Lancashire County Council

Health Scrutiny Committee

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

Agenda

Part I (Open to Press and Public)

No.	Item	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Meeting Held on 2 June 2015**	(Pages 1 - 10)
4.	**Falls in Care Homes**	(Pages 11 - 16)
5.	**Report of the Health Scrutiny Committee Steering Group**	(Pages 17 - 22)
6.	**Work Plan**	(Pages 23 - 28)
7.	**Recent and Forthcoming Decisions**	(Pages 29 - 30)
8.	**Urgent Business** An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.	

Lancashire County Council

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 1 September at 10.30am at County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 2 June, 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	B Murray
Mrs F Craig-Wilson	M Otter
G Dowding	N Penney
N Hennessy	D T Smith
M Iqbal	D Stansfield
Y Motala	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)
Councillor Hasina Khan, (Chorley Borough Council Representative)
Councillor Roy Leeming, (Preston City Council Representative)
Councillor Asjad Mahmood, (Pendle Borough Council Representative)
Councillor Keith Martin, (South Ribble Borough Council)
Councillor Julie Robinson, (Wyre Borough Council Representative)

Welcome

The Chair welcomed new members to the Committee: County Councillor David Smith and co-opted members Councillors Barbara Ashworth (representing Rossendale Borough Council) and Colin Hartley (representing Lancaster City Council).

Councillor Keith Martin attended in place of Councillor M Titherington (representing South Ribble Borough Council) for this meeting.

1. Apologies

There were no apologies for absence.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Councillor Colin Hartley (Lancaster) declared a non-pecuniary interest in item 6 (North West Ambulance Service) on the grounds that he is a governor of University Hospitals Morecambe Bay Trust.

3. Appointment of Chair and Deputy Chair

Resolved: That the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Yousuf Motala as Deputy Chair for 2015/16 be noted.

4. Constitution, Membership and Terms of Reference

A report was presented on the Membership and Terms of Reference of the Committee.

It was reported that Councillor B Ashworth had been appointed to represent Rossendale Borough Council and Councillor Colin Hartley had been appointed to represent Lancaster City Council.

The re-appointment of Councillors T Ellis (Burnley), H Khan (Chorley), A Mahmood (Pendle), and M Titherington (South Ribble) as the co-opted representative for their Council had now been confirmed.

Nominations were awaited from Fylde and West Lancashire district councils.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported and set out below, be noted.

County Councillors

M Brindle	A James
F Craig-Wilson	Y Motala
G Dowding	B Murray
N Hennessy	M Otter
S Holgate	N Penney
M Iqbal	D Smith
	D Stansfield

Non-voting co-opted members

Burnley Borough Council	-	Councillor T Ellis
Chorley Borough Council	-	Councillor H Khan
Fylde Borough Council	-	Awaiting nomination
Hyndburn Borough Council	-	Councillor K Molineux
Lancaster City Council	-	Councillor C Hartley
Pendle Borough Council	-	Councillor A Mahmood
Preston City Council	-	Councillor R Leeming
Ribble Valley Borough Council	-	Councillor Mrs B Hilton
Rossendale Borough Council	-	Councillor B Ashworth
South Ribble Borough Council	-	Councillor M J Titherington
West Lancashire District Council	-	Awaiting nomination
Wyre Borough Council	-	Councillor J Robinson

5. Minutes of the Meeting held on 14 April 2015

The Minutes of the Health Scrutiny Committee meeting held on the 14 April 2015 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 14 April 2015 be confirmed and signed by the Chair.

6. North West Ambulance Service

The report explained that a motion had been carried at Full Council on 26 February requesting the North West Ambulance Service (NWAS) to meet with the Steering Group of the Health Scrutiny Committee. That meeting took place on 13 April and a copy of the notes and additional information were presented at Item 7 on the agenda for this meeting.

Following the attendance of the Trust at the meeting on 13 April the Chair of the Health Scrutiny Committee felt it would be both appropriate and beneficial for officers to return and have a wider discussion on the issues raised with the full membership of the Committee.

The Chair welcomed the following guests:

- Bob Williams - Chief Executive Officer, North West Ambulance Service NHS Trust
- Peter Mulchay – Head of Service for Cumbria and Lancashire
- Allan Jude – Director of Ambulance Commissioning, Blackpool Clinical Commissioning Group (Blackpool are the lead CCG commissioner for NWAS for the North West)

Mr Williams delivered a PowerPoint presentation and explained some of the complex issues facing the service. The presentation set out performance

standards, activity levels and response times both for the NWAS and Lancashire. It was acknowledged that, last year, performance had been poor in terms of response times and the presentation sought to explain the many, sometimes complex reasons for this and the various plans in place to try to correct the situation.

Mr Williams was pleased to report a significant improvement in the figures for May 2015; details set out on a slide showed that performance against target for Red 1 and Red 2 calls had improved in every CCG area in Lancashire.

A copy of the presentation is appended to these minutes.

Mr Jude emphasised the importance of perspective when considering the figures, pointing out that just one second could be the difference between being on target or below target and that only ten percent of calls were for life threatening situations. He pointed out that last year had been exceptional and that activity nationally had been significantly higher, which had had an impact on the Service nationwide.

He reported that the CCG had received an uplift in funding of two and a half percent but they, as commissioners, had increased their investment into the ambulance service by five per cent. There were many initiatives ongoing in conjunction with CCGs and the NWAS.

The Chair acknowledged that the NWAS was operating in a difficult environment and that there were other delays in the pathway, for example transfer from the ambulance to the care of a clinician in hospital, where the hospitals' target of 15 minutes was not currently being met. He encouraged members to adopt a positive, solution-based approach.

A summary of the main points arising from the discussion are set out below:

- The Committee was assured that NWAS was working closely with the Fire Service to maximise estates and there were several examples of shared premises; in Lancaster they were in the final stages of planning a joint new build. There were regular meetings with the Fire Service regarding estates matters.
- Whilst the level of dialogue between NWAS and the Fire Service varied around the northwest there were many examples of collaborative working, for example the Manchester Fire Service had established a Community Response Incident Team to respond to falls, which were often not due to a medical issue, more a physical condition that simply required that the 'patient' be lifted and made comfortable. It was important, where possible, to ensure that paramedics were not being sent to jobs for which they were not needed.
- There were currently 38 Community First Responder (CFR) teams across the county, which equated to 250 trained people. Peter Mulchay undertook to provide the Committee with details of their location. He reported that two six month pilots were being set up in Ormskirk and Morecambe for which Fire Service personnel would be trained to the same level as CFRs. If successful

in terms of patient outcomes the scheme would be expanded. The results of the pilots would also be shared with this Committee.

