

Lancashire County Council

Health Scrutiny Committee

Tuesday, 19th September, 2017 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
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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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 24 July 2017	(Pages 1 - 6)
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4.	Next Steps on the NHS Five Year Forward View: Integrating Care Locally	(Pages 7 - 24)
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5.	Health Scrutiny Committee Work Plan 2017/18	(Pages 25 - 32)
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6.	Urgent Business
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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.

7.	Date of Next Meeting
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The next meeting of the Health Scrutiny Committee will be held on Tuesday 31 October 2017 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 Monday, 24th July, 2017 at 10.30 am in
Committee Room 'A' - The Tudor Room, County Hall, Preston**

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	M Pattison
Ms L Collinge	E Pope
C Edwards	P Steen
N Hennessy	S Turner
M Iqbal	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Shirley Green, (Fylde Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor M Tomlinson, (South Ribble Borough Council)

County Councillor Nikki Hennessy replaced County Councillor Lorraine Beavers for this meeting.

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

- Professor Mark Pugh, Medical Director from the Lancashire Teaching Hospitals Foundation Trust;
- The former Chair of the Health scrutiny Committee, County Councillor Steve Holgate;
- Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust (LCFT); and
- Damian Gallagher, LCFT.

1. Apologies

Apologies for absence were presented on behalf of County Councillor Jenny Purcell and District Councillor Colin Hartley (Lancaster City Council)

2. Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group

The Committee was presented with a report setting out the constitution, membership, chair and deputy chair and terms of reference of the Health Scrutiny Committee for the municipal year 2017/18.

Resolved: That the Committee note;

- i. The appointment of County Councillors Peter Britcliffe and Jenny Purcell as Chair and Deputy Chair of the Committee for the remainder of the 2017/18 municipal year;
- ii. The new Membership of the Committee following the County Council's Annual Meeting on 25 May 2017; and
- iii. The Terms of Reference of the Committee.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Lizzi Collinge declared a non-pecuniary interest for Item 5 as her employment was funded by Lancashire Care NHS Foundation Trust.

4. Minutes of the Meeting Held on 28 February 2017

Resolved: That the minutes from the meeting held on 28 February 2017 be confirmed as an accurate record and signed by the Chair.

5. Lancashire Teaching Hospitals Foundation Trust - Recruitment and Retention and the mobilisation of Chorley and South Ribble Hospital Emergency Department and Urgent Care Centre

The Chair welcomed Professor Mark Pugh, Medical Director from the Lancashire Teaching Hospitals Foundation Trust, to the meeting. Professor Pugh provided the Committee with an update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre and the issues faced with recruitment and retention. A copy of the presentation is set out in the minutes.

The presentation provided the background to the circumstances, key findings of an independent review, the current situation, recruitment issues, use of locums and key messages.

The Committee expressed concerned with recruitment figures and policies. It was reported that there was no delay between an interview being conducted and a job offer being made. The majority of delays involved visa applications and the English language tests. It was noted there was capacity within the system to allow individual Trusts to undertake their own individual English language assessments. On the use of locums it was reported that the Trust was limited to paying £120 per hour and the Trust was not allowed to break this cap in accordance with the regulator, NHS Improvement.

Resolved: That:

- i. The update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre be noted; and
- ii. Further updates on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre be assigned to the Health Scrutiny Committee Steering Group.

7. Scrutiny Inquiry Event - "Sustainability and Transformation Plans (STP) - Workforce", 9 March 2017

The former Chair of the Health scrutiny Committee, County Councillor Steve Holgate presented the report of the Scrutiny Inquiry Event – "STP Workforce", which was held on 9 March 2017.

The aim of the Workforce Scrutiny Inquiry Event was to enhance elected members knowledge and understanding of the current and future challenges, explore options and identify where they could add value to the solution design. The challenges of the geography of Lancashire and South Cumbria combined with the diverse population and a myriad of organisations who either delivered or signposted health and social care services within the public, private and third sector required an innovative approach.

Resolved: That; the Scrutiny Inquiry Event report be;

- i. Received and noted;
- i. Formally handed to the Local Workforce Action Board (LWAB); and
- ii. Circulated to all organisations who attended the event.

6. Lancashire and South Cumbria Sustainability and Transformation Partnership - Update on the work of the Local Workforce Action Board (LWAB)

The Chair welcomed Heather Tierney-Moore, Chief Executive and Damian Gallagher from Lancashire Care Foundation Trust (LCFT) who were both Senior Responsible Officers (SROs) within the Sustainability and Transformation Partnership (STP) Governance Structure. They provided the Committee with an update on the work of the Local Workforce Action Board (LWAB) highlighting progress that had been made since the Scrutiny Inquiry Event.

It was reported that there was a significant difference in the funding that Lancashire and South Cumbria received particularly for medical under-graduate and post-graduate training compared with other parts of the North West and the south of the country. Officers were having discussions at a national level to address the disparity in funding. Lancashire and South Cumbria was under funded by approximately £27m.

The LWAB was also working with Health Education England nationally around the potential for Lancashire and South Cumbria in becoming an exemplar in global health utilising the "earn, learn and return" initiative to provide additional and sustainable method for recruitment. However, the importance of promoting the benefits of working in Lancashire from an academic, training and development perspective and to attract people to live and work in Lancashire was also vital and required a joint approach.

It was noted that considerable work was already happening across NHS organisations on recruitment and retention. Some of the work undertaken by the LWAB included:

- The creation of non-traditional contracts of employment to enable people with the flexibility to work across the whole of Lancashire and South Cumbria and not just employed by one Hospital Trust in one area;
- Funding additional medical places at the private medical school at the University of Central Lancashire (UCLAN). A small but important commitment to enable local recruitment in the knowledge that people tended to stay where they learned;
- Increased use of Physician Associates;
- Portfolio Career options as well as single specialities;
- Scaling up advanced practitioner nurses;
- Utilising Pharmacists in new ways;
- Minimising the use of agency staff and utilising Trusts' own 'Bank Staff' provisions;
- Sharing staff resources and systems such as payroll systems;
- Changing providers for Occupational Health; and
- Population-centric workforce planning.

Resolved: That;

- i. The work of the Local Workforce Action Board (LWAB) be noted; and
- ii. The Committee write to the Secretary of State for Health and the Chairs of Health Education England and Health Education North West to formally invite appropriate representatives to attend a future meeting of the Committee to address the inequity of funding for medical under-graduate and post-graduate training in Lancashire and South Cumbria.

8. Report of the Health Scrutiny Committee Steering Group

The first meeting of the Health Scrutiny Committee Steering Group was held on Tuesday 4 July 2017. Details of matters considered at that meeting were provided in the report.

Resolved: That the report of the Health Scrutiny Steering Group be received and noted.

9. Work Plan 2017/18

The work plan for both the Health Scrutiny Committee and its Steering Group was presented to the Committee for information. The topics included were identified at a work planning workshop held on 20 June 2017.

Resolved: That;

- i. The report and comments be noted;
- ii. The topic for the next scheduled meeting be confirmed; and
- iii. The information required for the topic to be considered at the next scheduled meeting be identified.

10. Urgent Business

There were no items of Urgent Business

11. Date of Next Meeting and Future Meetings

The next meeting of the Health Scrutiny Committee will take place on Tuesday 19 September at 10.30am in Cabinet Room C (The Duke of Lancaster Room) at the County Hall, Preston. Future meeting dates were noted.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 19 September 2017

Electoral Division affected:
(All Divisions);

Next Steps on the NHS Five Year Forward View: Integrating Care Locally (Appendices A, B and C refer)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer,
gary.halsall@lancashire.gov.uk

Executive Summary

The Health Scrutiny Committee will receive a presentation on progress made since the Next Steps on the NHS Five Year Forward View was published on 31 March 2017.

The presentation will include details on the Sustainable Transformation Partnership (STP), Accountable Care Systems (ACS) and Local Delivery Plans (LDP) for the Lancashire and South Cumbria footprint.

Recommendation

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

Background and Advice

Representatives from Healthier Lancashire and South Cumbria, Fylde and Wyre Clinical Commissioning Group (CCG) and Morecambe Bay CCG will be in attendance at the meeting to provide the Committee with an overview of the [Next Steps on the NHS Five Year Forward View](#). The relevant extract from NHS England's Next Steps document is attached at Appendix A (Chapter 6 – Integrating Care Locally).

It is intended that members of the Committee will gain an understanding of:

- i. The Sustainability and Transformation Partnership how this will be governed, financed and co-ordinated;
- ii. How communities will engage with the process; and
- iii. An Accountable Care System and what this will mean for Lancashire and South Cumbria.

In addition to these points, the Committee will also receive an update on Local Delivery Plans along with timescales and any deadlines associated with the transformation process. Furthermore, representatives in attendance at the meeting have been asked to provide details of known risks, challenges, emerging issues and

opportunities and to suggest where the Committee can influence, add value or assist with the process.

Healthier Lancashire and South Cumbria's news release in response to the publication of the Next Steps on the NHS Five Year Forward View is set out at Appendix B. Appendix C is a letter from the STP Lead Officer, Dr Amanda Doyle OBE, detailing some of the partnership work taking place across the footprint.

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

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk management implications.

Local Government (Access to Information) Act 1985

List of Background Papers

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

CHAPTER SIX

INTEGRATING CARE LOCALLY

Next steps for STPs and Accountable Care Systems

The NHS Five Year Forward View said: *“The traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need. Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care. Increasingly we need to manage systems – networks of care – not just organisations. Out-of-hospital care needs to become a much larger part of what the NHS does. And services need to be integrated around the patient.”*

To give life to this vision the FYFV argued for a new approach using five rules of thumb:

- Focus on keeping people healthier for longer through *service improvements and outcomes* not just administrative reorganisation per se. Distinguish means from ends, so that systems flex in pragmatic ways to support the work that now needs doing. (Hence taking a permissive approach to parts of the country that wanted to move away from tariff payments, and to those areas that wanted cross-organisational system ‘control totals’.)
- *Co-produce major national improvement strategies* with patients’ and voluntary groups, staff and other key stakeholders (as for example with the mental health, maternity and learning disabilities taskforces).
- ‘*Horses for courses*’ not ‘one size fits all’. Recognise that England is diverse both in its population and care delivery so support and test plural models in different parts of the country. (Hence local STPs to debate and develop locally-grounded proposals and plans.)
- *Evolution not Big Bang* – inevitable if the focus is on continuous improvement, adaptive change and learning by doing (hence the vanguards).
- *Back energy and leadership where we find it* – if in one area that comes from local government or the third sector partnering with the NHS they may take on a wider strategic leadership role for the health and care system, as in Greater Manchester. In other places that leadership role has fallen to CCGs and emerging GP groups, and in yet others it is an NHS trust that has the capability and authority

to take on the convening role for change. The point is to focus on the assets available to catalyse change in given communities.

Across England, commissioners and providers across the NHS and local government need to work closely together – to improve the health and wellbeing of their local population and make best use of available funding. Services that are planned and provided by local government, including housing, leisure and transport as well as public health and social care, impact on the health and wellbeing of local people. Addressing the wider determinants of health affects demand for primary and acute services. Equally, the demand for social care is affected by the availability and effectiveness of NHS services such as stroke rehabilitation and other primary and community services provided to people in their own homes and care homes. Local health and care systems only work smoothly and effectively to provide effective services and minimise delays when there are good relationships and clear joint plans in place locally.

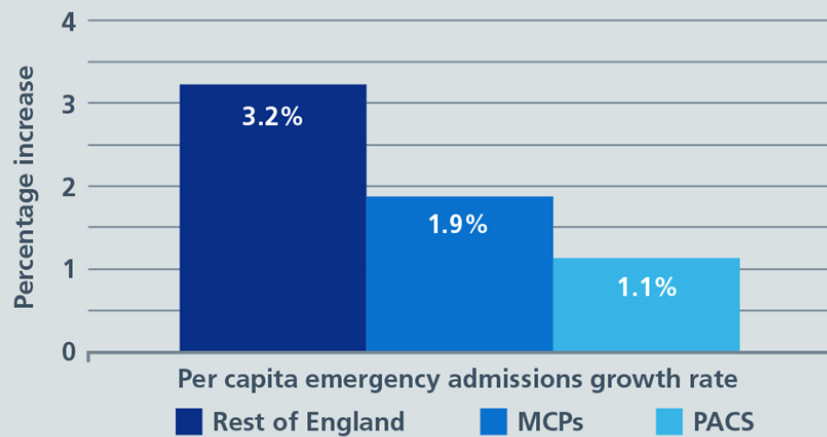
New care models

One way in which this approach has been given expression is through the vanguard programme. Over the past 18-24 months fifty areas around England covering more than five million people have been working to redesign care. They have focused on:

- better integrating the various strands of community services such as GPs, community nursing, mental health and social care, moving specialist care out of hospitals into the community ('Multispecialty Community Providers' or 'MCPs');
- joining up GP, hospital, community and mental health services ('Primary and Acute Care Systems' or 'PACS');
- linking local hospitals together to improve their clinical and financial viability, reducing variation in care and efficiency ('Acute Care Collaborations' or 'ACCs'); and
- offering older people better, joined up health, care and rehabilitation services ('Enhanced Health in Care Homes').

Compared to their 2014/15 baseline **both PACS and MCP vanguards have seen lower growth in emergency hospital admissions and emergency inpatient bed days than the rest of England**. Given sample sizes and duration it is important not to over-interpret the data currently available. However, comparing the most recent twelve months for which complete data are available (January-December 2016) with the twelve months prior to the vanguard funding commencing (the year to September 2015), **per capita emergency admissions growth rates were: PACS vanguards 1.1%, MCP vanguards 1.9%, versus the non-vanguard rest of England which was 3.2%.**

Figure 6: MCP and PACS vanguards have seen lower growth in per capita emergency hospital admissions than the rest of England



NB: This chart compares the most recent twelve months for which complete data are available (January - December 2016) with the twelve months prior to the vanguards commencing (the year to September 2015).

Alternatively taking the full financial year April 2014-March 2015 before the vanguards were selected as the baseline period, per capita emergency admissions growth rates were: PACS 1.7%, MCPs 2.7% and rest of England 3.3%. Vanguards such as Morecambe Bay, Northumberland and Rushcliffe are reporting absolute reductions in emergency admissions per capita. As intended, the benefit has been greatest for older people. The Care Homes vanguards are also reporting lower growth in emergency admissions than the rest of England, and meaningful savings from reducing unnecessary prescribing costs.

Sustainability and Transformation Partnerships

Our aim is to use the next several years to make the biggest national move to integrated care of any major western country. Why? As the CQC puts it:

“The NHS stands on a burning platform - the model of acute care that worked well when the NHS was established is no longer capable of delivering the care that today’s population needs... transformational change is possible, even in the most challenging of circumstances - we have witnessed it, and seen the evidence that it delivers improved care. As the boundaries between organisations and sectors become increasingly porous, peer review and transparency will become ever more important.” Prof Sir Mike Richards ³⁹

This will take the form of Sustainability and Transformation Partnerships covering every area of England, and for some geographies the creation of integrated (or ‘accountable’) health systems.

STPs began life as pragmatic vehicles for enabling health and care organisations within an area to chart their own way to keeping people healthier for longer, improving care, reducing health inequalities and managing their money, working jointly on behalf of the people they serve. They are a means to an end, a mechanism for delivering the Forward View and the key national priorities in this Plan.

These partnerships are more than just the ‘wiring’ behind the scenes. They are a way of bringing together GPs, hospitals, mental health services and social care to keep people healthier for longer and integrate services around the patients who need it most. They are a forum in which health leaders can plan services that are safer and more effective because they link together hospitals so that staff and expertise are shared between them. At their best, they engage front-line clinicians in all settings to drive the real changes to the way care is delivered that they can see are needed and beneficial. And they are vehicles for making the most of each pound of public spending; for example, by sharing buildings or back office functions.⁴⁰

More fundamentally they require engaging with communities and patients in new ways. In order to mobilise collective action on “health creation” and service redesign, we need to recognise that, as the Five Year Forward View argued:

“One of the great strengths of this country is that we have an NHS that - at its best - is ‘of the people, by the people and for the people’. Yet sometimes the health service has been prone to operating a ‘factory’ model of care and repair, with limited engagement with the wider community, a short-sighted approach to partnerships, and underdeveloped advocacy and action on the broader influencers of health and wellbeing. As a result we have not fully harnessed the renewable energy represented by patients and communities, or the potential positive health impacts of employers and national and local governments.”

In making this transition to population-based integrated health systems, the NHS will be guided by several principles building on those identified above:

- **STPs are not new statutory bodies. They supplement rather than replace the accountabilities of individual organisations.** It’s a case of ‘both the organisation and our partners’, as against ‘either/or’.
- **The way STPs work will vary according to the needs of different parts of the country.** Place-based health and care systems should be defined and assessed primarily by how they practically tackle their shared local health, quality and efficiency challenges. We do not want to be overly prescriptive about organisational form. This

approach to health and social care integration, building on the Better Care Fund, is also supported by government who have said:

“The government will not impose how the NHS and local government deliver this. The ways local areas integrate will be different, and some parts of the country are already demonstrating different approaches, which reflect models the government supports, including: Accountable Care Organisations such as the one being formed in Northumberland, to create a single partnership responsible for meeting all health and social care needs; devolution deals with places such as Greater Manchester which is joining up health and social care across a large urban area; and Lead Commissioners such as the NHS in North East Lincolnshire which is spending all health and social care funding under a single local plan.”⁴¹

- However to succeed, all STPs need a **basic governance and implementation ‘support chassis’** to enable this type of effective working. All NHS organisations will therefore from April form part of a Sustainability and Transformation Partnership, which will:
 - Form an *STP board* drawn from constituent organisations and including appropriate non-executive participation, partners from general practice, and in local government wherever appropriate. Establish formal CCG Committees in Common or other appropriate decision making mechanisms where needed for strategic decisions between NHS organisations. (The governance arrangements now in place across Greater Manchester provide one example of how this can be done within the current statutory framework.) In the unlikely event that it is apparent to NHS England and NHS Improvement that an individual organisation is standing in the way of needed local change and failing to meet their duties of collaboration we will – on the recommendation of the STP as appropriate – take action to unblock progress, using the full range of interventions at our disposal.
 - Where this has not already occurred, re/appoint an *STP chair/leader* using a fair process, and subject to ratification by NHS England and NHS Improvement, in line with the national role specification. NHS England will provide funding to cover the costs of the STP leader covering at least two days a week pro rata.
 - Ensure the STP has the necessary *programme management support* by pooling expertise and people from across local trusts, CCGs, CSUs and other partners. Where CCGs wish to

align their management teams or even governing bodies more closely with those of the STP geography, NHS England will generally now support that. NHS England will also deploy its own local staff under the direction of STPs where appropriate.

- Be able to propose an adjustment to their *geographical boundaries* where that is thought appropriate by local bodies in agreement with NHS England. Over time we expect these may flex pragmatically depending on local circumstances. In any event, patient flows, for example for specialised services, may mean planning across several STP areas.
- We will work with STP leads, NHS Clinical Commissioners, NHS Providers, the NHS Confederation, the Local Government Association and other appropriate bodies in the development of STPs and the policy framework they will operate in
- The corollary to not being prescriptive about STP structures is that **the way to judge the success of STPs - and their constituent organisations - is by the results they are able to achieve**. We will publish metrics at STP level that will align with NHS Improvement's Single Oversight Framework for NHS provider trusts and NHS England's annual CCG Improvement and Assessment Framework, which will be published in July.

Community participation and involvement

Making progress on our priorities and addressing the challenges the NHS faces over the next two years cannot be done without genuine involvement of patients and communities. Nationally, we will continue to work with our partners, including patient groups and the voluntary sector, to make further progress on our key priorities.

Locally, we will work with patients and the public to identify innovative, effective and efficient ways of designing, delivering and joining up services. And by prioritising the needs of those who experience the poorest health outcomes, we will be better able to improve access to services, reduce health inequalities in our communities and make better use of resources.

Last year STPs produced and published initial 'Mark 1' proposals covering the next five years. Some of these contained suggestions for major changes in local services that require formal public consultation. All of them require local engagement with patients, communities and staff.

Healthwatch has set out five steps to ensure local people have their say:

1. Set out the case for change so people understand the current situation and why things may need to be done differently.
2. Involve people from the start in coming up with potential solutions.
3. Understand who in your community will be affected by your proposals and find out what they think.
4. Give people enough time to consider your plans and provide feedback.
5. Explain how you used people's feedback, the difference it made to the plans and how the impact of the changes will be monitored.⁴²

As STPs move from proposals to more concrete plans, we expect them to involve local people in what these plans are and how they will be implemented.

In addition, where significant hospital bed closures will result from proposed service reconfigurations, NHS England will in future require STPs to meet a 'fifth' new test in addition to the four existing ones put in place in 2010. Under those current rules, planned closures can only go ahead with support from GP commissioners, strengthened public and patient engagement, clear clinical evidence and assurances that they are consistent with patient choice.

From 1 April 2017, NHS organisations will also have to show that proposals for significant hospital bed closures, requiring formal public consultation, can meet one of three common sense conditions:

- That sufficient alternative provision, such as increased GP or community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it; and/or
- That specific new treatments or therapies, such as new anti-coagulation drugs used to treat strokes, will reduce specific categories of admissions; and/or
- Where a hospital has been using beds less efficiently than the national average, that it has a credible plan to improve performance without affecting patient care (for example in line with the Getting it Right First Time programme).

Hospitals will still have the freedom to flex their number of beds throughout the year to manage their budgets, and the responsibility to determine how many beds they can safely staff.

Accountable Care Systems

ACSS will be an 'evolved' version of an STP that is working as a locally integrated health system. They are systems in which NHS organisations (both commissioners and providers), often in partnership with local authorities, choose to take on clear collective responsibility for resources and population health. They provide joined up, better coordinated care. In

return they get far more control and freedom over the total operations of the health system in their area; and work closely with local government and other partners to keep people healthier for longer, and out of hospital. Specifically, ACSs are STPs - or groups of organisations within an STP sub-area - that can:

- Agree an *accountable performance contract* with NHS England and NHS Improvement that can credibly commit to make *faster improvements* in the key deliverables set out in this Plan for 2017/18 and 2018/19.
- Together manage *funding for their defined population*, committing to shared performance goals and a financial system 'control total' across CCGs and providers. Thereby moving beyond 'click of the turnstile' tariff payments where appropriate, more assertively moderating demand growth, deploying their shared workforce and facilities, and effectively abolishing the annual transactional contractual purchaser/provider negotiations within their area.
- Create an effective *collective decision making and governance structure*, aligning the ongoing and continuing individual statutory accountabilities of their constituent bodies.
- Demonstrate how their provider organisations will operate on a *horizontally integrated* basis, whether virtually or through actual mergers, for example, having 'one hospital on several sites' through clinically networked service delivery.
- Demonstrate how they will simultaneously also operate as a *vertically integrated* care system, partnering with local GP practices formed into clinical hubs serving 30,000-50,000 populations. In every case this will also mean a new relationship with local community and mental health providers as well as health and mental health providers and social services.
- Deploy (or partner with third party experts to access) rigorous and validated *population health management capabilities* that improve prevention, enhance patient activation and supported self- management for long term conditions, manage avoidable demand, and reduce unwarranted variation in line with the RightCare programme.
- Establish clear mechanisms by which residents within the ACS' defined local population will still be able to exercise *patient choice* over where they are treated for elective care, and increasingly using their personal health budgets where these are coming into operation. To support patient choice, payment is made to the third-party provider from the ACS' budget.

In return, the NHS national leadership bodies will offer ACSs:

- The ability for the local commissioners in the ACS to have delegated decision rights in respect of commissioning of primary care and specialised services.
- A devolved transformation funding package from 2018, potentially bundling together national funding for GPFV, mental health and cancer.
- A single 'one stop shop' regulatory relationship with NHS England and NHS Improvement in the form of streamlined oversight arrangements. An integrated CCG IAF and trust single oversight framework.
- The ability to redeploy attributable staff and related funding from NHS England and NHS Improvement to support the work of the ACS, as well as to free up local administrative cost from the contracting mechanism, and its reinvestment in ACS priorities.

This is a complex transition which requires careful management, including of the financial framework so as to create opportunity while also reducing instability and managing risk. That's why ACSs require a staged implementation. This also provides the opportunity to prove their ability to manage demand in ways that other areas can subsequently adopt. We expect that candidates for ACS status to include successful vanguards, 'devolution' areas, and STPs that have been working towards the ACS goal. In Q1 2017/18, NHS England and NHS Improvement will jointly run a light-touch process to encourage other STPs (or coherent parts of STPs) to come forward as potential ACSs and to confirm this list. Likely candidates include:

- Frimley Health
- Greater Manchester
- South Yorkshire & Bassetlaw
- Northumberland
- Nottinghamshire, with an early focus on Greater Nottingham and the southern part of the STP
- Blackpool & Fylde Coast, with the potential to spread to other parts of the Lancashire and South Cumbria STP at a later stage.
- Dorset
- Luton, with Milton Keynes and Bedfordshire
- West Berkshire

In time some ACSs may lead to the establishment of an accountable care organisation. This is where the commissioners in that area have a contract with a single organisation for the great majority of health and care services and for population health in the area. A few areas (particularly some of the MCP and PACS vanguards) in England are on the road to establishing an ACO, but this takes several years. The complexity of the procurement process needed, and the requirements for systematic evaluation and management of risk, means they will not be the focus of activity in most areas over the next few years.

NEWS RELEASE

31/03/2017

NHS Five Year Forward View means greater partnership working across Lancashire and South Cumbria

In an announcement today, Simon Stevens, the Chief Executive of the NHS in England provided an update on the progress of the NHS Five Year Forward View, the national plan to transform the healthcare system.

For Lancashire and South Cumbria residents this means greater partnership working between NHS, local government, patient groups and community, voluntary and faith organisations through the Healthier Lancashire and South Cumbria programme. The partnership is working to help people stay more healthy so they can avoid time in hospital, make it easier for people to see a GP and get help faster for people with mental ill health.

An easy to understand guide has been published to explain how this sees organisations coming together to improve outcomes and care for local people, reduce pressures on services and make best use of our financial resources.

Organisations in Lancashire and South Cumbria are involved in improvements that need to happen across the whole region and are working to develop local plans by working together in five areas. These are the Fylde coast, Pennine Lancashire, Central Lancashire, West Lancashire and Morecambe Bay.

New ways of working on the Fylde coast have been highlighted by NHS England as an exemplar of good practice and those, or similar developments, could be replicated across the whole of Lancashire and South Cumbria to the benefit of the population of the whole region. The Healthier Lancashire and South Cumbria programme will enable innovations on the Fylde Coast and best practice from the other localities to be spread more widely and quickly as and when lessons are learned from the implementation process.

Healthier Lancashire and South Cumbria has published an easy to understand guide to the challenges in health and care for the region and how organisations are working together to create solutions to tackle them. This is available at www.healthierlsc.co.uk

Dr Amanda Doyle, a Blackpool GP and Chief Officer for Healthier Lancashire and South Cumbria said: "This means organisations across Lancashire and South Cumbria working in a collaborative way as a Sustainability and Transformation Partnership. This will allow us to develop solutions and make decisions together in the interest of our local communities.

"The pressures the NHS is under are well-known and so making best use of the money, staff and services we have is crucial.

“The document which we have published aims to help local people and health and care staff to understand the shared challenges we face in our area, how we need to work together to tackle these and how local people need to be involved.”

The Next Steps on the NHS Five Year Forward View document was published by NHS England on 31st March 2017.

Notes to editors:

This press release is issued by Healthier Lancashire and South Cumbria, the Sustainability and Transformation Partnership for the region.

- The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It was developed by the partner organisations that deliver and oversee health and care services including the Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and National Trust Development Authority). Patient groups, clinicians and independent experts also provided their advice to create a collective view of how the health service needs to change over the next five years if it is to close the widening gaps in the health of the population, quality of care and the funding of services.
- Healthier Lancashire and South Cumbria is the Sustainability and Transformation Partnership for the region and sees NHS, Local Authority and Third Sector organisations working together to improve health and care across our region. Lancashire and South Cumbria has been split into five local areas, one of which is Fylde Coast. These local areas are will be involved in improvements that need to happen across the whole region but they are also developing local plans for their own areas. An easy to understand document is available at www.healthierlsc.co.uk which outlines the challenges faced in health and care and how organisations are working together to tackle them.
- The vanguards programme is one of the first steps towards delivering the NHS Five Year Forward View. Each vanguard site is taking a lead on the development of new care models which will act as the blueprints for the NHS moving forward and the inspiration to the rest of the health and care system.
- The Fylde Coast health economy when referred to as a vanguard site includes the following organisations: NHS Blackpool Clinical Commissioning Group (CCG); NHS Fylde and Wyre CCG; Blackpool Teaching Hospitals NHS Foundation Trust; Lancashire Care NHS Foundation Trust; Lancashire County Council; and Blackpool Council.

**Healthier Lancashire and South Cumbria**

Second Floor
Preston Business Centre
Watling Street Road
Preston
PR2 8DY

XX August 2017

Dear Councillor Councillor Britcliffe,

I would like to update you on the partnership work taking place in the health and care system across Lancashire and South Cumbria to improve services, reduce pressures on services and make the best use of financial resources.

As I'm sure you are aware, Healthier Lancashire and South Cumbria is one of the 44 Sustainability and Transformation Partnerships across England, where we are working across NHS organisations, local authorities and the third sector to improve health and care for local people and address some of the challenges faced by our population.

Since the publishing of the Sustainability and Transformation Plan in November, a lot of work has since been carried out across Lancashire and South Cumbria as the plan has developed into a partnership.

With this in mind, our key deliverables are:

- A strong focus on population health, mobilising community assets to enable people to stay well for longer and have greater control over their health and wellbeing
- Mobilising technologies to reduce demand on services and support the self-care/prevention agenda
- A clear focus on improving health and wellbeing outcomes for the Lancashire and South Cumbria population
- Making best use of resources to ensure we deliver quality outcomes and value for money
- Improving and extending community and primary care services
- Facilitate and support local health systems to progress to Accountable Care Systems – with a focus on the Fylde Coast initially, quickly spreading to the whole STP patch
- A focus on holding the system to account for delivery of national clinical priorities
- Developing and implementing an integrated health and care strategic commissioning function

As a local Councillor and [INSERT ROLE] we want you to be involved as plans are discussed and developed and I would be more than willing to meet with you to discuss this programme of work.

We have published a guide to explain to members of the public our shared challenges in the region and how organisations are working together to tackle them. This document, which is enclosed with this letter, has been awarded a Crystal Mark from the Plain English Campaign.

The document has been created by working with groups across Lancashire and South Cumbria to make sure that the messages are clear and understandable. We have enclosed a copy for you to use when talking to your constituents as we increase engagement across the partnership over the coming months.

Work is being carried out across five local areas within our partnership, below is an update from each programme:

Better Care Together programme

As you will be aware this is being co-ordinated by ten health and care partners across Morecambe Bay and there has been great progress since it was awarded Vanguard status in 2015.

It has overseen a number of successes, including the following:

- Advice and Guidance is a system in Morecambe Bay which allows GPs to seek advice from a hospital specialist on patients where they are unsure of the approach to adopt. In the 11 months to the end of February 2017, there were 1,439 avoided new outpatient referrals, which means people were treated closer to home.
- In Ophthalmology a new scheme began in September 2016 where people with minor eye conditions and people requiring follow up appointments were seen by optometrists in the community rather than having to travel to hospital. In the first 18 weeks, 1,639 people were seen.
- A new Patient Initiated Follow Up system has been trialled in the rheumatology service, which means that patients who previously were seen at a regular review are discharged – but can access advice and help if they suffer deterioration in their condition when they need it. Almost 300 patients have transferred onto this new system.
- A series of films has been created and published on common conditions that people visit their GPs with, giving advice so people can care for themselves at home. To date these films have been seen more than 4,000 times.
- Telehealth links in Millom have helped some people gain expert advice and avoid travelling to Furness General Hospital's Accident and Emergency Department.
- Children across the area are being encouraged to run-a-mile a day in schools – improving their fitness and concentration.
- More than 1,000 children in the area have watched the 'Big Sick, Little Sick' play which teaches them to use NHS services appropriately.

You can find out more about the work of Better Care Together from their website www.bettercaretogether.co.uk, by email at Bettercaretogether@mbht.nhs.uk or by phone on 01524 518638, on Facebook at www.facebook.com/bettercaretogether or on twitter: @BCTMorecambeBay.

Blackpool and the Fylde Coast Local Delivery Partnership

Over the last year, the programme has been engaging with residents, clinicians, staff and other stakeholders in a variety of ways to develop local plans.

Led by the Fylde coast's NHS and local authority partners, this five-year plan seeks to transform health and healthcare for local residents. Specific work programmes include integrated community care, urgent and emergency care, and planned care.

In addition to this, over the coming months, health and care organisations on the Fylde coast will be progressing plans to introduce 'accountable care' locally. The Fylde coast is one of eight 'accountable

care system' forerunners, as announced by NHS England's chief executive Simon Stevens earlier this month, to progress new ways of working in order to benefit patients, staff and organisations. The learning will be spread to other parts of Lancashire and South Cumbria.

Central Lancashire, the Our Health Our Care programme

Our Health Our Care brings together health and social care organisations working in Chorley, South Ribble and Greater Preston to improve the care that local people receive. The programme is a partnership between NHS Chorley and South Ribble CCG, NHS Greater Preston CCG, Lancashire Teaching Hospitals NHS Foundation Trust, Lancashire Care NHS Foundation Trust, local councils, NHS England and specialist commissioners. Jan Ledward, Chief Officer of the two CCGs, is the Senior Responsible Officer for the programme.

The Our Health Our Care programme provides the process through which we will develop new models of care that are clinically and financially sustainable for the future and work will towards a more integrated health and care system for the population of central Lancashire.

Discussions have been taking place with local health and social care staff across organisational boundaries, as well as with members of the public and other stakeholders to develop ideas. There have been a number of successes that have been identified, including the following:

- A new process regarding urgent surgical assessments has been successfully trialled, which means that primary and secondary care are communicating more effectively, reducing delays and improving patient experience as patients are getting advice and guidance more quickly.
- A pilot is underway within diabetes services, where people are being cared for more closely to their homes in a GP setting through regular follow up, rather than having to travel to hospital. The pilot has been so successful it will be more widely adopted across the central Lancashire area.
- A virtual orthopaedic fracture clinic began in February 2017 and has streamlined patient pathways to avoid delays in care. It has seen excellent patient feedback, improved discharge rates and the right consultant caring for people at the right time.

You can find out more about the work of Our Health Our Care from their website <https://www.ourhealthourcarecl.nhs.uk>, by email at ohoc.enquiries@nhs.net or by phone on 01772 214323. You can also follow on Facebook at www.facebook.com/OurHealthOurCareCL/ or on twitter: @_OHOC.

We'll be working closely with Healthier Lancashire and South Cumbria to capture your perspective on the work being undertaken to redesign health and care services for your constituents, and to discuss how we can involve you in the process.

West Lancashire

As you will know, a number of areas are currently being developed:

- Out of hospital strategy is well underway with the CCG's vision for joined up care, Building for the Future. The recent transfer of adult community health services and urgent care services to Virgin Care is part of this vision and is integral to the move towards full integration and new models of care
- Well Skelmerdale programme continues to build momentum helping to encourage a happy healthier community, while minimising existing health inequalities
- Musculoskeletal service improvements remains an area of focus and one of West Lancashire CCG's Right Care priorities
- Tackling medicine waste through a Being A Hoarder is Out of Order campaign, which highlights the change in repeat prescriptions which as of November 2016 are now ordered by patients and carers
- Primary care transformation, which has been further supported by a recent move to level three co-commissioning

- Sustainability of Southport & Ormskirk Hospital NHS Trust
- Mental health, allowing the CCG to ensure the needs of local patients are being met

Together A Healthier Future programme in Pennine Lancashire

Over the last year, the programme Together A Healthier Future has been engaging with residents, clinicians, staff and other stakeholders in a variety of ways to develop local plans.

The team have started upon a series of summer public engagement events to get vital feedback from people on our proposals and advise them of the next steps. The dates of all the programme's events can be found on the programme's website (www.togethераhealthierfuture.org.uk).

The programme also has a Twitter feed @ahealthyfuture_ and a Facebook page.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Amanda Doyle', with a long horizontal stroke extending to the right.

Dr Amanda Doyle OBE
GP and STP Lead - Lancashire and South Cumbria

Health Scrutiny Committee

Meeting to be held on Tuesday, 19 September 2017

Electoral Division affected: None;

Health Scrutiny Committee Work Plan 2017/18

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer,
gary.halsall@lancashire.gov.uk

Executive Summary

The Plan at Appendix 'A' is the work plan for both the Health Scrutiny Committee and its Steering Group.

The topics included were identified at the work planning workshop held on 20 June 2017.

Recommendation

The Health Scrutiny Committee is asked to

- i. Note and comment on the report; and
- ii. Confirm the topic(s) and intended outcomes to be considered at the next scheduled meeting on 31 October 2017.

Background and Advice

A statement of the work to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2017/18 municipal year is set out at Appendix A. The work plan is presented to each meeting for information. The Committee will note that the Health Scrutiny Committee work plan has been aligned to the Sustainability and Transformation Partnership's Governance meetings and priority areas.

The Committee is asked to confirm the topic(s) to be considered at the next scheduled meeting on 31 October 2017. The Committee is also asked to make suggestions on the intended outcomes from the report.

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/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Heath Scrutiny – Work plan 2017/18

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
24 July	STP Workforce – Scrutiny Inquiry Day Report	Workforce*	CC Steve Holgate, former Chair of the Health Scrutiny Committee	To formulate recommendations from the report and to determine who to circulate to.
	Update on the Local Workforce Action Board	Workforce*	Heather Tierney-Moore and Damian Gallagher, LCFT	Update on the work of the Board.
	Chorley Hospital Emergency Department mobilisation	Workforce*/Hospitals** and Urgent Care**	Karen Partington, Mark Pugh, LTHFT	Update on the mobilisation of the Emergency Department and recruitment issues
19 Sept	Next Steps on the NHS Five Year Forward View – Sustainability and Transformation Partnerships; Accountable Care Systems and Local Delivery Plans	-	NHSE North, Healthier Lancashire and South Cumbria, Fylde and Wyre CCG, Morecambe Bay CCG,	Overview of the next steps on the NHS five year forward view and update on the Accountable Care System.
31 Oct	Winter pressures and preparations	All	Heather Tierney-Moore (AEDB), Derek Cartwright, NWAS, Paul Simic, LCA, LTHFT? Tony Pounder, LCC	Overview of pressures and preparations (adults/acute trusts/mental health)

