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





Healthier Lancashire and South Cumbria
Lancashire County Council HOSC Briefing
18th October 2016

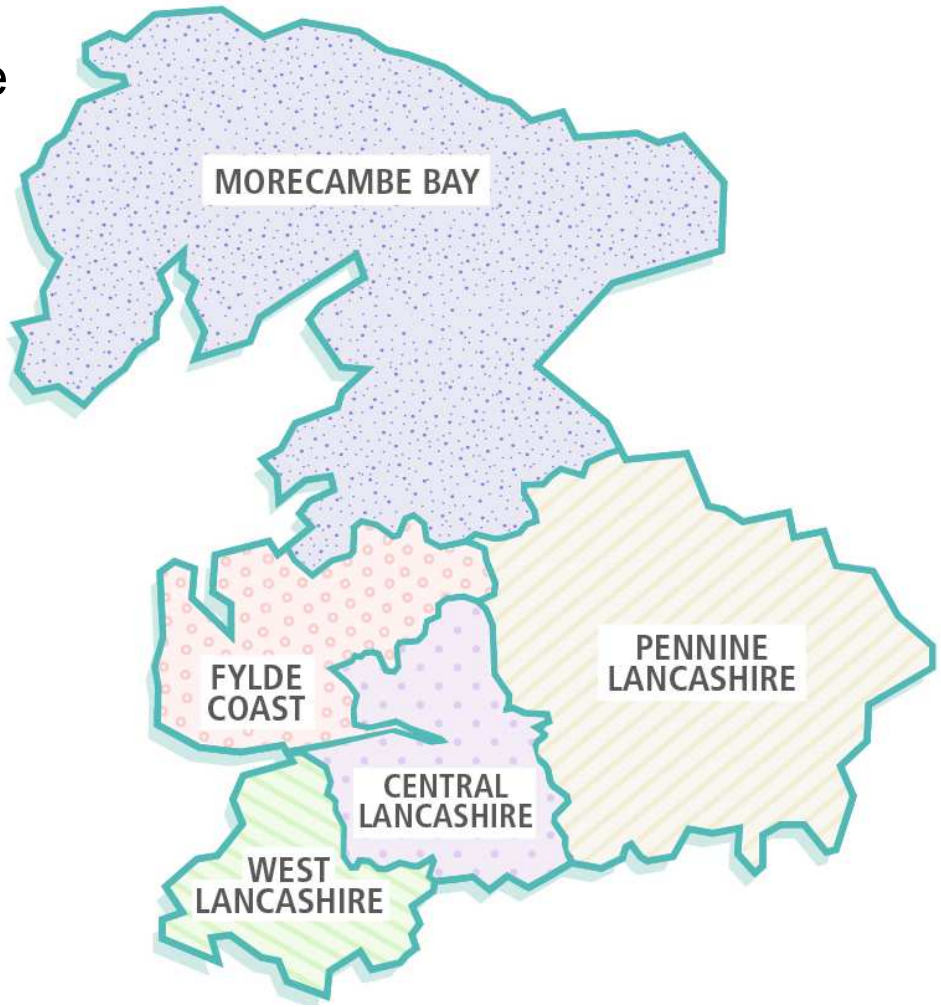
Sustainability and Transformation Plan

There have been improvements in health and care in Lancashire and South Cumbria over many years. People with cancer and heart conditions are experiencing better care and living longer, trauma care and those suffering heart attacks receive some of the best specialised care. However as demand for services grows due to the population getting older and poor health lifestyle choices persist there is a growing gap between rapidly rising demand and quality care. This can only be addressed if we re-design the health and care system to best meet all our resident's needs.

The plan being developed to do this is at an early stage is called the **Sustainability & Transformation Plan (STP)** and depends upon the widest level of involvement.

Developing a joint approach

- Health and social care organisations across Lancashire & South Cumbria have come together to develop a five year plan to improve our local population's health and wellbeing, to improve service quality and to deliver financial stability.
- We are developing a joint approach that will help achieve these objectives across the NHS, Local Government and the Third Sector.
- Partners have come together to form five local development plans across the region.



Why do we need change?

The facts

We have poor health and poor health outcomes
We are investing in services that are not working
The demand outweighs the resources we have

17-20% of the GP workforce are aged 55 or over and therefore likely to retire over the next ten years

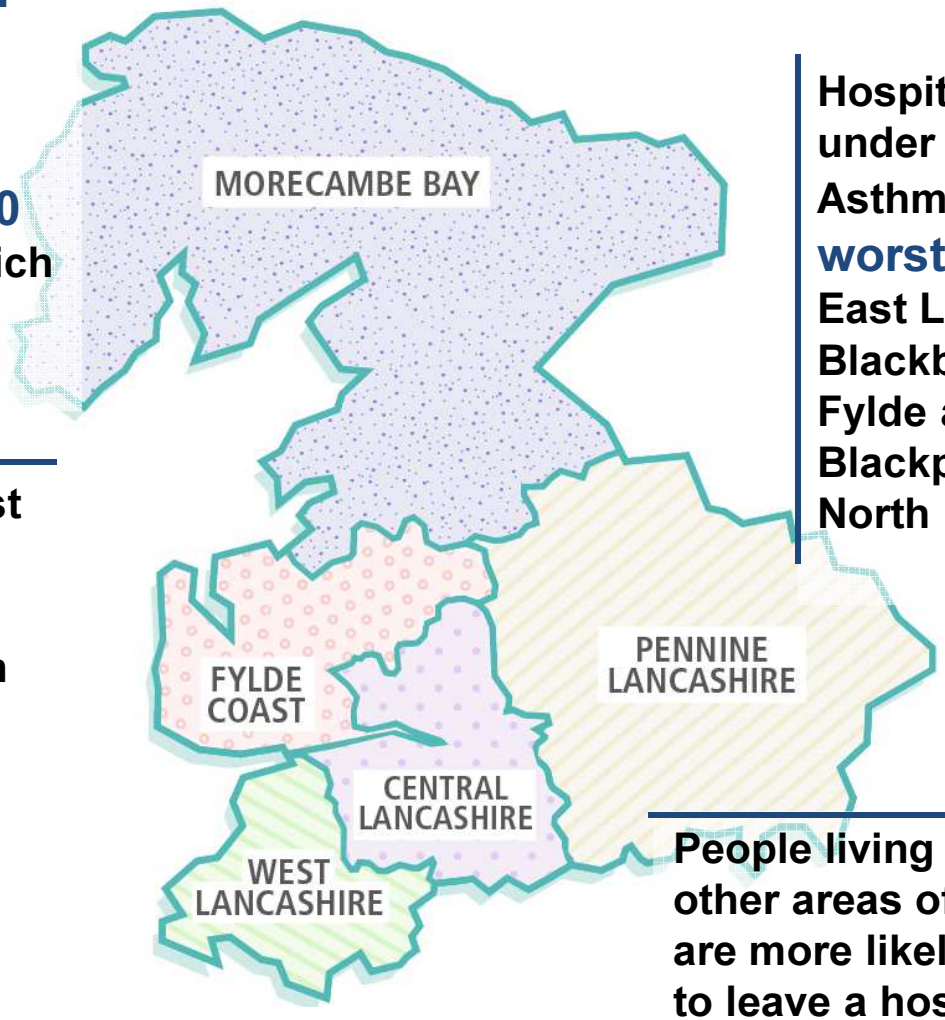
We are in the **bottom 25%** in the country for admissions caused by injuries to 0-14 year old children.

Alcohol misuse costs our areas over **£495m** per year. Nearly 8% of the population are estimated to be high risk drinkers

Quality of life for people with long term health conditions is worse than the average across England for **7 of our 9 CCG** footprints

Females in Lancashire & South Cumbria spend as long as 19 years in not so good health and men spend 17.2 years in not so good health.

Over 2,000 people over the age of 35 die each year from smoking in Lancashire & South Cumbria and that this costs us more than £290 million each year, of which £50 million is from our NHS.



Hospital admissions for under 19s suffering with Asthma are amongst the worst in the country in East Lancashire, Blackburn with Darwen, Fylde and Wyre, Blackpool, Preston and North Lancashire.

Blackpool has the highest number of people being admitted to hospital for substance misuse in the country.

0 to 4 year olds living in West Lancashire are more likely than in any other area to visit A&E.

People living in Burnley and other areas of East Lancashire are more likely than other areas to leave a hospital from being an inpatient and to be readmitted within just 30 days.

