

Health and Adults Scrutiny Committee 15.9.23.

Report by Michael Hanley

Chair: Janet Battye (JB, LD).

1. Minutes of previous meeting:

Michael Hanley (MH, L): Pointed out that David Stephens (Scrutiny Officer) had said that there would be an update from North Cumbria and North East ICS (Integrated Care Systemlocal health board) at the next meeting (this one) but there is no sign of this on the agenda.

D Stephens: Said he had spoken to Ed Tallis at the NCNE ICS and they will send a representative to present an update at the November meeting.

2. Adult Social Care Update

Cath Whalley (CW, Director of Adult Social Care): Adult Social Care will be assessed in the future by the CQC (Care Quality Commission who have assessed GP practices and hospitals for at least the last 10 years).

Keith Cheeseman (KC, Interim Assistant Director): Discussed stabilisation of services with the new council. There is a need to look at the operating model for adult social care. We have inherited certain ways of doing things but we have to work out what works best. Governance and decision making are important. At the moment, decisions get rippled up through the organisation but we have to empower those at lower levels to make these decisions. Our case management system is still shared with Cumberland Council. By November it will be separated. What keeps me awake at night is being ready for the CQC. LGR (local government reform) has distracted us from being ready. The CQC will carry out a three day visit with a group of inspectors. We have to look at equity of access and the need for conversation with communities. A lot of authorities look to shave off costs every year, but that is not a good way. We want to look at having the right people in the right place at the right time, cooperating with the Health Service and the Third Sector. We will want to get our CQC verdict as not "inadequate". We have some of the largest set of services in social care in the country. We will do a review of our services. We will compare us to what happens elsewhere. There is a huge amount of work to do.

CW: We should be doing the work of improvement not necessarily for the CQC but for our communities.

D Edwards (DE, C): Asked about the number of WAF employees.

CW: There is something attractive about the WAF brand. A recent post attracted 11 applicants. We are attracting talent from far and wide. We have started to see a reduction in our agency staff (more expensive than permanent staff). We still have a problem recruiting OTs (occupational therapists). A lot of our care staff are on low wages and property prices in South Lakes are high. This is a problem. Also, if we are attracting workers from abroad we need to make sure they have somewhere to live.

MH: Asked K Cheeseman why he said his aim for the CQC assessment was so low at not "inadequate". (inadequate is basically a fail).

KC: Advised that they will be aiming for "good" but that will take a few years (CQC will start in November 23 but those authorities who have recently gone through LGR like WAF will be put to the back of the queue so the visit will probably take place sometime next year).

H Chaffey (HC, LD): Asked if there is a team that is planning for the future

KC: No. He elaborated on this.

CW: Discussed work on how DOLS (deprivation of liberty safeguards, this is used mainly in

nursing homes and hospitals to restrain mainly elderly confused (lacking capacity to consent to their care) residents and patients from leaving the buildings) is being improved.

JB: Discussed the importance of bringing the staff through the changes.

P Bell (PB, LD): This is about making our base right. We can't know where we will go with transformation until we get the information as to what needs changing. Housing and preventative mechanisms will be at the heart of it.

3. Challenges and Winter Plans

Scott McLean (SML, Chief Operating Officer, Morecambe Bay NHS Foundation Trust): Discussed the effect of industrial action on the service. 16% of the patients in his hospitals do not meet medical criteria to reside (mainly elderly patients, recovered from their illnesses but now too disabled to live alone so are waiting for a bed in a residential or care home). 76% of patients attending A/E dept are discharged home or admitted within 4 hours (the official target is 95%, so this is well below the target).

CW: Discussed work being done to speed up discharge from the hospital wards of mainly elderly patients.

HC: Asked about the financial situation.

SML: ICBs (Integrated Care Boards, the boards that govern the ICSs) across the North West are financially challenged. We have smaller populations (and don't have the economies of scale of the big cities).

4. Lancashire and South Cumbria New Hospital Programme.

SML: It is planned that these new hospitals will be in place by 2030. £20 billion has been ring-fenced for new hospitals nationwide. The plan is to build a new hospital at Preston and Lancaster and to improve Furness Hospital. We have carried out a public consultation involving 16,000 people.

JB: Asked about bus services to the new hospitals. There was no mention of Westmorland (Kendal) in the document.

SML: Discussed the hierarchy of hospitals. Westmorland Hospital will continue to provide elective surgery.

JB: I hope that people receiving cancer treatment will not have to travel many miles for treatment.

SML: We may have to do more ambulatory care (patients who can walk in) in Westmorland Hospital.

We intend to do more in Westmorland and Furness Hospitals.

DE: It's good to see that there will be investment in Furness Hospital.

JB: We expect to see many more people living in Barrow when BAE expands its workforce. We hope you will consider access facilities (transport) for people.

6. Safeguarding Adults

Andrew Horrobin (AH, Senior Manager, WAFC):

Adults who are at risk need care and support. They are at risk of abuse and neglect and are unable

to protect themselves. The Local Authority is responsible for making an enquiry (investigation) where there is suspicion of abuse/neglect. Then there is a decision as to what action is necessary to protect and ensure such action is undertaken (section 42 of the Care Act 2014).

Last year there were 533 enquiries in the first quarter and this year for the same period that rose to 851. One third of cases proceed to a full enquiry. There are disproportionate numbers of

safeguarding cases in the over 75 female group. The types of abuse are: physical, emotional/psychological, financial, neglect, sexual and self-neglect. Places of abuse are: own home, residential care home and nursing home.

7. Discussed future agendas. These include a Health and Wellbeing Strategy, a review of dentistry and GP services and Smoke Free by 2030 (reducing smoking to less than 5% of the population (currently 11%).

End of Meeting. Next meeting: November 23.