

Lancashire County Council

Health Scrutiny Committee

Tuesday, 20th September, 2016 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item
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|----|--|-----------------|
| 1. | Apologies | |
| 2. | Disclosure of Pecuniary and Non-Pecuniary Interests
Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda. | |
| 3. | Minutes of the Meeting Held on 14 June 2016 | (Pages 1 - 6) |
| 4. | Transforming Care - Proposed redesign of Learning Disability services in the North West
Presented by: Officers from NHS England North Specialised Commissioning Team | (Pages 7 - 8) |
| 5. | Emergency Care Crisis - Chorley
Presented by: CC Steve Holgate | (Pages 9 - 34) |
| 6. | Health Scrutiny Committee Work Plan 2016/17
Presented by: CC Steve Holgate | (Pages 35 - 38) |
| 7. | Report of the Health Scrutiny Committee Steering Group
Presented by: Wendy Broadley | (Pages 39 - 54) |
| 8. | Recent and Forthcoming Decisions | (Pages 55 - 56) |

9. Urgent Business

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

10. Date of Next Meeting

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

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 14th June, 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	M Otter
Mrs F Craig-Wilson	N Penney
M Iqbal	K Snape
Y Motala	D Stansfield
B Murray	V Taylor

Co-opted members

Councillor Wayne Blackburn, Pendle Borough Council
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Julie Robinson, (Wyre Borough Council)

1. Apologies

Apologies for absence were presented on behalf of County Councillor Gina Dowding and District Councillors Gail Hodson (West Lancashire), Mick Titherington (South Ribble), Shirley Green (Fylde) and Eammon Higgins (Hyndburn).

County Councillor Kim Snape replaced County Councillor Nikki Hennessey and County Councillor Viv Taylor in place of County Councillor David Smith.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no declarations of interest at this time.

3. Appointment of Chair and Deputy Chair

Resolved: That the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Yousuf Motala as Deputy Chair for 2016/17 be noted.

4. Constitution, Membership and Terms of Reference

The Committee received the report which set out the constitution, membership and terms of reference of the Health Scrutiny Committee for the municipal year 2016/17.

Nomination to be confirmed from Lancaster City Council.

Resolved: That the membership and terms of reference for the 2016/17 municipal year be noted.

5. Minutes of the Meeting Held on 24 May 2016

Resolved: The minutes of the Health Scrutiny Committee held on the 24 May 2016 be confirmed and signed by the Chair.

6. Lancashire Teaching Hospitals Trust - temporary closure of Chorley A&E

The Health Scrutiny Committee has held a series of meetings to discuss the issues arising from the temporary closure of the Emergency Department at Chorley Hospital.

Further to the meetings held on the 26 April and 24 May 2016, this third meeting focussed on the long term sustainability of health services within the county and discussed how the Clinical Commissioning Group and partners would design, consult and deliver new models of care.

The Chair welcomed the following speakers to the meeting to contribute to the discussion:

- Andrew Birchall, Protect Chorley Hospital against cuts and privatisation campaign
- Sam Nichol, Healthier Lancashire and South Cumbria Change Programme
- Jayne Mellor, Head of Planning and Delivery and Matt Gaunt, Finance Officer, Chorley, South Ribble and Greater Preston Clinical Commissioning Group

Andrew Birchall, Protect Chorley Hospital against cuts and privatisation campaign, provided an overview to the Committee on the ongoing campaign concerning the temporary closure of Chorley Hospital A&E Department.

It was reported that campaigning has taken place outside Chorley Hospital every Saturday morning since the temporary closure of the A&E department and would continue until the service was reinstated. In addition, a recent march for the campaign attracted reported numbers of around 3000 people.

Members were advised that it was understood that the remodelling of healthcare services in the future was required and that it should be driven and shaped by the needs of the community and the most vulnerable.

Members of the Committee commented on their acknowledgment of the campaign were invited to comment and raise questions and a summary of the discussion is set out below:

- It was reported that the campaign may be ongoing as the focus and remit of the campaign around the cuts and privatisation encompasses the NHS as a whole.
- The public meetings would help to shape how this campaign could be moved forward.
- It was reported that campaign leaders were not forewarned of the temporary closure.

Sam Nicol, Healthier Lancashire and South Cumbria Change Programme provided a presentation to members to update on the progress of the programme and the next steps around the Case for Change.

The presentation (which is appended to the minutes) included information on the following:

- From a meeting held with health and care leaders in November 2015, it was agreed that there was a need for a different approach to ensure sustainable health services and to deliver outcomes which addressed the local population challenges on a Lancashire and South Cumbria footprint.
- There were reported to be a number of improvement plans in place and organisations were keen to understand the consistency, gaps and interdependencies in those plans.
- Gaps identified included health and wellbeing, care and quality, finance and efficiency. From these, a number of priorities were determined such as prevention (which would be the main focus), urgent and emergency care and the mental health transformation.
- The Joint Committee/Programme Board infrastructure would enable solution design, share learning and good practice and engagement with public, staff, elected members and key stakeholders.

Members were informed that there would be engagement with stakeholders and the general public in the next month on the Case for Change and the next steps.

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 there was a timeline in place and were currently in the strategic planning phase establishing the infrastructure and resources. The Case for Change would be the final part of that phase. The solution design phase would then commence but may evolve and continue throughout the

implementation phase. From December onwards, formal consultation would take place if required for commencement in the new financial year.

- Development around the Health and Wellbeing Partnerships was reported to be continuing with ongoing discussions around proposals for one Health and Wellbeing Board across Lancashire.
- In answer to the question around prevention of isolation, it was agreed that there was a need for services to be more creative through use of community groups and other mechanisms. It was felt that the planned engagement with the public, workforce and stakeholders would influence this area of work.
- Members were assured that there was a robust process for consultation on the plan to engage all stakeholders and the general public.

Jayne Mellor, Head of Planning and Delivery and Matt Gaunt, Finance Officer, Chorley, South Ribble and Greater Preston Clinical Commissioning Group provided members with a presentation (appended to the minutes) on 'Our Health Our Care – Integrated Health System'.

Highlights from the presentation included:

- Current status on the Case for Change where it was reported to be recognised that integration was a key requirement and a need for health to work as one economy.
- Services were reported to be seen as very complex to navigate and fragmented.
- Key areas within the programme included prevention, early help and self-care, integrated localities and in hospital care.
- Details were provided on the three integrated localities (Chorley, South Ribble and Preston) and the 10 service planning areas where a mapping exercise of GP practices for registered population numbers had been completed against those planning areas.
- Next steps would be to understand the demographic population health needs and a redesign of services with engagement from the local communities.
- The new models of care to then be developed by the end of 2016.

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

- It was agreed that there was a need to understand information around services provided through GP practices. The coproduction and engagement in the remodelling exercise would assist in informing those service requirements.
- Members were informed that the Integrated Diabetes Service had been built into primary care services and would be implemented this year.
- In answer to a question on impact to neighbouring health providers, it was agreed that there was a need to engage effectively and would take this suggestion back for further discussion.
- It was confirmed that the full EU procurement process had been completed for two urgent care centres to support Chorley and Preston A&E's and were

currently in the final stages of moderation for the outcome in the next four weeks.

- In relation to the temporary closure of Chorley A&E, it was suggested that the Chair should write to neighbouring Trusts to ascertain the number of people with 'PR' postcodes now attending their A&E departments compared to the same period last year.

Resolved: That,

- i. Information presented to the Committee be noted.
- ii. The Chorley, South Ribble and Greater Preston Clinical Commissioning Group provide further updates to this Committee on the process of change in relation to 'Our Health, Our Care'.
- iii. Healthier Lancashire provide an update report on the Case for Change to the 26 July 2016 meeting of this Committee.
- iv. The Health Scrutiny Steering Group produce a draft report on the findings from the information received at the last three Health Scrutiny Committee meetings with recommendations to be ratified at the 26 July 2016 meeting of this Committee.
- v. That the Chair of the Committee be requested to write to neighbouring Trusts to ascertain the number of people with 'PR' postcodes now attending their A&E departments compared to the same period last year.

