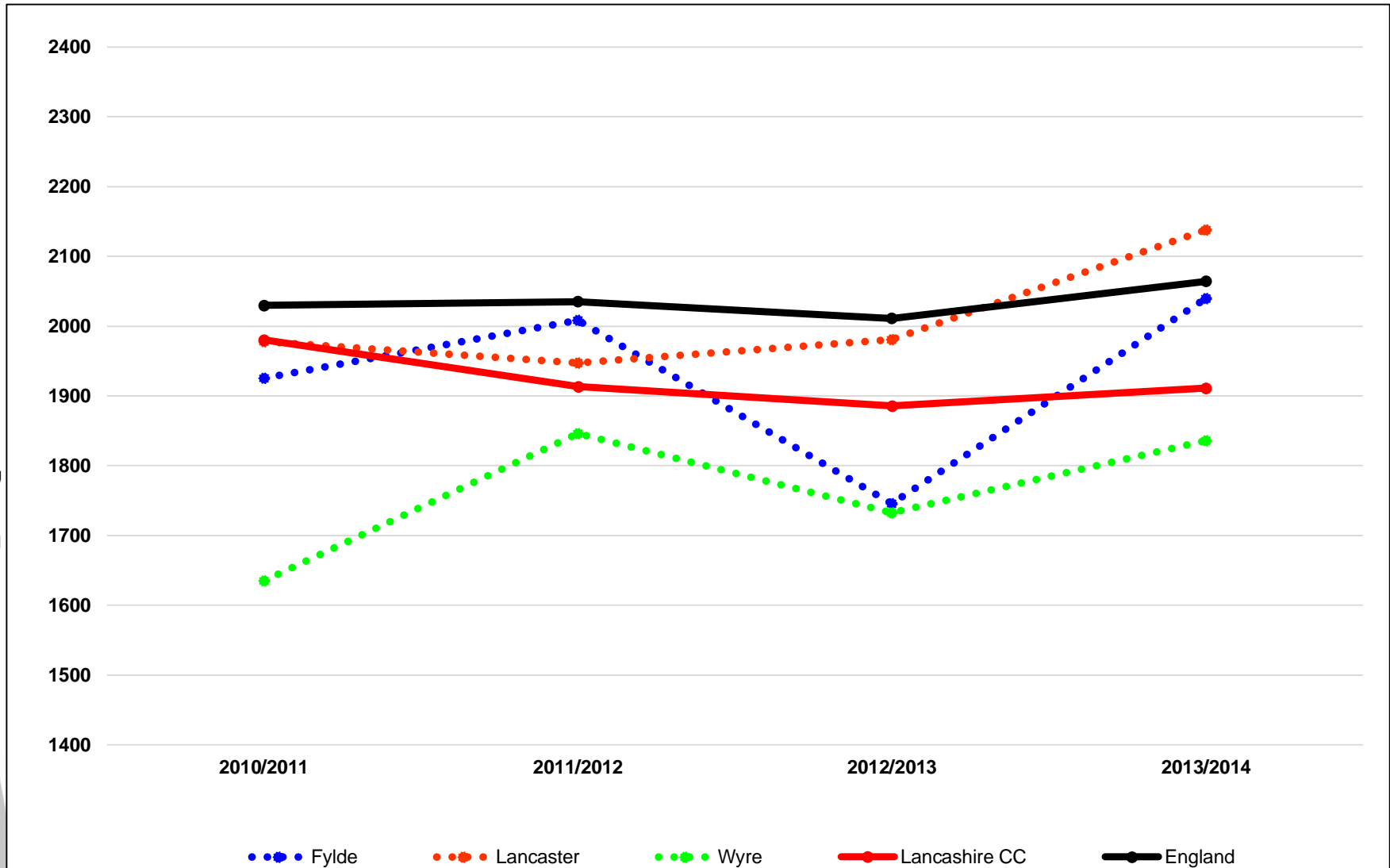
Trend in emergency hospital admissions for injuries due to falls in people aged 65 years and over, rate per 100,000 (East)