- The Committee was informed that all Fire Service appliances carried defibrillators funded by NWAS.
- It had been acknowledged that last year was a poor year in terms of response times and it was explained that possible reasons for this, in terms of demand on the ambulance service nationally, were currently being analysed. It was noted that there had been much pressure on GPs also and that NWAS had been affected by the 'overflow'. The current financial climate might also have been a factor. It was a complex picture.
- One member cited an example in a deprived area of Lancaster where women had not been attending pre-natal classes because of the cost of public transport to the venue and therefore more local provision had been arranged, which had improved attendance and reduced post natal and perinatal deaths.
- Mr Williams agreed with the view that people's expectations were increasing and becoming unrealistic. It was important for people to access the support available in the community and for there to be more emphasis on prevention, early intervention and self-help.
- The point was made that Public Health was now the responsibility of the local authority and that more services were developing in the community in a whole-system approach. The Better Care Fund, which is a local single pooled budget to incentivise the NHS and local government to work more closely together, was a significant example of this.
- There was also potential for synergies between 111 calls and 999 calls.
- The Committee was informed that as a result of the Acute Visiting Service, ambulance crews had diverted some 13,000 calls to GPs between January and April with a 90% success rate, meaning that it had been the right thing to do in that the patient had not needed hospital treatment.
- Another issue receiving particular attention by the NWAS, working with CCG partners, was repeat falls in the home; a new 'falls car service' had just been introduced in two parts of the county. This involved a paramedic and an occupational therapist travelling by car to attend falls and to also assess risks and identify issues to help prevent further falls.
- The reduction by two minutes (from 29.5 to 27.5) in handover time from the ambulance to the hospital was welcomed, but it was noted that this still fell short of the 15 minute target. It was explained that it was for the hospitals to manage their processes and activities, however NWAS was approaching the problem in a collaborative way. It was reported that fines had now been introduced for failure to meet the 15 minute target, which could affect the situation.
- It was confirmed that there was much joint working with the Police also, for example defibrillators were now carried in Police cars. There had been much interaction around mental health issues and paramedics were now being deployed to Police control units at key times to advise on relevant incidents. There was currently a pilot project in the form of a pocket book provided to police constables to help them make a judgement about what type of help was required in certain circumstances.
- The improvements in response times were welcomed, but members remained concerned about the tendency for ambulances leaving the hospital site to then

attend a call nearest to that location and the possible implications for rural communities. The Committee was assured that calls were prioritised according to their seriousness and the ambulance would only attend the nearest location if other more serious incidents were not waiting.

- Members were keen to know if there was anything the local authority could do through its own services to assist / improve the ambulance service pathway; it was suggested that services in the community and increased joint working between the local authority and the health care system, especially to help with the release of hospital beds would be useful.
- In noting that a high percentage of calls were to elderly people, a question was raised about the possible impact of increased care in the community on the Ambulance Service, for example for falls in the home.
- It was acknowledged that the majority of calls were to elderly patients, but not necessarily in their own home; many calls came from residential homes, which had a 'no lift' policy. The Ambulance Service was often called to lift the person back into their bed/seat, which was not an effective use of resources. The NWAS considered it most important to reconsider how best to deal with falls in residential home settings.
- A question was raised about how successfully the Service communicates with local authorities, for example if there were frequent falls in particular locations/circumstances such as ungritted footways resources might be targeted more effectively if the highways department was informed.
- It was agreed that more information sharing could potentially 'unlock' a number of issues and it was important to provide a better way to do this whilst having due regard to patient confidentiality.
- It was suggested that increased use of Telemedicine could perhaps alleviate the need for ambulances and hospital admissions. In response it was explained that Telemedicine had been trialled over a long period and a number of pilots were ongoing, including the use of Skype; Telemedicine was part of the solution, but work was ongoing to examine and address the whole process.
- The Committee's attention was drawn to a slide in the presentation which illustrated a daily 'wave' of referrals from health care professionals, which peaked early afternoon and caused a consequential 'wave' in demand on the Service. Detailed analysis had found that this impact was caused by just one referral per GP each day.
- One member suggested that in light of the success of Community First Responders there should be a big push by the Ambulance Service, who had much respect and prestige, to get say 70% of all NHS staff trained in first aid and encourage others to train also.
- It was suggested that the CCGs might use their funding to commission more services from community organisations and localise support networks which could potentially generate significant savings.
- It was considered very important to invest limited resources into education and prevention to tackle issues such as obesity, alcohol and smoking and encourage much more self-help. There also needed to be a better integration of services and sharing of best practice.
- A question was raised about the status of patients awaiting transfer between hospitals who fell neither in the green nor the red category for an ambulance.

For example those seriously unwell who needed transferring to specialist care, but whose situation was not life threatening; they sometimes had to wait several hours for an ambulance. It was acknowledged that such a patient would need careful and appropriate transport, but not necessarily a front line paramedic emergency ambulance. The NWAS was working with the CCG to resolve this issue collaboratively.

