

Lancashire County Council

Health Scrutiny Committee

Tuesday, 22nd November, 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 18 October 2016 | (Pages 1 - 6) |
| 4. | Lancashire Teaching Hospitals Trust - Response to Scrutiny Report | (To Follow) |
| 5. | Health and Wellbeing Partnerships
Presented by: Clare Platt, Head of Service Health, Equity, Welfare and Partnerships | (Pages 7 - 10) |
| 6. | Report of the Health Scrutiny Committee Steering Group
Presented by: CC Steve Holgate | (Verbal Report) |
| 7. | Work Plan | (Pages 11 - 16) |
| 8. | Recent and Forthcoming Decisions | (Pages 17 - 18) |

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 10 January at 10.30am, Cabinet Room C, 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, 18th October, 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

Mrs F Craig-Wilson	B Murray
A Cullens	M Otter
G Dowding	N Penney
N Hennessy	D T Smith
M Iqbal	D Stansfield
Y Motala	

Co-opted members

Councillor Shirley Green, (Fylde Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor G Hodson, West Lancashire Borough Council

1. Apologies

Apologies for absence were presented on behalf of County Councillor Margaret Brindle, District Councillors Barbara Ashworth (Rossendale), Hasina Khan (Chorley), Lubna Khan (Burnley), Wayne Blackburn (Pendle) and Eammon Higgins (Hyndburn).

The following speakers were welcomed to the Health Scrutiny Committee meeting:

- Samantha Nichol and Roger Baker representing Healthier Lancashire and the South Cumbria Change Programme Team
- Lynn Simpson and Vince Connolly representing NHS Improvement

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no declarations of interest at this time.

3. Minutes of the Meeting Held on 20 September 2016

Resolved: Minutes from the meeting held on 20 September 2016 be confirmed and signed by the Chair.

4. Lancashire & South Cumbria Sustainable Transformation Plans

Samantha Nicol and Roger Baker were welcomed to the meeting to provide an update to the Committee on the development of the Lancashire and South Cumbria Sustainability and Transformation Plan (STP).

There were reported to be five local health and care economies which now have both local delivery plans (LDP) and collaborative mechanisms in place which involve District Councils through the Health and Wellbeing Partnership and Programme Boards. It was confirmed that these LDP's would recognise and incorporate service needs at a local level, quality standards, statutory and financial responsibilities.

The Committee were informed that in September 2016, financial templates were submitted which indicated a £572m gap rather than £800m previously reported. Members were advised that this was an indicative figure and that the local authority budget restrictions had been taken into account in the planning and approach.

There were reported to be a number of programmed works established to look at service provision around the three key service areas for population health, mental health and urgent/emergency care. It was confirmed that these three key service areas will be focussed on in the next 12 months. For mental health, it has been recognised that there is a need to focus on prevention/early intervention and early diagnosis and will be a significant piece of work.

In relation to urgent and emergency care, it was highlighted that a detailed model would be available by the end of year based on information from the national drivers and strategy and through an established urgent and emergency care network.

It was confirmed that the governance structure presented was based on decision making processes which have been established through previous change programmes. In addition, it was highlighted that all of the Clinical Commissioning Groups (CCG's) have delegated their decision making authority into the Joint Committee to take decisions. Members were advised that this structure had not yet been trialled for decisions to be taken and a practice workshop at end of November (before the first meeting of the Joint Committee) has been organised to identify how this would be achieved.

It was confirmed that the draft STP contained information on what services were already in place, what services would be required going forward and how it would be delivered. Members were informed that the third draft included additional detail on the future delivery, financial information and organisational plans.

It was reported that there was a need to focus on those areas that would have a more short term impact. One of these areas would focus on current service users to help manage their ill health better with integrated health and social care services. There continued to be a need to ensure that services are bespoke, specific and responsive and to ensure the utilisation of all assets (pharmacists, local voluntary sector).

The Committee were advised that public education would be a significant part of this work to assist with making healthy choices and to navigate the health care systems.

