

### 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