- It was confirmed that whilst certain aspects of the contract to which the NWAS was working were not negotiable, there were some areas where there was scope for discretion. The CCG and NWAS were developing the contract to ensure that the service provided met local needs.
- In response to a question whether people living on their own, or with literacy problems were more inclined to call 999 rather than 111, it was explained that as NWAS had only recently taken over contracts for 111 in some, but not all areas it was not currently possible to make a judgement, however the NWAS would consider how they might gather such information.

The Chair thanked guests for attending and for providing the Committee with a most useful insight into the Service, its challenges and initiatives being taken.

Peter Mulchay said that members were welcome to visit the Ambulance headquarters at Broughton if they felt that this would be interesting and useful.

The Chair suggested that the minutes of this meeting be considered by the Steering Group with a view to them formulating some comments and recommendations, which would also be shared with Rossendale Borough Council who were currently undertaking a piece of work on this same issue.

Resolved: That the minutes of this meeting be considered by the Steering Group with a view to them formulating some comments and recommendations, which would be provided to the NWAS and also be shared with Rossendale Borough Council

7. Report of the Health Scrutiny Committee Steering Group

It was reported that on 16 March the Steering Group had met with Lancashire Care Foundation Trust to receive an update on the inpatient facilities. A summary of the meeting was at Appendix A to the report now presented.

On 13 April the Steering Group had met with officers from the Healthier Lancashire team and the North West Ambulance Service. A summary of the meeting was at Appendix B to the report now presented.

Resolved: That the report of the Steering Group be received.

8. 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.

The topics included had been identified at the work planning workshop that members had taken part in during April 2015 and also additions and amendments agreed by the Steering Group. Comments on the work plan and suggestions for additional topics would be welcomed.

It was noted that the topic listed for the next meeting of this Committee in July was 'Prevention' and in particular screening programmes, and an update on health checks. However, in light of the discussion about NWAS earlier in this meeting, the significance of falls and the impact of a 'no lift' policy in some residential homes on the Service, it was suggested and agreed that it would be useful to consider, within the 'prevention' theme, falls within Lancashire and what Public Health could contribute. It was suggested that someone representing the care home sector, perhaps from the registration authority, be invited to the meeting. It was noted that the county council also had its own care homes. It was also suggested that the Care Quality Commission's role relating to residential homes might be relevant.

One member pointed out that she had previously suggested Occupational Therapy Services be considered as part of the work plan and this could be a relevant factor in falls prevention.

Regarding the September meeting, at which it was intended to discuss joint working and fragmented commissioning among partners, it was suggested and agreed that this include also how partners share information and intelligence.

Resolved: That the work plan, as amended, be noted.

9. 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.

10. Urgent Business

There was no urgent business.

11. Date of Next Meeting

It was noted that the next meeting of the Committee would be held on **Wednesday** 15 July 2015 at 10.30am at County Hall, Preston.

It was reported that future meetings for 2015/16 had been scheduled as below and would be held at 10.30 at County Hall, Preston.

1 September 2015
13 October 2015
24 November 2015
26 January 2016
15 March 2016
26 April 2016

Members were asked to note their diary.

I Young
Director of Governance, Finance and Public Services

County Hall
Preston

Health Scrutiny Committee
Meeting to be held on 15 July 2015

Electoral Division affected:
All

Responding to Falls in Care Homes

Contact for further information:
Ann Smith, Head of Patient Safety and Quality Improvement, Operations and Delivery.
Tel: 07789618193: Email: ann.smith@lancashire.gov.uk

Executive Summary

At the June meeting of this Committee members met with North West Ambulance Service (NWAS). NWAS highlighted that ambulances are sometimes requested by residential care homes to pick up someone who has fallen and put them back in bed.

This report provides members with:

- 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 in homes to deal with falls
- Assurance that LCC care home staff are fully trained in dealing with falls

Recommendation

Members are asked to note and comment on the report

Background and Advice

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year. (National Institute for Health and Care Excellence, 2013)

At the June Committee members met with North West Ambulance Service (NWAS) to discuss amongst other things, their response times. As part of the discussion NWAS highlighted to members the high number of ambulance call-outs to residential care homes due to falls. Of particular concern was the requests made to NWAS to pick someone up off the floor who has fallen and put them back in bed.

Lancashire County Council

This report provides information for members on the following themes:

- Overview of the assistance that 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 in homes to deal with falls
- Assurance that LCC care home staff are fully trained in dealing with falls

There is a significant amount of data available on the number of falls experienced by the older population across Lancashire. Members will be provided with a presentation by the Public Health Business Analyst at the July Committee Meeting.

The presentation will provide an overview of falls in Lancashire's population aged 65 and over and will include data on demographics, falls projections, emergency hospital admissions for injuries due to falls and ambulance call-outs for falls.

Assistance for private residential homes regarding training, advice and guidance on falls

Care Home providers are responsible for accessing and providing training for their staff in relation to falls. Care homes can, and do refer individuals who are at high risk of falls to falls teams/therapy services in their areas. Support is then provided to both the individual and to the care home staff to enable the risk to be managed accordingly.

Although they are not commissioned to do so specifically, falls and therapy teams will offer education sessions to care home staff and provide them with toolkits and resources. This element does vary across Lancashire and for some falls teams it is an identified gap, which if they tried to manage within existing resource envelopes, would overwhelm them.

East Lancashire

The East Lancashire Clinical Commissioning Group (ELCCG) commissions East Lancashire Hospitals Trust (ELHT) as a specialist resource for the care home sector. The team provides information and advice as appropriate and links with other professionals, they regularly visit homes to share Multifactorial assessments and specialist resources. The over 75‘s nurses are Advanced Nurse practitioners that are commissioned to support the care home sector specifically.

In East Lancashire there is a 'Reducing Avoidable NWAS Calls to Residential and Nursing Care Homes' task and finish group led by Lancashire County Council which has undertaken the following activity:

- Online training survey and review of care home policies/procedures
- Focused work with 10 care homes with most call outs

- NWAS awareness sessions re emergencies/use of pathfinder tools

Preston, Chorley and South Ribble

Preston, Chorley and South Ribble Clinical Commissioning Group (PCSRCCG) have also commissioned a service to specifically support care homes. The Care Home Effective Support Service (CHESS) is a multi-disciplinary team which is delivered by Lancashire Care Foundation Trust.

Preston/Chorley/South Ribble CCGs have commissioned falls lifting and response services. The lifting service is provided by a third party provider, and is linked to the community alarm service.

West Lancashire

Care home providers can refer people who are at risk of falls to the falls team and therapy services who will offer support and guidance. West Lancashire do not have a dedicated care home nursing team.

North Lancashire

Lancashire North Clinical Commissioning Group (NLCCG) commission a care home support team which has been operating since January 2015. The focus of the team is currently to support Care Homes with Nursing. The team is multidisciplinary with nurses, therapists and a pharmacist. The team does not have a specific focus for the prevention of falls but would assist in the completion of falls assessments and liaise/refer to the relevant community falls/therapy services.

Fylde and Wyre

Fylde and Wyre Clinical Commissioning Group (FWCCG) have commissioned a falls response service. This service pairs a health professional (Occupational Therapist, Physiotherapist, Nurse) with an NWAS advanced paramedic using a 'falls' car rather than an ambulance to respond to amber and green coded falls.

Fylde Coast Care Home Strategy has been produced with Blackpool CCG and Blackpool Teaching Hospital to support improvements with care homes.
Public Health have worked with NWAS to deliver falls training in the past, specifically in Fylde and Wyre, via a workbook format.

