

Health and Adult Services Scrutiny Committee
Meeting to be held on Wednesday, 8 May 2024

Electoral Division affected:
(All Divisions);

Corporate Priorities:
N/A;

Report of the Health Scrutiny Steering Group

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Brief Summary

This report provides an overview of matters presented to and considered by the Health Scrutiny Steering Group at its meeting held on 18 April 2024.

Recommendation

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

Detail

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in light of increasing number of changes to health services.

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 Committee for consideration and agreement.

The Health Scrutiny Steering Group met on 18 April 2024. An overview from this meeting is outlined below.

Performance Monitoring

A slide deck was presented to the group on performance management in Adult Social Care which detailed the following information:

- Adult Services governance structure.



- Key performance groups in place including the Adult Services Board, Performance and Systems Workstream and the Performance Management and Improvement Group.
- Adult Services Board - oversight of delivery of service plan, timescales and outcomes.
- The Performance and Systems Workstream - focussed on identification of reduced performance and ensure improvement plans in place, recognise best practice and produce quarterly reports to Cabinet.
- The Performance Management and Improvement Group - reviewed performance and sought to address key issues.

It was reported that there were a number of measures in place to support performance monitoring which included key performance indicators, workforce data and service specific measures. In addition, was the client level data, which was the national collection of person level social care records. This was a new system for reporting nationally which required more detailed data, in order to allow for more accurate benchmarking with other areas. Further to this were the quarterly reports from ADASS on comparators to others in North West.

With regards to data sources, the LAS case management system was currently being utilised. However it was reported that this system was undergoing a redesign, scheduled to be released on 1 July. The purpose of the redesign was to improve practices around data capture and the quality of information produced by the system.

Members were advised that an additional tool utilised were dashboards. Again a review was being undertaken to refresh and further develop service dashboards to support understanding and performance culture across the workforce as a whole.

Looking ahead, the following areas were highlighted:

- Inspection preparation and readiness
- Developing service dashboards
- Fostering greater ownership across frontline services
- Case management system reimplementation

In addition, a number of key projects were discussed which included tackling wait lists and backlogs, and a pieces of work on strength based practice and short term care and support.

Members were invited to ask questions and a summary is included below:

With regards to performance mindset driving the right outcomes on the frontline and system testing, it was confirmed that there was no move to set targets. However, there was a need to look at the type of care provided. From a review of statistical neighbouring authorities, it has been established that more work could be undertaken on supporting a more strength based approach to care, to ensure provision of the right level of support, at the right time. This could include utilising established voluntary/complementary services and increased use of direct payments to provide the lower levels of support required to assist with increasing capacity in domiciliary care. It was felt that with regards to voluntary and community services,



there was potentially a significant level of untapped smaller scale support groups across communities where pathways had not been established, that could further assist staff and families to identify local support.

With regards to information capture, it was reported that there were challenges with timely data and was currently under review, alongside the refresh of the case management system. In addition, it was highlighted that there was a need to utilise smart technology more effectively to support improved and more intuitive reporting.

In relation to sickness levels across the Adult Services workforce, it was acknowledged that there were higher levels of sickness absence in comparison to other services. However, this was in part due to the nature of the work with mental health and musculoskeletal difficulties being the key drivers. Members were informed that work was ongoing, and some improvement has been identified.

With regards to the challenges seen around low numbers of annual reviews undertaken, it was reported that this was an ongoing work in progress. Members were advised that reviews can be complex and dependent on the persons situation and need. However, it provided an opportunity to further understand whether the level of care provided continued to meet need.

On the question of accessing support, not just formal care, it was highlighted that there remained challenges for the public in understanding how and where to access. Members were informed that there was a move to introducing an online portal to further enhance processes already in place.

Resolved: That the information be noted.

CQC Inspection Preparation Update

The group were informed that the LGA visited recently to undertake a peer review ahead of the upcoming new CQC inspections.

A short presentation was provided which highlighted the following areas of strength across Adult Services:

- Approach to co-production, developing a co-production charter with people of lived experience and carers.
- Lancashire's offer of advocacy which includes both statutory and non-statutory advocacy to ensure people's voices were heard throughout the assessment process.
- Recognition of staff's passion and dedication to practice across the services.
- Comprehensive offer of support to carers.
- Evidence from case audits that strength-based practice was already evident in Lancashire.
- Commitment from the Transition Team in supporting young people preparing for adulthood.
- Innovation between community social care and provider services (which included the award-winning Mental Health Trailblazer) supporting hospital discharge and



the Enablement Service, which supported people with a disability to develop the confidence and skills needed to live as independently as they can.

- Commitment of partnership in delivering duties linked to the Lancashire Safeguarding Adult Board.

With feedback including:

- Prioritising reductions in the numbers of people that wait for assessment, reassessments, and reviews, with utilisation of existing capacity as well as the need for additional staffing resource.
- The implementation of a Prevention Strategy which engages the Care Act 2014 Wellbeing Principle and Prevent, Reduce and Delay duty at the front door of adult social care.
- To refresh the approach to strength-based social care practice to develop consistency across all teams.
- Developing further the tools team managers have to self-generate reports to enhance operational oversight as well as timely and efficient performance.
- Enhancing the story-telling and impact of people with lived experience as well as simplifying the messaging within the CQC self-assessment.
- Simplify and develop consistent pathways between adult social care and the NHS to enable more people to access rehabilitation, reablement and recovery at home.

It was reported that the LGA were looking to return to review Lancashire's mental health services as an area of good practice.

With regards to preparation, members were informed that a key focus was on those waiting longest for services and working with Public Health to identify potential alternative solutions.

It was reported that preparation for the inspection was ongoing with self-assessments being refreshed. And there was a need to ensure there were sufficient assurances around governance and processes.

Resolved: That a watching brief be provided on wait lists and to report back to the Steering Group later in year depending on inspection timeframe.

Shaping Care Together Update

Members were provided a presentation on the work to date undertaken on the Shaping Care Together programme.

The group were informed that the background to the Shaping Care Together programme:

- Looked at organisation, operation and provision of services that provide safe and excellent care across key service areas.
- Designed to stabilise and improve 'fragile services'.
- Made the most of existing funding, workforce, estates and other resources.



- Was to run in tandem with the coming together of two former trusts into the new Mersey and West Lancashire Teaching Hospitals NHS Trust.

Initial engagement was undertaken in 2021-22, however progress was delayed due to the Covid 19 pandemic recovery plan, work to bring the two trusts together and the establishment of the Integrated Care Boards.

It was reported that the two former trusts have now been merged to form the Mersey and West Lancashire Teaching Hospital NHS Trust which has improved service stability. Looking ahead, the focus will be on Urgent and Emergency Care (UEC) services, with a key objective to improve patients care journey.

The following work has been undertaken so far:

- Deep dive undertaken to understand what work has been done previously.
- Programme objectives developed and approved by Programme Board
- Detailed programme plan developed with critical milestones, which has been approved by Programme Board.
- Programme governance structure approved by Programme Board, with workstreams established and leads identified.
- Communication and Engagement Steering Group in place with representation from CVS and Healthwatch.
- Developed draft case for change going through engagement from key stakeholders.
- Working to pre-consultation business case submission towards the end of the year.

Members were informed that the next steps would include:

- Ongoing public and stakeholder engagement
- Further staff engagement
- Publication of Case for Change
- Options appraisal process
- Develop Joint Committee
- Pre-Consultation Business Case (PCBC)

In addition, it was highlighted that interdependencies across other hospital trust services as well as different levels of engagement will be considered. Formal pre-consultation would be undertaken by the Summer. And there would be a Stage 2 sense check submitted to the NHSE by the end of the year.

Resolved:

- i. That the update provided be noted.
- ii. That a further report be submitted to a future meeting of the full committee with a view to identifying whether this would be deemed to be a substantial variation of services.

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



Consultations

NA

Implications:

This item has the following implications, as indicated:

Legal

NA

Finance

NA

Risk management

There are no risks associated with this report.

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

Paper	Date	Contact/Tel
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NA

Reason for inclusion in Part II, if appropriate

NA