7. Urgent Business

There were no items of urgent business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 26th July at 10.30am in Cabinet Room C, County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 20 September 2016

Electoral Division affected:
(All Divisions);

Transforming Care - Proposed redesign of Learning Disability services in the North West

Contact for further information:

Wendy Broadley, Senior Democratic Services Officer (Overview & Scrutiny)

wendy.broadley@lancashire.gov.uk

Executive Summary

Officers from NHS England North specialised commissioning team will attend to deliver a presentation on the progress of the engagement process with stakeholders on proposals relating to services for adults with learning disabilities.

Recommendation

The Health Scrutiny Committee is asked to note and comment of the engagement process.

Background and Advice

In January 2015 NHS England introduced the Transforming Care agenda which set out a clear programme of work with partners to improve services for people with learning disabilities and/or autism.

A link to the document entitled 'Transforming Care for People with Learning Disabilities – Next Steps' is available below for information

<https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

In January of this year the Health Scrutiny Committee received a report from council officers setting out the work being done at a local level to implement the transformation needed however, elements of the overall Transforming Care agenda fall under the remit of specialised commissioning within NHS England.

Officers from NHS England specialised commissioning team had previously met with the Steering Group of the Health Scrutiny Committee in June and it was agreed that a further presentation would be provided to the full Committee.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risks identified within this report

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
n/a	n/a	n/a
Reason for inclusion in Part II, if appropriate		

Health Scrutiny Committee

Meeting to be held on Tuesday, 20 September 2016

Electoral Division affected:
Bamber Bridge and Walton-le-Dale; Chorley East; Chorley North; Chorley Rural East; Chorley Rural North; Chorley Rural West; Chorley South; Chorley West; (All Divisions); Farington; Leyland Central; Leyland South West; Penwortham North; Penwortham South; Preston Central North; Preston Central South; Preston City; Preston East; Preston North; Preston North East; Preston North West; Preston Rural; Preston South East; Preston West; South Ribble Rural East; South Ribble Rural West;

Emergency Care Crisis - Chorley

Appendix A refers

Contact for further information:

Wendy Broadley, Principal Overview & Scrutiny Officer, 07825 584684

wendy.broadley@lancashire.gov.uk

Executive Summary

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 & South Ribble Hospital and introduce an Urgent Care Service which would only 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 for the NHS for the future.

Committee meetings took place on 26 April, 24 May and 14 June during which evidence was presented by a number of stakeholders and additional information had been gathered to support the members in their consideration of the issues identified.

Attached at Appendix A is a report on the findings and conclusions of the Committee formed from the evidence presented together with the subsequent recommendations for future action.

Recommendation

The Health Scrutiny Committee is asked to approve the recommendations contained within the report attached at Appendix A.

Background and Advice

Lancashire Teaching Hospitals Trust provides a range of district general hospital services to the 390,000 local population of Preston, Chorley, and South Ribble. Services are provided mainly from Royal Preston Hospital and Chorley and South Ribble Hospital.

- Royal Preston Hospital is designated as the major trauma centre for Lancashire which is where the majority of the Trust's specialist services are provided, as well as trauma pathway services including neurosurgery, vascular, plastics, and trauma orthopaedics.
- Any patient who presents at Chorley who requires a specialist review is transferred to Royal Preston Hospital, including children and young people as there is no longer a paediatric service at Chorley and South Ribble Hospital.
- In 2015, around 79,000 patients attended Royal Preston Emergency Department a year, and around 50,000 patients attended Chorley Emergency Department.

Prior to 18 April 2016, both hospitals provided a 24 hour emergency department service, with consultant cover at Royal Preston Hospital until midnight (on call thereafter). There was no consultant presence at Chorley and South Ribble Hospital after 6pm.

On 13 April the Trust notified a number of stakeholders that they had taken the decision to temporarily change the service provision at Chorley from an A&E Department to an Urgent Care Service, operating between the hours of 8am and 8pm with a GP Out-of-Hours service overnight. The decision was made due to insufficient numbers of middle grade doctors required to deliver a safe service. The change would take effect from 18 April 2016.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk implications within this report.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
Lancashire Teaching Hospitals Trust – Chorley A&E Update	26.4.16	Wendy Broadley/07825584684
Recruitment Issues – Lancashire Teaching Hospitals Trust	24.5.16	Wendy Broadley/07825584684
Lancashire Teaching Hospitals Trust – temporary closure of Chorley A&E	14.6.16	Wendy Broadley/07825584684

Reason for inclusion in Part II, if appropriate

Emergency Care Crisis - Chorley

Overview & Scrutiny Review



County Councillor Steve Holgate, Chair of the Health Scrutiny Committee

For further information about this report please contact

Wendy Broadley

Principal Overview & Scrutiny Officer

07825 584684

wendy.broadley@lancashire.gov.uk

Executive Summary

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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 for the NHS for the future. Committee meetings took place on 26 April, 24 May and 14 June during which evidence was presented by a number of stakeholders and additional information had been gathered to support the members in their consideration of the issues identified.

The recommendations made by the Committee are:

1. The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22 November 2016
2. The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the 4 hour target for A&E attendance at Royal Preston Hospital
3. The Clinical Commissioning Group to provide the Committee with evidence that it is supporting the Trust to explore all methods to recruit and retain staff
4. NHS England should undertake a review of the national issues identified within this report, namely:
 - a. The discrepancy between substantive and locum pay
 - b. The need for clear guidance relating to the application and/or removal of the agency cap
 - c. The number of emergency medicine trainee places
5. In the light of the failure of the Trust to communicate in a timely and effective manner with the public and their representatives in this case, NHS commissioners be asked to demonstrate how they will effectively engage and involve local residents in future service design

6. The System Resilience Group should develop a plan that identifies the lessons learnt from this situation, in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders.
7. That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire Health and Wellbeing Board be asked to take responsibility for the implementation and monitoring of this priority.
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.
9. The Trust should actively seek best practice from other Trusts regarding staffing on A&E Departments
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.



Background and methodology

Lancashire Teaching Hospitals Trust provides a range of district general hospital services to the 390,000 local population of Preston, Chorley, and South Ribble. Services are provided mainly from Royal Preston Hospital and Chorley and South Ribble Hospital.

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On 13 April the Trust notified a number of stakeholders that they had taken the decision to temporarily change the service provision at Chorley from an A&E Department to an Urgent Care Service, operating between the hours of 8am and 8pm with a GP Out-of-Hours service overnight. The decision was made due to insufficient numbers of middle grade doctors required to deliver a safe service. The change would take effect from 18 April 2016.

Considering the evidence

The subject of A&E services is always extremely controversial and emotive. Services can be, literally, a matter of life and death. Decisions around A&E must always be taken solely on the grounds of patient safety and ensuring the best outcomes for people who present to A&E. In considering this sensitive subject, the Committee has sought to separate out the facts from the emotions, whilst recognising the strong feelings that the decision generated.

It is well understood that the nature of health and social care services are changing, and that, due to the increasing specialisation of healthcare and the better outcomes this brings, that it is no longer possible for all hospitals to offer all services. However, it is essential that any such decisions are made on the grounds of delivering the best outcomes, and not for purely financial

or other non-health reasons. The concern in this case was that the closure, albeit temporary, happened so quickly, with so little communication, that there has been, at least in the public's mind, doubt about the motivation, and a clear lack of clarity about the impact of the change.

The first in a series of the Health Scrutiny Committee meetings was held on 26 April to which Lancashire Teaching Hospitals Trust and Chorley South Ribble & Greater Preston Clinical Commissioning Group were invited to present.

