

**MINUTES OF A MEETING OF THE
HEALTH AND SOCIAL CARE SCRUTINY PANEL
HELD AT THE TOWN HALL, NELSON
ON 23RD FEBRUARY, 2016**

PRESENT –

Councillor W. Blackburn – Deputy Panel Leader (In the Chair)

Panel Members - Councillors

*S. Benson
A. Mahmood*

Also in attendance:

<i>Councillor D. Whalley</i>	<i>Executive Member for Health and Wellbeing</i>
<i>Catriona Logan</i>	<i>East Lancashire Hospitals Trust</i>
<i>Zoe Woodworth</i>	<i>Access Ability CIC</i>
<i>Mark Spedding</i>	<i>Inspire</i>
<i>Rachael Taylor</i>	<i>Inspire</i>
<i>Nichola Armitage</i>	<i>Inspire</i>
<i>Yvonne Hope</i>	<i>Critical Friends East Lancashire</i>
<i>Lynne Rowland</i>	<i>Committee Administrator (Pendle Borough Council)</i>

The Scrutiny and Performance Manager and three scrutiny members of South Ribble Borough Council were also present.

(Apologies for absence were received from His Worship the Mayor Councillor N. Ahmed, Councillors K. Hartley, N. McEvoy and G. Roach and Helen Hedges (Critical Friends East Lancashire).)



1. MINUTES

AGREED

That the minutes of the meeting of the Panel held on 12th January, 2016 be approved as a correct record, subject to the addition of Councillor A. Mahmood's apologies.

2. UPDATE ON INTEGRATED CARE

Catriona Logan of East Lancashire Hospitals Trust provided an update on Integrated Care. She advised that, since her attendance at the September 2015 meeting of the Panel, the Intensive Home Support Service and the Integrated Care Allocation Team had been fully recruited. In addition, a 'Front Door Team' had been established, comprising of a number of medical and social care professionals. This Team was based in the Emergency Department (ED) and was involved in the handover of patients, alongside the ED consultant. A joint assessment of the patient was carried out to determine if the care provided by the Intensive Home Support Service could avoid hospital admission.

Catriona also provided a number of statistics which assessed the impact of the Front Door Team, in particular regarding cases of chronic obstructive pulmonary disease (COPD). This was one of the top three presenting conditions (respiratory) for Integrated Neighbourhood Team patients presenting at A&E between April and November, 2015 along with central nervous system conditions (excl. strokes) and falls/injuries relating to falls.

The Front Door Team had proved very successful and it was hoped that this could be extended across Pennine Lancashire. As referred to at a previous meeting, a Falls Response Car pilot scheme had also been successful, receiving excellent feedback and it was hoped that this too could be rolled out further.

Following the presentation Catriona answered questions from the Panel, during which reference was made to a DVD that had been made by the Pendle Seniors Group and Nelson and Colne College on how to prevent falls. It was suggested that this be shown at a future meeting of this Panel.

3. SCRUTINY REVIEWS

(a) Mental Health in the Community, Care Homes and Mental Health Wards

(i) Access Ability CIC

At the Panel's invitation, Zoe Woodworth of Access Ability CIC attended the meeting to provide information on the services provided. She explained that Access Ability CIC was a registered community interest company that offered community learning opportunities to unemployed, disabled people living in deprived areas, volunteers and hard to reach individuals. The training was funded by Lancashire Adult Learning and was for adults across Lancashire aged 19+.

She provided details on the courses offered in 2015/16, which included courses on mental health first aid (MHFA) and youth mental health first aid (YMHFA). The courses aimed to enable participants to gain a wider understanding of some issues surrounding mental health and how and why positive and negative mental health affected business, young people and organisations.

Information on two ongoing pilot schemes was also provided. The first was evidence based 'Practical Ideas for Happier Living' workshops which were designed to promote mental wellbeing in local communities. These were currently being rolled out in Hyndburn and Ribble Valley, with funding from the respective Clinical Commissioning Groups (CCGs) and Council for Voluntary Service (CVS) through social prescribing grants.

The second pilot involved working with a school in Blackburn, training the teachers and pastoral staff in the First Aid Training or awareness, in addition to offering community courses for parents, local residents and governors etc.

Gaps had been identified with regard to young people moving from children's services to adult services. Although support had been provided to year 11 pupils at exam times, it was felt that more should be done, and that mental health awareness training should sit within the national curriculum, particularly with regard to wellbeing.

Unfortunately, due to restructuring in the NHS and Lancashire County Council (LCC) Public Health, the input of a Health Improvement Service Team would no longer be available to provide a preventative service. Therefore different approaches were being looked at.

Throughout the presentation, Zoe answered questions from the Panel.

(ii) Jobcentre Plus

Ken O'Shea, the Pennine Employer and Partnership Manager, Department for Work and Pensions provided statistical information in relation to people in receipt of Employment and Support Allowance, a benefit for people who were unable to work due to illness or disability.

The information included a breakdown of total claimants per ward, further broken down into age range; gender; duration; and illness type as at August 2015.

The Panel was particularly interested in the information relating to those claimants in receipt of Employment and Support Allowance for reasons of mental health. It was felt that specific statistics relating to this category alone would be beneficial.

AGREED

- (1) That the Pennine Employer and Partnership Manager of the Department for Works and Pensions be requested to provide a further breakdown by age; gender; and duration for those in receipt of Employment and Support Allowance for reasons of mental health only.
- (2) That, where possible, he also be asked to provide the same information for those in receipt of Universal Credit.

(b) Drug and alcohol rehabilitation provision in East Lancashire

At the invitation of the Panel, Rachael Taylor, Mark Spedding and Nichola Armitage of Inspire Integrated Substance Misuse Service (East Lancashire) attended the meeting and gave a presentation on the services they provided.

It was explained that Inspire had held the contract to deliver local substance misuse services since April 2010 and had worked in partnership with wider community organisations, details of which were provided at the meeting.

The Panel received statistics on the number of service users currently being supported, together with information on treatment provided since the start of the contract 6 years ago. This included structured treatment within the community; detox programmes; securing accommodation/making housing safe; and supporting clients into paid employment and/or voluntary work.

They worked closely with community police and actively supported Pendle Community Safety and Anti-Social Behaviour Risk Assessment Conference (ASBRAC) partnerships.

The Panel was advised that the existing service contract was due to end on 31st March, 2016 and that Inspire had been successful in winning a new contract for potentially 3+2+2 years which would come into effect on 1st April, 2016.

The new commissioned service would result in a number of changes, one of which was a move to a Community Delivery Model. It was explained that currently, Inspire had five bases. With the new model, there would be just two hubs (Burnley and Accrington), with 75% of interventions taking place in the community e.g. community centres, children's centres, faith settings, GP

surgeries, libraries, supermarkets. There would be a big focus on outreach and engagement, with a range of access points where people could self-refer. A pilot scheme to develop an alcohol/substance misuse referral pathway was being developed with the North West Ambulance Service and the Fire Service had expressed an interest in a similar scheme.

The Panel received information on the stepped approach to treatment and the provision of recovery development and support.

Throughout the presentation Rachael, Mark and Nichola answered various questions from the Panel, including those in relation to planned and unplanned discharges; working with partners in mental health and the young persons substance misuse services provided by Addaction.

On conclusion of the presentation, the Panel discussed the scope of this review on drug and alcohol rehabilitation provision in East Lancashire and considered a draft review plan that had been submitted by Committee Services.

AGREED

That the draft review plan for the scrutiny review of drug and alcohol rehabilitation provision in East Lancashire be approved.

4. FRACTURE CLINIC

The Panel received an update on the trial transfer of the fracture clinic from Burnley General Hospital to Royal Blackburn Hospital.

It was reported that East Lancashire Hospitals NHS Trust (ELHT) had provided a fracture clinic service at Burnley General Hospital, with just one clinic provided every two weeks. Due to the limited availability of the clinic, the Trust had not provided a service that met the patient quality standards set by the British Orthopaedic Association (BOA). These standards recommended that all patients should be seen in a fracture clinic within 72 hours of the presentation of an injury.

In order to address this issue of patient safety and quality, and to improve the service, the Burnley clinic had been relocated to the Royal Blackburn site. The change to travel distances for some had been recognised, but taking into account other factors, the Trust had agreed that this was an appropriate change.

A six month trial had commenced on 1st September, 2015 to evaluate and assess the impact of the changes and was therefore due to complete at the end of this month.

The East Lancashire Clinical Commissioning Group (ELCCG) reported that, alongside the trial of the move, the fracture clinic at the Royal Blackburn Hospital had recently been inspected by Healthwatch Lancashire and Healthwatch Blackburn with Darwen. It was understood that, in the main the feedback was positive, with 81% of patients considering the location of the clinic to be convenient and all (100%) patients indicating that they had received a convenient time and date for the appointment.

However, Yvonne Hope of Critical Friends East Lancashire indicated that the Healthwatch inspection, which had been carried out on behalf of the Critical Friends, had been undertaken at an orthopaedic clinic, rather than the fracture clinic. Therefore it was felt that this was not a true assessment of the quality of service and view of the fracture clinic service users, families and

friends. In their opinion, the clinic was overcrowded, with long waiting times in x-ray and the plaster room.

The outcome of the trial was awaited.

AGREED

That the concerns of this Panel with regard to the relocation of the fracture clinic from Burnley General Hospital to the Royal Blackburn Hospital be conveyed to the East Lancashire Clinical Commissioning Group and East Lancashire Hospitals NHS Trust.

5. CLINICAL COMMISSIONING GROUP UPDATE

The minutes of the December meeting of the Pendle Locality Commissioning Steering Group were submitted for information.

6. WORK PLAN

The Panel's work plan 2015/16 was submitted for information.

AGREED

That an update on the following topics be included in the Panel's work plan for 2016/17 –

- Adult Social Care – Recommissioning of Homecare Services
- Fracture Clinic

CHAIRMAN _____