

**Lancashire County Council**

**Health and Adult Services Scrutiny Committee**

**Minutes of the Meeting held on Wednesday, 20th March, 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
N Hennessy	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 Jennifer Mein, Preston City Council  
Councillor Fiona Wild, Burnley Borough Council  
Councillor Viv Willder, Fylde Borough Council  
Councillor Vickie Cummins, West Lancs Borough  
Council

**1. Apologies**

Apologies were received from County Councillors Erica Lewis and Usman Arif and District Councillors Barbara Ashworth, Martin Gawith, Lou Jackson and Julie Robinson.

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

A non-pecuniary interest was declared by Councillor Fiona Wild, Burnley Council, as an employee for East Lancashire Hospital Trust.

**3. Minutes of the Meeting Held on 22 January 2024**

**Resolved:** That the minutes of the meeting held on 22 January 2024 be confirmed as an accurate record.

#### 4. Workforce Strategy and New Ways of Working Opportunities

County Councillor Graham Gooch, Cabinet Member for Adult Services, Mark Howe, Director of Quality Improvement and Principle Social Worker, Joanne Reed, Head of Business Development, Katie Grant, Adult Social Care Strategic Workforce Lead, Andrea Smith, Public Health Specialist, Lucy Thompson, Director of People and Andrea Anderson, Director of People – Place and Programmes attended the meeting to partake in discussion regarding the report from the county council on the social care workforce in Lancashire.

The reports circulated in the agenda pack provided an overview on the workforce strategy for Adult Social Care (ASC) and the NHS. The reports included information on the Adult Social Care Academy, the ICB 'One Workforce' strategy and integrated care within the NHS, as well as information on vacancies, sickness, Employee Support Services and career development framework.

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

- The committee raised concern over the average number of sick days taken by employees in Adult Social Care (17.5 days per annum). It was confirmed to the committee that sickness rates were a national challenge for authorities. Members were informed that the workforce strategy focused on provisions to improve sickness rates including communication with the employee and the implementation of a re-entry interview. It was further confirmed to the committee that figures could be provided on the overall 5-year trend regarding sickness rates, and a target figure for sick days in relation to other authorities could be provided to the committee and reviewed at scrutiny level.
- In regard to vacancies within the workforce, members raised concern over 90% of Occupational Therapist positions being vacant and queried the steps being taken to fill these positions, as well as the impact on Disabled Facilities Grants. It was noted to members that the figure of 90% referred to one specific area within the directorate and faced significant recruitment challenges due to national skills shortages across all frontline services. The committee were informed that the directorate were focused on strategic workforce planning, utilising data, and identifying gaps within data to understand skills challenges within the workforce, vacancy and agency gaps, and this information fed into Lancashire County Council's 'attraction strategy' to recruit and retain the frontline workforce. It was noted that utilising this data to inform the adult social care workforce strategy was in its early stages, and progress could be reported back to the committee at a future meeting.
- Further to the information regarding return-to-work interviews, it was queried if these were standardised across ASC, and if the cause of sickness had been identified from these interviews. It was confirmed that return to work interviews were standard management action across every



directorate, and their purpose was to understand the reason for absence and how to further support an employee. The committee were informed there were a multitude of reasons for sickness, and effective planning took place for any potential planned absence to reduce the pressure on other employees. It was also confirmed that one off sickness was monitored.

- Members were assured that services operated a no tolerance policy to bullying within the workplace, and this key message was communicated to staff through a variety of platforms e.g. management meetings.
- Regarding the cause of sickness, it was queried if causes were specific to ASC and if industry specific steps were needed to be taken to reduce sickness. Members were informed certain causes were industry specific (e.g. home care services experienced higher absence rates for musculoskeletal issues). It was explained to members that team managers received monthly data regarding absences, this helped predict numbers and inform appropriate actions. The committee were also informed the key reasons for absence in February 2024 in ASC was mental health, followed by respiratory illnesses and musculoskeletal issues. It was explained this data informed the response of the service, as preventative provisions such as flu jabs for staff, which were put in place during winter months.
- Further to queries on the causes of sickness, members raised concern around indoor clean air policies and requested further information to support the reduction of respiratory illnesses.
- In regard to mental health, the uptake for staff accessing mental health support was queried. It was highlighted to members that all support offered was voluntary. Furthermore, data on the uptake of this support could be compiled and presented to the committee at a later date however, it was noted that since the implementation of the Employee Assistance Programme, mental health support accounted for 44% of all support looked at by staff online. The committee were informed this support was available 24/7, and mostly accumulated of mental health support and counselling. However, within ASC it was noted many staff members did not have regular access to a computer, therefore steps were taken to ensure this information also reached these employees. It was highlighted that due to the nature of the work carried out by ASC, regular debriefings were held within teams as well as options to referral to mental health services.
- A query was raised as to whether managers received training on mental health. It was explained that a process was in place regarding more acute mental illness, underpinned by the Mental Health Act 1983. It was confirmed to members that there were a number of mental health first aiders and wellbeing champions within the authority, and early intervention was key to support employees in work.



- Members queried if return to work meetings were audited, and lead to wellness action plans for the employee to prevent further sickness. It was confirmed that these meetings were monitored, and communication was imperative to ensure the work environment and support given was suitable, supportive, and personalised.
- In regard to sickness within the NHS, it was queried if Trusts faced the same challenges as ASC around sickness absences and if the strategies for improvement were the same. It was confirmed that the NHS faced similar challenges regarding sickness, and the most prevalent reason for sickness was also mental health, followed by musculoskeletal issues. However, absence rates had started to recover from the pandemic. It was explained to members that particular professions within the NHS faced poorer sickness rates, and this was seen to be influenced by the work environment.
- The committee heard that the Shared Lives service was rated outstanding in all categories by the CQC. Members were informed of the success of the centralised recruitment process that had streamlined the process for applicants. They also noted the positive feedback from student employees and highlighted how the career landing page had focused on providing perspective employees with information about Lancashire County Council as an employer. Regarding challenges, it was noted that ASC was a vast sector, and the organisation could not rely on agency staff permanently, and the workforce strategy highlighted the need for permanent employees.
- Members questioned when results would be seen from the recruitment strategy. It was noted to the committee that workforce dashboards were used and supplied data on turnover, leavers, and their reasons for leaving. The committee were informed that the position with the highest number of vacancies was Residential Care Assistants, followed by Social Workers and this data informed the focus on the career landing page. Furthermore, it was noted that more work was required within the 'attraction strategy' and to target those most needed roles.
- In regard to the largest number of vacancies in ASC being residential care assistants, members raised concern over the recruitment process not being streamlined for potential applications and if work was being done surrounding this issue. It was confirmed that the initial application experience was crucial to their judgement of the authority as an employer. It was confirmed significant steps were being taken surrounding the recruitment and interview process, focusing on more timely engagement with an applicant and ensuring ability to get an individual into post quickly.
- Concern was raised regarding the low number of exit interviews being recorded on Oracle Fusion (5-10%) and queried if exit interviews were being recorded by other methods. The committee also queried the delivery of these interviews (e.g., a questionnaire, a phone call, face to face) and if the method was optional. Members were informed that an exit interview



was offered to every employee leaving the organisation, the figure shown in the report was the uptake. It was highlighted that they were voluntary, and the council were looking to shift priority to potential 'stay' interviews. It was explained that significant steps were taken to ensure employees could give honest feedback on their experience with Lancashire County Council, for example through staff voice groups in every area of work and the challenge for the council was to ensure centralisation of this information to inform policies.

- It was requested by members that figures regarding progress on recruitment be brought to the committee at a later date.
- Regarding the NHS 'One Workforce' approach, it was queried what measures were in place to facilitate this strategy. The committee heard that a specific team at Lancashire Place focused on partnership working and facilitating the 'One Workforce' approach. In Lancashire, 3 locality-based workforce groups were being set up to target specific obstacles their economically inactive members of the community faced, and the 5-year strategy highlighted within the report had a seamless workforce as a main priority. In regard to working across settings, it was highlighted that integrated neighbourhood teams were in place and improvement had been made to create the 'One Workforce' across Lancashire.
- A further query was raised if an employee could work across hospital trusts, care organisations, GP practices etc. It was explained to members that digital passports facilitated this, however each setting was a separate employer regarding pay and employment checks. The committee were assured the issue of fluidity was being addressed.
- The committee queried what was being done regionally regarding oversubscribed training places. Members were advised the 5-year strategy was underpinned by training and education, the implementation of a strategic and collaboration group would specifically focus on training and education, the training hub was already in use. It was noted that additional responsibility roles (Physicians Associates) within the NHS and primary care had benefited significantly from these. Further work was being carried out to ensure roles were being adapted to reflect current qualifications being undertaken by perspective employees.
- The committee requested that a report containing similar information on sickness, vacancies, education, and training specifically from the NHS Integrated Care Board could be brought to the committee at a later date to be reviewed at scrutiny level.
- In regarding to the part of the NHS report containing information on staffing groups, it was requested by the committee that further information be provided on the breakdown of these groups, and the roles within them.



- The committee queried if pay rates could be improved, to increase interest in employment. It was confirmed that pay was a consideration for an individual when applying for positions, however the pay structure within Lancashire County Council was agreed nationally and any pay award or progression followed clear governance and policy.
- Further to the query on pay rates, it was queried if the foundation living wage was met across Adult Social Care. It was confirmed across any contract to an outsourced care provider, it was a requirement to pay the foundation living wage however this was difficult to enforce.

**Resolved: That**

- i. With regards to sickness absence across adult services, consideration be given by the Cabinet Member for Adult Services to the following to further support employees and the potential reduction of sickness absence going forward:
  - a. Identification of additional early intervention practices to support staff in areas with high prevalence of sickness absence resulting from mental health challenges.
  - b. Analysis of uptake and impact on the provision of employee support offered to staff to include feedback on staff experience – how the support is accessed, staff journey, outcomes etc.
  - c. Further analysis on the definition of mental health sickness absences and reasons behind absence to ensure level of appropriate support is identified and offered to employees.
  - d. Matter of indoor clean air be reviewed through analysis of the impact of respiratory illnesses, potential prevention practices that could be undertaken in line with health and safety policy measures, impact on premises and cost analysis.
  
- ii. With regards to strengthening recruitment and retention across adult services, further consideration be given by the Cabinet Member for Adult Services to the following:
  - a. An 'Attraction Policy' for recruitment to support what more could be done to further highlight Lancashire County Council as an employer of choice.
  - b. Provision of information to all county councillors to help support/promote messages around recruitment and in particular information to councillors on vacancies/recruitment challenges in their areas.
  - c. The centralisation and analysis of information collated as part of Exit interviews to further understand trends and identify early intervention practices.
  - d. A review of the processes for staff Exit interviews to include how they are undertaken, when, by whom and the potential utilisation of different platforms to receive information.



- e. Implementation of 'Stay' interviews to be further explored to include ways to support managers to retain staff, career pathways for employees, and particularly targeted to those areas where workplace mental health challenges are increasing, and those areas showing greater sickness absence rates.
  - f. An action plan to be identified and reported back to the committee on the challenge in recruitment of occupational therapists, what the impact is on services such as Disabled Facilities Grants, any agreements in place with NHS Trusts to support this work and plans in place to reduce current wait times.
- iii. A briefing note be provided to the committee on a further breakdown of vacancy and retention rates to include benchmarking with neighbouring authorities.
- iv. Further NHS Integrated Care Board workforce report to a future meeting of the committee be provided to include the following:
- a. Overall picture of workforce across the Lancashire and South Cumbria Integrated Care Board to include GP's and dentists with challenges, opportunities and financial implications.
  - b. Further breakdown on the 'One Workforce' staff groupings detailed on page 31 of the agenda pack.
  - c. Further detail on the role of Physician Associate to include plans for the new role and appropriateness of new roles being established to support services.
  - d. Sufficiency of training places for NHS clinical positions such as medical/nursing degree courses.

## 5. 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 21 February 2024.

There was an update provided on the NHS Community Mental Health Transformation Programme.

The report contained information on inpatient bed capacity across Lancashire, it was noted that the capacity was steadily increasing however the service did face challenges surrounding the length of stay. It was reported that out of area placements had decreased, as well as a decrease in spending and an improvement in staff turnover.

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



**6. 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.

**7. Urgent Business**

There were no items of Urgent Business.

**8. Date of Next Meeting**

It was noted that the next meeting of the Health and Adult Services Scrutiny Committee would be held on Wednesday 8 May 2024 at 10.30 am in Committee Room C, County Hall, Preston.

H MacAndrew  
Director of Law and Governance

County Hall  
Preston