At the meeting the Committee heard from the Trust as they provided details of their actions and the events that had led up to their decision to make the temporary changes. It was evident that the key factor for the Trust was their inability to recruit adequate numbers of staff to provide a safe service and they cited a number of underlying reasons for this which included

- the lack of actual trainee doctors provided by Health Education North West compared to the number of training posts in the Trust's structure
- a lack of sufficiently experienced, qualified and available locums
- the Trust's reluctance to break the 'agency cap', guidance introduced by the NHS in November 2015 which limits the hourly rate that can be paid for agency staff with the intention that it should only be breached on "exceptional safety grounds"

The next meeting held on 24 May therefore concentrated on the issue of recruitment and further investigation was undertaken to explore the factors identified by the Trust. Members were provided with comments and opinion from:

- Health Education North West regarding the system in place for the training of consultants and the allocation of trainee doctors to the Trust
- Medacs UK, a healthcare recruitment company employed by the Trust to help source locum doctors from a number of agencies and across all services.
- NHS Improvement in relation to the "agency cap", and the Trust's application of it, specifically the timing of the decision by the Trust to break the cap
- Rt Hon Lindsay Hoyle MP regarding local opinion and the impact on neighbouring Trusts

The final meeting held on 14 June subsequently focused on the long term sustainability of acute health services within Chorley, the wider CCG footprint and also at a county wide level.

Members were provided with presentations from:

- The CCG, on their "Our Health, Our Care" Programme which would take a medium to long term view on how future models of care will need to operate, and plans for implementation in addition to
- Healthier Lancashire & South Cumbria Change Programme which is the overarching strategy for the county to identify how sustainable health and care services can be delivered.
- The Committee also heard from a representative from the Protect Chorley Hospital Against Cuts and Privatisation campaign group and acknowledged the strength of feeling of local residents and their efforts to ensure that local people were at the centre of local service design and delivery

The Committee received direct contributions from	Additional evidence was obtained from
<ul style="list-style-type: none"> • Lancashire Teaching Hospitals Trust • Chorley South Ribble & Greater Preston CCG • System Resilience Group • Health Education England North West • Medacs UK • NHS Improvement • NHS Employers • Rt Hon Lindsay Hoyle MP • Mark Hendrick MP • Seema Kennedy MP • Local Campaign Group - Protect Chorley Hospital Against Cuts and Privatisation • Healthier Lancashire & South Cumbria Change Programme 	<ul style="list-style-type: none"> • Wrightington, Wigan & Leigh NHS Trust • University Hospitals Morecambe Bay • North West Ambulance Service • General Medical Council • College of Emergency Medicine • Chorley Council • NHS England • Local residents

Findings

What the evidence told us

The Committee heard a lot of evidence, some of it contradictory, and much of it requiring further analysis and examination. However, the very clear message that emerged is that there is a very real and serious problem with emergency care services and A&Es. This does not appear to be limited to Lancashire, as regular news stories about queueing ambulances, Trusts missing the four hour target for dealing with A&E attendees set by government, and regular campaigns and requests by the NHS through the media to the public to make sure they are using A&E appropriately.

What is also true is that often A&Es are where the problems in our health services show most obviously, but that this does not mean that the problems are with the A&Es themselves. People present at A&Es if the right alternatives are not available. People get stuck in A&E departments if there are no beds available for them because other services aren't operating effectively. More people need emergency treatment if their day to day health and care needs aren't met, until they end up in a crisis situation.

The investigation by the scrutiny committee cannot begin to consider all of these issues and the general problem with Emergency Care in Lancashire. However, the Chorley A&E closure has highlighted that this is a system under massive pressure, and that things can very easily go wrong. There are also clearly some specific actions or issues in Chorley that the Committee have sought to identify and address.

In relation to Chorley, throughout the evidence gathering sessions a number of key areas of concern emerged which included:

- a) The impact on surrounding hospitals
- b) Policies and practices relating to recruitment
- c) How the developing situation had been communicated
- d) What the future holds

The impact on surrounding hospitals

- One crucial area for consideration is the impact on the A&E departments of neighbouring Trusts, and their capacity to take on any additional patients. Statements made by Lancashire Teaching Hospitals Trust claimed that the situation at Chorley was only having a 'minimal impact' on neighbouring hospitals. However, anecdotal evidence was that there was an impact, especially at Royal Preston.

- The Committee established that the following Trusts had been included within data analysis by the System Resilience Group and North West Ambulance Service to consider what level of impact the changes may have had:
 - Blackpool Teaching Hospitals Trust
 - University Hospitals Morecambe Bay Trust
 - East Lancashire Hospitals Trust
 - Wrightington, Wigan & Leigh Trust
- Many local Trusts have recently made media statements identifying the current pressures on their A&E Departments and whilst it was acknowledged that there were several reasons for these pressures, at least one of those Trusts said that the change to services at Chorley was one of the contributory factors resulting in them struggling to meet demand.
- The data provided identified the increase in patient attendance at six neighbouring hospital A&E Departments. It was clear that Royal Preston Hospital had the most significant increase both month on month and in comparing 2015 to 2016 data (see Appendix A). The other Trust that experienced an increase in attendance was Wrightington, Wigan & Leigh. The table below is an excerpt from Appendix A.

It provides numbers of ambulance attendances at A&E Departments for the Royal Albert Edward and Royal Preston Hospitals for April to June during 2015 and 2016, specifically identifying those patients presenting from a postcode served by the Chorley and South Ribble CCG, who would, for the most part, have had the Chorley A&E as their nearest. It should be acknowledged that the data is a snapshot of a three month period and does not identify what increase in attendances took place in the months previous to the change to services in Chorley.

	2015	2016
	A&E Department attendance	
Royal Albert Edward Infirmary Wigan Greater Manchester	24	157
April	5	19
May	10	73
June	9	65
Royal Preston Hospital Lancashire	1064	2598
April	386	665
May	343	1029
June	335	904

- These tables, at first glance, demonstrate a significant impact, with the number of patients from Chorley and South Ribble presenting at Royal Preston almost trebling following the closure. The number of extra patients at the Royal Albert Edward, although the percentage increase was large, is not especially significant in the context of the overall numbers. However, when systems are already under pressure, small numbers can sometimes make a significant difference.
- It is also clear that the A&E at Royal Preston is struggling to cope with demand. Appendices B & C show the outcome of further analysis by the CCG. The data shows that ambulance attendances have increased by an average of 24 per day and severe handover delays (over 60 minutes) occurred 141 times in May 2016, which is more than double that of any neighbouring A&E Department. The Trust have also failed to achieve their performance target of 95% for dealing with attendances within a four hour period. The figure for May 2016 is 82.2% compared to 97.2% for the same period last year. Even accepting the general increase in patient numbers of 26% it was felt that the significant deterioration in the four hour target performance was unacceptable.



- The figures show that the increase in attendance at Royal Preston is significantly greater than simply the difference between the attendance at Chorley and Preston this time last year. If there were no other pressures, then the extra demand at Preston would have halved. Again, this highlights that this was already a system under massive pressure when the Chorley decision was made, and raises serious questions about the Trust's understanding of the problem and preparedness for the impact.
- The figures for patients being seen within the four hour target show that there is a major problem at Royal Preston, but that at the Chorley UCC 100% of patients are seen within the timescale. This suggests that either staffing ratios at the two sites are wrong, and that there is possibly spare capacity at the UCC, or that the public don't understand when they can go to the UCC and when they need to go to the full A&E. It would be interesting to establish how many presenting at Royal Preston could have been satisfactorily seen at Chorley. This is, perhaps, again a matter of communication from the Trust not properly explaining what the UCC is for and when it should be used.
- This analysis places a spotlight on when failures within A&E are identified, it is clear however that the concerns around the provision of primary care and social care also need to be addressed to produce long term sustainable solutions to a whole system approach.

