

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 24th September, 2019 at 10.30 am
in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

Present:

County Councillors

Mrs S Charles	S C Morris
S Clarke	E Pope
B Dawson	A Schofield
J Eaton	K Snape
J Fillis	D Whipp
M Iqbal	

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Margaret France, (Chorley Council)
Councillor David Howarth, (South Ribble Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Viv Willder, (Fylde Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillors S Clarke, B Dawson, J Eaton, A Schofield replaced County Councillors C Towneley, N Hennessey, P Britcliffe and J Burrows respectively.

1. Apologies

Apologies were received from Councillor B Hilton (Ribble Valley Borough Council) and Councillor G Hodson (West Lancs Borough Council).

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

Resolved: That:

1. The appointment of County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the committee for the remainder of the 2019/20 municipal year be noted;
2. The new membership of the committee following the County Council's Annual Meeting on 23 May 2019 be noted; and
3. The terms of reference of the committee be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

Councillor Margaret France declared a non-pecuniary interest as a publically elected governor for Lancashire Teaching Hospitals Trusts.

4. Minutes of the Meetings Held on 14 May 2019 and 26 June 2019

Resolved: That the minutes from the meetings held on 14 May 2019 and 26 June 2019 be confirmed as an accurate record and signed by the Chair.

5. Lancashire and South Cumbria Integrated Care System - Update on the five year strategy

The Chair welcomed the following officers from the Healthier Lancashire and South Cumbria Integrated Care System (ICS): Andrew Bennett, Executive Director for Commissioning, Peter Tinson, Chief Operating Officer for Fylde Coast Clinical Commissioning Groups (CCGs) and Neil Greaves, Head of Communication and Engagement.

Andrew Bennett presented a report providing a high-level overview of the partnerships in the Lancashire and South Cumbria Integrated Care System and the progress toward developing a five year strategy in response to the NHS Long Term Plan.

Jenny Hurley, representing Protect Chorley and South Ribble Hospital from Cuts and Privatisation campaign group made deputations to the committee in response to the report. The deputations raised concerns expressed by the campaign group regarding the potential merger of eight Clinical Commissioning Groups (CCGs) to one and requested that detailed plans and the result of a public consultation be presented to a future meeting of the committee.

Mary Whitby, representing Save Ormskirk and Southport Hospital campaign group also made deputations to the committee in response to the report. The deputation requested that the committee rejected the five year plan and merger of the eight CCGs in favour of a public consultation.

Members requested clarification on a number of issues as detailed below:

- Concerns were expressed regarding the wide ranging implications of the plan and lack of specific detail regarding the direction of the strategy and its local impact.

In response NHS colleagues stated that a series of NHS reforms from 2012, had highlighted the requirement for NHS bodies to work closer together. In addition ongoing feedback from patients had described that they received fragmented care. The strategy aimed to form partnerships and working relationships to improve the patient experience.

It was emphasised that the strategy was not designed to centralise services, but to support the planning of healthcare at a neighbourhood level and high level expenditure at a strategic level. It was emphasised that 41 primary care

networks had been successfully established and were engaging with the strategy.

- With regard to the proposed merger of eight Clinical Commissioning Groups (CCGs) into one, members raised the issue of the practicality of addressing constituents' concerns to one single commissioning body for 1.7 million people in the ICS and asked how local accountability could be assured. It was maintained that this was already difficult with the current arrangement. Members also suggested that NHS reforms had frequently changed direction and it would be beneficial for the residents of Lancashire if decision making remained closer to home to allow for the specific priorities for individual areas to be developed.

NHS officers stated that there would be a plan to develop a case for change that was likely to recommend a single CCG, which would support work in the neighbourhoods/primary care networks to engage local people and address individual needs. This process included the submission of a formal request and a consultation to identify and address risks. The case for change had yet to be set out and local voice and representations would have to be answered at this stage. The consultation around CCGs would address at what level specific decisions would be taken and this would depend on the level of impact, i.e. if it was at local level or ICS wide.

- In response to queries raised regarding the democratic deficiency of the NHS decision making process, it was confirmed that there were strong opportunities for councillors to work closely with the neighbourhoods. GPs were already working closely with councillors in some areas and there was an expectation that nationally appointed GPs would lead the board of local partnerships and involve councillors. This collaboration would be designed in to the model.
- In response to comments it was clarified that the ICS was sensitive to the nuanced relationships in the partnerships with voluntary community, faith and social enterprise sector networks and was working on building these collaborations. A leadership group had been developed to include representatives from this sector in partnership meetings to ensure their involvement and so that they can contribute to decisions.
- Members highlighted the recurring problem of a shortage of suitable staff being trained and how this would be addressed to ensure deficits in service provision were diminished, rather than relying on volunteers who provided additional support and should not be a replacement for NHS services.
- In response to a question, Andrew Bennett stated that there were a number inaccuracies in the deputations and clarity regarding these could be provided.
- Members commented that it was clear that the public needed better and more sustainable healthcare and acknowledged that the plans were currently at the strategic level.

It was moved by County Councillor Eddie Pope and seconded by County Councillor Alan Schofield that the published five year strategy be presented to the Health Scrutiny Committee at its next scheduled meeting on 5 November 2019.

The following amendment was proposed by County Councillor John Fillis and seconded by County Councillor David Whipp:

Due to lack of clarity regarding public accountability and the questions/concerns that have not been addressed, the committee was unable to support the five year strategy at the present time until further detail and more information was included. The committee would be prepared to consider future proposals and additions to the plans at its meeting on 5 November 2019.