Policies and Procedures in Care Homes

Care homes are required to have policies and procedures in place to assess residents for the risk of falls and to include actions to minimise risk within individual care plans. Care homes are also required to have in place moving and handling policies and to train staff accordingly in line with health and safety legislation.

Care homes do have access to information, advice and resources via the NWAS website, particularly around the 'what to do when a resident falls'. Care home staff can complete NWAS online training.

Lancashire County Council, Older People Care Homes:

All residents have a falls risk assessment. This identifies the actions that must be completed if a particular risk is applicable, for instance polypharmacy would trigger a medication review and identify any medications that may have a sedative effect therefore increasing the falls risk. The risk assessment is reviewed at least every month. The information is transferred to the falls section in the person's individual support plan to give staff more detail of how to support the person.

LCC care home process In the event of a fall

- If it is an obvious emergency 999 procedure is followed.
- If not then the duty officer completes an initial assessment using guidance and determines whether medical advice is required.
- A falls protocol is followed which determines the number of observations required to ensure well-being does not deteriorate.
- The Risk Assessment is reviewed and support plan updated as necessary.
- The family are informed and accident reporting procedures followed.
- There is analysis of resident's falls history to identify causes and prevention.
- The falls prevention team are contacted for those experiencing frequent falls.
- All staff are given the relevant information about the fall at handover.

The use of assistive technology identifies when a resident may require assistance, particularly at night when they are tired, which may help with preventing falls. Families are made aware of items they can purchase to prevent injury in the instance of a fall, hip protectors for example.

All staff are trained in moving people and refresh their training every three years. This includes the use of hoists, slings for hoists, wheelchairs, slide sheets, stand aid hoists, moving belts, and transfer boards. A number of registered managers are moving people trainers. Managers carry out at least one observation of practice supervision each year which includes assisting a resident to move.

Care staff complete a distance learning workbook in falls prevention and another on falls response level 2. Falls and all accidents are discussed anonymously at management and staff meetings to analyse trends and identify preventative measures.

All LCC protocols and policies are available on the LCC intranet pages.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management issues

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee
Meeting to be held on 15 July 2015

Electoral Divisions affected:
All

Report of the Health Scrutiny Committee Steering Group
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
wendy.broadley@lancashire.gov.uk

Executive Summary

On 11 May the Steering Group met to finalise the work plan and discuss a range of current and outstanding issues. A summary of the meeting can be found at Appendix A.

Recommendation:

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

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. 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 Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the 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 the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

Lancashire County Council

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 full Committee for consideration and agreement.

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/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Health Scrutiny Steering Group

11 May 2015, Room B18b (Scrutiny Room), 2.00pm.

Present:

- County Councillor Steve Holgate (Chair)
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle
- County Councillor Yousuf Motala
- Wendy Broadley (Principle Overview & Scrutiny Officer)

1. **Notes of last meeting**

   The notes of the Steering Group meeting held on 13 April were agreed to be correct

2. **Work plan Workshop outcome**

   It was noted that findings from the workshop suggested there was a desire for more examples to be provided at Health Scrutiny Committee to enable better understanding. Therefore, it was proposed that future reports could include case studies featuring a fictitious family to assign to particular topics within the work plan to address this request. Steering Group to consider this in further detail

   CC Craig-Wilson suggested that case studies were more akin to Task Groups and that Health Scrutiny Committee would benefit from focussing upon an overarching approach that is strategic and therefore would avoid parochialism. Reference was made to the dementia pathway case study which was noted to have worked well in task group format.

   CC Motala suggested corresponding with Healthwatch who had case studies that could be utilised. WB agreed and also stated that the HSC needed a better relationship with Healthwatch.

   CC Brindle noted that over 75's are now required to have a named GP and suggested looking at linking this with social services.

   CC Craig-Wilson highlighted that the North Lancashire Learning Disabilities Board would be raising issues around health inequalities.