Policies and practices relating to recruitment

- The Committee acknowledged that the changes implemented at Chorley were based on clinical safety and accepted this fact. However, they had serious concerns that the situation had been allowed to get to the stage where patient safety was a problem, that the staffing issue was not shared with partners earlier, and the committee felt that a 'crisis management' approach had been used over a sustained period of time.
- The Committee have seen little evidence that the Trust implemented alternative recruitment processes at an early enough stage which indicates a perceived reliance on traditional methods to source potential staff. Additionally there is a lack of robust engagement with other Trusts to explore different ways of working or seeking best practice procedures. A reactive rather than proactive approach seems to have been adopted. This assumption is reinforced by the admission of the Trust that they did not lift the agency cap until 16 March. This then enabled the Trust to pay enhanced rates for locum doctors to increase their ability to attract potential staff.

- A cap on the hourly rate paid for agency staff was introduced by the NHS in November 2015, in an attempt to reduce the cost of locum doctors to the NHS. The "agency cap" was introduced on a phased basis across the NHS in England, and the intention that this cap would be adhered to and only breached in exceptional circumstances - the provision was for Trusts to override the cap only on '*exceptional safety grounds*'. The Committee heard that LTHT followed the guidance strictly, and was one of the only Trusts in the country to do so and act in accordance with the government's intention. Whilst on one hand the Committee acknowledged the Trust's stance to adhere to the guidance relating to the agency cap could be perceived as commendable, members were of the opinion that in the circumstances it was a naïve approach to take when staffing levels put at risk the viability of an A&E Department being able to provide a safe service and therefore continue to remain open, and that the circumstances were "exceptional" much earlier than the Trust acknowledged. The Trust, in short, did not act quickly enough to tackle the problem.
- The significance of the Trust not breaching the cap when other Trusts did, was simply that other Trusts were willing to pay more for the services of locums. The Trust obviously therefore would not attract as many suitably qualified locum doctors.
- NHS Improvement confirmed they were aware of potential gaps in the system around the enforcement of the agency cap and they were currently unable to monitor this as effectively as they would like. It is a matter of concern that such an important and commendable government initiative to reduce the costs of locums was not being properly monitored to ensure fairness.
- Many reasons were cited by the Trust explaining how multiple factors had compounded their inability to adequately staff the A&E Department at Chorley such as the application of the agency cap, lack of trainees and the unreliability of locum doctors. However the Committee felt these considerations were universal across the NHS, and being dealt with more effectively elsewhere. There was a concern that the Trust was attempting to shift the responsibility onto other organisations for the current position.
- Even though it was acknowledged that the Trust held the agency cap until the 11th hour it is unclear what the underlying reasons are for staffing issues being at crisis point at Lancashire Teaching Hospitals whilst other Trusts such as University Hospitals Morecambe Bay are able to maintain an A&E provision on more than one site.
- The Trust seem to place an over reliance on trainee posts to supplement their staffing structure for the A&E Department and the reduction in actual number of trainees available has not been adequately addressed. The Committee felt that the Trust just cited the inability to confirm exact trainee numbers without providing any assurances that alternative

methods were being developed. Health Education North West were of the opinion that a sufficient number of trainee posts had been allocated to the Trust and nationally there was not the demand from doctors for an increase in emergency medicine placements.

- The national issues of discrepancy between substantive and locum staff pay, the adherence to the agency cap by Trusts and the number of available emergency medicine training places are significant factors that would benefit from a fundamental review.
- Because of the way that Emergency Departments are run in the UK it was agreed that challenges exist around the ability to identify staff from overseas who are able to be recruited on the basis that their knowledge and experience of an emergency department system is similar to that in the NHS. This effectively narrows the places from which potential staff can be sourced.
- It was acknowledged by Medacs, the managed recruitment service used by the Trust, that there were challenges to recruiting to Chorley A&E, due to the lack of trauma and intensive care units at the site, which made it less attractive to specialists in emergency care

How the developing situation had been communicated

- The Trust must take the responsibility for the poor management of the issue in terms of communicating concerns early enough to partners and formulating an action plan to deal with such an event.
- Taking the decision based on clinical safety does not mitigate the fact that Lancashire Teaching Hospitals and the wider health system should have taken action earlier to address staffing issues and to communicate with other partners and stakeholders
- It was apparent from several sources, including the Trust itself, that the emerging issue of staffing levels reaching crisis point at Chorley had been known and documented for a significant period of time and the Committee were dismayed that the information had not been shared with stakeholders sooner nor an active action plan developed and implemented.
- It also appears that the Trust may not have adequately communicated the services for which the UCC could be used, and when the public should attend the full A&E

What the future holds

- Members were always sceptical that the potential re-opening date of August subject to staffing levels was unlikely to be achieved and that the A&E Department would not re-open. The latest communication from the System Resilience Group (dated 28 July) has borne this out, and it now appears that the A&E will not re-open until 2017 at the earliest.
- The Committee felt that the Urgent Care Centre opening hours are not adequate even as a temporary measure. It was felt that a 24 hour service was necessary, and at the very minimum it should be 6am – midnight. The Committee also considered that the Trust should begin to reintroduce extended hours on an incremental basis for the Urgent Care Centre as soon as additional staff became available as an interim measure and to demonstrate their commitment to the service.
- The Clinical Commissioning Group should take more of a lead role in driving a resolution forward by insisting the Trust look at different ways of service delivery by comparing the actions of other Trusts.
- Health Education North West stated that for a centre to offer the required training element for doctors it needed to provide at least 2 of the following 3 specialisms; an A&E, Paediatrics and Intensive Care – Chorley no longer has these facilities. Some members expressed the view that the long term future use of Chorley Hospital overall appears to be unclear in light of key service areas withdrawn over recent years. This needs to be addressed within the Sustainability and Transformation Plan for Lancashire and South Cumbria to determine what role the hospital will play in the transformative plan for health and care services in the county.
- The local 'Our Health, Our Care Programme' being designed by the Clinical Commissioning Group and the wider 'Healthier Lancashire & South Cumbria Change Programme' need to demonstrate how they will consider the views and ideas of the local population. It is recognised that as the Sustainability and Transformation Plan for Lancashire and South Cumbria is developed it will outline how health and care services are built around the needs of the local population and therefore bring about significant changes to the patient experience and substantial improvements in health outcomes.
- The Trust have failed in its attempts to convince the local community that there is a genuine commitment to re-open the A&E Department at Chorley. Regular and well attended public protests at Chorley hospital demonstrate great local concern at the

position. Evidence, especially from MPs and local campaigners, suggests a lack of trust by a large section of the public and there is even a view that has been expressed that the handling of the situation has amounted to "closure by stealth". The Trust therefore need to make a very clear statement that they are fully committed to reopening a full A&E service at Chorley. Clearly, if that is not the case, and the intention is to close Chorley A&E permanently, that must not be done until there is the full consultation, in accordance with legal requirements, where the Trust can openly set out its reasoning for closure and the public and its representatives can have their say as part of a proper democratic process.

Conclusions

There is a major problem in Lancashire and the rest of the country in Emergency Care. The reasons for this are complex, wide ranging and the subject of much debate amongst health and social care professionals, politicians and the public. The Committee can't solve this problem, it can only acknowledge that it exists, and try to understand the situation in Chorley in this context.

It would be unfair to simply say that all of the problems in Emergency Care in central Lancashire are the fault of the Trust. The Committee also accepts that, at the point the announcement was made, the situation at Chorley A&E would have become unsafe for patients if it had been allowed to remain open.

However, it would equally not be reasonable to say that the Trust is a simple victim of circumstances, nor that the Trust could not have acted to prevent the situation at Chorley becoming unsafe.

Simply put, it has been clear for some time that there has been a growing problem in Emergency Care. The Trust could and should have seen that coming, and should have taken action to ensure that the problem did not become a crisis.

The Trust failed to act soon enough to tackle the problems with recruitment. It failed to recognise that the situation was "exceptional" and justified breaking the agency cap much earlier. The Trust did not appear to have actively sought other options or engage with other Trusts to identify creative solutions, and when, finally, the Trust acted, it was too late.

The Trust also failed to communicate with key partners and the public about the developing situation. There were rumours which the Trust did not either confirm or effectively put a stop to. The Health Scrutiny Committee, who the Trust have a statutory duty to engage with, were kept in

the dark. If the position had been explained, if the Trust had been more open, then conversations and consultations could have been held and a solution could possibly have been found.

The position at Chorley is still unresolved, and it has recently been confirmed that the Trust has not recruited sufficient staff to reopen in August, as originally suggested might be the case. The latest information is that the A&E will not reopen until 2017, indicating that whatever actions the Trust is taking are insufficient, and giving fuel to the fire of those who believe that it is the Trust's intention, and perhaps has always been the Trust's intention, to close Chorley A&E permanently. If this is not the case then the Trust needs to make a clear public statement to that effect.

The Committee, and the public, understand that the NHS is under great pressure, and that NHS services have to change to reflect demand, clinical developments, better integration, improved technology and the financial pressures it is under. However, any changes must be done in a co-ordinated, planned, open and transparent way, looking at the whole system of health and social care. Until actions are taken in primary care, other acute services and social care to reduce demand on A&E, reducing capacity in emergency care and piecemeal and emergency closures will only make a bad situation worse.

The Trust, by their actions and in some cases inaction, have regrettably made an already difficult situation worse.

Recommendations

1. The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22 November 2016
2. The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the four hour target for A&E attendance at Royal Preston Hospital
3. The Clinical Commissioning Group to provide the Committee with evidence that it is supporting the Trust to explore all methods to recruit and retain staff
4. NHS England should undertake a review of the national issues identified within this report, namely:
 - a. The discrepancy between substantive and locum pay
 - b. The need for clear guidance relating to the application and/or removal of the agency cap
 - c. The number of emergency medicine trainee places
5. In the light of the failure of the Trust to communicate in a timely and effective manner with the public and their representatives in this case, NHS commissioners be asked to demonstrate how they will effectively engage and involve local residents in future service design
6. The System Resilience Group should develop a plan that identifies the lessons learnt from this situation, in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders.
7. That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire Health and Wellbeing Board be asked to take responsibility for the implementation and monitoring of this priority.
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.
9. The Trust should actively seek best practice from other Trusts regarding staffing on A&E Departments
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.

Appendix A

Number of ambulance attendances at individual hospitals from residents with a Chorley South Ribble CCG postcode for April-June in 2015 and 2016

Attendances	Year		2015 Total	2016		2016 Total	Grand Total
	2015 Non AE Department	AE Department		Non AE Department	AE Department		
Month							
Royal Albert Edward Infirmary Wigan Greater Manchester		24	24	9	157	166	190
April		5	5	3	19	22	27
May		10	10	3	73	76	86
June		9	9	3	65	68	77
Royal Blackburn Hospital Lancashire	5	11	16	9	33	42	58
April	1		1	6	12	18	19
May	2	4	6	3	12	15	21
June	2	7	9		9	9	18
Royal Bolton Hospital Greater Manchester	3	8	11	2	30	32	43
April	2		2		7	7	9
May	1	1	2	1	13	14	16
June		7	7	1	10	11	18
Royal Preston Hospital Lancashire	259	1064	1323	405	2598	3003	4326
April	86	386	472	165	665	830	1302
May	99	343	442	132	1029	1161	1603
June	74	335	409	108	904	1012	1421
Grand Total	267	1107	1374	425	2818	3243	4617

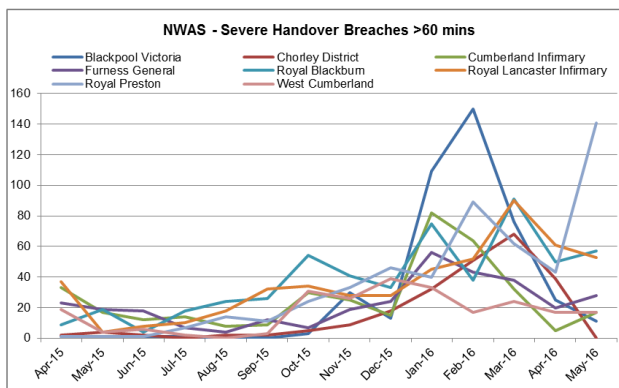
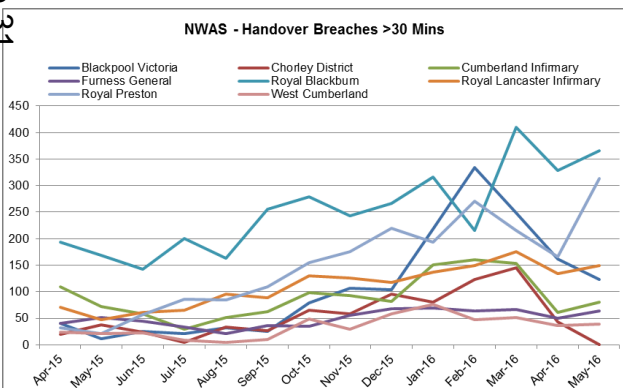
NHS Chorley and South Ribble CCG (CSRCCG) - ED Attendance Impact Assessment

Ambulance Handover Delays (Data Source: NWS Portal – HAS Reports, excludes exceptions)

Trust Site	Breaches (Excluding Exceptions)	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16
Blackpool Victoria	Handover Breaches >30 Min	40	11	25	21	32	25	79	106	104	218	334	248	162	123
	Severe Handover Breaches >60 Min	1	1	1	1	0	0	3	30	13	109	150	76	25	11
Chorley District	Handover Breaches >30 Min	20	37	24	4	34	27	65	59	95	80	123	145	43	0
	Severe Handover Breaches >60 Min	2	4	2	0	2	2	5	9	18	32	51	68	39	0
Cumberland Infirmary	Handover Breaches >30 Min	110	72	58	30	52	63	99	93	82	151	160	153	61	81
	Severe Handover Breaches >60 Min	33	17	12	14	8	9	30	25	15	82	64	32	5	17
Furness General	Handover Breaches >30 Min	40	52	44	34	21	36	35	55	68	69	64	67	50	64
	Severe Handover Breaches >60 Min	23	19	18	7	4	12	7	19	24	56	43	38	20	28
Royal Blackburn	Handover Breaches >30 Min	193	168	143	200	163	256	279	243	266	316	216	410	329	366
	Severe Handover Breaches >60 Min	9	19	4	18	24	26	54	41	33	75	38	91	50	57
Royal Lancaster Infirmary	Handover Breaches >30 Min	71	47	61	65	96	88	130	126	117	137	150	176	134	150
	Severe Handover Breaches >60 Min	37	4	8	10	18	32	34	28	28	45	52	90	61	53
Royal Preston	Handover Breaches >30 Min	32	21	57	86	84	110	155	175	220	193	270	215	166	313
	Severe Handover Breaches >60 Min	1	1	1	7	14	11	24	33	46	40	89	62	43	141
West Cumberland	Handover Breaches >30 Min	24	21	23	9	4	10	49	29	58	76	48	51	36	39
	Severe Handover Breaches >60 Min	19	4	6	2	0	3	31	26	39	33	17	24	17	17
Cumbria & Lancashire	Handover Breaches >30 Min	530	429	435	449	486	615	891	886	1010	1240	1365	1465	981	1136
	Severe Handover Breaches >60 Min	125	69	52	59	70	95	188	211	216	472	504	481	260	324

- The table left displays all breaches reported by NWS (excluding exceptions) for all Trusts within the Cumbria and Lancashire area since Apr-15.
- The charts below show the handover breaches by Trust for both >30 minutes and >60 minutes.
- There has been an increasing trend for most Trusts over the reported period with the greatest growth for > 30 min breaches for Royal Blackburn.
- The greatest increases for severe handover breaches >60 mins can be seen for Royal Preston with increases during months Jan-15 and Feb-15 for Blackpool Victoria.