It was confirmed that the wider determinants of health were also included in the plans.

Resolved: That;

- i. The presentation be noted
- ii. An update with next steps be presented at a future meeting
- iii. An invitation be extended to one of the local programmes to attend a future meeting to discuss the local delivery plans

5. NHS Improvement - Role and Remit

Lynn Simpson and Vince Connolly were welcomed to the meeting to provide information to the Committee on the role and remit of NHS Improvement.

The presentation included information on the NHS Improvement operating model and objectives, areas of focus and information on the local organisation.

Members were advised that in relation to improvement capability, NHS Improvement were reported to be working with academies, clinical networks and have improvement programmes running. This was being evaluated on an ongoing basis to measure impact.

The four sub-regional teams were reported to be integrated to best support providers in their area and work with around 16-20 organisations per area.

Members were advised that NHS Improvement was in the process of establishing their role within the health service and were structuring teams to support providers to deliver improved services and to embed their role as a critical friend to support providers through the inspection process.

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

Members highlighted the need for robust challenge and were assured that there were a number of processes in place to support this which included:

- Board training programmes for non-executives.

- Sharing best practice through provision of a buddy system to provide additional support to the non-executives in organisations to challenge the executives.
- Regular meetings held with executives and have rigorous challenge which would then be fed back to organisations.
- Provision of other routes to challenge.
- In addition there was reported to be a need to look at triggers which could prompt a review and improvement support.

In addition, members were advised that there was a need to look at collaborative working and bringing organisations together. And although it was clear that there continued to be a need to hold providers to account, there was also a need for balance.

A question was raised in relation to information on the scrutiny of NHS Improvement. It was confirmed that although there was currently no scrutiny function in place, feedback would come from partner agencies. Further to this, measuring the impact of the service to organisations would provide some of this information and mechanisms would need to be established around this. Members requested further information with some examples of improvement.

In relation to the model for improvement for Accident and Emergency (A&E) service provision, it was reported that a number of A&E providers have met to look at performance, quality of care and to share best practice through meetings and site visits to be finalised in December. Members were informed that this was planned to be replicated to look at other aspects of quality of care.

The situation around the temporary closure of Chorley A&E was highlighted and the plans in place to ensure improvement in quality. It was acknowledged that around 10,000 patients were displaced as a result of this temporary closure and continues to be monitored.

On the subject of the number of training places, it was advised that numbers were modelled on future projections but demand and standards change which can impact on this. Members were informed that there was a need to look at where current roles could change to support service and patient needs and design staffing around that.

In response to the question around local services such as the First Responders Team who support the ambulance service – it was agreed there was a need to promote and replicate these local services in other areas across Lancashire.

Resolved: That the presentation be noted.

6. 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 4 July, 18 July and the 19 September 2016.

Resolved: That;

- i. The report be received.
- ii. Process be identified on how to present this information to the Committee for future meetings.

7. Work Plan

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.

The Committee discussed a request to the Clinical Commissioning Group's to present their two year plans and the Health and Wellbeing Partnerships to hear what is being done at a local level.

Resolved: That the report be noted.

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 22 November 2016 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 22 November 2016

Electoral Division affected:
ALL

Health and Wellbeing Partnerships

Contact for further information:

Clare Platt, Public Health and Wellbeing, clare.platt@lancashire.gov.uk Tel: 07876844627

