

# SCRUTINY OF HEALTH AND SOCIAL CARE IN PENDLE 2015/16



## REPORT OF THE SCRUTINY PANEL

### Councillors –

Nawaz Ahmed	A. Mahmood
S. Benson	N. McEvoy
W. Blackburn	G. Roach
K. Hartley (Panel Leader)	C. Wakeford



# CONTENTS

<b>1. INTRODUCTION</b>	<b>3</b>
<b>2. TOPICS ADDRESSED IN 2015/16</b>	<b>3</b>
<b>Social Care – Recommissioning of Homecare Services</b>	<b>3</b>
<b>Eye Care Provision</b>	<b>4</b>
<b>Mental Health in the Community, Care Homes and Mental Health Wards</b>	<b>4</b>
<b>Drug and alcohol rehabilitation provision in East Lancashire</b>	<b>5</b>
<b>North West Ambulance Service</b>	<b>5</b>
<b>Fracture Clinic</b>	<b>6</b>
<b>Other Brief Updates</b>	<b>7</b>
Health Equity for the North	<b>7</b>
Progress on actions from the District Nursing Review	<b>7</b>
Changing Places Toilet	<b>7</b>
Developing a Dementia Friendly Community in Pendle	<b>8</b>
Clinical Commissioning Group	<b>8</b>

# HEALTH AND SOCIAL CARE SCRUTINY PANEL

## Report of scrutiny activity 2015/16

### 1. INTRODUCTION

- 1.1 The Health and Social Care Scrutiny Panel was established in 2012 and is tasked with carrying out reviews on any aspects of health and social care services in Pendle.
- 1.2 An annual work programme is agreed at the first meeting of the municipal year. However, the addition of further topics is considered throughout the course of the year as appropriate.
- 1.3 The Panel's aim is to carry out reviews to make sure that the health and social care services provided ensure a sufficiently high standard of care for people in Pendle.
- 1.4 On conclusion, the Panel makes recommendations as appropriate to the Council and its partners.

### 2. TOPICS ADDRESSED IN 2015/16

#### **Social Care – Recommissioning of Homecare Services**

- 2.1 In previous years the Panel has carried out various reviews on social care.
- 2.2 This year we agreed to continue reviewing aspects of social care, with particular focus being placed on a re-organisation taking place at Lancashire County Council (LCC).
- 2.3. This involves the recommissioning of homecare services for older adults and people with a physical disability.
- 2.4. We learnt that the recommissioning will result in the number of homecare providers with LCC contracts being reduced from over 130 to less than 30 and will affect 5,800 homecare customers.
- 2.5. We were first told that, following a recruitment process it was expected that new contracts would commence from 2<sup>nd</sup> November, 2015.
- 2.6. However, at our November meeting, we were told that the process had been discontinued as it had become clear that the process itself was vulnerable to challenge.
- 2.7. We were advised that a further process was planned, to be concluded in summer, 2016.
- 2.8. This has not been the case and all re-procurement activity has now been paused.
- 2.9. A new framework will be procured in the future and the Panel will continue to monitor progress in 2016/17.

## **Eye Care Provision**

- 2.10 The Panel has carried out a review of eye care provision following questions about the availability of the 'Goldmann Field Analyser', a specialist piece of equipment that is used for neuro ophthalmology.
- 2.11 We are disappointed to hear that this equipment is only available in specialist centres and is not available through the East Lancashire Hospitals Trust (ELHT).
- 2.12 However, we are very encouraged by a redesign of ophthalmology and the development of a new integrated eye service.
- 2.13. The redesign has created a model of service that has –
- An integrated team
  - Single point of access
  - A more robust and safe urgent eye pathway
  - Care closer to home; where possible and appropriate
  - Enhanced skills and knowledge
  - Shared decision making – informed activated patient
- 2.14. The new service is also supported by an integrated I.T. system which enables –
- Referral by Optometry, directly into the Hospital Eye Service
  - Safe timely communication
  - Step-up; step down care – smooth seamless pathways and shared clinical management plans
  - Effective coordinated care
  - Measures of success
- 2.15. We compared the services provided at Burnley General Hospital and Royal Blackburn Hospital and found them to be much the same, with just a few exceptions, due to some expensive, specialist equipment being available at one site only.
- 2.16. We are happy to report that, as at November, 2015 there were no plans to move any of the eye care services out of Burnley.
- 2.17. We are still very interested in the new integrated eye service and will monitor its progress in 2016/17.

## **Mental Health in the Community, Care Homes and Mental Health Wards**

- 2.18 We began our review of mental health in the community, care homes and mental health wards in January, 2016.
- 2.19 Our initial focus is to consider the services available in the community and the methods in which we communicate and signpost for those needing mental health services in Pendle.
- 2.20. We are also investigating broader issues, such as unemployment/drugs and alcohol/education and their effect on mental health.

- 2.21. We have already welcomed guests from East Lancashire Clinical Commissioning Group (ELCCG) and Access Ability CIC and heard of some of the services available.
- 2.22. We have also received statistical information from Jobcentre Plus.
- 2.23. The work will continue into 2016/17.

## **Drug and alcohol rehabilitation provision in East Lancashire**

- 2.24. We began our review on drug and alcohol rehabilitation provision in East Lancashire by considering some statistics about alcohol and drug misuse in Lancashire.
- 2.25. We learnt that –
- 7,000 people in Lancashire are problem drug users.
  - 8,000 children in Lancashire live in households with parents or carers who are substance misusers.
  - Tens of thousands of people are drinking at harmful or hazardous levels.
  - Each year over 7,000 adults and nearly 1,000 young people receive specialist help for a primary drug or alcohol problem in Lancashire.
- 2.26. Pendle alcohol related indicators are significantly worse than England and Pendle also has a significantly higher rate of opiate and/or crack use.
- 2.27. These are obviously worrying statistics, but we are encouraged to hear of the organisations that provide invaluable support for those in need.
- 2.28. One such organisation is Inspire Integrated Substance Misuse Service, which has held the contract to deliver local substance misuse services since April 2010.
- 2.29. We were very pleased to welcome representatives of Inspire to our February meeting, where they presented us with detailed information of the services they currently provide.
- 2.30. They also provided us with details of a new commissioned service, which is to be implemented under the new contract from 1<sup>st</sup> April, 2016.
- 2.31. There is further evidence to gather with regard to this review and we will therefore continue our work in 2016/17.

## **North West Ambulance Service**

- 2.32. West Craven Committee has been monitoring emergency ambulance response rates in Barnoldswick, Pendle and East Lancashire on a quarterly basis since 2012 and is continuing to take the lead on this issue.
- 2.33. The Health and Social Care Scrutiny Panel has also received regular updates on this and other services provided by the North West Ambulance Service (NWAS).
- 2.34. We were invited to comment on their draft Quality Account 2014/15 and expressed concern about a drop in performance levels against the national response times. However, we acknowledged that an increase in the number of patients may go some way to explaining this.

- 2.35. We were pleased to hear that a Clinical Performance Indicator for mental health patients had been introduced and welcomed the focus on mental health within NWAS, especially the introduction of specific training for dementia.
- 2.36. We also heard of improvements in patient transport, with patient and staff satisfaction remaining high.
- 2.37. We received a further presentation at our January 2016 meeting where we heard details of the Community First Responders (CFRs).
- 2.38. CFRs are volunteers trained to respond to emergency calls in their local area and we were told that they are actively trying to recruit new volunteers.
- 2.39. We also heard from the Community Specialist Paramedic.
- 2.40. His role had recently been developed and was being trialled across 12 communities within the region, of which Pendle was one.
- 2.41. At the time of our meeting, the success of the trial was still to be evaluated. However, the view of those present was that the role of Community Specialist Paramedic should continue and ideally, more be recruited.

## **Fracture Clinic**

- 2.42. The fracture clinic at Burnley General Hospital has been moved, on a trial basis, to the Royal Blackburn Hospital.
- 2.43. We were told that this was to address the issue of patients waiting up to 14 days for an appointment at the Burnley clinic.
- 2.44. This is regarded as a patient safety and quality concern and in order to immediately address the issue, the clinic was relocated to the Royal Blackburn site.
- 2.45. The six month trial commenced on 1<sup>st</sup> September, 2015 and therefore completed at the end of February, 2016.
- 2.46. When this information was reported to the Panel, we had a number of concerns.
- 2.47. There was questions raised as to why, at the time of the decision, there was just one fracture clinic being provided every two weeks at Burnley General, resulting in the 14 day wait for an appointment.
- 2.48. We also had concerns over the way an assessment of the quality of service had been carried out and questioned the accuracy of the views gathered from service users.
- 2.49. Our views have been put to the East Lancashire Clinical Commissioning Group and East Lancashire Hospitals Trust.
- 2.50. It is hoped that fracture clinics can be achieved over the two sites within the resources available.
- 2.51. We expect to receive an update to a future meeting of our Panel.

## **Other Brief Updates**

### **Health Equity for the North**

- 2.52. We considered an Executive summary report entitled 'Due North', an inquiry commissioned by Public Health England (PHE) which examined health inequalities affecting the North of England.
- 2.53. It was worrying to read that many people in the North of England have shorter lifetimes and longer periods of ill health than in other parts of the country.
- 2.54. The report detailed four high-level recommendations and supporting actions that would build on the assets of the North to target inequalities both within the North and between the North and the rest of England.
- 2.55. Only time will tell if the recommendations and actions result in a positive change for those living in the North.

### **Progress on actions from the District Nursing Review**

- 2.56. We continue to receive regular updates on Integrated Care provided by the ELHT and ELCCG, by way of Integrated Neighbourhood Teams (INT) and an Intensive Home Support Service (IHSS).
- 2.57. A presentation to our September, 2015 meeting reported on the initial success of the service and the positive feedback received from patients and their families.
- 2.58. This was followed up by a presentation to our February, 2016 meeting, where further progress was reported.
- 2.59. It was very interesting to hear of the introduction of a 'Front Door Team', based in the Emergency Department.
- 2.60. This team carried out a joint assessment of the patient to determine if the care provided by the IHSS could avoid hospital admission.
- 2.61. This has proved very successful and it is hoped that this can be extended across Pennine Lancashire.

### **Changing Places Toilet**

- 2.62. There has been significant progress in identifying a suitable site for a Changing Places toilet facility.
- 2.63. These facilities offer the extra space and equipment needed by some people with more severe learning and other disabilities, and their carers.
- 2.64. At the request of the Panel, consideration has been given to developing a facility at Stanley Villas, Albert Road, Colne.

2.65. The premises have been found to be suitable and approval for the scheme has been confirmed.

### **Developing a Dementia Friendly Community in Pendle**

2.66. We continue to monitor progress in our development of a dementia friendly community in Pendle.

2.67. Dementia Friends sessions have been well attended and Dementia Friends Champion training has been delivered to create additional members qualified to deliver Dementia Friends sessions.

2.68. The Pendle Dementia Action Alliance has now been established which supports a national movement to bring about a society-wide response to dementia.

2.69. A draft action plan has been developed and is to be considered by the Scrutiny Management Team at its March 2016 meeting.

### **Clinical Commissioning Group**

2.70. We have a good relationship with the Clinical Commissioning Group and regularly receive the minutes of their Steering Group meetings.

2.71. On occasion, the Panel has sought further information on certain topics.

2.72. One notable piece of work has been the development of an Advance Care Planning Guide which has been designed to help people prepare for the future and their health and wellbeing needs.

2.73. A copy of the guide is available on the Council's website via the following link – [Advance Care Planning Guide](#) at item 9.

**The Leader and Members of the Health and Social Care Scrutiny Panel**  
(Councillors Nawaz Ahmed, S. Benson, W. Blackburn, K. Hartley (Leader),  
A. Mahmood, N. McEvoy, G. Roach and C. Wakeford)

March, 2016