   WB noted that there was limited value in meeting with Acute Trusts at the Steering group and suggested a briefing note to be provided in their place in most instances. Steering group could then make a judgement as to whether they needed further information

WB suggested that Steering Group could also undertake a couple of longer term reviews throughout the coming year

WB noted that suggestions were made at the workshop that reports presented at Health Scrutiny Committee could include basic information about the particular organisations that present. For example, basic budget information, any useful background information and contact details.

The following draft work plan was put to the Steering Group:-

Health Scrutiny Committee Topics

2 June:	NWAS – already met with SG but CC Holgate wants the discussion about response times to have a wider audience
15 July:	Prevention – screening programmes (overall performance and what more can be done) to include an update on Health Checks
1 Sept:	Joint Working – fragmented commissioning amongst partners. To use mental health commissioning as the example
13 Oct:	Access to Services – using services for deaf people as an example and a comparison between rural and urban areas
24 Nov:	Annual Complaint and Compliments report Health & Wellbeing Board update Healthwatch update
26 Jan:	Self Care – health literacy, the role of education and possible engagement with Youth Council – using diabetes as an example
15 Mar:	Assets – role of assets re social isolation, volunteers, facilities, groups etc. Also challenges of named GPs for over 75s (and how they might identify social isolation and signpost
26 Apr:	Health Inequalities – using adults with learning disabilities as the example. Cross cutting theme with access to services and joint working

Steering Group:

To run 2 reviews, first one looking at the inspection regime and process of the CQC and Monitor, second investigating the role (and effectiveness) of Non-Execs on Acute Trust Boards.

Will also be picking up:

- End of year HSC report
- Healthwatch – joint working
- Inclusion and Disability Service

- OT capacity and collaborative working
- Commissioning of Health Visitors from October 2015
- Consideration of creating a fictitious family for scrutiny topics (making it real)
- Maintaining oversight of Healthier Lancashire
- Greater involvement of Committee members in SG

The Work Plan was agreed and would therefore be presented at the next Health Scrutiny Committee.

3. Steering Group projects

As per previous discussion, the Steering Group will undertake two distinct reviews:

a) CQC/Monitor inspection regime and process
b) Role of Non-Execs on Acute Trust Boards

It was noted by the Steering Group that, as highlighted within the workshop, there needed to be greater involvement from the Health Scrutiny Committee itself in Steering Group proceedings. It was suggested that two places could be offered on a first-come-first-served basis, which would democratise the process and provide an opportunity to other Members.

WB made reference to her attendance at a recent CQC 'monitoring, inspection and listening event' delivered prior to the inspection of Lancashire Trusts. WB explained that she had expressed interest for Steering Group to shadow a team of inspectors for a half a day but explained that nothing had yet materialised. WB also explained that the event provided a useful insight into the culture of the organisation, stating that inspectors work from a menu of questions and that their inspections appeared to be very subjective.

CC Motala explained that CQC inspectors appear to undertake their inspections with a lack of strategy.

CC Holgate made reference to happenings at Morecambe Bay Trust and explained that a contributing factor was the cultural issues within CQC and the quality of inspections that has been carried out.

CC Craig-Wilson voiced that CQC were too focussed on the facilities they inspected rather than the quality of care being delivered. County Councillor Steven Holgate agreed, explaining that they could improve their inspections by focussing more on the physical condition of patients.

WB voiced that if the opportunity was not provided to shadow an inspector, she would suggest that Steering Group would view their plans and scrutinise what areas they spend time on during inspections.

CC Brindle raised concerns around the cost of pharmaceutical products, explaining that the prices paid were very high. CC Brindle also made reference to a visit in which observations were made that the NHS's record management was substandard, this being due to the use of paper files and these being expensively couriered when shared with other hospitals. It was explained that their justification for their filing methods, and subsequent sharing methods, was data protection.

