

## Health Scrutiny Committee

Meeting to be held on Tuesday, 2 April 2019

Electoral Division affected: (All Divisions);
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### Report of the Health Scrutiny Steering Group

Contact for further information:

Debra Jones, Tel: (01772) 537996, Democratic Services Officer,  
Debra.jones@lancashire.gov.uk

#### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 13 March 2019.

#### Recommendation

The Health Scrutiny Committee is asked to:

1. Receive the report of its Steering Group.
2. Note the factual error in relation to the report of Steering Group presented at the Committee's meeting on 11 December 2018.

#### Background and Advice

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
  - Reasons/focus, objectives and outcomes for scrutiny review;
  - Develop key lines of enquiry;
  - Request evidence, data and/or information for the report to the Committee;
  - Determine who to invite to the Committee
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;

- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the Committee for consideration and agreement.

### **Meeting held on 20 February 2019:**

#### **❖ Response to the Group's recommendation on the NWAS Nursing and Residential Home Triage Tool (NaRT)**

County Councillor Graham Gooch, Cabinet Member for Adult Services, Helen Speed, Head of Transformation and Delivery, Blackpool Clinical Commissioning Group (CCG), Sumaiya Sufi, Quality Improvement and Safety Specialist – Health and Residential Settings, Lancashire County Council and Lisa Slack, Head of Service Patient Safety and Safeguarding, Lancashire County Council attended the meeting to present the joint response to the Steering Group's recommendation which was:

"The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group (CCG) give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire."

In response to questions raised by members on the model, challenges to wider implementation and next steps, the following information was clarified:

- On take-up, it was noted that the triage tool had been introduced to 50 of 130 care homes in the east Lancashire area. It was confirmed that these care homes had been identified by East Lancs CCG as the highest callers to the North West Ambulance Service (NWAS). Reasons for take-up therefore did not relate to reluctance.
- It was noted that there were a number of factors as to why the triage tool had not been rolled out across the county. Cost was the biggest reason. The Steering Group was informed that East Lancs CCG had used vanguard monies (additional time-limited funding) made available to them at the time to fund the pilot. Not all CCGs in the Lancashire area had been given vanguard status. An element of the cost was the £100 annual charge payable to the organisation holding the intellectual rights to the triage tool - notwithstanding the cost to the North West Ambulance Service to sustain the provision of training which had been paid at overtime rate.

- It was pointed out that the triage tool's weakness was its lack of alignment with other work streams and triage tools such as; end of life, falls prevention, sepsis and NEWS2 (National Early Warning Score – early warning score system used to identify and respond to patients at risk of deteriorating).
- It was suggested that the county council in conjunction with clinical commissioning groups perhaps consider developing a similar model without affecting intellectual property/rights. Whilst it was accepted that this could be an option going forward, the Steering Group was informed that NHS Vale of York CCG had successfully trialled its own approach to a similar triage tool known as 'stop and watch'. This approach was currently being favoured by Cumbria County Council.
- It was noted that not all CCGs in Lancashire commissioned additional care home support such as care home support teams with many taking different approaches and using different models to provide interventions within the regulated care sector. Other additional support included commissioning of advanced nurse practitioners and telemedicine.

**Resolved:** That the joint response be noted.

#### ❖ **Healthwatch Lancashire and Quality Accounts**

Sue Stevenson, Chief Operating Officer for Healthwatch Lancashire and Healthwatch Cumbria, attended the meeting to discuss how Healthwatch could assist with the Committee in its work. In addition to this a proposal to work together to respond to NHS Trust Quality Accounts was suggested to the group for consideration.

It was highlighted that Healthwatch is the independent consumer champion for health and care, ensuring the views and experiences of people from all localities and communities including protected characteristics informed service design. In addition to this it was acknowledged that the Health Scrutiny function also had a role in influencing service design of health and care. It was pointed out that Healthwatch could share intelligence and advice with the Health Scrutiny function, which might assist with topics and key lines of enquiry that are scheduled on its work programme and welcomed the opportunity to attend future meetings.

Examples of current projects were highlighted which included:

- Temperature test – noises within the system;
- Enter and View in Care Homes;
- Digital offer;
- Thrive – redesigning mental health services for children and young people;
- Cancer screening for people with learning difficulties; and
- Chatty van.

On NHS Trust Quality Accounts, it was suggested that Healthwatch Lancashire and Lancashire County Council Health Scrutiny function establish small working groups

to consider NHS Trust Quality Accounts and for both parties to come together to share findings and agree key points to feedback collectively.

In considering the proposal it was noted that there were eight NHS Trusts operating within the Lancashire County Council's administrative boundary. It was felt that given the relatively short timescales with which Health Scrutiny and Healthwatch are given to respond, criteria should be set to narrow the focus by considering factors such as Care Quality Commission (CQC) ratings, locality/cross-boundary providers and topics the Health Scrutiny function had reviewed since the start of the new administration. It was suggested that the focus for responses be on Lancashire Teaching Hospitals NHS Foundation Trust and Lancashire Care Foundation Trust. In considering the matter further it was;

**Resolved:** That;

1. Responses to NHS Trust Quality Accounts be provided to Lancashire Teaching Hospitals NHS Foundation Trust and Lancashire Care Foundation Trust.
2. Healthwatch be invited to attend a future meeting of the Steering Group to share findings and agree key points to feedback. The timing of which to coincide with when draft Quality Accounts are received and the deadline with which to respond.

### **Meeting held on 13 March 2019:**

#### **❖ North West Clinical Senate**

The Chair welcomed Caroline Baines, Senate Manager, North West Clinical Senates.

The report and handout presented provided an overview of the independent work undertaken by the Clinical Senates, including the purpose, structure, accountability measures, past and current work and the benefits of NHS services working with the Senates. A copy of the handout is set out in the minutes.

It was important that the Health Scrutiny function understood the work and purpose of the Clinical Senate in providing independent strategic clinical advice to commissioners and the benefits of a clinical service requesting a review. As well as providing independent advice, Clinical Senates undertook independent clinical reviews to support significant service reconfiguration and the work of Integrated Care Systems (ICS).

Members were advised that in future when considering key questions on proposals for change the Health Scrutiny Committee could ask NHS partners if they had requested a Clinical Senate review, if not and depending on the level of assurance the Committee needed to then recommend that a Clinical Senate review be undertaken. Members were also advised that if the NHS body concerned had commissioned a review to request and examine the resulting recommendations.

In response to questions raised by members, the following information was clarified:

- Although the Senate undertook clinical reviews, the review panel included an experienced patient representative in order to take into account the service users' perspective. It was explained that the Senate's role was not to rate services but to be a critical friend and challenge processes in place or proposed changes.
- On accountability and governance arrangements, it was confirmed that the Clinical Senate had a robust selection criteria for a broad range of expert clinicians to carry out reviews, ensuring that conflicts of interest were declared. Expert clinicians would be identified dependent on the work being undertaken.
- The Senate provided advice that was non mandatory and independent of NHS England, however service providers under review tended to follow the recommendations made. Responses to the recommendations were taken into consideration in any referrals made to the Secretary of State or at a judicial review when a substantial variation had been identified.
- It was noted that the Senate's current areas of work in the North West included the Central Lancashire 'Our Health Our Care' and the Lancashire and South Cumbria Stroke Services.

**Resolved:** That the role of the Clinical Senate and the advice for Health Scrutiny members be noted.

#### ❖ **Blackpool Council scrutiny review of Lancashire Care Foundation Trust**

A request had been made by County Councillor Steve Holgate to review mental health services provided in A&E departments across Lancashire following recent media reports on Blackpool Council's scrutiny review of mental health services provided by Lancashire Care Foundation Trust. In order to avoid any duplication of work, it was felt that the Steering Group be appraised of Blackpool Council's review before embarking on its own review should the request be agreed.

The Chair welcomed Sharon Davis, Scrutiny manager for Blackpool Council.