On being put to the vote the amendment was LOST. Whereupon it was;

Resolved: That

The published five year strategy be presented to the Health Scrutiny Committee at its next scheduled meeting on 5 November 2019.

6. Our Health Our Care Programme - Update on the future of acute services in central Lancashire

The Chair welcomed Karen Partington, Chief Executive, Lancashire Teaching Hospitals; Dr Gerry Skailes, Medical Director, Lancashire Teaching Hospitals; Denis Gizzi, Chief Officer, Greater Preston and Chorley and South Ribble CCGs; Helen Curtis, Director of Nursing and Quality for the CCGs, Jayne Mellor, Director of Transformation for the CCGs, Dr. Sumantra Mukerji, Chair of Greater Preston CCG and Jason Pawluk, Our Health Our Care Programme Director, NHS Transformation Unit.

Jason Pawluk presented a report which provided an update from the Our Health Our Care programme on the future of acute services in Central Lancashire. This update described the progress made relating to the formal assurance process required by NHS England with regard to proposals for significant service change (stage 2).

The 13 options for service change for emergency care services for the residents of Chorley and South Ribble and Greater Preston CCGs being considered were distributed and are attached to these minutes.

Jenny Hurley, representing Protect Chorley and South Ribble Hospital from Cuts and Privatisation campaign group made deputations to the committee in response to the report. Jenny stated that the report didn't address downgraded services in other areas of Lancashire and didn't take into account growing populations in the area.

A question was also raised as to why other Hospital Trusts (Blackburn and Wigan) were getting new staff for their A&E departments and Lancashire Teaching Hospitals was not. The deputation requested a full analysis of the impact that a reduction of services would have and full public engagement at all stages of the process.

Members requested clarification on the areas detailed below:

- In response to a question it was confirmed that the first 'do nothing option' would leave services as they were now; the second option would leave services as they were in conjunction with a transformation of the acute services to improve efficiencies and the third option would increase accident and emergency provision at Chorley and South Ribble hospital to the requirements of a type 1 facility.
- Members requested assurance that the Our Health Our Care Programme would assimilate with the Integrated Care System (ICS) five year strategy. It was confirmed that the strategy was a set of proposals coming from the Integrated Care System and not a decision from it. However, the Committee was informed that Clinical Commissioning Groups (CCGs) were GP membership organisations and any constitutional proposals or request for change (including proposals to merge CCGs) would have to be endorsed by members. It was noted that a proposal to merge the two CCGs (Greater Preston and Chorley and South Ribble) in the central Lancashire area had been recently rejected by the respective CCG boards.
- Members asked what work was underway to engage with neighbouring health care services and hospitals, outside the central Lancashire area. It was confirmed that the Our Health Our Care Programme maintained a close working relationship with neighbouring CCGs and hospitals and were keen to work closely with them as with all the statutory consultees. NHS colleagues were aware of the concerns expressed by the chief executive of Wrightington, Wigan and Leigh NHS Hospital Trust regarding the proposals. The proposed engagement timeline would align with the reduction of the range of the 13 options, when it would be easier to describe and understand what the impact on neighbouring services would be.
- In response to a question, Jenny Hurley stated that NHS digital applications had positive points, however she had examples where patients had been advised that a digital application was the only option. Jenny also maintained that GPs use applications that follow an algorithm to give the most inexpensive treatment pathway which didn't necessarily provide the best and most cost effective outcome for the patient.
- Members asked why the options didn't include plans to increase recruitment and training of staff, enhance service levels and improve patient access to GPs to reduce demand on accident and emergency services.

Members emphasised that the options to close accident and emergency at Chorley and South Ribble hospital would see increased pressure on this service at other hospitals in West Lancashire, Blackburn, Wigan and Preston. A reduction or cessation of accident and emergency services in West Lancashire would create a gap in provision from Liverpool to north Preston. Concern was also expressed regarding the widely publicised lack of support

for patients with mental health issues and how they are often reliant on acute services.

NHS colleagues confirmed that there were significant issues regarding staffing and there was not the resources to safely support the current level of provision. The service always strived to recruit to provide the correct workforce level. The aim was to try and work together to provide the optimum number of staff in the right places to ensure the correct pathways for patients. The objective was to provide safe quality care which couldn't be delivered with the current arrangements. It was stressed that this case for change was addressing accident and emergency services, however transformation was taking place across the whole remit of acute provision.

Members asked if the case for change was being considered due to lack of resources and investment in the NHS. It was clarified that difficulties in recruitment and retaining staff required the service to think differently about the continuum of care and how it can be provided using the resources more innovatively.

- Members commented that the option of building a new super hospital which had been mooted previously should still be an option. It was explained that the option of a super hospital was being explored but was not included in the 13 options as this couldn't be publically consulted on.
- Members highlighted that the traffic issues in and around the Royal Preston hospital site would need careful consideration, if the Chorley and South Ribble hospital accident and emergency service closed.

Resolved: That

The Health Scrutiny Committee at its meeting scheduled on 3 December 2019, receive analysis on:

1. Staffing requirements for all options;
2. Impact on neighbouring Trusts as well as the Royal Preston Hospital site;
3. Mental Health service provision for all options;
4. Financial information on all the options.

7. Report of the Health Scrutiny Steering Group

The report presented provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 14 May 2019, 11 July 2019 and 11 September 2019.

Resolved: That the report of the Steering Group be received.

8. Health Scrutiny Work Programme 2019/20

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee.

Resolved that the report be noted.

9. Urgent Business

There were no items of urgent business.

10. Date of Next Meeting and Future Meetings

The next meeting of the Health Scrutiny Committee will be held on Tuesday 5 November 2019 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston