

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 14th April, 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	B Murray
G Dowding	M Otter
N Hennessy	N Penney
M Iqbal	D Stansfield
A James	

#### **Co-opted members**

Councillor Carolyn Evans, (West Lancashire Borough Council Representative)

Councillor Bridget Hilton, (Ribble Valley Borough Council Representative)

Councillor Hasina Khan, (Chorley Borough Council Representative)

Councillor Roy Leeming, (Preston City Council Representative)

Councillor Julie Robinson, (Wyre Borough Council Representative)

Councillor M J Titherington, (South Ribble Borough Council Representative)

#### **1. Apologies**

Apologies of absence were received from Councillors Brenda Ackers (Fylde Borough Council), Paul Gardner (Lancaster Borough Council), Adjad Mahmood (Pendle Borough Council) and Kerry Molineux (Hyndburn Borough Council).

Councillor Jackie Oakes replaced Helen Jackson as the representative from Rossendale Borough Council for this meeting.

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

None disclosed

### **3. Minutes of the Meeting Held on 4 March 2015**

The Minutes of the Health Scrutiny Committee meeting held on the 4 March 2015 were presented and agreed.

**Resolved:** That the Minutes of the Health Scrutiny Committee held on the 4 March 2015 be confirmed and signed by the Chair.

### **4. Ageing Well - Maintaining Independence**

The Chair introduced Clare Platt, Head of Service for Health, Equity, Welfare & Partnerships, Ann Smith, Head of Patient Safety and Quality Improvement, and Joanne Miller, Carers Strategy Officer, to the meeting.

Members were presented with a report that considered the Ageing Well element of the Health and Wellbeing Strategy and were informed that the focus of the report was upon the Dementia Friends initiative, social isolation, falls prevention, and support for carers.

#### **Dementia**

Members were informed that in Lancashire 13% of households were occupied by an individual over 65 years old, which was reported to be slightly higher than the average in England, but not significantly so. Thus, analysis of the Health and Wellbeing program had taken place and the results of which had identified dementia as a priority for action.

Work had been undertaken in collaboration with the Alzheimer's society, the District Councils, the Clinical Commissioning Groups, and other NHS agencies, on the delivery of outcomes towards the national 'Living well with dementia' strategy. This, it was noted, would aim to improve awareness of dementia, earlier diagnosis, intervention, and a higher quality of care for those who had been diagnosed.

Official figures delegated to the Committee suggested that there were 9,600 cases of dementia in Lancashire, however, due to an estimated 50% under diagnosis rate within the County, 18,000 people could have the condition in Lancashire. In BME groups it was reported that there was an inferred under diagnosis rate and it was expected that the BME community would see the rate of dementia rise significantly as the population aged. It was reported that people from BME communities were underrepresented in services and were often diagnosed in the latter stages of their illness, or, in some cases, not at all. Therefore, it was noted that there was a cultural issue present in terms of diagnosis and access to services.

Regarding provision for people with dementia, it was highlighted that the County Council offered a wide range of different services. For example, the County Council's Older People Service, the management of residential care homes, and

the Day Time Support Service, were highlighted as examples of the wide-range in their support to those who had been diagnosed. Regarding day care, it was conveyed that 1,300 people were cared for every week who had high levels of dependency but were living independently.

Work had been undertaken around a public information campaign which included a prevention message – "what is good for your heart is good for your head". Therefore, reducing the risk of dementia in the population via promoting a healthy lifestyle.

Dementia Friends was explained to be a national initiative run by the Alzheimer's Society and funded by the Government to catalyse the establishment of a network of dementia friends across England. It was noted that the Cultural Services team at the County Council had undertaken a significant amount of work towards increasing awareness around dementia. It was highlighted that initiatives such as memory box loans, memory tours of the Museum of Lancashire, support for Dementia Awareness Week, shared reading groups, arts and dementia initiatives, and other resources such as "reading well" books available on prescription for dementia patients, had been and would continue to be provided.

### **Social Isolation**

Social isolation was emphasised as a significant issue affecting communities in Lancashire. It was noted that a lack of social relationships constituted a major risk concerning health, and not only psychological health, but physical health. Officers noted that it was recently reported that low social interaction was deemed to be a health risk similar to smoking fifteen cigarettes a day. The distinction was made between social isolation and loneliness; social isolation was explained to be an objective state defined by the quantity of social relationships a person had; loneliness was defined as an emotional feeling when one was alone, with the need for companionship, and contact with others.

The percentage of Lancashire Adult Social Care Users who felt they had as much social contact as they would like was shared with the Committee. It was noted that Lancashire's figures were better than the national average at 49.2% (England 44.5%) according to the 2012 Adult Social Care Users Survey. With regard to adult carers in Lancashire, figures from the 2012/13 Personal Social Services Carers Survey displayed that 38.3% of individuals considered they had suitable levels of social contact, which, it was noted, was not significantly dissimilar to the national average of 41.3%.

