

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 20th September, 2016 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	B Murray
Mrs F Craig-Wilson	M Otter
G Dowding	N Penney
Cullens	D T Smith
N Hennessy	D Stansfield
Y Motala	

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

Councillor Bridget Hilton, (Ribble Valley Borough Council)  
Councillor Hasina Khan, (Chorley Borough Council)  
Councillor M J Titherington, (South Ribble Borough Council)  
Councillor Colin Hartley, (Lancaster City Council)  
Councillor Wayne Blackburn, Pendle Borough Council  
Councillor Lubna Khan, Burnley Borough Council

#### **1. Apologies**

Apologies for absence were presented on behalf of District Councillors Barbara Ashworth (Rossendale), Shirley Green (Fylde), Eammon Higgins (Hyndburn) and Roy Leeming (Preston).

Chair welcomed CC Alan Cullens to the Committee as the permanent replacement for CC Alycia James.

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

There were no declarations of interest at this time.

#### **3. Minutes of the Meeting Held on 14 June 2016**

**Resolved:** Minutes from the meeting held on 14 June 2016 be confirmed and signed by the Chair.

#### **4. Transforming Care - Proposed redesign of Learning Disability services in the North West**

Mary Hardie, Andrew Simpson and Lesley Patel were welcomed from NHS England North Specialised Commissioning Team to deliver a presentation on the progress of the engagement process with stakeholders on proposals relating to services for adults with learning disabilities.

The consultation document was reported to be near completion. And it was confirmed that the option to be proposed was around the moving of the learning disabilities service from Calderstones (now renamed as Mersey Care Whalley) and hoped to have the consultation completed by the end of the year.

It was confirmed that the proposal would include medium secure services as well as low secure services provided at Mersey Care Whalley. There were reported to be around 100 service users remaining in Mersey Care Whalley from the North West with 47 of those from Lancashire. Members were advised that they were in the process of mapping out their needs and requirements to determine a pathway of care. From this exercise, it was reported to be anticipated that less than half of the 47 service users would come back into the community.

The Committee were informed that for new service users, the challenge would be around investment, care packages and how the use of pooled budgets (with health and social care) would work to support those service users. For existing service users, pooled budgets could help to support the dowry (for those service users in care for five years or more).

It was acknowledged that for those requiring lifelong care, there was a continuing need to ensure that the required level of care was appropriate to improve their lives.

Members were informed that the four Transforming Care Partnerships in the North West were tasked with drafting plans to support the transformation (which can be found through the link below).

<https://www.england.nhs.uk/learningdisabilities/tcp/north/>

Highlights from the discussions are outlined below:

- It was confirmed that services would need to be developed in communities in order to support this proposal by securing investment through the Fast Track and Transforming Care Partnership and working in partnership with voluntary and independent sectors.
- The Committee expressed concerns around funding to support sustaining the redesign.
- It was recognised that this was a challenging time for staff on the Whalley site as they go through the process of service redesign and were looking at options for redeployment to utilise their experience and expertise in this area of work.

- Members were assured that there would be a requirement for risk assessments to be completed to ensure the safety of service users and communities and to ensure that any level of restriction was appropriate for service users.
- It was reported that plans would include ensuring staff had the appropriate skill sets for the service redesign and providers would need to develop their staff for the future needs.
- It was confirmed that there were some providers for low secure services already in place across the North West footprint who may be requested to continue the provision of services.
- Members were advised that as this was a national programme, evaluation was already taking place through data collection and review.

**Resolved:** The Health Scrutiny Committee noted and commented on the engagement process.

## **5. Emergency Care Crisis - Chorley**

On 13 April, Lancashire Teaching Hospitals Trust notified a number of stakeholders and the public that they had taken the decision to temporarily close the A&E Department at Chorley and South Ribble Hospital and introduce an Urgent Care Service which would be open between the hours of 8am and 8pm with a GP Out of Hours service overnight. The reason given by the Trust for the decision was due to insufficient numbers of middle grade doctors required to deliver a safe service. The temporary change came into effect on Monday 18 April 2016.

The Health Scrutiny Committee consequently held a series of meetings to establish how the situation came to be, what steps needed to be taken by the Trust to resolve the situation, and what lessons could be learnt from the NHS for the future.

The report produced and circulated to committee members outlined the background, findings, conclusions and recommendations following investigations from the Committee.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- It was confirmed that the first step would be the receipt of the plan from the Trust for service provision by 22 November. Members agreed there would be a need for regular updates in relation to the plan. It was confirmed that a request for weekly updates would be submitted to the Trust.
- Members felt that the national picture was an indication of the recruitment issues, despite the agency cap put in place to alleviate this, and there was a need to maintain a strategic view across Lancashire.

- It was proposed that there was a need to look at funding to assist with the outcomes and how the sector was going to meet the funding gap which links to the Sustainability and Transformation Plan.
- It was suggested that the Trusts could engage together more effectively to identify new ways to assist with the current staffing issues. It was confirmed that this would be fed back to the Trust on behalf of Committee.
- In relation to the Urgent Care Centre increasing the opening hours to midnight, members requested assurances that the Trust would advise the Committee once additional staff were available to meet this recommendation.
- Members agreed there was a need to ensure effective communication to the public on the Urgent Care Centre service offer.
- It was suggested that there may be a need to understand whether the staffing issues were as a consequence of the high cost to undertake the necessary qualifications and how this could be addressed.
- The Health Scrutiny Committee gave thanks for the support from Wendy Broadley and Josh Mynott in the production of this comprehensive report.

Following discussions, the Committee requested amendments to two of the recommendations in the report:

Recommendation 8 - The Trust should make every effort to increase the Urgent Care Centre opening hours on the Chorley site to 6am – midnight as additional staff are appointed – to include effective publicising of the Urgent Care Centre to give members of the public a greater understanding of the services provided to assist with the pressure on neighbouring hospitals.

Recommendation 10 - For the future, a more open approach to the design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents – to include engagement with residents to understand what services are available and where.

**Resolved:** The Health Scrutiny Committee approved the recommendations contained within the report attached at Appendix A (subject to amendments suggested).

## **6. Health Scrutiny Committee Work Plan 2016/17**

The Committee were presented with the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in on the 9 May 2016 and also additions and amendments agreed by the Steering Group.

**Resolved:** That;

- i. The Health Scrutiny Committee noted and commented on the report.

- ii. Confirmation be sought on the Case for Change report due to be presented at the October meeting of the Health Scrutiny Committee.

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

The Committee received a report of the Steering Group which included minutes from meetings held on the 8 February 2016, 7 March 2016, 18 April 2016 and 27 June 2016.

**Resolved:** The Health Scrutiny Committee received and noted the report.

## **8. 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.

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

## **9. Urgent Business**

There were no items of urgent business.

## **10. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will be held on Tuesday 18 October at 10.30am in Cabinet Room C, County Hall, Preston.

I Young  
Director of Governance, Finance  
and Public Services

County Hall  
Preston



# Transforming Care: Proposed Redesign of Learning Disability services in the Northwest

Update:  
September 2016



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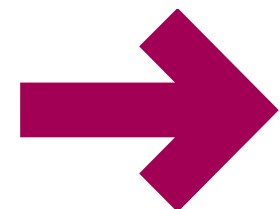


- **1.0 Introduction**

The aim of the presentation is:

To describe the background to the Transforming Care agenda and detail the engagement process that has been undertaken with specific reference to the options for the model of service being proposed

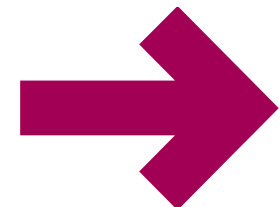
To seek advice and support on the formal consultation process



## 2.0 Setting the scene for the Consultation

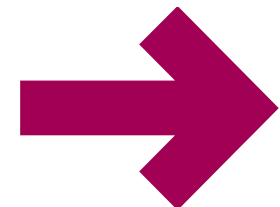
The background to the consultation is based on:

- Building the Right Support
- Homes not Hospitals
- Establishment of transforming Care Partnerships across the North West
- National Guidelines



## 3.0 Case for Change

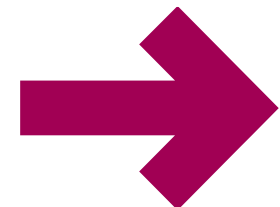
- Winterbourne View Concordat – pace of implementation
- Mersey Care NHS Foundation Trust
- National Plan for Learning Disability
- Reduction in the number of low secure patients
- Greater Manchester, Lancashire, Cheshire and Mersey Fast Track plans
- Redesign of current service provision



## 4.0 The Proposal

Outline proposal for medium and low secure beds in the north west considers:

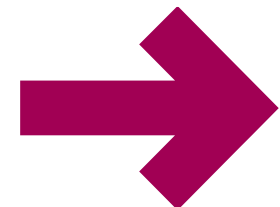
- medium Secure Service and developments so far
- low Secure Services and proposed bed modelling



## 5.0 Low Secure Unit Proposal

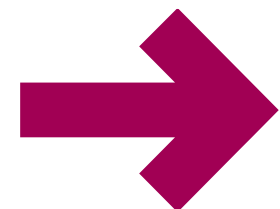
A model to meet specific populations across the North West is planning units for:

- services for women
- autistic Spectrum Disorder and Learning Disability
- enduring needs
- mainstream Services



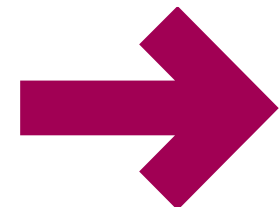
## 6.0 Community Developments

- Principles
- Consultation
- Greater Manchester Fast Track
- Lancashire Fast Track
- Cheshire and Mersey Fast Track



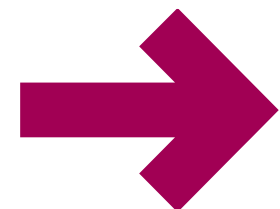
## 7.0 Proposed Statements:

- Adults who have a learning disability and or autistic spectrum disorder should have the opportunity to receive their care in a community setting close to their home.
- Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals.
- The clinical model should provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.
- People who use services with enduring needs who require longer term on-going secure care should receive this in an environment that enhances their quality of life as effectively as possible.
- Based on the 'Homes not Hospitals' principle of Building the right support institutionalised care should not be delivered on the Mersey Care Whalley estate.



## 8.0 Feedback and next steps

- OSC feedback has been incorporated into the draft consultation document
- The consultation will run for 10 weeks
- All feedback will be considered by NHS England in collaboration with all partners and recommendations will be received at all Boards





## 9.0 Consultation principles

- The consultation length: 10 weeks suggested
- Press release (to all media in the North West) and news item on NHS England website on launch
- Methodology: 1 large event at Calderstones over a day and evening / to gather carers and service user views. Offers made to meet service users and carers at the other two trusts.
- Easy read version of the consultation guide / web based consultation / hard copy at events and available on request/postage free return/ dedicated phone line for queries.
- On line consultation events for charities support groups and others who wish to attend
- Stakeholder letters to relevant MPs, Local Authority Health and Wellbeing Boards, HOSCs, and Healthwatch organisations to ask them to table the consultation at appropriate meetings plus an offer of NHS England officers to attend meetings to explain and take questions. Letters to OSC areas where patient numbers are minimal