The Do Nothing Scenario and savings strategy

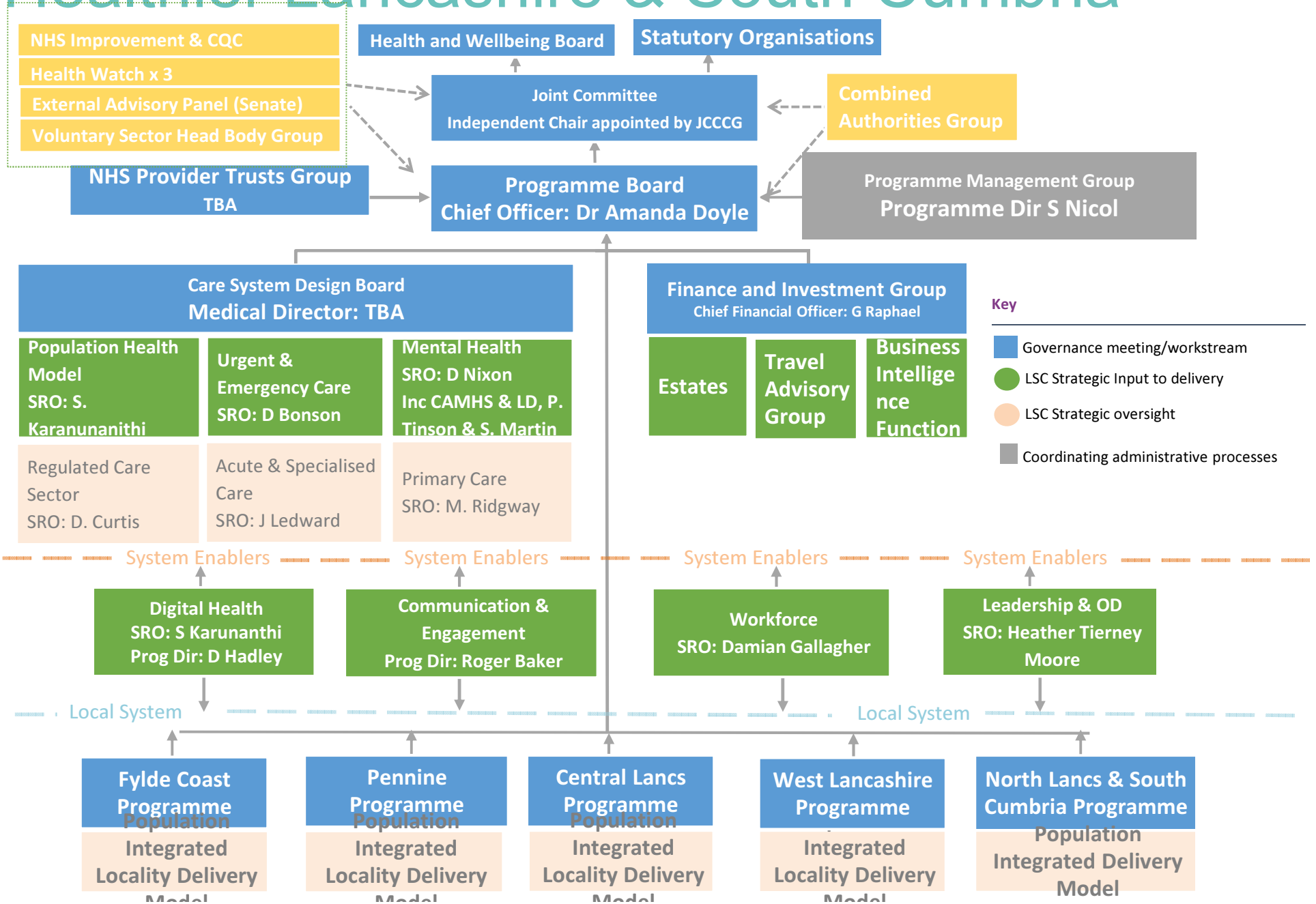
	2016/17	2017/18	2018/19	2019/20	2020/21
	£m	£m	£m	£m	£m
Health (October assumptions)	-59	-220	-303	-387	-443
Social Care (September assumptions)	-32	-64	-86	-108	-129
Total Gap	-91	-284	-389	-495	-572

Savings are planned in the following areas:

- Efficiency savings by healthcare providers re: Carter - £176m
- Commissioning savings identified through the Right Care methodology - £118m
- Development of primary and community (health, social and mental health) services that avoid the growth in acute services (£132m)
- Other measures – £44m
- Social care pressures recognised, but currently a major risk as mitigating measures have not been identified

Governance & priorities

Healthier Lancashire & South Cumbria



11 The underpinning design principles

Through the Healthier Lancashire and South Cumbria Programme the following principles have begun to emerge and gain consensus as the principles on which the potential future change to health and social care can be based. They are:

- The organisations and individuals that make up the health and care system for Lancashire and South Cumbria must work together as a previously unprecedented collaboration in order to close the health and wellbeing gap, care quality and financial gaps. No one organisation is able to resolve or respond fully to the challenges and drivers for change currently experienced across Lancashire and South Cumbria.
- To ensure an NHS for the future we must move from an illness focused and hospital based system to one that promotes good health and wellbeing and proactive services in the community.
- The health and care system will focus on agreed and shared outcomes rather than individual organisational plans, pilots or projects.
- Physical and mental health will have equal priority (parity of esteem) and will be considered together in the development of solutions and in any decisions taken.
- Decisions taken locally or at the STP footprint level will be evidence based and proposals and options will have been developed through an agreed process and the legally constituted governance mechanisms.
- Services should be designed based on meeting agreed quality standards.
- Services should be designed around the identified and prioritised health and care needs of the Lancashire and South Cumbria population.
- Integrated care will be delivered as close to home as is sustainably possible.
- A different set of leadership skills will be required to ensure the successful delivery of our proposals.
- Education and training will continue to be delivered across all care settings and involve the whole workforce.
- Delivery of health and care across Lancashire and South Cumbria must be done within the given financial resources
- There will be services where either critical mass is required or where it makes more sense to centralise because of workforce issues, or it is more efficient, productive and cost effective.

Five emerging priorities:

- To provide population based health and care models, a person & place-centred approach.
- To shift the focus of care from treatment to prevention and proactive care.
- To ensure we offer staff an highly attractive careers in new and different ways of working - building a flexible, sustainable workforce.
- To strengthen collaboration across organisations to directly benefit services.
- Better use of technology for staff and the delivery of care in new ways but also to empower the public in managing their own care and well being.

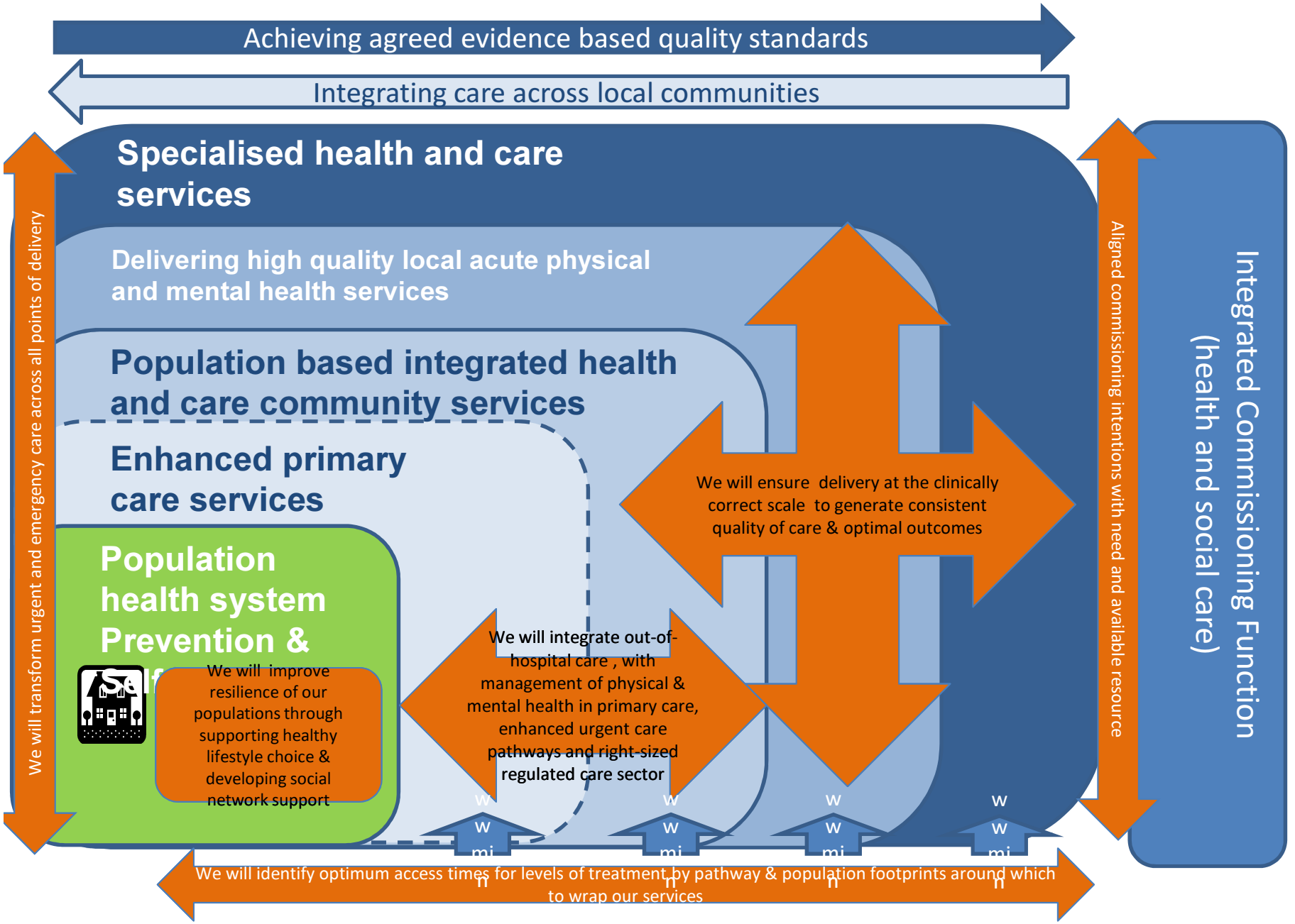
We want to mainstream care closer to people's homes and use technology to empower and improve the quality of care people receive.

Workstreams

Based on our knowledge of local need and challenges but also in line with national guidance, we have developed eight transformational working groups or workstreams to focus on.

Prevention	**Acute & Specialised**
Primary Care Transformation	**Children & Young People Mental Health**
Regulated Care Sector	**Learning Disabilities**
Urgent & Emergency care	**Mental Health transformation**

Components of the Lancashire and South Cumbria transformed health and care system



Anticipated benefits to our population

System component	Potential Benefits	Aligned metrics
Population health system: prevention and self care	• Improved health care outcomes • Reduced healthcare demand • Increased life expectancy • Empowered citizens better able to manage their own health and ill health conditions • Reduction in unplanned admissions to hospital • Improved patient experience • Reduction in the number of preventable illness such as heart disease	• Improvement in outcomes from current position against existing metrics and measures year on year • Reduction of people diagnosed with preventable illnesses e.g. diabetes • Reduction in the number of associated complications with long term conditions e.g. reduction in the number of amputations in patients with diabetes • Life expectancy metrics % improvement on current • Increased uptake of smoking cessation services • Cost savings as measured in relation to return on investment
Population based integrated delivery model	• Services matched to need and reduction in fragmentation, leading to greater efficiency and better patient experience • Lower hospital bed utilisation and reduced number of bed days for people with long term conditions • Reduced number of delayed discharges • Improved end of life care and ability to choose to die at home • More investment in primary care and development of new roles	• Reduced length of stay as currently measured • Patient experience metrics • Delayed discharges as currently measured • Efficiency and productivity measures in relation to activity and bed utilisation • Recruitment and retention
Integrated commissioning	• Evidence based care and interventions • Improved prioritisation of need and use of available resources • Supports integration • Drives change at population level	• Financial and business rules as set out by NHS England

Anticipated benefits to our population

System component	Potential Benefits	Aligned metrics
Urgent and emergency care	• A simpler system for patients and staff to navigate • People able to stay at home rather than go into hospital as an emergency • Improvements in efficiency and effectiveness of designated trauma centres • Improved access • Improved care outcomes	• NHS Constitution standards – planning measures Including: A&E waits, Ambulance response times • LDP agreed metrics in relation to agreed integrated delivery models
Delivering consistently high quality physical and mental health services	• Reduction in premature deaths • Reduced smoking prevalence in people with mental health conditions • Increased efficiency and productivity • Improved outcomes • Reduction in self harm	• NHS Constitution standards – planning measures Including:, Diagnostic testing waiting times, Cancer waiting times, Infection measures, activity levels, mental health targets, Better Care Fund metrics, Transforming Care (LD) measures. • CCG Assessment framework • Local Authority agreed joint/integrated measures

How our proposals will tackle the national priorities for 2020/21

Big questions	What we will do
How are you going to prevent ill health and moderate demand for healthcare?	Our **population health system** development will focus on prevention of ill health and enhanced support for self care, thereby moderating demand for primary community and ultimately hospitals care
How are you engaging patients, communities and NHS staff?	Our **engagement strategy** will deliver a step-change in that involvement so that our people become part of the change. Collectively we will co-design strategies, working towards a radically different, people-centric preventive system, addressing the wider determinants of health and so less reliant on costly infrastructure.
How will you support, invest in and improve general practice?	Our **population based integrated care model** will be wrapped around enhanced primary care, where we will invest in general practice and manage demand to increase capacity and the effectiveness of its use
How will you implement new care models that address local challenges?	Our **Vanguards** are testing new models of care – learning from the rapid evaluation of the vanguards will be shared to inform development of models across the footprint
How will you achieve and maintain performance against core standards?	Our focus during 2016/17 will be to deliver **organisational operational plans**. Including achievement of NHS constitution and mandate standards and associated financial control totals
How will you achieve our 2020 ambitions on key clinical priorities? (Ca MH LD maternity)	As we mobilise our collective workstreams, we will identify clinical priorities for early action in line with local need and national expectations
How will you improve quality and safety?	Our **acute sector workstream** will roll-out the four priority seven day hospital services clinical standards for emergency patient admissions and achieve a significant reduction in avoidable deaths. We will ensure that most providers are rated outstanding or good that and none are in special measures. We will also improve antimicrobial prescribing and resistance rates
How will you deploy technology to accelerate change?	Our **digital health strategy** will support the delivery of our triple aim through the electronic sharing of health records to support safe effective care; implement digital tools to support self care; deploy technology enabled care to support independence; and underpin changes to out acute sector configuration
How will you develop the workforce you need to deliver?	Our **workforce strategy** will enable and ensure that both the workforce itself and the requirements of new models of care are effectively planned for and delivered. We need a workforce that is sustainable, engaged, motivated, highly skilled and agile.
How will you achieve and maintain financial balance?	Our **financial strategy** will focus on the delivery of sustainability in 2016/17; early investment in enablers and double running to support transformational change; and the ultimate reinvestment of current spend to maximise health gain generated

Next steps…

Next steps…

- Compared to other STP areas, we already have an established relationship across all the health and care organisations within the Lancashire & South Cumbria footprint so we are at a developed stage of our engagement and plan development.
- Drawing on the experience and clinical expertise of our workforce and those that use health and care services, as well as their carers, will help us to redesign services and to develop new models of care that are sustainable.
- The STP offers our stakeholders a new opportunity to inform our plans for local health and care services and we are committed to ensuring everyone's views are taken into consideration at all stages of the process.
- We are working closely with Healthwatch VCFS and other third sector groups, members of the public at various events, through digital engagement and through the media and many other stakeholders on what the options for change might be.

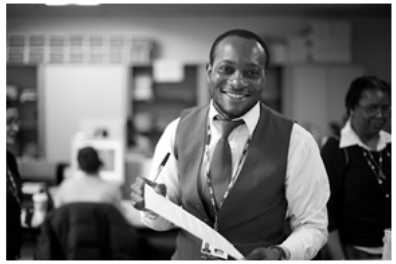
NHS Improvement

Lancashire County Council, Health Scrutiny Committee

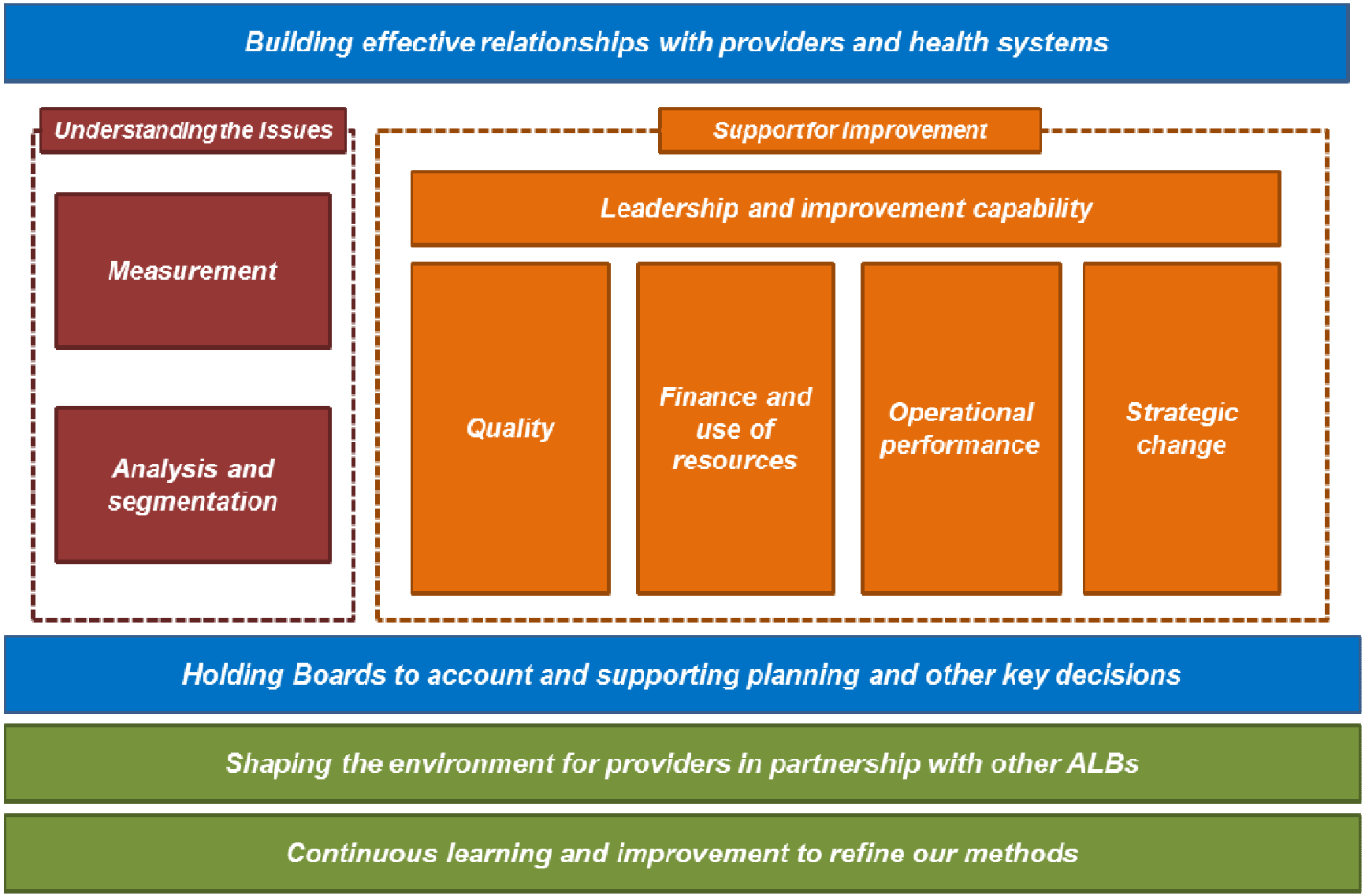
Tuesday, 18 October, 2016 10.30 am

Lyn Simpson, Executive Regional Managing Director (North)
Vince Connolly, Regional Medical Director (North)

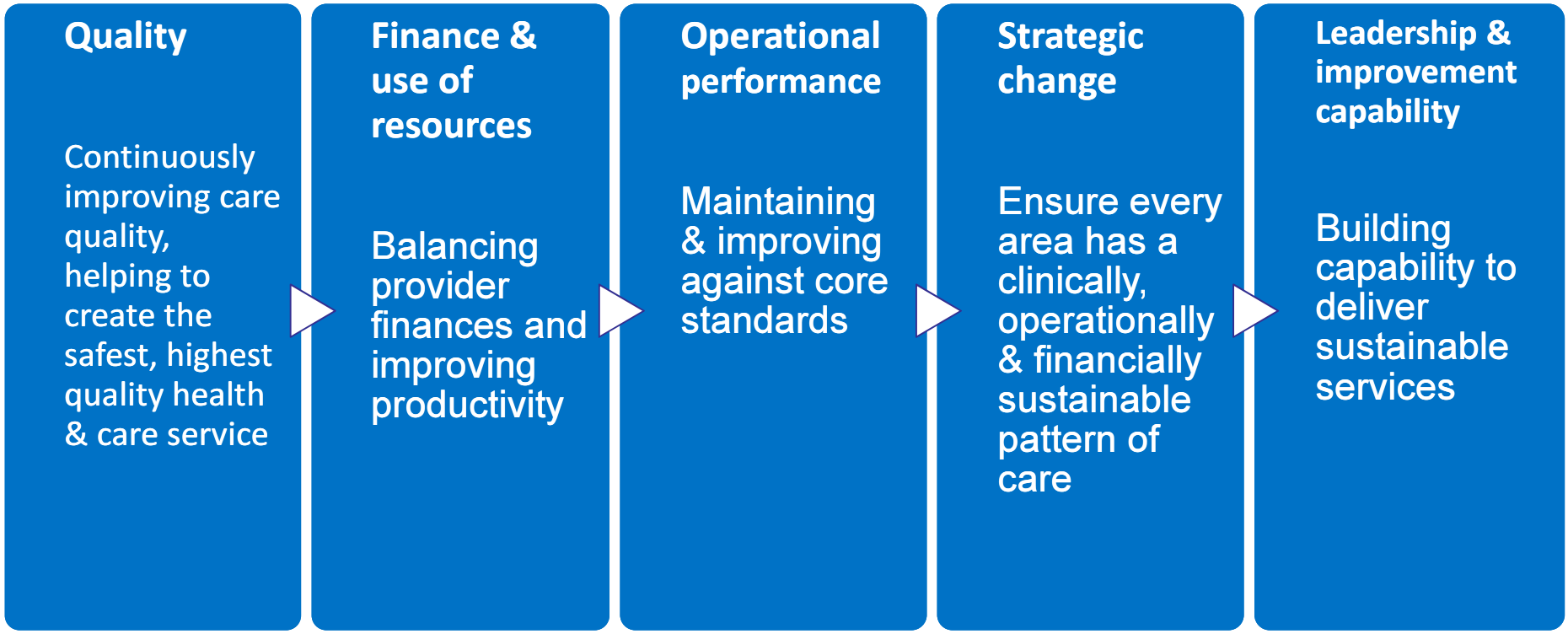




The core components of our operating model



Our objectives



NHS Improvement will oversee and provide support on these five themes

Area of focus – quality

Some priorities :

- Support for the **most challenged** providers
- Support trusts in implementing the priority standards for **seven day hospital services** for 25% of the population
- Develop a clear approach to **safe staffing** for all professional disciplines and deliver priority activities, including a refreshed National Quality Board (NQB) framework for safe, sustainable staffing

Area of focus – finance and use of resources

Some priorities :

- Ensure provider sector on trajectory to **aggregate financial balance**
- Ensure the provider sector achieves a minimum **2% efficiency** by the end of 2016/17
- Tackle unwarranted variation in hospital efficiency by implementing key recommendations in the **Carter Review**
- Develop and deploy metrics to assess providers' **use of resources**, together with CQC

Area of focus – operational performance

Some priorities:

- Deliver **A&E** performance during 2016/17 that, in aggregate, is significantly better than that during 2015/16
- Improve winter **A&E** performance in 2016/17 compared with 2015/16
- Improve performance against **NHS Constitution standards**,
- Together with NHS England, support providers to deliver the current **mental health access and waiting times standards** by the end of Quarter 4 of 2016/17 and embed these in our approach to oversight

Area of focus – strategic change

Some priorities

- Work closely with NHS England to support providers and local health systems, particularly the **most challenged**, to develop credible long-term solutions
- Support the implementation of **new care models**, including issuing guidance on regulatory issues and developing an accreditation approach for foundation groups/hospital chains
- Explore, and where appropriate, facilitate independent sector providers to **form NHS partnerships** that deliver improvement across the sector

Area of focus – leadership and improvement capability

Some priorities :

- With national partners, publish the National Strategy for **Leadership Development and Improvement**
- Develop leadership capacity and capability
- Build capacity and capability for **continuous improvement** with our priorities being to develop board training programmes
- Drive improvement in urgent and emergency care, including developing the **Emergency Care Improvement Programme**

Our local organisation – NHS Improvement in the North

- NHS Improvement is organised into four regions: London , South, Midlands and East, and North each led by an Executive Regional Managing Director.

- In the north we have four sub-regional teams each led by a Delivery and Improvement Director: Cumbria and North East, Yorkshire and Humber, Cheshire and Mersey and Greater Manchester and Lancashire.

- Anne Gibbs is the Delivery and Improvement Director for Greater Manchester and Lancashire.

Our local organisation – NHS Improvement in the North

- Each of these sub-regional teams comprises finance, clinical and management team members who support and oversee the Trusts in their areas under the NHS Improvement Standard Operating Framework.

- We are also one of the national health and care bodies that is overseeing local STP processes alongside NHS England Health Education England, Care Quality Commission, the National Institute for Health and Care Excellence, and Public Health England.