

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 10th January, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	B Murray
Ms L Collinge	M Otter
A Cullens	N Penney
B Dawson	A Schofield
G Dowding	D T Smith
Y Motala	

Co-opted members

Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribbles Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor M J Titherington, (South Ribbles Borough Council)

County Councillor L Collinge replaced County Councillor M Iqbal;
County Councillor B Dawson replaced County Councillor N Hennessy;
County Councillor A Schofield replaced County Councillor D Stansfield; and
Councillor J Oakes replaced Councillor B Ashworth as Rossendale Borough Council's representative at the meeting.

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

- Sam Nicol, Director of the Healthier Lancashire and South Cumbria Change Programme;
- Andrew Bennett, Lancashire North Clinical Commissioning Group (CCG);
- Sally McIvor, Pennine Lancashire Health and Care; and
- Mark Youlton, East Lancashire CCG.

The Chair also welcomed Sakthi Karunanithi, Director of Public Health and Well Being to the meeting.

1. Apologies

Apologies for absence were presented on behalf of County Councillor F Craig-Wilson and from District Councillors S Green (Fylde Borough Council) and R Leeming (Preston City Council).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Lizzie Collinge, declared a general interest in relation to item 4 on the agenda in that her job at Lancaster University was funded by the Lancashire Care NHS Foundation Trust under an honorary contract arrangement and that her partner was an employee of NHS England.

3. Minutes of the Meeting Held on 22 November 2016

Resolved: Minutes from the meeting held on 22 November 2016 be confirmed and signed by the Chair.

4. Lancashire & South Cumbria Sustainability and Transformation Plan

Sam Nicol, Andrew Bennett, Sally McIvor and Mark Youlton provided a joint presentation on the STP for Lancashire and South Cumbria, sections of which were created to inform the Committee to the development of the Local Delivery Plan (LDP) with particular reference to the Morecambe Bay and Pennine Lancashire areas.

It was reported that the demand for services continued to grow and that there was a requirement to redesign the complex system of health and social care that had accumulated over the years. The STP would therefore provide the impetus for change by developing new models of care through the widest possible level of engagement and the appropriate use of financial resources. The Committee was informed that there was one STP plan for Lancashire and South Cumbria with five individual LDPs. Sam Nicol reported that three major gaps had been identified in the system of care for the area, these being; health and wellbeing, care and quality and finance and efficiency. In addition, eight priority workstreams or working groups had also been identified in line with national guidance and based on knowledge, local need and challenges in the Lancashire and South Cumbria area. The eight priorities were:

1. Prevention;
2. Primary Care Transformation;
3. Regulated Care Sector;
4. Urgent and Emergency Care;
5. Acute and Specialised;
6. Children and Young People Mental Health;
7. Learning Disabilities; and
8. Mental Health Transformation.

Andrew Bennett gave a presentation on the Morecambe Bay LDP. It was explained that patients did not want breaks in communication and that there was a considerable amount of work to be done with integrating services particularly around local communities and mental health. The Committee was informed that there had been some good engagement with Lancashire Police in relation to the demand on NHS services from patients with dementia.

It was reported that the LDP for Morecambe Bay would also concentrate on building a common platform through the sharing of resources such as information technology, human resources, finance and estates. Furthermore, there was a clear requirement for accountability in delivering and developing care through a single leadership team, shared decision making and the involvement of the public.

It was highlighted that there were eleven partners in delivering health care to the people of the Morecambe Bay area and that the premise of the LDP would require a significant change for staff in providing services in new ways. However, it was noted that the public felt they were not being listened to or acknowledged.

Mark Youlton, provided a presentation on the Pennine Lancashire LDP. The Committee was informed that work on the LDP started around 18 months ago with partners and that their approach was largely driven by issues with hospital services at that time. However, since September 2016, a series of public engagement events had taken place to review the case for change and emerging models of care. In addition staff were attending a combination of public meetings and targeted groups in order to raise public awareness. Furthermore, a series of Solution Design workshops had taken place which brought together clinicians, people from the Third Sector and various patient groups to support the development of the Draft Business Case. Regular newsletters and briefings had been distributed to staff and stakeholders. Briefings had also taken place with MPs to ensure that emerging proposals of care were also communicated.

It was reported that in the Pennine Lancashire area, there was an active social media network with an excellent uptake by followers on newly established Twitter and Facebook accounts. Press coverage had also been positive. A series of video case studies, animation and vox pops had also been developed in order to share and inform people of the transformation programme. It was recognised that there was a need to move away from NHS jargon and to switch to more meaningful correspondence with the public to help understand the process.