Members were informed that LCC and partners would be investing in a large amount of community based services and provision to support people to develop community networks to reduce social isolation. Services such as Help Direct, Connect for Life, East Lancashire Befriending service and the community resilience program were noted to be examples. The Director of Public Health and the corresponding Cabinet Member were informed to have overseen work for the Wellbeing Workers Service, the support of people to connect to assets in their communities, local groups, activities, and facilities to reduce social isolation and loneliness.

It was explained that the County Council had approved the Extra Care Housing Strategy which would seek to establish alternatives to residential care. A key element of housing design would be to develop supportive and inclusive communities with an emphasis on maximising opportunities for participation and socialisation.

## **Falls Prevention**

Ann Smith, Head of Patient Safety and Quality Improvement, reported on the issue of falls. It was emphasised that falls were not an inevitable consequence of ageing and therefore, could be prevented. Estimates, it was reported, suggested that 1 in 3 over 65's would have one fall per year, and within a care home setting, that figure would rise to 1 in 2.

The implications of falls were explained to be wide ranging, creating human and growing financial costs to individuals and the health and social care economy. For example, a fracture would incur a minimum cost of £10,000 per patient to the NHS, rising to £25,000 with additional social care costs per annum. Officers highlighted that the Department of Health estimated that the annual cost of care for a hip fracture would be £40,000.

It was highlighted that falls were the largest cause of emergency hospital admissions for older people, and had a significant impact on long term outcomes, for example, being a major factor of people moving from their own home to long-term nursing or residential care.

Members were informed that work with CCG partners, the Ambulance Service and GP partners had been undertaken, looking at the strategy towards prevention for falls, and that the Cabinet Member for Health and Wellbeing had agreed funding for a two year prevention program which would commence in June or July this year to coincide with Falls Awareness Week.

It was noted that the North West Ambulance Service, regarding localised hotspots for falls, would be undertaking work with District Council's environment colleagues concerning paving, as this was expressed to be an issue which had contributed to the number of falls.

It was noted that a poster campaign named "STEADY On!", developed with the East Lancashire Falls team and UCLAN, which would engage with people during community social opportunities, sheltered housing and complexes, or in community venues that would offer sessions to people which involved the identification of their own risks, had been launched. The sessions were noted to be fun and interactive, and that most of the research around falls prevention campaigns suggested revision of their choice of words, therefore avoiding the term "falls", as findings had suggested people were perturbed by the term 'fall'. The campaign was expressed to be helping people identify what their risks may be, the encouragement of people to receive medication reviews, or making people aware of "handy person services". It was reported that the trial prevention campaign involved over 1000 people, and from the people surveyed who had

previously had a fall, the survey results suggested that after 6 months 80% had reported they had not had a subsequent fall.

## **Carers**

It was highlighted to the Committee that in Lancashire a range of support had been provided to unpaid carers via the 'Carers Lancashire' service, who currently support over 18,000 carers with around 400 new carers identified each month. It was noted that there were two providers who worked closely to provide a consistent service across Lancashire. It was reported that LCC offered an emergency planning service called Peace of Mind for Carers which all carers were entitled to. The service offered carers with up to 72 hours of replacement care in the event of an emergency, and had the capacity to attend within an hour of this emergency occurring. Carers were sent quarterly information and offered support groups, activities, and various courses, including residential courses. The Committee were informed that support for former carers had been, and would continue to be, provided for up to two years following the end of their role as a carer. Also, carers awareness training had been offered to organisations.

Members were informed about Lancashire Carers Forum and the Asian Carers Forum, who were groups of carers who met bi-monthly. It was explained that carers assessments were carried out across the County and, as a result, there would be identification of any support needs they may have and identification of areas for respite. It was noted that there was a specific mental health carers service that was countywide, which helped to support carers who were caring for somebody with a mental health condition.

The Chair thanked the officers for their report and welcomed points of discussion and questions from the Committee.

Members were informed that Health Scrutiny Steering Group had met with North West Ambulance Service around performance issues. It was expressed that it would be difficult to alleviate issues without working very closely together. Therefore, it was queried as to whether officers felt that parallel conversations had taken place within Public Health.

The Committee were informed that conversations had taken place with the North West Ambulance Service (NWAS), particularly around the decisions why paramedics decided whether people were taken to hospital. It was noted that there would be a trial in a number of areas within Lancashire of a falls pickup service, which would involve sending a car as an alternative to an ambulance. In some areas it would be a paramedic or an occupational therapist who would attend instead of an ambulance, who would support the person in question. Members noted that this was a very practical position to take.

Members queried how many people were using the services offered by Cultural Services to support people with dementia. Officers informed that, as the figures were not available during the meeting, they would be provided to Wendy Broadley who would distribute the information to the Committee in due course.

The Committee raised concerns regarding the housing stock for people living with dementia, making particular reference to how outdated some homes were which posed problems for their wellbeing. Therefore, it was asked what was being done to address this issue. Members were informed that there was home improvement activity, which involves low level adaptations to support vulnerable occupants which was commissioned by the County Council and delivered by the District Councils. It was expressed that District Councils used the Housing Health and Safety Ratings system and home improvement agencies provided services in an effort to ease these issues.

Members asked for further information about the role of care home managers around the quality of care. Members were informed that there had been a separate piece of work undertaken around the quality of care in care homes and that work was underway towards the development of a framework to support care homes to improve, and subsequently, reduce the amount of avoidable harm within them.

Members raised concerns around the number of falls being higher in care homes than within the general community, and therefore queried whether this was because service users could be frailer. The Committee were informed that the population in care homes were frailer but that most falls were not deemed to be inevitable, thus work is being undertaken to identify people at risk in care homes. It was expressed that there was a view to improving technology in care homes, such as sensors detecting if somebody has got out of bed, or a chair, for example, which would help to address the issue.

Members enquired whether efforts could be augmented towards earlier intervention as a preventative action in order to lower the number of falls. Members were informed that this was the primary aim for the "STEADY On!" programme and that LCC had linked in with housing improvement agencies to provide additional funding for roadshows and leaflets which, it was distinguished, veered away from the medical prevention model.

Members made reference to the approval of the Extra Care Housing Strategy, enquiring where the places were and how many places were available. Members were informed that there were approximately 600 extra care places in Lancashire, and were identified on a district basis.

Members raised concerns that the emphasis around social isolation and loneliness was predominantly towards helping older people, highlighting that this was an issue for younger people too. Members were informed that this had been picked up within the Ageing Well strand of the Health and Wellbeing strategy, hence the emphasis upon older members of the population.

Members noted that the cost for a fall was around £40,000 if a hip replacement was needed, and therefore suggested that further efforts towards gritting and rectifying issues with paving should be considered, as this would lower the risk of falls and could consequently offset these costs. Members also noted that they were often informed of issues with paving and requested information regarding how to work together and collate this information. The Committee were informed

that there wasn't a current mechanism that collated all information about paving but this could be looked into. The Committee were also informed that Highways colleagues would be invited to be part of the Falls Working Group, which they had not been invited to previously.

Members queried the stability with regard to funding groups who help people who are socially isolated, as uncertainty around funding issues often left those groups feeling vulnerable. Members were informed that these groups were heavily relied upon and their work was greatly appreciated. Regarding commissioning of services, there was a formal commissioned needs analysis to inform how services could be structured going forward.

Members sought information regarding Falls Awareness Week, which would be taking place in June or July 2015, concerning whether this would occur annually. Members also requested to be informed if the "STEADY On!" campaign would be rolled out in all GP surgeries across Lancashire. Members were informed that the campaign would be launched in Falls Awareness Week but would continue for the whole year. In the long term, it was hoped that they would be able to demonstrate to CCG partners that injecting money into the campaign could be beneficial. The Committee were also informed that the campaign would be promoted in all GP surgeries, and was Lancashire wide.

Members expressed that information needed to be disseminated around how localised falls hotspots could be recorded, and also suggested liaising with the Fire Service who could identify risks in the home as many falls may go unreported.

Members, regarding home improvements, noted that there was a need for a list of approved builders to carry out these works to avoid shortcuts. Members were informed that the County Council operated a Safe Trader Scheme.

Members highlighted that social isolation was a difficult issue because reaching people who were socially isolated would be difficult, because they are isolated. Therefore, it was queried how socially isolated people were informed of the services on offer as they were the most vulnerable. Members were informed that work would be ongoing to identify how to reach socially isolated people but noted there was a reliance upon services being aware of these individuals. Members were informed that work would be undertaken on designing evidence based interventions to access these people, but also noted that there was also an element of choice from potential service users. Efforts, it was explained, were being made to determine where money would be best spent efficiently to address these issues and that the Wellbeing Workers Service would be working in communities, with local people and local groups.

The Chair thanked the officers for their report.

**Resolved:** That the report and comments be noted.

## **5. Report of the Health Scrutiny Committee Steering Group**

On 26 January the Steering Group met to receive an update on the work of the Committee and discuss future topics for scrutiny. A summary of the meeting can be found at Appendix A to the report now presented.

On 23 February the Steering Group met with officers from East Lancashire CCG to discuss Primary Care Access and Calderstones regarding their post CQC inspection plan. A summary of the meeting can be found at Appendix B to the report now presented.

**Resolved:** That the report be received.

## **6. 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.

## **7. Urgent Business**

No urgent business was reported.

## **8. Date of Next Meeting**

It was noted that the next meeting of the Committee would be held on Tuesday 2 June 2015 at 10.30am at County Hall, Preston.

I Young  
Director of Governance, Finance  
and Public Services

County Hall  
Preston