Executive Summary

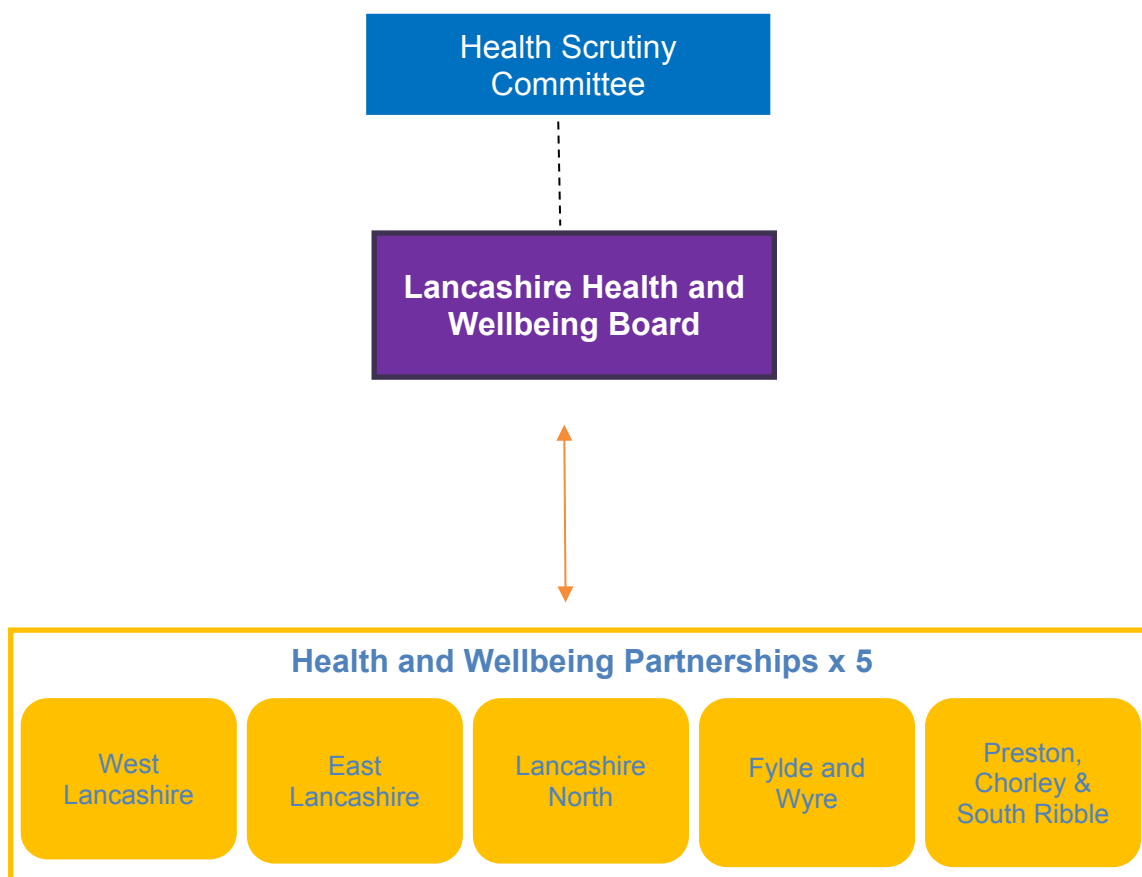
The report identifies the current health and wellbeing partnership arrangements, together with the proposals for the future relationship with the Health and Wellbeing Board.

Recommendation

The Committee is recommended to note and provide comment on the paper.

Background

Within Lancashire there are five local health and wellbeing partnerships which link with the County Health and Wellbeing Board.



The table below identifies the different partnerships and the current Chair of each group:

Local H&WB Partnership	Chair
Preston, Chorley & South Ribble	Gary Hall Chief Executive, Chorley Council
East Lancashire	Councillor Bridget Hilton Ribble Valley Borough Council
Fylde & Wyre	Dr Tony Naughton Clinical Chief Officer, Fylde & Wyre CCG
Lancashire North (Lancaster)	Dr Andy Knox GP Executive Lead (Health and Wellbeing), Lancashire North CCG
West Lancashire	David Tilleray Director of Leisure and Wellbeing, West Lancashire Borough Council

In general the partnerships were established as part of the Local Strategic Planning (LSP) structures developed a number of years ago; and have evolved into the current health and wellbeing partnerships. As such they are subject to governance and terms of reference that were initiated in their localities, delivering outcomes relevant to their local communities, with membership varying according to local requirements.

Health and Wellbeing Boards (HWBs) were established from April 2013. Initially, the local health and wellbeing partnerships were loosely associated with the HWB, although from June 2015 the chairs of the local partnerships have been invited to be members of the Board.

Future Proposals

Earlier in the year Lancashire Leaders agreed that work should be undertaken to move to a new model of health and wellbeing board governance, in the form of a single Pan Lancashire HWB, with five local area health and wellbeing partnerships (LHWPs), reflecting the local health economies.

Officers from different authorities are currently working to develop this proposal, including a more formal relationship between the HWB and the LHWPs, as presented to the meeting of the HWB on 24 October 2016.

In terms of governance and democratic influence, the paper identifies that:

- There is a need to make both levels operate effectively, take meaningful decisions and have productive discussions
- Decision making processes need to be robust and transparent
- Groups need to take into account what is “local” i.e. what does it actually feel like to live/work/visit the local areas
- Public and community engagement and empowerment is key
- There needs to be an agreed terms of reference which clarified decision making

with the recommendation that:

- Terms of reference be developed for the pan-Lancashire HWBB and the five LHWBPs
- That a Memorandum of Understanding or list of key principles be drafted for agreement between pan-Lancashire HWBB and the LHWBPs – setting out expectations; ways of working and roles within the decision making process. This would allow for consistency of implementation, but also some local discretion. These principles should link to the principles of the Lancashire and South Cumbria Change Programme
- Chairs/vice chairs from the LHWBPs should give updates on behalf of their group to the pan-Lancashire HWBB, and will be expected to report back to their groups on key issues emerging from the pan-Lancashire Board
- The Board and partnerships operate a named deputy system, to ensure decisions can be taken in the absence of formal members

Similarly in terms of promoting integration the paper identifies that:

- There should be a common set of goals and ambitions for integration across both levels – some comments suggests a third level, being that of neighbourhood/community level integration
- There is a need for a pan-Lancashire strategic framework but local influence to develop local delivery
- A feeling that the HWBB could “rise above” organisation boundaries and encourage what is right for people and the area - there is a need to be outcome focused, rather than organisational focused
- There is potential to utilise pooled budgets
- There is a need to think about how we share resources; expertise; workforce; estates and IT

with the recommendation that:

- The statutory duty for promoting integration should sit with the pan-Lancashire HWBB on the proviso that the pan-Lancashire HWBB set out ambitions and principles for integration, which are then implemented across all levels of delivery, including at locality and neighbourhood level where relevant– this would be developed through full engagement with all areas

It is anticipated that these proposals be finalized, for agreement by the three current statutory HWB authorities (Lancashire County Council, Blackburn with Darwen and Blackpool), ahead of implementation in spring 2017.

Consultations

N/A

Implications:

N/A

Risk management

There are no risk management implications arising from this report.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Directorate/Tel
Development of a Pan Lancashire Health and Wellbeing Board	24 October 2016	Clare Platt, Head of Health Equity, Welfare & Partnerships 07876 844627

Health Scrutiny Committee

Meeting to be held on 22 November 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.

Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 22.11.16

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) - 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 • NHS Improvement
22 November	<ul style="list-style-type: none"> • Response to the Emergency Care Crisis – Chorley report from LTHT • Health & Wellbeing Partnerships – role of influence

10 January	<ul style="list-style-type: none"> • Health & Wellbeing Board – annual review • Healthwatch – annual review • Sustainable Transformation Plans - update
28 February	<ul style="list-style-type: none"> • Care in the home and suitability of housing
11 April	<ul style="list-style-type: none"> • Mental Health services – focus on The Harbour

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
Rosendale 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
Our Health, Our Care – Chorley South Ribble and Greater Preston CCG	Met with officers from CCG and LTHT

ongoing design of new models of care	
Lancashire Care Association	Regular meetings with Paul Simic
North West Ambulance Service	Meeting with Trust to discuss data sources and information sharing

Task Groups:

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

Health Scrutiny Committee

Meeting to be held on 22 November 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