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Source: PHOF

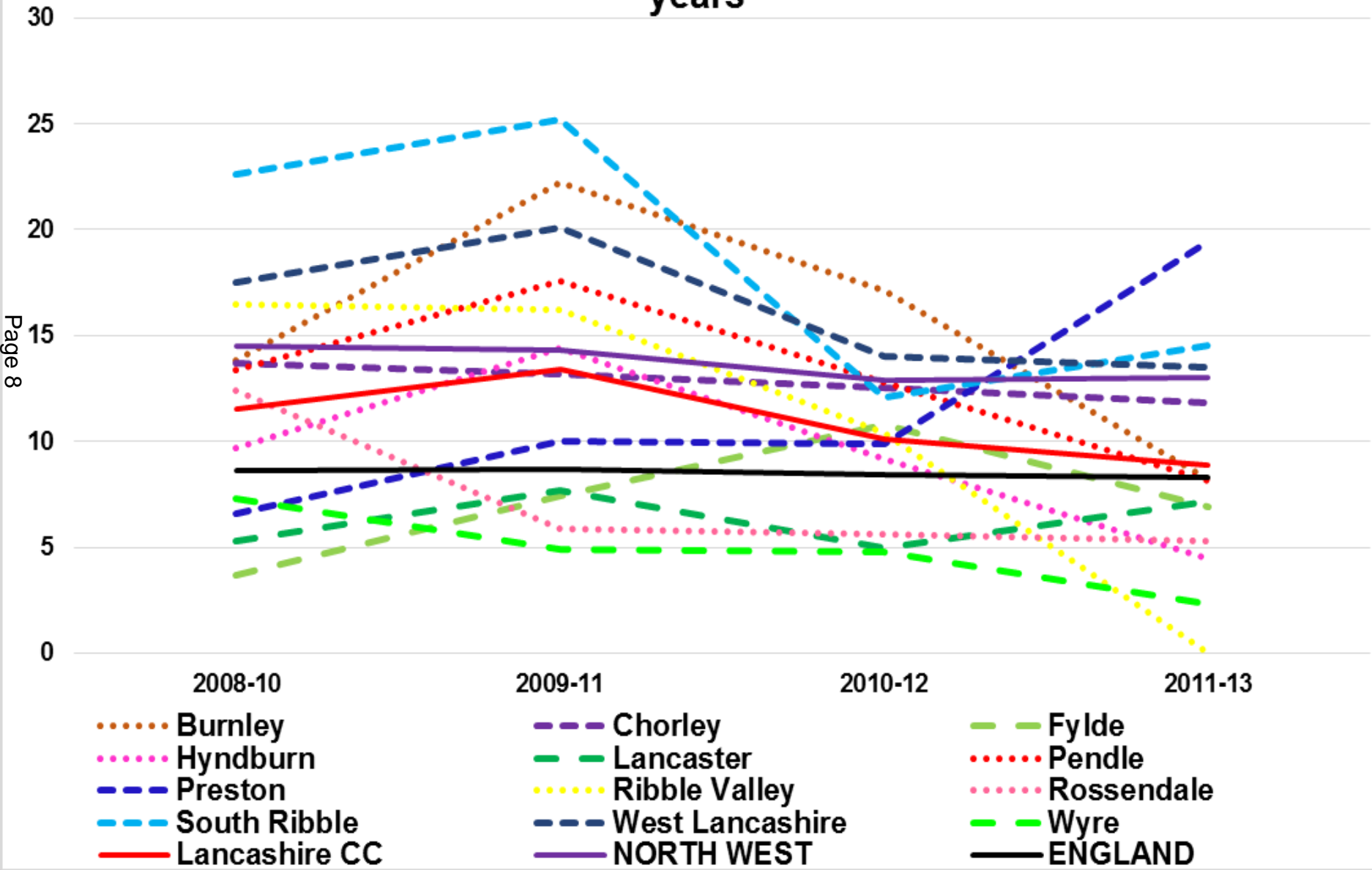
Trend in emergency hospital admissions for injuries due to falls in people aged 65 years and over, rate per 100,000 (North)



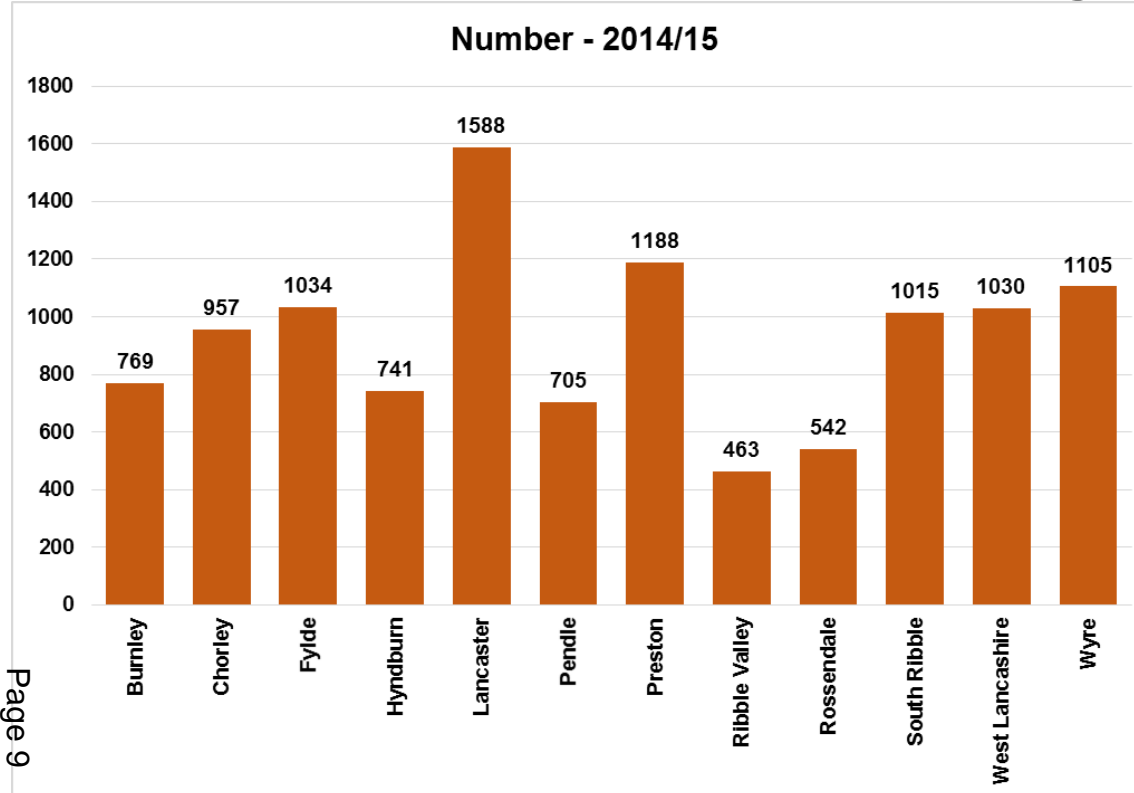
Source: PHOF



Mortality from accidental falls, rate per 100,000 - ages 65-74 years



Ambulance call-outs for falls in persons aged 65 years and over (2014/15)



- **15,581** ambulance call-outs for falls
- **11,137 (71%)** 65+ population

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- ❖ **Lancaster & Preston: 58 falls call-outs per 1000 65+ population**
- ❖ **Lancashire average: 48 falls call-outs per 1000 65+ population**