CC Holgate welcomed the opportunity to scrutinise the role of Non-Executives on Acute Trust Boards and asked whether WB could investigate if Clinical Governance Meetings were open to the public.

4. Next Health Scrutiny Committee

Items for Committee on 2 June:-

- NWAS – follow on from discussion with Steering Group
- Draft workplan

5. Dates/topics of future meetings

- 1 June
- 22 June
- 13 July
- 3 August

Health Scrutiny Committee
Meeting to be held on 15 July 2015

Electoral Divisions affected:
All

Health Scrutiny Committee Work Plan 2015/16
(Appendix A refers)

Contact for further information:
Wendy Broadley, 07825 584684, Democratic Services,
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Executive Summary

The Plan at Appendix A is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in during April 2015 and also additions and amendments agreed by the Steering Group.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations
N/A.

Implications:
This item has the following implications, as indicated:

Risk management
This report has no significant risk implications.

Lancashire County Council

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Appendix A

Health Scrutiny Committee – 2015/2016 Work Plan

Updated – 15 July 2015

Health Scrutiny Committee	
Date	**Topic**
2 June	• North West Ambulance Service
15 July	• Prevention – to focus on falls, care homes 'no lift' policies and the role of CQC regarding those policies. What LCC and partners can do to address the issues
1 September	• Joint Working – fragmented commissioning amongst partners. To use mental health commissioning as the example. To include how partners share information and intelligence.
13 October	• Access to Services – using services for deaf people as an example and a comparison between rural and urban areas
24 November	• Annual Complaint and Compliments report • Health & Wellbeing Board update • Healthwatch update

26 January	• Self-Care – health literacy, the role of education and possible engagement with Youth Council – using diabetes as an example
15 March	• Assets – role of assets re social isolation, volunteers, facilities, groups etc. Also challenges of named GPs for over 75s (and how they might identify social isolation and signpost)
26 April	• Health Inequalities – using adults with learning disabilities as the example. Cross cutting theme with access to services and joint working

Steering Group		**Progress**
CQC/Monitor inspections – ongoing review	• A review of the inspection process undertaken by CQC and Monitor in relation to Acute Trusts	22.6.15 – met with CQC Inspection Manager to determine the process/management of an actual inspection
Non-Executive Directors – ongoing review	• An investigation into the role, responsibilities and effectiveness on Non-Executive Directors on Acute Trust Boards	22.6.15 – agreed dates to attend individual Trust Board meetings
End of year HSC report	• An annual report highlighting the work and outcomes of the Committee	
Healthwatch – joint working	• Consideration of how the Committee and Healthwatch can work in partnership to achieve shared outcomes	Healthwatch Chief Executive to be invited – date to be confirmed

Additional topics	• Inclusion and Disability Service – at the request of the Budget Scrutiny Working Group	
	Occupational Therapy - capacity and collaborative working	
	• Commissioning of Health Visitors from October 2015	
	• Maintaining oversight of Healthier Lancashire	
	• Lancashire Teaching Hospitals Trust o Your Hospital, Your Health – review of clinical strategies and hospital estate o Financial situation following investigation by Monitor	To attend SG on 13 July
	• Southport & Ormskirk Hospital Trust – action plan following CQC inspection	To attend SG on 3 August
	• CAMHS review for Health & Wellbeing Board	Officers to be invited to a SG meeting in the Autumn to provide an update
	• Request from Lancaster OSC o Carers visiting older people in their own homes and how the carers were trained, monitored and employed. o Monitoring of Older People's Homes both private and public.	Representatives from Lancaster OSC invited to attend to discuss their request – date to be confirmed

Health Scrutiny Committee
Meeting to be held on 15 July 2015

Electoral Division affected:
None

Recent and Forthcoming Decisions

Contact for further information:
Wendy Broadley, Democratic Services, 07825 584684
wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about 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 can 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

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a)to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b)to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

Lancashire County Council

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A