Members were given an overview of the background to Blackpool Council's scrutiny review of the Lancashire Care Foundation Trust. It was explained that they had initially requested that the Trust present their improvement plan to its Adults Social Care and Health Scrutiny Committee, following the outcome of the Care Quality Commission (CQC) inspection in May 2018 when the Trust's overall rating fell from 'Good' to 'Requires Improvement' since its last inspection in September 2016. Due to concerns regarding lack of engagement with the Committee from the Trust, a further special meeting was arranged on 24 January 2019 which included representation from the police, community and Healthwatch Lancashire. The Committee had recommended that the Trust engage community groups via a forum. The Director of Public Health in Blackpool had expressed that a re-work of how mental health services were commissioned was required as the current provision

was based on an outdated model of need. This would ultimately impact Lancashire as a whole. The Steering Group was informed that Blackpool's review focussed on services provided at The Harbour and within the community and the wider concerns of patient safety.

In response to questions raised by members, the following information was clarified:

- It was important that the Lancashire County Council Health Scrutiny Committee were kept informed about any issues or proposed changes brought to Blackpool's Scrutiny Committee.
- The Blackpool Health Scrutiny Members had requested that the Trust engaged with community groups via the recommended forum, however it was too early in process to shape definite ideas for change. Blackpool was currently in the pre-election period so members were unable to take any proposals forward. The Committee's primary focus was to require the Trust to make improvements; the request to change how services were commissioned had come from professionals such as the Director of Public Health. It was emphasised that Members were not mental health professionals and it was not a function of Scrutiny to plan how services should be changed. The Committee would continue to review all the relevant sources of information and to hold providers and commissioners to account, challenging them to make improvements where required. It was hoped that the community forum would help shape future proposals for change. Currently, pathways for those with mental health issues were unclear. When the Blackpool Council elections had been completed the committee would look further at specific recommendations.
- The complexity of the link between drug use and mental health was acknowledged and that there was a requirement to address this cycle. The Steering Group highlighted that there may be opportunities to apply for grant funding to support this.
- Members asked about the third sector partner Calico, mentioned in the Trust's report. It was confirmed that this was a pilot initiative by the Lancashire Care Foundation Trust involving 18 recovery workers supporting patients with social issues and mental health diagnosis in the community.
- It was noted that although deprivation was high in Blackpool, Lancashire also had areas with similar social determinants that impacted on mental health.

Programmes such as HeadStart Blackpool, were reintroducing early help and aimed to build resilience in young people as a preventative measure against potential mental health issues.

- It was emphasised that communication between the work of Lancashire County Council and Blackpool Council Health Scrutiny functions would prevent duplication of work. This could include some joint working on the potential proposal to change the four hour target for waiting times for accident and emergency.

In considering the request to review mental health services provided in A&E departments across Lancashire, it was reported that evidence had been received from the police constabulary highlighting the impact on policing in the community. Members expressed that this had also been raised during Blackpool Council's review. With this in mind it was agreed that the Steering Group should carry out the review.

**Resolved:** That the request to review mental health services provided in A&E departments across Lancashire be accepted and carried out by the Steering Group.

### **Future meetings of the Steering Group**

Future meetings of the Steering Group have been scheduled for the following dates:

- 17 April 2019;
- 14 May 2019;
- 19 June 2019;
- 17 July 2019;
- 11 September 2019;
- 16 October 2019;
- 20 November 2019;
- 18 December 2019;
- 15 January 2020;
- 19 February 2020;
- 11 March 2020 and
- 6 April 2020

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

### **Report of Steering Group – 11 December 2018**

A factual error has been identified within the report of the Steering Group as presented to the Committee at its meeting on 11 December 2018, under the Vascular Position Statement item. The report referenced that "patients in West Lancashire would travel to sites belonging to Mersey Care NHS Foundation Trust" when it should have referred to "patients in West Lancashire would travel to services in Merseyside". The Committee is asked to note this point.

### **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		
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Reason for inclusion in Part II, if appropriate		
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