

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 11th December, 2018 at 10.30 am
in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	H Khan
B Dawson	S C Morris
G Dowding	E Pope
N Hennessy	A Schofield
S Holgate	P Steen

Co-opted members

Councillor Margaret Brindle, (Burnley Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)

County Councillors Bernard Dawson, Matthew Salter and Alan Schofield replaced County Councillors Margaret Pattison, Cosima Towneley and Charlie Edwards respectively.

1. Apologies

Apologies were received from Councillor Barbara Ashworth, Rossendale Borough Council; Councillor Gail Hodson, West Lancashire Borough Council; Councillor Alistair Morwood, Chorley Council; and Councillor Viv Willder, Fylde Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 6 November 2018

Resolved: That the minutes from the meeting held on 6 November 2018 be confirmed as an accurate record and signed by the Chair.

4. Lancashire and South Cumbria Transforming Care Partnership Update

The Chair welcomed Rachel Snow-Miller, Healthier Lancashire and South Cumbria; Andrew Simpson, NHS England; Mark Hindle, Mersey Care NHS Foundation Trust; and Ian Crabtree, Director of Adult Social Care; to the meeting.

The report presented provided an update on the work of the Transforming Care Partnership (TCP); a partnership between all providers and commissioners across Lancashire and South Cumbria (two County Councils, two unitary authorities and eight Clinical Commissioning Groups). The Transforming Care programme was a national programme and had three key aims:

- To improve quality of care for people with a learning disability and/or autism.
- To improve quality of life for people with a learning disability and/or autism.
- To improve community teams capacity to be able to manage more challenging behaviours and so reducing admissions.

The Lancashire and South Cumbria Partnership had made considerable progress in achieving the national aims as set out in Building the Right Support (BRS) and the National Service Model. The partnership had taken a number of actions. With regard to the cohort of legacy patients, Lancashire and South Cumbria had been set a final trajectory of having no more than 58 patients in hospital beds from a base line of 107. From this original cohort of 107 patients, the partnership had achieved a discharge for 56 patients, leaving a legacy cohort of 51 patients. Of the 56 people discharged, only four had been readmitted (7%) for any period of time. The Committee noted this was a considerable achievement for the partnership and that it remained on target with the discharge of the original cohort of patients.

It was reported that the current inpatient position was 96 against a final trajectory of 58 people and that despite a steady discharge rate, a number of people had been admitted to hospital (both secure and non-secure beds). The Committee was informed that the partnership had undertaken a review of all delayed discharges and had identified a number of consistent themes in particular:

- Acuity and complexity of need
- Data sharing challenges to support effective discharge
- Parole Board delays, Court of Protection, Deprivation of Liberty Safeguards (unique cases e.g. online lodging reservation websites)
- Challenges with CQC engagement and registration/re-registration
- Gap in fully developed community services to support discharges
- Protracted procurement process via LCC Flexible Framework
- Care providers sourced but no accommodation

A number of actions had been identified and implemented. Details of these were set out in the presentation included in the report.

It was noted that overall achievement for completion of Annual Health Checks (AHC) for Lancashire and South Cumbria in 2017/18 was 50.57% against a target of 75%. Whilst this was improvement against 16/17, the partnership acknowledged that this needed to improve further. Improvement actions included the consideration of a 'lab in a bag' – a mobile diagnostics service that would deliver laboratory standard test results outside of hospital and would allow patients to be diagnosed and treated at the point of care. This was currently being piloted in the Chorley area. Also the consideration of working with advocates and Partnership Boards to promote the uptake of Annual Health Checks in GP practices.

It was noted that of the 124 Learning Disabilities Mortality Reviews (LeDeR) identified for completion, only 14 had been completed. It was highlighted that accessing documentation was a barrier to achieving completion of these reviews. The Committee was informed that the partnership had been allocated some additional funding for fixed term posts to complete the backlog. A recovery plan had also been developed.

A number of points were raised by members, a summary of which is set out below:

- Members sought assurance on timescales and outcomes and whether the partnership had developed an action plan. The Committee was informed that there were robust action plans behind all the partnership's work and that progress was reviewed on a monthly basis. Copies of the action plans were requested, however the Committee was informed that the action plans contained commercially sensitive information. It was suggested that a high level action plan could be shared with the Committee.
- With regard to the gap in fully developed community services to support discharges, it was noted that there were workforce challenges within this sector across the country. It was reported that Health Education England and NHS England had plans in place to alleviate this matter.
- On CCG commissioned inpatient provision, it was noted that 24 community beds would only be available from 2020/21. The Committee was informed that there was currently no suitable estate and that the partnership was currently considering a new build option. However, it was pointed out that expressions of interest might identify suitable accommodation in the meantime.
- One member asked how robust the monitoring of care providers was. It was reported that when patients were discharged there was a rigorous process in place to finalising an individual's care plan – so much so that the process was known to add delays. Readmission rates were relatively small.
- Members were informed that the NHS had provided funding for four full time equivalent social workers for the county council. In total there were seven posts covering 96 patients each with no more than 20 patients on their caseloads. Working with families was key to the discharge process.

- A query was raised as to whether the closure of the Mersey Care Whalley site (Calderstones) was still on target for 2020. It was noted that timescales for the closure of the unit relied on whether new facilities would be open by that time.
- Concerns were expressed around people becoming isolated and lonely. Members sought assurance on support arrangements for those people who might face such circumstances. The Committee was informed that the programme had been working with the Pathways organisation to match interests for people, but acknowledged that more could be done as friendships and socialising were important for people with a learning disability. It was also explained the model of support was for groups of flats situated together within a community, and access to facilities. However, such accommodation was not always easy to find.
- Concerns were raised about the county council's proposed budget saving proposal to remove £1m from the budget for provision of the Lancashire Breaktime service and the effect this could have on unpaid carers and families. It was acknowledged by officers from the NHS that this was of concern. Respite and provision of care and support helped to prevent people from going into a crisis situation.

In considering the recommendation in the report, it was;

Resolved: That;

1. The performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) be noted.
2. A written report and action plan on performance against these targets be presented to the Health Scrutiny Committee in 12 months' time."

5. Report of the Health Scrutiny Steering Group

The report presented provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 21 November 2018.

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

6. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee.

Resolved: That the report be noted.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 5 February 2019 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston