**Lancashire County Council**

**Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 25th September, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

**Present:**

County Councillor Peter Britcliffe (Chair)

**County Councillors**

| | |
|---|---|
| J Burrows | S Holgate |
| Ms L Collinge | S C Morris |
| G Dowding | M Pattison |
| C Edwards | E Pope |
| N Hennessy | J Rear |

**Co-opted members**

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Margaret Brindle, (Burnley Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Glen Harrison, (Hyndburn Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor M Tomlinson, (South Ribble Borough Council)
Councillor Viv Willder, (Fylde Borough Council)

County Councillors Lizzi Collinge and Jayne Rear replaced County Councillors Hasina Khan and Peter Steen respectively.

## 1. Apologies

Apologies were received from Councillors Bridget Hilton, Ribble Valley Borough Council; Gail Hodson, West Lancs Borough Council; and Alistair Morwood, Chorley Council.

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

County Councillor Lizzi Collinge disclosed a non-pecuniary interest as her post was funded by Lancashire Care Foundation Trust and her husband worked for NHS England.

## 3. Minutes of the Meeting Held on 3 July 2018

**Resolved:** That the minutes from the meeting held on 3 July 2018 be confirmed as an accurate record and signed by the Chair.

## 4. Our Health Our Care Programme – Update on the future of acute services in central Lancashire

The Chair welcomed Denis Gizzi, Senior Responsible Officer; Anne Kirkham, Lancashire Teaching Hospitals; Dr Sumantra Mukerji, Chair of Greater Preston Clinical Commissioning Group (CCG); Professor Mark Pugh, Lancashire Teaching Hospitals; and Lee Hay, Director of Programme and Project Management, NHS Transformation Unit, to the meeting.

The report presented gave a further update from the Our Health Our Care Programme on the future of acute services in central Lancashire. It was reported that a revised version of the presentation was received after the agenda was despatched for this meeting. A copy of the revised presentation is set out in the minutes.

The Committee was informed that the Acute Hospital Trust (Lancashire Teaching Hospitals Foundation Trust) was a vital part of the health economy. It was the only Trust within Lancashire and South Cumbria rated as requiring improvement by the Care Quality Commission. The Trust was also not delivering on some of the statutory standards. The model of care currently provided in central Lancashire relied on traditional methods. It was not a model that was being used in other areas/health economies. Models of care being delivered in other health economies had transformed their services and had integrated far more services into their communities. International and national evidence was reviewed through the systems management reform work stream to determine where integration had worked elsewhere and why. Areas where there were good outcomes of health and social care had a common feature of professionals working as teams in communities reaching out to large populations.

On the prevention and wellbeing strategy the programme's key focuses were to ensure the population had good skills and access to training, education and employment. Improved community activity and engagement. Increased physical activity and promoting wellness and healthy lifestyles. Improved homes and physical environment to enable wellbeing. Councillors felt that early intervention was vital and for people to lead healthy lifestyles. The Committee was assured that the County Council's Public Health team would be working closely with the CCGs to deliver these key focuses.

The question of engagement with the North West Ambulance Service (NWAS) and community transport providers was raised. It was confirmed that NWAS had been a part of the programme from the start.
The Committee also sought assurance on the provision of mental health services in the model of care. It was acknowledged that mental health services should be integrated at population level.

Members asked what key issues had been raised at the public engagement events. There were concerns around changes to urgent and emergency care and how it was going to work. There were also concerns around privatisation. However, it was noted that there was no intention to increase private sector involvement beyond what was already in place across Lancashire.

Whilst options for urgent and emergency care were still being considered, no decision had been made yet. It was acknowledged that the system would not work without adequate prevention and locality care. Members were informed that the public consultation on a range of options would not take place until after the election period in May 2019, subject to scrutiny, the assurance process with the Clinical Senate, and NHS England approval.

A recommendation was proposed by County Councillor Holgate and seconded by County Councillor Collinge that; "Health Scrutiny believe the Our Health Our Care document needs to be revised prior to consultation to include the option of there being 24/7 provision on both the Preston and Chorley sites." A recorded vote was requested in accordance with procedural Standing Order D20 (3). The names of the County Councillors who voted for or against the recommendation and those who abstained are set out below:

For (3)
L Collinge, N Hennessy, S Holgate

Against (6)
P Britcliffe, J Burrows, C Edwards, S Morris, E Pope, J Rear

Abstain (1)
G Dowding

The proposed recommendation was therefore lost.

In considering all the information received, the Committee concurred with the need for change and welcomed the point that the programme was clinically led. It was also interested to receive information on other health economies that the programme had benchmarked itself against.

**Resolved:** That;

1. The report be noted; and
2. An update on the Our Health Our Care programme be presented at a future scheduled meeting of the Committee.

## 5. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

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

## 6. Urgent Business

There were no items of Urgent Business.

## 7. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 6 November 2018 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Our Health Our Care

# Health Scrutiny Committee
# Our Health Our Care Programme Update
# Tuesday 25th September 2018



Minute Item 4

**Contacts:**

**SRO:**
Denis Gizzi
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**Chair Greater Preston CCG:**
Dr Sumantra Mukerji
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**Clinical Lead:**
Professor Mark Pugh
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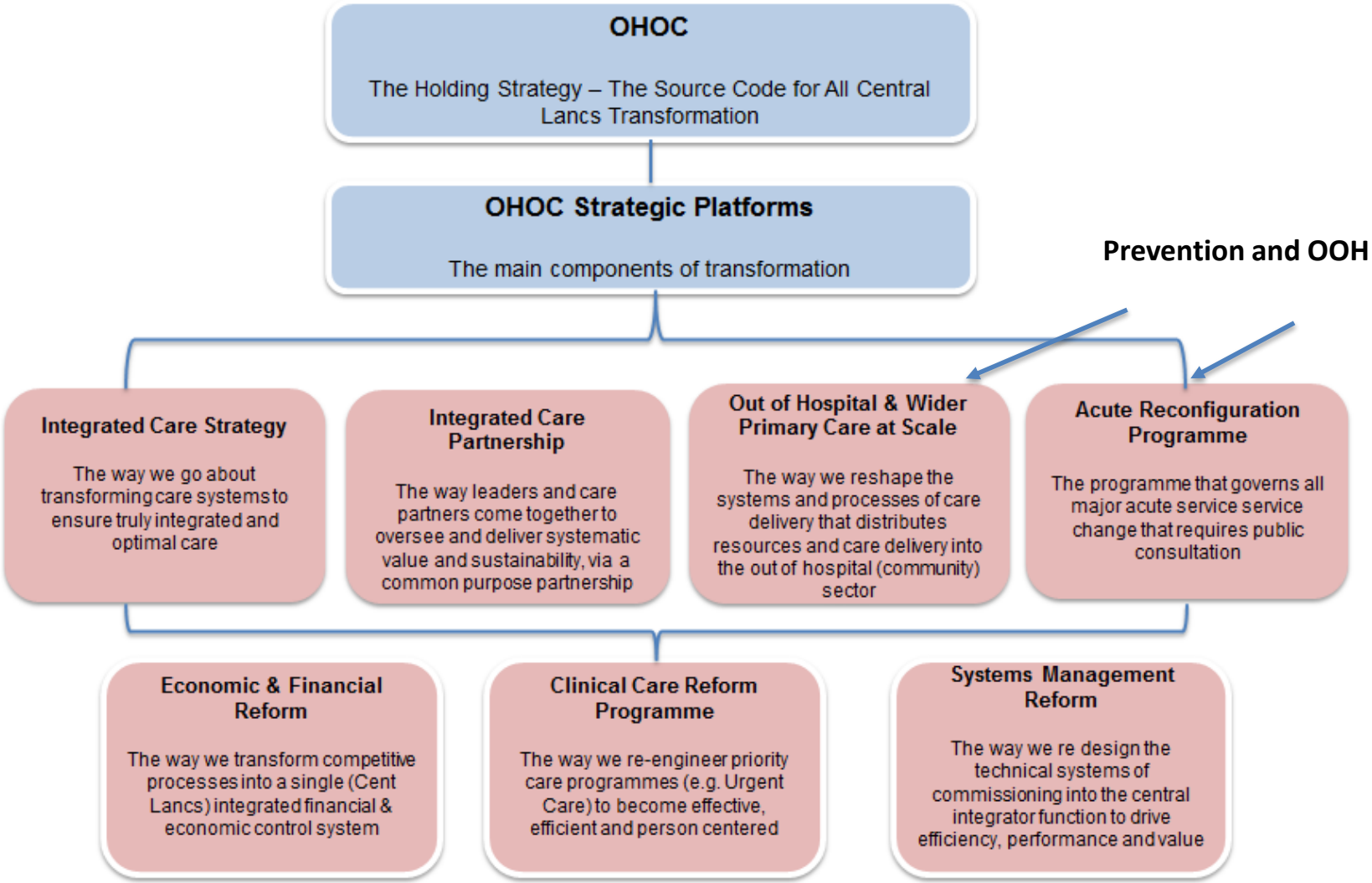
# Our Health Our Care Overview

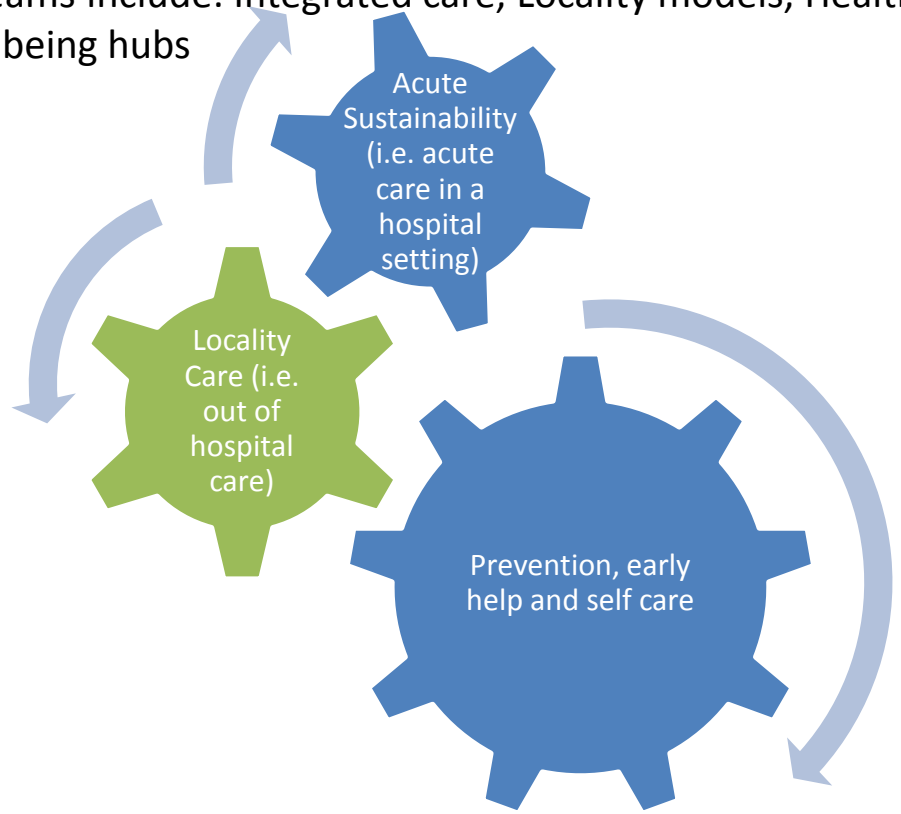



**Prevention and OOH workstreams**

**Acute reconfiguration workstream –**
Also describes whole design of in and out of hospital care

# Out of Hospital

- Out of Hospital and Acute Sustainability programme are heavily interlinked, working closely together to achieve change
- In 2017 GPs from Greater Preston and Chorley and South Ribble co-produced an Out of Hospital strategy
- Aligned with several strategic plans – the SRO for the programme is Jayne Mellor
- Workstreams include: Integrated care, Locality models, Health and well being hubs




**Integrated Care:**

- To ensure patients have access to hospital services when needed by increased services delivered in the community, closer to home.

**Locality Model:**

- **Integrated care teams** will be formed to deliver primary care at scale shaped around local needs
- Localities will be supported to develop **a leadership model-at scale** that enables them to take responsibility for their population

**Health and wellbeing hubs:**

- **Centres developed in the community** to deliver integrated health and care to populations of 100,000 +
- Joins together primary care with community, secondary, social, mental health, diagnostics, prevention and possibly more

**Benefits include:**

- **Access:** Safe and accessible primary care services for all patients
- **New models of care:** Access to a greater range of services closer to home.
- **Integration:** Services from a range of providers delivered by a multidisciplinary team centred around the needs of the patient and community.
- **Workforce:** A valued and motivated primary care workforce with training and development opportunities
- Technology

# Progress-to-date

## Investment

- £1 per head of population was invested in 2017/18 to support practices coming together as informal groups to start to work on delivering 7 day access
- The remaining £2 is to be invested in 2018/19

## Primary Care at Scale

- All practices in Greater Preston are working in networks
- All practices in Chorley and South Ribble have been identified in a network but the practicalities of this are still being worked through with a small number of practices

## Extended Access

- Coverage in Greater Preston is now 100%
- GP Quality requirements include practices to open 08:00 – 18:30 Monday to Friday

## Integrated Care Networks

- All practices within both CCGs are included within an Integrated Care Team. There are some discussions taking place within C&SR in regards to some minor alterations to a couple of the footprints
- Several pilots now underway including Diabetes pathway / Care Home Model

## Locality Hubs

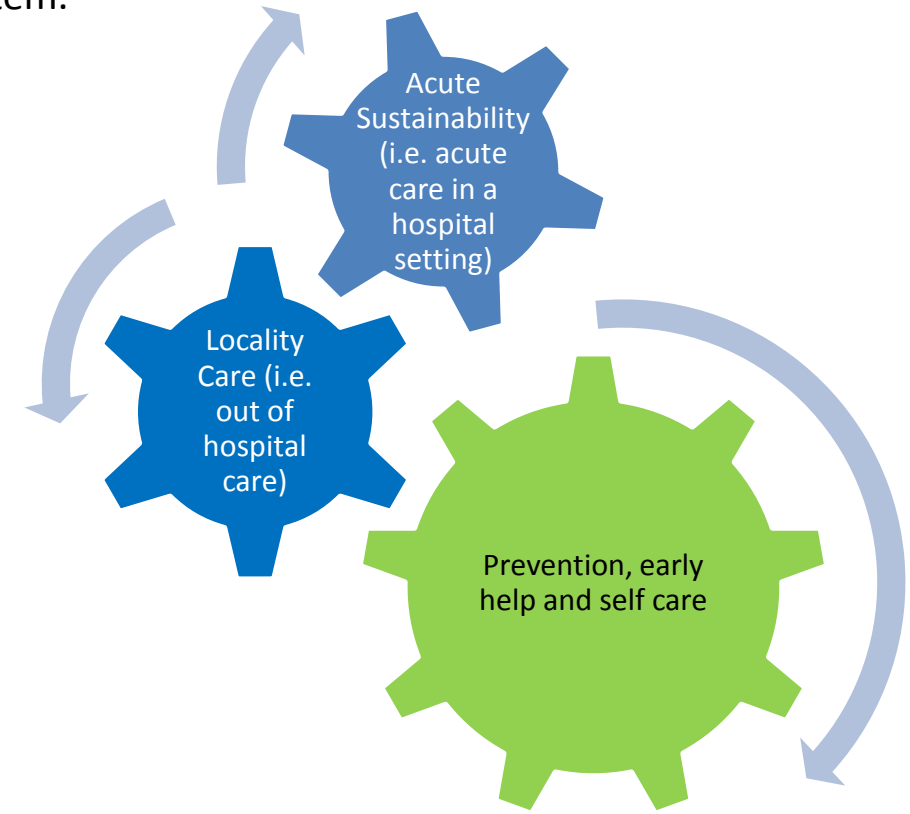
- Capital Bid Completed and approved by the Integrated Care System.

## General

- 100% Greater Preston and 90% Chorley and South Ribble practices are working in collaboratives
- Seven day access is being delivered to approximately 97% of the population with plans in place for the remaining by October 2018
- Care home service commenced in 50% of the collaborative with plans to deliver 100% coverage

# Prevention and Wellbeing

- This strategy seeks a system-wide commitment to prevention through a ‘place based’ approach that utilises all of the resources to enable and maintain physical and mental wellness, build resilience and aid recovery. Delivery of this framework is built around developing prevention and wellness in four key areas; Culture, Community, Workforce, and System.




## Key Focus

- Ensuring our population has good skills and access to **training, education and employment**
- Improving **community activity and engagement**
- Increasing **physical activity** and promoting wellness and **healthy lifestyles**
- Improving **homes** and **physical environment**

The adoption of this framework is to be achieved through system-wide changes to be actioned by organisations. In addition, integrated care teams will use this framework as a basis from which to develop their prevention actions and interventions with their community.

## Benefits

- Communities will be healthy, empowered to help themselves and resilient to life’s challenges
- People will have access to education, employment opportunities and appropriate housing in a safe environment
- People will make valuable contributions and reap the rewards in terms of motivation, confidence and quality of life.

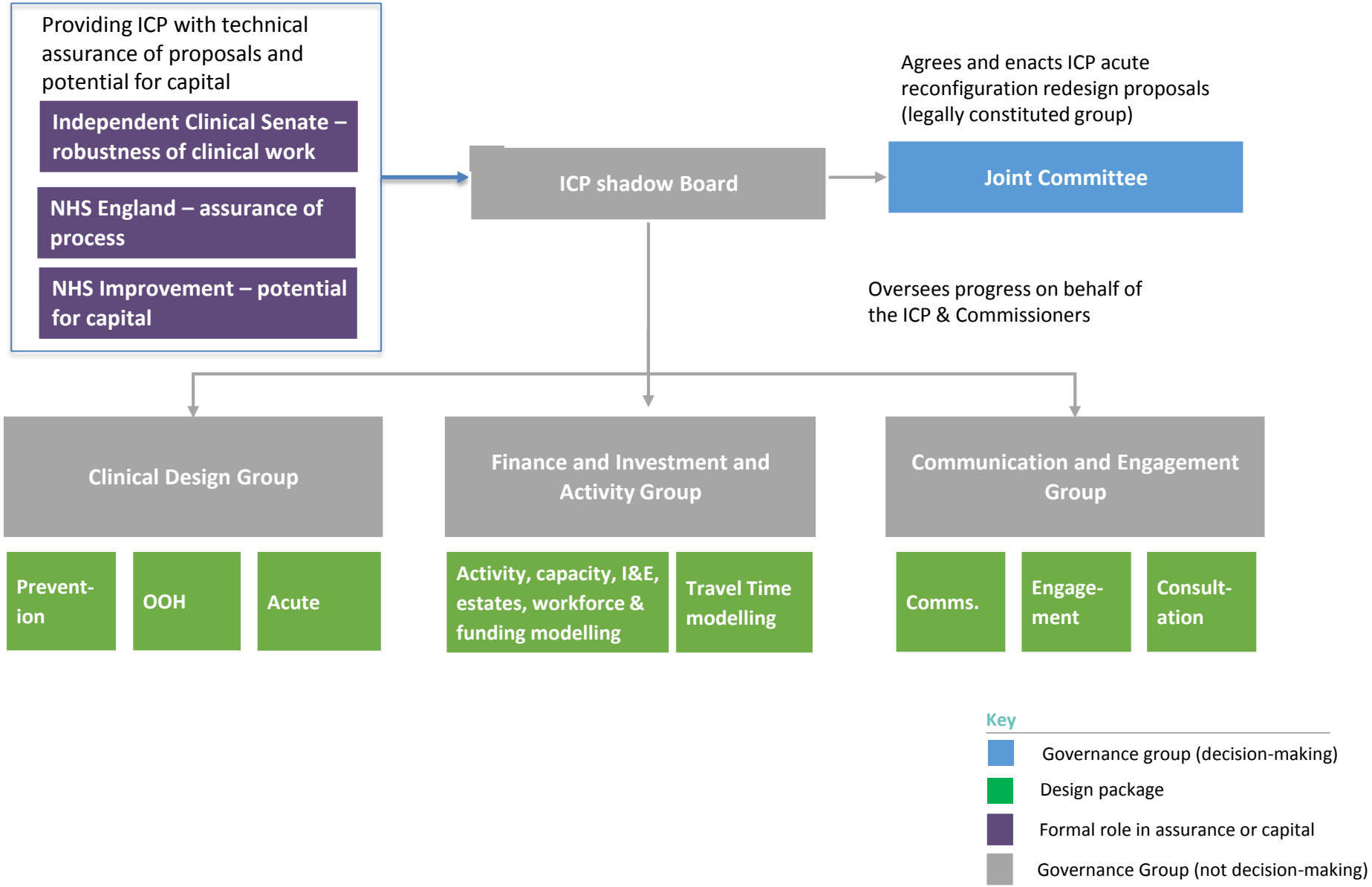
# Work underway to develop a range of options & benefits

- **Options not yet agreed**
- Analysis will consider "Do nothing" (services retained as is) and a range of other options
- **Emerging concepts** are as below

| | What | Why could this improve care for patients |
|---|---|---|
| Urgent, emergency and critical care | • Integrated partnership care with specialist support and advice to GPs and teams wrapped around the patient, joined up primary care pathways<br>• Single emergency and major trauma centre, delivering emergency medical care 24/7<br>• Co-located with an Urgent Care Treatment Centre and a networked Urgent Care Treatment Centre<br>• Standardised Ambulatory Care Unit(s)<br>• Frailty Assessment Unit/enhanced virtual Frailty Assessment across Central Lancashire<br>• Critical care level and capacity re-designed to meet demand | • Care more joined up with primary care<br>• Sustainable staffing model that makes best use of limited skilled staff and is able to meet national staffing and 7 day standards<br>• Specialisation of "once in a lifetime" emergency surgery service<br>• Improved use of ambulatory care, reducing patient waits<br>• Improved access to frailty support<br>• Adequate critical care capacity<br>• Reduced bed pressures, reducing waits for a medical bed and A&E waits |
| Women's and children's services | • Women's and children's services retained as-is | • Continued access to an MLU at both sites<br>• Continued access to Obstetrics and Paediatrics |
| Planned care | • Planned Care Treatment Centre (no emergency surgery)<br>• Single access booking and streaming of patients | • Significant reduction in cancellations, RTT and waits for planned surgery – including cancer waits |

# Decision-making/leadership

- CCG leadership
- Denis Gizzi SRO




Stakeholder input into design, for example:

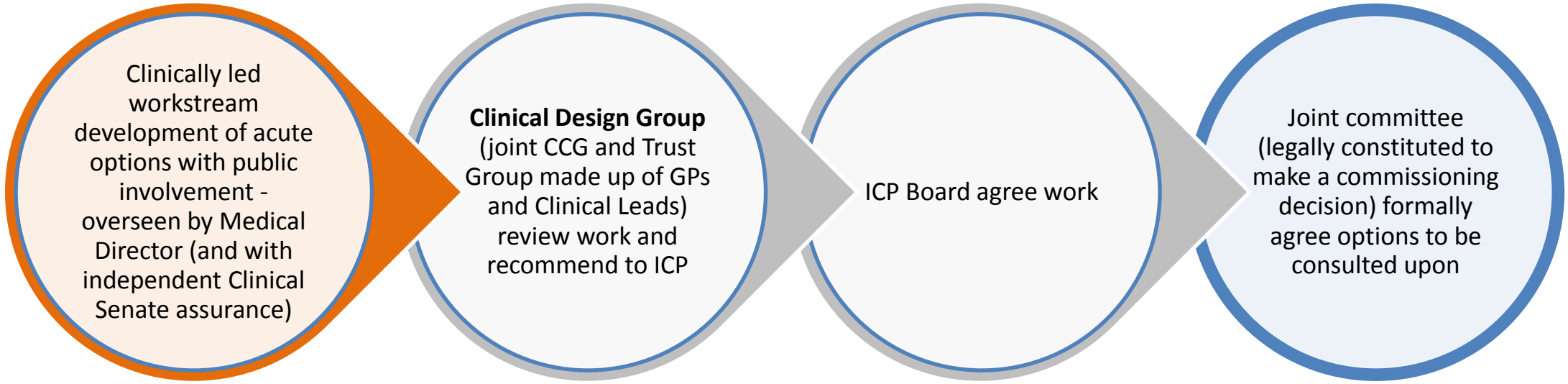
**Central Lancashire Health & Wellbeing Partnership**

**Patients**

**Health Watch**

# Sign off in practice

**Sign off route for clinical design/options development**




*Doing the work*

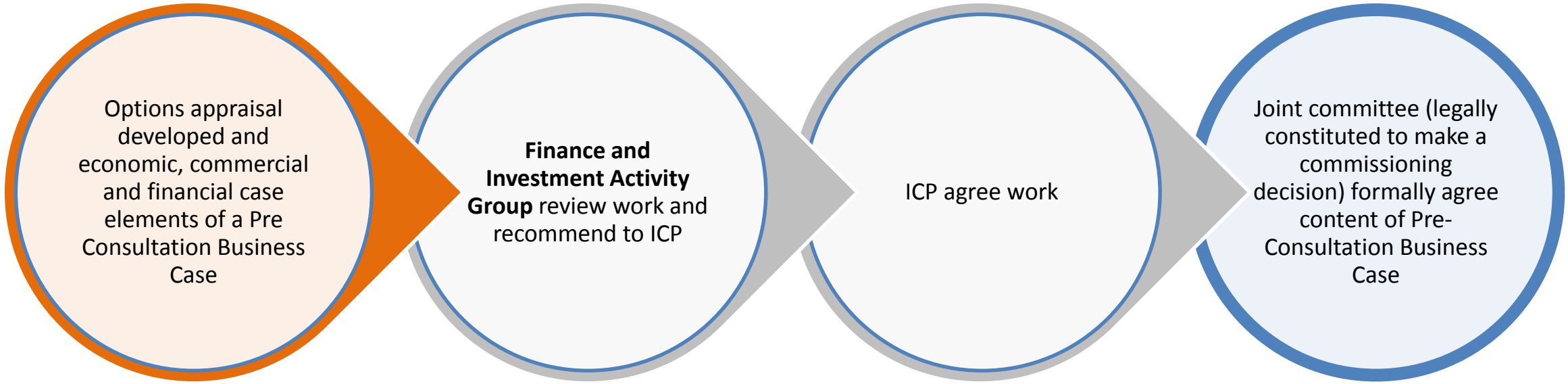
*Formally reviewing the work and recommending to the ICP (group incorporates Trust representatives and therefore provides technical advise and is not decision-making)*

*Formally endorsing the work on behalf of ICP*

*Legal decision*

# Sign off in practice

**Sign off route for options appraisal (financial modelling, travel analysis etc.)**




*Doing the work*

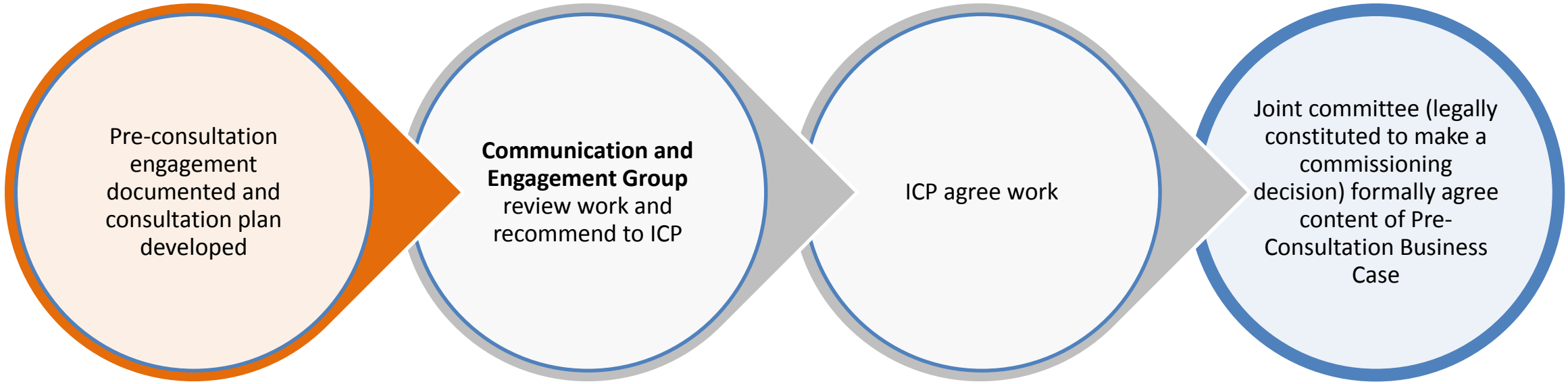
*Formally reviewing the work and recommending to the ICP*

*Formally endorsing the work on behalf of ICP*

*Legal decision*

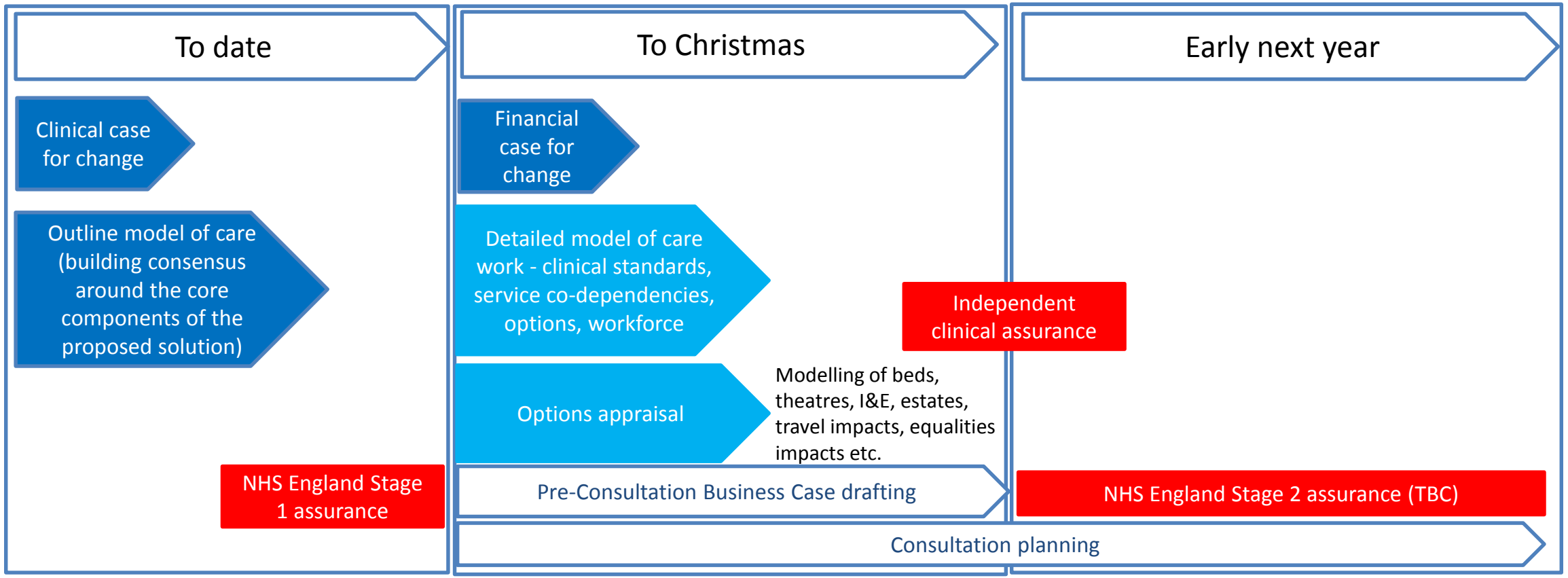
# Sign off in practice

**Sign off route for pre-consultation engagement work and consultation planning**



# Acute Reconfiguration Progress

- Strategic sense check 1 complete




Next steps:

- Build clinical design - a coherent out of hospital and acute model
- Agree options
- Initiate options appraisal - what does each option mean for beds, workforce, estate etc.
- Agree senate and NHSE assurance timeline
- Agree consultation go-live date

# Communication and Engagement update

**Activity snapshot**

Two main periods of activity:

Period 1: Sept 2016 – March 2017 (18 public engagement events, outreach engagement with seldom heard groups (examples below:

| | | |
|---|---|---|
| Presentation to the Chorley Equality forum with (35 people) | Session with Galloway's society for the blind and (30 service users) | Presentation to the Preston and District Carers Support Group (15 people) |
| Question time event with Preston's College students (148 students, 12% from BME backgrounds) | Engagement at a community coffee morning at Ingleton Congregational Church, (approx. 45 people) | Stand at the Preston Health Mela (engaged approx. 40 people) |

Period 2: March 2018 – Present (public engagement events, outreach engagement, two online surveys, targeted conversations with specific groups)

Events have been led by clinicians

Activities have taken place across Leyland, Chorley and Preston

Between September 2016 and September 2018 we have engaged face-to-face with approximately 1,950 people of which approximately 750 have been a public engagement events

Aa programme of targeted conversations and engagement with specific groups, included:

- Young LGBT people
- People who identify as transgender
- People with visual impairments
- People with learning disabilities
- Asian women
- Black African / Caribbean men

Representation of the population is being tracked in relation to characteristics and demographics.

A Patient Advisory Group has been involved in the programme throughout, which is a group that represents other patient and community groups, and covers Equality Act 2010 protected characteristics – they provide reference and advice in relation to process and information materials.

In addition, there have been extensive stakeholder conversations, including with the voluntary, community and faith sector, GPs, hospital staff, partner organisations, MPs and councillors.

# Patient & Public Engagement Feedback

The following are key themes and aspirations which have emerged over the two periods of engagement:

| | | |
|---|---|---|
| **Improved communications & overall better availability of information** | **Better Health and Social Care integration** | **Innovation** |
| **Service configuration:**<br>**- Location of hospital services**<br>**- Out of hospital and community services** | **Patient Safety & Clinical Outcomes** | **Privatisation** |