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
12 Dec	Mental Health	Care Professional Board* Mental Health**	i. Steve Winterson, LCFT ii. Chris Lee, Public Health	Focus on i. In-patient provision across Lancashire ii. Community mental health; early intervention and prevention
	Suicide Prevention	Care Professional Board* Mental Health**	Dr Sakthi Karunanithi and Chris Lee, Public Health	To ensure effective implementation of the (local authority) suicide prevention plan
23 Jan 2018	Adult Social Care – and Public Health Budget Proposals – to go to Steering Group?	-	Tony Pounder, Dr Sakthi Karunanithi and Neil Kissock	Budget proposals from the following Cabinet Members: <ul style="list-style-type: none"> Graham Gooch – Adult Services Vivien Taylor – Health and Wellbeing
	Delayed Transfers of Care	Care Professional Board*	Tony Pounder, Sue Lott, Mike Kirby, LCC (All Trusts? – LTHFT, ELHT etc; & BwD Borough Council, Blackpool Council and Cumbria CC) Paul Simic, LCA	i. Overview and update on DTOC and discharge policies - Development of joint approach to DToC with NHS providers across the STP footprint. Health and Wellbeing Board to receive update on 14 November 2017; or ii. Review of Supporting Patients to Avoid Long Hospital Stays Policy and Funding Framework

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
5 March	Public Health - Life expectancy	Care Professional Board* Prevention**	Dr Sakthi Karunanithi	Overview of Life Expectancy, causes, prevention and self-help work, key service issues, challenges and opportunities
	Learning disabilities (Calderstones)	Care Professional Board* Health and social care**, Mental Health**	Mersey Care NHS Foundation Trust, NHS England	Update on Specialist Learning Disability Services
17 April	Skin cancer awareness	Care Professional Board* Prevention**	Sofiane Rimouche, LTHFT, Dr Sakthi Karunanithi CCGs	Raising awareness, prevention

Potential topics for the Committee and its Steering Group:

- Data sharing
- Dementia awareness
- Care Home Quality
- Lancashire Safeguarding Adults Board – Annual Report (Sept/Oct).

Heath Scrutiny Steering Group – Work plan 2017/18

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
4 July 2017	<ul style="list-style-type: none"> i. Royal Preston Hospital – bid for new primary care front end at Emergency Department and Urgent Care Centre (A&E) ii. WLCCG – Termination of single handed GP contract iii. FWCCG – Improving health services in Kirkham and Wesham 	<ul style="list-style-type: none"> i. Stephen Gough and David Armstrong, NHS England – Lancashire ii. Jackie Moran, WLCCG iii. Kate Hurry and Andrew Harrison, FWCCG 	<ul style="list-style-type: none"> i. Unique bid for capital – need to identify appropriate funding stream to expedite and assist with overall A&E function ii. To receive updates on progress – wider concerns around single handed GPs in Lancashire iii. Overview of the proposals – concerns also raised by local councillor
27 Sept	<ul style="list-style-type: none"> i. Proposal for a Central Lancashire Mental Health Inpatient Unit ii. NHS England – 'Childhood Immunisation Performance Report for Lancashire, and Associated Action Plan 	<ul style="list-style-type: none"> i. Steve Winterson, LCFT ii. Jane Cass, NHS England, Sakthi Karunanithi, Director of Public Health 	<ul style="list-style-type: none"> i. Overview of proposals ii. To receive a report on Childhood Immunisation Performance for Lancashire and associated action plan to identify and address reasons for the downward trend of low uptake for screening, vaccinations and immunisations across Lancashire, how this will be monitored, targets met and timescales.
11 Oct	<ul style="list-style-type: none"> i. VirginCare – Community Health and Urgent Care Services Contract ii. Health and Wellbeing Board (HWB) – Update iii. Update on the completion of the new primary care front-end at Royal Preston 	<ul style="list-style-type: none"> i. Jackie Moran, WLCCG ii. Sakthi Karunanithi, LCC iii. Stephen Gough and David Armstrong, 	<ul style="list-style-type: none"> i. Update on contract awarded to private provider ii. Update on HWB Partnerships iii. Update – briefing note/attendance at meeting

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
	Hospital	NHS England – Lancashire	
15 Nov	i. General service updates on Adult Social Care ii. Your Care, Our Priority; or iii. Together A Healthier Future	i. Tony Pounder, LCC and Paul Simic, LCA ii. Peter Tinson, Fylde and Wyre CCG iii. Mark Youlton, East Lancashire CCG	i. To receive general service updates including the work of the Health and Social Care Partnership Steering Group and Registered Care Managers Network (RCMN) meetings ii. Update on the Your Care, Our Priority LDP and Multi-speciality Community Providers (MCP) iii. Update on the Pennine Lancashire LDP
6 Dec	i. Better Care Together ii. Your Care, Our Priority; or iii. Together A Healthier Future	i. Morecambe Bay CCG ii. Peter Tinson, Fylde and Wyre CCG iii. Mark Youlton, East Lancashire CCG	i. Update on the Bay Health and Care Partners LDP and outcomes of Trust Boards in relation to integrated hospital community and primary care services (Integrated Care Communities ICC). ii. Update on the Your Care, Our Priority LDP and Multi-speciality Community Providers (MCP) iii. Update on the Pennine Lancashire LDP
10 Jan 2018	i. Quality Accounts for Trusts ii. Our Health, Our Care Local Delivery Plan (LDP)	i. Steering Group and Healthwatch Lancashire ii. Jan Ledward, Mark	i. To formulate responses to requests from Trusts on their Quality Accounts ii. Outcome of clinical process mapping work from the Solution Design Events and the

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
		Pugh and Sarah James GPCCG + CSRCCG	LDP programme
7 Feb			
14 Mar			
11 Apr			
16 May			

Potential topics for Steering Group:

- Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (GTD)
- West Lancashire LDP
- Pharmacies and prescriptions – volume of returned medicines and disposal of same, failure to collect, patient medicine reviews, change to current practice
- Low priority prescribing – consultations across CCGs - update
- Update from NWAS
- Capital investments across Lancashire
- Delegation - To formulate objectives and intended outcomes for a delegation to lobby central government on the inequity of funding to address recruitment and retention issues in Lancashire