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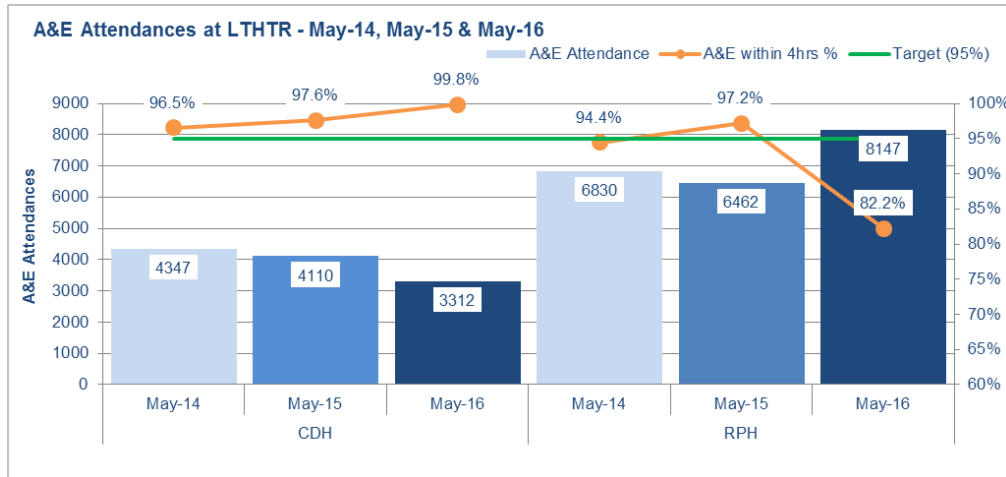


Weekly analysis from NWS shows that number of ambulances arriving at RPH have seen an increase of 24 on average a day since temporary closure of ED at Chorley

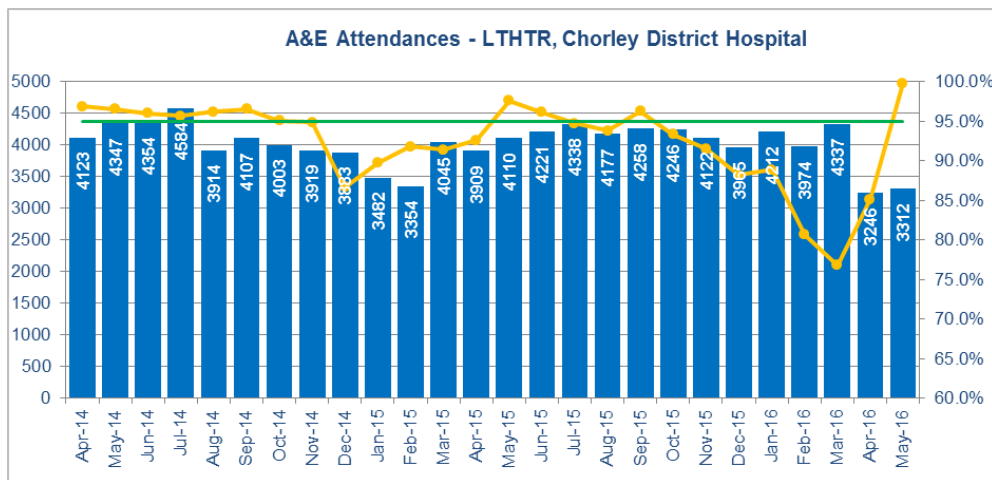
NHS Chorley and South Ribble CCG (CSRCCG) - ED Attendance Impact Assessment

Follow-up Data Requirement – July 2016

- A&E Attendance Activity at LTHTR (Data Source: LTHTR Monthly 'Sitrep')**



- The chart left shows the volumes of A&E attendances at LTHTR by site for the month May for the last three years 2014/15, 2015/16 and 2016/17.
- The 4 hour performance is also shown against the target of 95%.
- Attendances have reduced by 19% at CDH comparing May-16 with May-15.
- Attendances have increased by 26% at RPH comparing May-16 with May-15.
- Performance of the 4 hour target has improved at CDH and has deteriorated at RPH to 82.2%.



- The chart left shows volumes of A&E attendances at CDH since Apr-14 with the 4 hour performance (yellow line).
- Year to date 2016/17 there has been an 18% reduction in attendance volumes at CDH.
- During May-16 the 95% target has been met for the first time since Aug-15 at 99.8%.

Health Scrutiny Committee

Meeting to be held on 20 September 2016

Electoral Divisions affected: All

Health Scrutiny Committee Work Plan 2016/17

(Appendix A refers)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is 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.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Draft Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 20.9.16

Health Scrutiny Committee	
Date	Topic
26 April	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Explanation from the Trust
24 May	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Recruitment issues
14 June	Lancashire Teaching Hospitals Trust (Chorley A&E) b- investigation into temporary replacement of A&E Department with an Urgent Care Centre. Sustainability issues
26 July	Meeting cancelled
20 September	<ul style="list-style-type: none"> • NHS England Specialised Commissioning – proposals for in-patient services for adults with learning disabilities. • Report on the emergency care crisis in Chorley
18 October	<ul style="list-style-type: none"> • Healthier Lancashire & South Cumbria Change Programme – Case for Change • NHSE
22 November	<ul style="list-style-type: none"> • Sustainable Transformation Plans – focus on vanguards • Health & Wellbeing Partnerships – role of influence
10 January	<ul style="list-style-type: none"> • Health & Wellbeing Board – annual review

	<ul style="list-style-type: none"> Healthwatch – annual review
28 February	Care in the home and suitability of housing
11 April	Mental Health services

Steering Group	Progress
Occupational Therapy	Update on service under new structure arrangements
Southport & Ormskirk Hospital Trust	Outcome of senior management suspensions
Care Home sector	Regular updates from Lancashire Care Association
SOHT – retendering of Community Services	Updates on the procurement of services
Rossendale Task Group report on NWAS	Update on response to recommendations
Update on Adult Social Care issues	Periodic updates provided by Tony Pounder
Mental Health Services	Met with officers to discuss service issues
Adults with Learning Disabilities	Met with officers from the CCG and then NHSE Specialised Commissioning Team
Improved access to GP services in East Lancashire	Met with CCG

Task Groups:

- Shortage of Nurses – request presented to Scrutiny Committee 13 November. Approved.

Health Scrutiny Committee

Meeting to be held on 20 September 2016

Electoral Divisions affected: All

Report of the Health Scrutiny Committee Steering Group

(Appendices 'A' to 'D' refer)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

wendy.broadley@lancashire.gov.uk

Executive Summary

On 8 February 2016 the Steering Group met with officers from the Health and Care Systems Development Team regarding mental health services and officers from East Lancashire Clinical Commissioning Group to discuss the commissioning arrangements of services for adults with learning disabilities. A summary of the meeting can be found at Appendix A.

On 7 March 2016 the Steering Group met with officers from the West Lancashire Clinical Commissioning Group to discuss the West Lancashire Community Health Services Procurement. A summary of the meeting can be found at Appendix B.

On 18 April 2016 the Steering Group met with Tony Pounder to update on developments within adult's social care. A summary of the meeting can be found at Appendix C.

On 27 June 2016 the Steering Group met with David Rogers and Rebecca Demain from Communications and Engagement, East Lancashire Clinical Commissioning Group to discuss the proposal to improve access to GP services in East Lancashire. A summary of the meeting can be found at Appendix D.

Recommendation:

The Health Scrutiny Committee is asked to receive the report of the Steering Group.

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 8th February, 2016 at 2.00 pm in Room B18b, County Hall - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala
Mrs F Craig-Wilson

1. Apologies

Apologies were noted from Bridget Hilton and Sharon Martin who were due to attend to discuss Item 4 – Adults with LD.

2. Notes of the last meeting

Notes from the meeting held on the 18th January were agreed as an accurate record and there were no matters arising.

3. Mental Health Services - 2.00pm

Julie Dockerty and Jon Blackburn from the Health and Care System Development Team attended to update members on the mental health services.

The programme of work looking at high spend contracts of care to identify costs and possible alternatives was outlined to the members.

From analysis of the mental health services market place, areas identified include:

- There are less people using home care across Lancashire
- There is currently no framework in place or preferred providers
- It is a free market
- Mental health is very unstructured and very different from any other client groups
- Home care is too fragmented
- There is duplication in services

There are a number of partnering opportunities with health and they are exploring those collaborations. Bench marking has been completed with other authorities and have liaised with health.

Following the assessment of the market, various areas have been highlighted which include:

- Controls on the market to ensure fairness and equity across the county - looking at pricing structure and a support agreement
- Looking at segmenting care and the different models of support with clear pathways
- Possible reduction of providers to around 20 (for new business only)
Some providers only have one or two service users and they were in agreement with the reduction of providers
- Discussion to be held with providers to understand how much work there would be, staff needed etc. Capacity of organisations to be included in contracts to ensure development of staff etc.
- Using current market to identify demand

There have been three rounds of consultations with providers and service users and as a result have solid proposals for procurement. Third sector providers will be involved and have established good links.

Long term contracts are being looked at with the potential for seven break points. This will assist with evaluation of the contract and the service provided.

Members asked how the reduction of providers will be weighted. This has been discussed with providers and it was felt that grouping by districts would be more beneficial.

Members felt that the following needed to be taken into consideration:

- How to handle medication in community and the safety issues for that person and community.
- Reactiveness of the community.
- Need to ensure that if person has mental health need, to ensure provider is mental health professional.
- Domiciliary care market – are there any good practice examples nationally that could be looked at

In addition members requested information on how this will relate to CAMHS. The national report has been published and working group established to bring forward national plan and how it links with this work in Lancashire.

Next Steps

This will be a whole systems approach and there will be some joining up with the learning disability commissioning.

Proposals have been put together and are been discussed with the Management Team and also working with Newton Consultancy.

Members requested sight of the final report for further discussion.

4. Adults with LD - 3.00pm

David Rogers and Maria Howard from the East Lancashire Clinical Commissioning Group attended to discuss with members the commissioning arrangements of services for adults with learning disabilities.

Maria outlined the background to this work which included:

- Lancashire is one of six fast track sites
- Bids for funding was submitted and received £1.3m (not capital)
- National plan came out which changed the Lancashire plan to include the closure of Calderstones
- Timescale for the programme is three years from April 2016
- A plan has been coordinated with stakeholders and commissioners and a steering group established with Tony Pounder and Sharon Martin (East Lancs CCG)

Maria then discussed the on-going work on commissioning arrangements which included:

- Pump priming funding to ensure smooth transition
- Setting up community prevention services and crisis management services where the most severe cases would become inpatient care
- Early intervention to prevent crisis and rate of offending (preventative rather than reactionary service)
- Clear pathway with no gaps in provision
- Looking at fixed price contracts and identifying quality in commissioning services
- Meeting with commissioners to identify the combined areas

Further discussion took place around the closure of Calderstones. Maria reported that:

- Plans to be implemented for those in the judicial system which need to be detained and also for those who could be released.
- Looking to identify those held in the system indefinitely to ensure correct packages of care for them.
- Some funding will be made available for resettlement
- Discussions are taking place to determine whether the site would be sold or if it could provide a base for other services
- Looking at what they can do to keep individuals based in the houses on the outskirts with a package of care in the community.

David then detailed the following information around the communications plan for Transforming Care:

- A Communication Work Plan has been drafted along with a Route Map.
- Maximising the use of communications teams across all partner agencies
- Calderstones communications is being led by NHS England. There is a need to align with this around any public communication.

Wendy discussed the benefit of joint scrutiny around this area of work with Blackpool and Blackburn. In addition, members were asked if they felt that Greater Manchester should be included as Greater Manchester have more patients in Calderstones than Lancashire. It also will involve Cheshire and Merseyside. There is a North West Scrutiny Officers meeting in March and it was agreed it would be beneficial to discuss further at this meeting. In addition, there is a Chairs Network (North West Employers) meeting where this could be included.

It was agreed that:

1. Members agreed that the same information needs to come to Lancashire, Blackpool and Blackburn.
2. A draft is to be circulated to members for comment
3. Wendy to send contact details for Blackpool and Blackburn to David and Maria

5. Quality Accounts

Members agreed to provide standard statement if requested.

6. Date of next meeting

The next meeting on the 7th March at 2pm, County Mess will include item from West Lancs CCG on Community Health Services procurement.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee - Steering Group

**Minutes of the Meeting held on Monday, 7th March, 2016 at 2.00 pm in
County Mess, County Hall - County Hall, Preston**

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle
Y Motala

N Hennessy

1. Apologies

Apologies was received from Cllr Fabien Craig-Wilson.

2. Notes of the last meeting

Notes from the meeting on the 8th February 2016 were agreed as an accurate record and there were no matters arising.

3. West Lancashire Community Health Services Procurement

Karen Tordoff, Jackie Moran and Claire Heneghan were welcomed to the meeting to discuss West Lancashire Community Health Services Procurement.

West Lancashire CCG are currently in the process of re-procuring the adult and community health services due to the current contract with Southport and Ormskirk Hospital NHS Trust coming to an end in April 2017.

The information used which has formed the basis of this procurement exercise has come from the feedback provided by local communities following a nine month consultation process.

A Pre-Qualification Questionnaire was circulated in December with a deadline of the 22nd January. An event was held with potential providers which gave the opportunity to provide information on the vision for this service.

Shortlisted providers have been invited to attend competitive dialogue sessions. Those shortlisted are:

For Lot 1 (community health services such as district nurses, palliative care, diabetes, IV therapy service and rehabilitation services):

- Lancashire Care Foundation Trust
- Bridgewater Community Healthcare

- Virgin Care Services
- Optum Health Solutions (UK) Ltd

And for Lot 2 (urgent care services including GP out of hours service, walk in centres and Acute Visiting Service):

- Optum Health Solutions (UK) Ltd
- Virgin Care Services

From this, a service specification will be identified to circulate to the shortlisted providers for submission of final tenders by the end of August. Population management will be a key element and bidders will need to evidence their knowledge of the population and the service provision linked to this.

Contracts are to be awarded in September 2016.

There will be engagement with staff throughout the process and a briefing was held in January 2016. In addition, discussions have been held with staff affected by the change. And as part of the workforce plan, the following areas have been identified:

- Development opportunities for staff to support the new services.
- Leadership and outcomes based plans.
- Effects on work outcomes as a result of this change for staff.
- Management of potential staffing issues around high sickness levels and the impact on service.
- Information on recruitment and retention nationally, across Lancashire and locally to input into the contracts and to maximise on different skill sets.

The competitive dialogue sessions will include workforce development planning.

Contracts will be managed through outcomes, performance management and quality standards. Department of Health standards will be used for this. 12 months' notice will be given to end a contract unless there are significant issues with the service provision.

A timeframe of two years has been identified to get service provision up and running but will be monitoring outcomes in the interim.

The media statement dated 25th February 2016 from Southport and Ormskirk Hospital NHS Trust on the community services tender for West Lancashire was circulated with the agenda for information. This detailed the decision from West Lancashire CCG to not continue with the submission from Southport and Ormskirk Hospital NHS Trust. Although it was understood that there would be repercussions from this decision, it was felt that the submitted information did not support the vision for this service.

West Lancashire CCG are the first in Lancashire to go through this process. It was agreed that it would be helpful to share the findings from the process including lessons learned other CCG's.

West Lancashire CCG are now looking for partners to provide support to scrutinise their process.

It was agreed that:

1. Time commitment detail and role to be sent to CC Holgate on the request for scrutiny support and CC Holgate to provide potential partners to assist with this.
2. Update to be provided to the steering group at the September meeting

4. Date of next meeting

Monday 18th April, Room B18b, County Hall

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 18th April, 2016 at 2.00 pm in Room B18b, County Hall - County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala
Mrs F Craig-Wilson

1. Apologies

There were no apologies.

2. Notes of the last meeting

Notes from the last meeting on the 7th March 2016 were agreed as an accurate record and there were no matters arising.

3. Update on adult social care issues from Tony Pounder

Chair welcomed Tony Pounder, Director for Adult Services to the meeting to update the group on developments within adult's social care.

Tony updated the group on information which has been presented at a number of recent briefing sessions for staff in adult's social care where one of the performance indicators related to delayed discharge. Tony reported that the challenge around this relates to many areas such as complex needs, ongoing needs and coordination of the services required. Internally, what makes a difference is having co-location of staff, co-management of different services and common ICT systems. Externally, for example in nursing home care there are issues around staff shortages and with quality.

Social workers provide services in hospitals seven days a week to complete assessments but the coordination of the required services can delay discharge.

Tony reported they are working with health around redesigning programmes to assist with the performance in delayed discharge. In addition, they are making sure any gaps identified are minimised to help with success of this integration.

Tony then highlighted to the group areas of concern around workforce planning for the health and social care system which included:

- Difficulties around competition in relation to pay – some service areas pay less per hour than in retail
- Shortages of nurses (losing staff to NHS) possibly due to the higher levels of responsibility in nursing homes and there is more support for nurses in NHS
- In addition there is more scrutiny in nursing homes
- There is a need to recognise the value of staff in the care sector and to have clear career pathways

Fee uplift reports are currently going through for approval to the Cabinet Member to support the wage increase.

The third sector capacity is reducing and as a result are facing challenges in delivering the services required, particularly the smaller organisations scattered across county. CC Brindle raised concerns around the growing business side of charitable organisations and the impact on their priorities and funding.

CC Holgate queried the situation around step down services (i.e. convalescence). Tony confirmed to the group that it is at this point that patients would be discharged home or to other services (such as recuperation). Several residential care homes do have a focus on short term recovery goals. It was acknowledged that further support to these services may help the pressure within hospitals.

The group then considered the wellbeing of carers, including the required understanding for a carer and possible respite needs. It was acknowledged that there is a need to look at the family as a whole around resilience.

Resolved: To meet with Tony on a six monthly basis to update on progress.

4. Date of next meeting

9th May at 2pm in the County Mess – Committee work planning workshop

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 27th June, 2016 at 2.00 pm in Scrutiny Chairs' Room, B18b, 1st Floor, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala
Mrs F Craig-Wilson

1. Apologies

There were no apologies.

2. Notes of the last meeting

Notes from the last meeting on the 18 April 2016 were agreed as an accurate record and there were no matters arising.

3. 2.00pm - East Lancashire CCG

Chair welcomed David Rogers and Rebecca Demain from Communications and Engagement, East Lancashire Clinical Commissioning Group (CCG) to present information (appended to the minutes) on the proposal to improve access to GP services in East Lancashire.

It was reported that the background to the proposal related to feedback received following a qualitative survey and focus group exercise. The feedback indicated a need to identify improvements in the access to GP services.

The next stage of the process included a Stakeholder event to identify priorities and following this a 'Coproducton Group' was established to produce a number of guiding principles and from that a proposed model of services to include access to a 'Health Hub' to support GP services through the offer of extended hours seven days a week.

The consultation was reported to end on the 8 July 2016 with an interim report to follow. A full report will then be completed by September 2016 with an implementation date of April 2017.

The information presented was discussed and the following areas clarified:

- The out of hour's service for routine appointments was reported to be different from the out of hour's urgent primary care service as this was a contracted service.
- The group were informed that Burnley/Hyndburn urgent care service required premises and were currently looking at estates appraisal, access etc. to identify appropriate location. Discussions were also being held to identify any potential LCC premises.
- It was reported that the current walk in centre should be for routine appointments but was being utilised as an interim care service and not a best use of the resource. The group suggested that there was a need to clarify the service requirements so communities have a better understanding of services offered.
- It was confirmed that all new services would be underpinned by full access to medical records.
- It was suggested that there was a need to understand appropriateness of services needed within the Hub.

It was acknowledged that workforce recruitment and retention was still an issue. The retention rate was reported to be around 50% with work ongoing to ensure sustainability in the future. In addition, they were looking to attract different levels of GPs into the area.

Resolved: To provide an update to the group following the consultation for further feedback prior to the release of the full report in September 2016.

4. 3.00pm - NHS England : Specialised Commissioning

Chair welcomed Lesley Patel, Andrew Simpson and Mary Hardy from NHS England to discuss specialised commissioning.

A presentation (appended to the minutes) was provided detailing the background to the Transforming Care agenda, the engagement process and model of service proposed for low secure services.

The proposal included the following client groups where there was an identified need:

- Women's services.
- Autistic spectrum disorder and learning disability.
- Mainstream group for new service users which requires further consideration.
- Those with enduring needs who would not be able to be integrated into society. There was need to ensure right level of provision which was not too restrictive and optimised quality of life.

- Maintaining existing services which would include those out of Lancashire patients to repatriate where possible.

In relation to Calderstones NHS Foundation Trust, it was confirmed that the patient numbers have already reduced from 250 to 111 but it was acknowledged that within the remaining patient numbers there were more challenging service needs to be identified. It was confirmed to the group that time and attention was being given for patients with wrap around services to support the stepping down process.

It was reported that early intervention should have a positive impact on numbers requiring these services and consultation with partner agencies would be required to understand the issues to assist with this.

The group were advised that community treatment reviews would be put in place to analyse patient care and the ongoing needs to enable identification of where stepping down could be achieved.

The group discussed the proposed timescales of a six week consultation and felt that this could potentially be a barrier to some groups being able to contribute and may be beneficial to extend this timescale.

It was confirmed that the consultation document was due to be completed with dates for the consultation. It would be made available through use of websites, easy read versions and with one large event at Calderstones to seek service user views. The group suggested that it might be more beneficial to have two events which included one at Calderstones and one at a suitable venue to target the identified audience they are requiring to seek views from.

It was confirmed that they also required community support on this proposal as a priority and the group advised that engagement with elected members would help to support this.

Resolved: It was agreed that NHS England be invited to the September meeting of the Health Scrutiny Committee.

5. Draft work plan

The group discussed the list of topics circulated with the agenda to inform the draft work plan from October onwards.

It was confirmed that the July meeting would have the Case for Change item from Healthier Lancashire which may identify further items to focus on.

The September meeting would include the specialised commissioning item from NHS England as previously agreed.

Resolved: Wendy to produce a draft work plan for the July meeting for further discussion by the Committee.

6. Date of next meeting

Monday 18th July, 2pm, County Hall, Preston

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on 20 September 2016

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:

Wendy Broadley, Democratic Services, 07825 584684

wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about 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 can inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

(a) to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or

(b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A