The Committee was informed that the Pennine Lancashire LDP would focus around the 'me and my family' concept and the provision of more care in the community. It was felt that better care services could be delivered in the community as many people would not require care in a hospital setting. The provision of clinical advice to people in nursing homes across the area with a qualified nurse via telemedicine was one such example whereby the use of technology had proven effective in delivering a service that previously would have required a hospital visit.

The Committee was informed that three distinct areas of around 30-50k people had been identified in the Pennine Lancashire area and that the LDP would focus on delivering primary care and the right care in a safe and affordable way for those localities and in turn developing resilient communities.

With regard to the way forward, the Committee was informed that there needed to be an agreement on what to implement at STP level (overall – Lancashire and South Cumbria) and what to pursue at the LDP level (Morecambe Bay, Fylde Coast, West Lancashire, Central Lancashire and Pennine Lancashire). Considerations also had to be given in respect of any further developments as a result of the Combined Authority in Lancashire and the Joint Health and Wellbeing Board. In addition it was recognised that there had to be shared decision making and the engagement and involvement of professionals and public in the development of new models of care.

The Chair in thanking the officers who gave the presentation invited Sakthi Karunanithi to provide the Committee with his view of the STP from a Public Health perspective.

Sakthi explained that his role was a statutory role to provide advice to the NHS, the Council and this Committee on improving outcomes of Public Health for the people of Lancashire. Sakthi confirmed that he was also involved with the development of the STP. In essence, it was confirmed that demand on the NHS was rising and whilst resources were increasing this was not necessarily in line with demand. Whereas resources in local government were decreasing. The Committee was informed that it was important for the NHS to play its fullest part from prevention to acute care and that there would be a need to constantly liaise with partners and neighbouring authorities in going forward.

With regard to prevention it was reported that there were three areas of focus:

1. Bringing communities together to understand and address local issues;
2. Joining services at local level across the Lancashire and South Cumbria STP area, ensuring that care is rolled out appropriately and consistently; and
3. Engage with all partners and establishing policies on matters such as housing, licensing, planning and air quality.

The Committee was informed that this was only a quick overview and reaffirmed that there was a need to constantly track and predict population health with the use of key measures such as life expectancy.

The Chair in summarising the meeting read the following quote from The King's Fund report on the Sustainability and Transformation Plans in the NHS:

"The original purpose of STPs was to support local areas to improve care quality and efficiency of services, develop new models of care, and prioritise prevention and public health. The emphasis from national NHS bodies has shifted over time to focus more heavily on how STPs can bring the NHS into financial balance (quickly). National NHS leaders are themselves under pressure from central

government to close gaps in NHS finances, at a time when the NHS faces an unprecedented slowdown in funding and dramatic cuts have been made to public health and social care budgets. It is therefore important to recognise the constraints facing national as well as local leaders in the NHS."

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

- It was identified that there was a need to focus on prevention and the integration of services and that there should also be an honest debate in relation to the funding of non-essential treatments and prescriptions. Members felt that they did not have the full facts in relation to the financial situation and wondered whether there should be a general acceptance that NHS funds should merely keep up with demand. It was also suggested that rather than setting an emphasis on needing more money to deliver services to perhaps make use and fully utilise existing resources from as many sources as possible. The Committee was informed that ever since the NHS was established there was only a finite budget versus infinite demand and with 1.9m people in the Lancashire and South Cumbria area, it was recognised that transforming services for such a large area would present a challenge. Members were informed that there was a need to move away from acute based care to a more health and wellbeing approach.
- Members also expressed concern that any additional funding obtained through the bidding process with NHS England (NHSE) should not be used to cover any deficit.
- Members emphasised the importance of communication and engagement with not only the public but also with elected members. Members also emphasised the need to reduce the jargon for all to understand. It was suggested that a person friendly 'LDP Plan on a page' would be advantageous. In addition, it was suggested that district councils could also make a positive contribution to their respective LDPs.
- In response to criticism, the Committee was informed that whilst the STP and its subsequent LDPs were made available to the public, there was a requirement by the NHS England (NHSE) to produce this documentation in the format that it was presented in. Officers recognised that the use of language was important in engaging with the public and that they were hoping to create an approach that was less bureaucratic. It was agreed that a person friendly 'plan on a page' would be a good place to start. Furthermore, a suggestion was made that officers should provide real-life examples or to tell a story in their communication – especially in relation to unhealthy lifestyles.
- It was felt that the STP focussed too much on medical and sickness aspects of care and that it should perhaps move away from that direction as the theory for transformation. However, it was appreciated by members

that transforming from a predominantly sickness focus to a 'wellness' focus would take time.

- Members expressed concern that the take up/implementation of telemedicine facilities had been slow. It was reported that from experience, establishing such a system took considerable time in changing the way people worked and gaining the trust of staff to adjust to new ways of working. Additionally, there was also the requirement to provide advice and support throughout the implementation process. The Committee was informed that East Lancashire Clinical Commissioning Group had worked with Airedale Hospital for three years in establishing its telemedicine facility.
- Members also noted that there would be significant issues in relation to the implementation of joint I.T. systems across the Lancashire and South Cumbria area and the need to identify shared protocols in maintaining such systems to avoid confusion and delay on rectifying problems or creating enhancements.
- Concern was also expressed in relation to older people becoming socially isolated through an apparent lack of 'sense of community' especially for those living in rural areas. The subsequent effect being that those in isolation could be more vulnerable in developing mental health problems.
- Members highlighted the misuse of A&E services in that it had been reported to them that because of limited GP appointments, people were subsequently using the A&E service with the expectation that they must be seen within four hours. Members expressed concern that there needed to be a clear definition of what A&E services are used for, what to expect and what not to expect and to communicate that to the public.
- The Chair reported that the Steering Group recently met with the Fylde and Wyre Clinical Commissioning Group, where they had been informed of their intention to develop an MCP model through an alliance approach. The Chair asked if both the Pennine Lancashire and Morecambe Bay areas were aware of this model and whether they had a specific preference in mind for their respective areas. Both Pennine Lancashire and Morecambe Bay stated that they needed to be clear on how they were going to deliver services before identifying their preferred MCP contract option and that the 'alliance' contract was only one of a few types of contract available to choose from in co-ordinating such services.
- Members sought reassurance for both the Committee and the public on whether the STP would deliver a successful transformation of sustainable services for the area as there was some concern around fragmentation of services and an apparent lack of progression or practical application in resolving long standing issues. In addition, there was a public perception that the STP represented the route to privatisation of services. The Committee was informed that when NHSE released the five year forward

plan in 2014, there was a requirement to work on new care models for people to access the right care when they needed it and the STP had followed on from that process. The Committee was reminded that some NHS services were already being delivered by private care organisations.

- Concerns were expressed in relation to Clinical Commissioning Groups (CCG) working in silos and not being aware of what each CCG was working on. It was highlighted that no less than three CCGs covered the Ribble Valley area. With this in mind, there was a clear need for each CCG to demonstrate that they work together.
- In response to a query around local MPs not being offered briefings on the STP, it was reported that they were all written to and offered one to one conversations and invitations to quarterly briefings.
- Concerns were also expressed in relation to deprived areas and peripheral matters such as unsuitable housing and the impact this had on people's lives, in particular those who were on a low income and had no funds to improve their standard of living.
- Members were informed that a Scrutiny Inquiry Day was currently being organised for the 9th March 2017, to focus on issues relating to workforce and that an invitation would be sent out to members and stakeholders in the near future. A request was also made to hold a future Scrutiny Inquiry Day into the financing of future service delivery.
- In response to a query around achieving sustainability over the next two years, members were informed that whilst the CCGs and NHSE were concerned, there was a general feeling that they were able to manage the financial risks. The Committee noted the statement that funding for local authority services would continue to reduce over the next four years which would pose a major challenge in the delivery of the STP.
- A comment was also made in relation to the extensive use of sugar in food and the need to reduce this to improve people's wellbeing.
- Members commented that the STP appeared to be a series of responses and did not necessarily contain any solutions or options or any assessment on what was actually deliverable. In addition there did not appear to be an end date regarding the consultation process or when the STP would be implemented. Members were reminded that the STP was a national imperative and a statutory process and that officers were under pressure to produce the STP in the format it had been presented. However, assurance was provided that a more public facing version would be ready within the next few weeks. Members were also informed that there was no specific deadline for consultation or the implementation of the STP, only that the process would be ongoing over the next five years and the subsequent roll out of any new models of care as time passes.

The Chair thanked officers for their contribution.

Resolved: That;

- i. The Committee agreed the Chair and Deputy Chair to summarise the comments and issues that were raised on their behalf to enable further actions to be formulated;
- ii. The public facing STP document be shared with the Health Scrutiny Committee prior to publication.

5. Report of the Health Scrutiny Committee Steering Group

No verbal report was given on the recent meetings held by the Health Scrutiny Committee Steering Group.

Resolved: That an update on the work of the Health Scrutiny Committee Steering Group since December 2016 be presented at the next scheduled meeting in February 2017.

6. Work Plan

The work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews was presented to the Committee for information. It was reported that the Care in the home and suitability of housing item planned for the scheduled meeting in February 2017 would be replaced with an item from the Lancashire Teaching Hospitals Trust.

Resolved: That subject to the above change to the work plan, the report be noted.

7. Urgent Business

There were no items of urgent business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 28 February 2017 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston