Health Scrutiny Committee
Meeting to be held on Tuesday, 24 September 2019

Electoral Division affected: (All Divisions);

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 meetings held on 14 May, 11 July and 11 September 2019

Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group.

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:

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1. 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

2. To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;

3. To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;

4. To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

5. To act as mediator when agreement cannot be reached on NHS service changes by the Committee. The conclusions of any disagreements including referral to Secretary of State will rest with the Committee;

6. 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;

7. To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly.

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 14 May 2019:

- **Transforming Hospital Services and Care for People in Southport, Formby and West Lancashire**

Silas Nichols presented his report and clarified the following points for the Steering Group:

- The last Care Quality Commission (CQC) inspection in 2017 rated the Trust as requires improvement (close to inadequate). It was reported that the Trust had been set objectives by the former Secretary of State for Health Jeremy Hunt in order to prevent it from falling into special measures. The targets, based on the primary concerns raised in the inspection, were regarding patient safety, emergency care; improving staff engagement; establishing stable leadership and preventing further financial issues.

- A priority was to improve patient flow through the hospital. Accident and emergency (A&E) waiting times were previously among the worst in the country. Initiatives undertaken to address this included: investment in facilities - new clinical decisions and triage units and a discharge lounge; investment in medical staff which had now increased by just under 8% since April 2018, and the Trust was now at full establishment for A&E doctors. As a result performance in A&E had improved dramatically and was now in the top third in the country. There was a direct correlation between long waiting times in A&E, crowding and safety and a number of patients had come to harm or a significant level of harm. All these cases were being investigated and the patients had been written to and would be advised of the outcome.

- A critical care outreach team had been formed to identify patients who were deteriorating. In such cases the team would initiate bedside care and if necessary move the patient to critical care.

- Trusts' hospital standardised mortality rates were benchmarked against others, with 100 being the baseline number used to compare performance. Southport and Ormskirk Hospital NHS Trust score was 124 and over the last year had reduced to 110. It was anticipated that this would continue to fall.

- A stable leadership team had been established and all last year's financial objectives had been fulfilled in some part by reducing numbers of high cost agency staff and by generating significant savings on procurement.

- An improvement in staff engagement was evident through the results of regular staff surveys. Data received from the independent 'freedom to speak up' service had received 75 concerns compared to 7 the previous year which indicated that staff were now at ease with raising concerns. Staff could now also confidentially contact the CEO by e-mail. Concerns raised and survey results were cross referenced to identify any emerging trends which were proactively investigated when necessary.

Members sought clarification on the following issues:

- In response to a question it was confirmed that the Trust had a current nurse vacancy rate of 9% and the gap was mainly for band 5. There were no issues in recruiting non-qualified nurses. It was necessary to ensure the staffing establishment was set correctly. Currently £2 million was being invested to address staffing shortages, the expenditure was linked to risks and staffing was a high risk. Members asked if the Trust had established links with local universities to address staffing and it was confirmed that the Trust was keen to sponsor individuals through their education and was forging a stronger relationship with Edge Hill University and already had a good link with the University of Central Lancashire. There were national issues recruiting radiologists and the same pattern was emerging with geriatricians. The Trust was looking to set up joint appointments with another hospital to reduce the impact of this.

- A number of discussions had been held with the head of the new Medical School at Edge Hill University. The Trust was keen to create joint posts for consultants with an interest in teaching, which would make vacant posts at the Trust more attractive.

- Members asked what the Trust would do differently to improve recruitment and it was confirmed that they would continue to pursue links with other organisations in order to provide staff with opportunities to be involved with different areas of work. In terms of nurses, the Trust would continue to recruit and train. When advertising vacant posts the benefits of living in the area would be emphasised.

The Trust would also advertise for groups of consultants which sent a positive signal. The Trust would continue to ensure good educational experiences for trainees, making them more likely to apply for a post. Weekly meetings were held with junior doctors and the common area environment had been made more pleasant – such simple low cost initiatives made juniors feel more valued.

- Members asked how many services would be transferred out of West Lancashire and it was confirmed that the Trust were investigating different models for the following, although it was emphasised that these were all subject to further consultation:

    - Acute strokes: 24 hour specialised treatment at Aintree hospital followed by step-down care at Southport and Ormskirk Hospital Trust.
    - Consolidation of oncology services.
    - Women and children's services – more treatments and complex births at Liverpool.

    Currently the Trust operated over two sites, which wasn't efficient and the possibilities to improve this would be explored. Members asked if this would include linking with Lancashire Teaching Hospitals and it was confirmed that links with other Trusts were predominately with Aintree, St Helens and Knowsley and Wigan. However Lancashire Care Foundation Trust did provide some local services.

- Currently there were three separate organisations providing services to the area, including Virgin Care for community provision. The Trust had made it clear to commissioning colleagues that it would be more efficient if this was reduced to one.

- The Trust currently operated radiology services over two sites which stretched the workforce. Emergency care also needed to be reviewed as currently paediatric and adult emergencies were directed separately over the two sites. It was not clear what the impact would be on other Trusts if emergency services were to be consolidated. Southport hospital had seen sustained increases for demand for A&E and there were very few alternatives. However more could be done such as therapy in homes and improved management of health issues in nursing homes to reduce this.

- In response to a question it was confirmed that the key targets for the next 12 months would be to reduce mortality rates to be at or below the standard; achieve optimum staffing levels and develop the strategic direction of the organisation. This would be heavily influenced by the Clinical Commissioning Groups (CCGs) and NHS England but the Trust would steer the strategy as much as possible. It was anticipated that by 2020 it would be achievable that the Trust be rated as good.

Resolved: That

1. The report regarding the transforming hospital services and care for people in Southport, Formby and West Lancashire be noted.

2. An update on the Trust's key targets be provided in 12 months to the Steering Group.

Meeting held on 11 July 2019:

- **Our Health Our Care: Update on the future of acute services in central Lancashire**

Jason Pawluk, Delivery Director and Kelly Bishop, Head of Nursing from the NHS Transformation Unit presented a report providing an update on the future of acute services in central Lancashire.

In response to questions the following information was clarified:

- The seven options remaining from the list of thirteen, would be discussed in a meeting open to the public on 28 August 2019 and the approach and methodology of the options would be shared. The Clinical Senate report would not be available until November. The timeline was based on the assumption that there would be no general election.

- Members expressed concern that the public meeting would be a public relations exercise rather than an open discussion.

- The bid for capital funding in excess of £50 million to develop options for increasing existing capacity within the programme was unsuccessful as the current national parameters for funding was focussed on mental health. There was no additional budget allocated for expenditure on the programme and no reserve funding that could be accessed as the Trust and the CCGs were in a deficit financial position.

- There were no plans to approach third party providers for capital investment. It was emphasised that great work could be achieved by working differently, for example by reducing referrals to hospital and rework options that were capital dependent. The Trust was not in a position to make any assumptions within the available options that funding would be available.

- Systems to reduce admissions and options for outpatient care would be explored to support the programmes. For example, telephone appointments, remote monitoring and empowering patients to take responsibility for their own health. It would be made clear that the developments may involve being serviced by a different hospital than the current arrangements.

- Members queried exploring the potential involvement of housing associations for community support for health. It was confirmed that there would be an emphasis on outreach roles, virtual wards and wrap around care to encompass both health

and social care. This would involve enabling more proactive work with consultants/specialists in to the community to deliver care and train community staff in working with the public to prevent illness.

Members made the following comments in response:

- It was important to educate service users that the best care needed was not necessarily in hospital.

- Trained professionals needed to be available to give the correct advice and a reliance on information available on the internet was not always appropriate.

- The public don't necessarily see new ways of working as improvements.

- A potential barrier could be consideration of who takes responsibility for paying for preventative care by a specialist, as the funding should follow the patient. It was clarified that the vision was that it would be the hospital as it would be their staff going out. The aim was to respond to the NHS long term plan by developing outreach community services. It was necessary to ensure that hospitals and GPs provided joined up care and communicated effectively and this was part of all the options being considered.

Resolved: That

1. The update provided be noted.

2. A further update on the seven options for the future of acute services in central Lancashire be provided to the Health Scrutiny Committee at its meeting on 24 September 2019.

❖ **Delayed Transfers of Care in Lancashire - Interim Report**

Margaret France declared an interest as a Public Governor for Lancashire Teaching Hospitals NHS Trust.

Sue Lott, Head of Service Adult Social Care and Emma Ince, Interim Associate Director of Transformation and Design, NHS Chorley and South Ribble Clinical Commissioning Group and NHS Greater Preston Clinical Commissioning Group, presented a report detailing Delayed Transfers of Care (DToC) performance since the last report in November 2018 and the continued development of new hospital discharge arrangements.

A video showing service users and staff's positive experiences of the Home First service was shared. It was explained that Home First was a joint initiative between the NHS and Lancashire County Council facilitating a prompter and safe discharge to home, reducing the need for discharge to a nursing home and eased delayed transfers of care.

Members sought clarification on a number of issues as follows:

- Members asked that with regard to the pressure on accident and emergency services, had any investigations taken place as to why they had presented there and what alternatives were available. It was confirmed that repeat visitors to A and E were monitored and targeted for alternative services. These were predominately people with mental health issues. The board was exploring other courses of action with the North West Ambulance Service (NWAS) rather than taking patients to A and E. Same day care was a focus in the A and E long term plan.

- The Home First initiative included the installation of essential equipment on the same day as discharge. Patients with complicated needs requiring specialised equipment wouldn't be supported through Home First.

- In response to a question regarding the shortage of physiotherapists and occupational therapists (OT), it was explained that the service had evolved so that the patient had an initial assessment in their home to establish what support was needed. Dependent on the needs identified, the appropriate staff would visit within one day, utilising the staff resources available.

- Members commented on delays by the ambulance service to calls and it was confirmed that they categorised their response times depending on the availability of ambulances according to clinical priority. Hospitals worked to release ambulance staff as soon as possible.

- Members highlighted that the use of nursing home beds in Lancashire was greater than other areas and the work to reduce this was very welcome. Delays in issuing Disabled Facilities Grant (DFG) for necessary home adaptations was a concern. It was confirmed that the OT team had doubled resulting in the backlog for assessments being reduced from 1000 to 300, with the longest wait time being 8 weeks. This enabled requests for home adaptions via the DFG to be fast tracked to the district council, however it is was a means tested grant and this process caused delays.

- As the funding that had supported services such as Home First that had mitigated delayed transfers of care ended, it was anticipated that the offset in reduction of costs in other areas would support its continuation.

Resolved: That

1. The challenges across the Lancashire system during winter 2018/19, and the significant level of partnership work between Lancashire County Council and local NHS organisations to meet the demands of urgent care and avoidance of delays to hospital discharge be noted.

2. The continuing actions to improve the DToC performance, balancing the challenges of demand increases and financial pressures be noted.

❖ **Head and Neck progress update**

Tracy Murray, Senior Programme Lead Vascular, Head and Neck, Healthier Lancashire and South Cumbria and Sharon Walkden, Project Manager, NHS Midlands and Lancashire Commissioning Support Unit presented a report regarding the background for change that had led to the establishment of a Lancashire and South Cumbria Head and Neck Steering group and the progress made to date.
In response to questions it was clarified that:

- A high calibre workforce would be secured by creating a high performing service that met the standards, therefore attracting the right candidates. They would also make working patterns more attractive.
- The head and neck service didn't include neurological provision. They worked with dental services to deflect unnecessary cases and to avoid overlapping and duplication of work.

- The plan was to establish a hub and spoke method of delivery. The hub would provide the specialist work and diagnostics and outpatient appointments would be fulfilled in the 'spokes'. The aim was to standardise the services offered and address the logistic issues of specialist staff being available and mitigate any risks identified. Discussions were ongoing with human resources to communicate to staff how covering a large area would be managed. The preferred clinical model should be decided by September 2019, with the preferred models of care being shared around October/November.

Resolved: That the Health Scrutiny Steering Group noted background and drivers for change that led to the establishment of a Lancashire and South Cumbria Head and Neck Steering Group and the progress made to date.

Meeting held on 11 September 2019:

❖ **Membership and terms of reference**

Gary Halsall, Senior Democratic Services Officer confirmed the membership of the Health Scrutiny Committee Steering Group and presented the committee terms of reference for the 2019/20 municipal year. Members' attention was drawn to the additional responsibility of the committee at point 5 in the terms of reference.

Resolved: That

1. The membership and terms of reference of the Steering Group be noted.

2. The new additional role set out at point 5 in the terms of reference be noted.

❖ **Social Prescribing - Central Lancashire**

Joan Burrows declared an interest as retired chief officer for the Council for Voluntary Service (CVS), Central Lancashire. It was noted that Central Lancashire CVS ceased operating in May 2014.

Joe Hannett, Partnership Manager at Community Futures presented a report providing an update on how volunteer partnerships contributed to the Social Prescribing agenda in Central Lancashire without the existence of a local Council for Voluntary Service (CVS) in the area.

In response to questions from members the following information was clarified:

- The Central Lancashire Voluntary Community and Social Enterprise Leaders Partnership (CLLP) was established May 2018. The partnership represented a range of individual voluntary organisations, city and district councils, 2 clinical commissioning groups (CCGs) and Lancashire County Council. The developing group was a formalisation of networks between chief officers representing the various organisations across the Central Lancashire Integrated Care Partnership area at the request of the Lancashire and South Cumbria Integrated Care System (ICS) to provide a peer support specialised network across the area.
  It was confirmed that the relationship and engagement between the primary care networks and district councils was being developed.

- The partnership was progressed from ICS work that took place in September 2017, when inconsistencies in a joined up approach from voluntary, community and faith organisations across the ICS were identified. The aim was to provide a more collaborative approach by April 2020, to align with the plans to merge CCGs across the ICS.

- Funding from the ICS to develop the partnership was held by Community Futures as the most independent organisation.

- It was anticipated that the partnership would fit in with the Social Prescribing agenda by providing a link to primary care networks to enable them to prescribe events and opportunities in the voluntary sector and identify gaps according to the health needs of their specific population. The CCGs would be supporting an upcoming event which would bring voluntary organisations, link workers and CLLP partners to discuss how to move this forward. The aim was to support primary care networks using a test and learn approach in the Central Lancashire Integrated Care Partnership (ICP) area before widening the approach to ensure Social Prescribing was a success across the ICS. There was a budget of £1.2 million to support the development of primary care networks and part of this would be the personalised care which could be provided by Social Prescribing. The delivery would be based on learning from successes in other areas. It was hoped that a person would receive an intervention without knowing which individual sector the support had come from.
  It was noted that it was an explicit expectation in the NHS long term plan that the voluntary sector be supported and collaborated with and as such they would be represented on the ICS board.

- Members enquired about the potential of duplication of provision and it was confirmed that once the digital element of Social Prescribing was embedded it would be easier to identify any areas of duplication and where any gaps were.

Prior to the establishment of the CLLP there was no sharing of information between partners and the peer support network would help raise awareness of any unnecessary duplication of provision and identify ways to mitigate this.

- It was confirmed that Social Prescribing aimed to connect people with their community and it was anticipated that eventually this would lead to self-referrals. Social Prescribing was a holistic, person centred approach rather than a condition driven means of treating individuals.

- The CLLP aimed to improve communications and visibility to link such programmes as blood pressure tests funded by the British Heart Foundation with voluntary organisations and work in a co-ordinated way.

- Members asked how the success of Social Prescribing would be measured. It was clarified that once the use of digital tools was in place to support the programme, the impact on areas such as reducing appointments and morbidity would be evidenced.

- The CLLP was currently working on a joint set of principles between the NHS, the ICP, Lancashire County Council and the voluntary sector and implementation should be within the next 6 months. The work had been compared to the approaches in other ICS's nationally to review what progress had been made over the last 18 months and it was noted that the bottom up approach to developing neighbourhood collaboration had proved more successful.

- It was noted that the ICS was hoping to launch a pilot directory of services in October, utilising crowdsourcing techniques to help maintain the database and keep it active. Ways of sharing information about services via libraries was also discussed.

Resolved: That

1. The update on how volunteer partnerships contributed to the Social Prescribing agenda in Central Lancashire, as discussed be noted.

2. The Health Scrutiny Committee be updated on the progress of the Central Lancashire Voluntary Community and Social Enterprise Leaders Partnership at its meeting on 13 May 2020 as part of the Social Prescribing update.

❖ **Draft Terms of Reference for the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)**

Gary Halsall, Senior Democratic Services Officer presented draft terms of reference for the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS). It was highlighted that once the responses to the draft from the three relevant local authorities were received, the final draft would be circulated for each authority to arrange for their respective governance procedures to establish the Joint Committee.

Resolved:

1. That the update regarding the establishment of the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS) be noted.

2. Representatives from each area be invited to the 16 October 2019 Health Scrutiny Steering Group meeting to finalise the terms of reference.

❖ **Stroke Programme - Position Statement**

Claire Kindness-Cartwright, Senior Programme Manager, NHS Midlands and Lancashire Commissioning Support Unit and Jack Smith Deputy Director - Acute and Specialised Services, Midlands and Lancashire Commissioning Support Unit, presented the current Stroke Programme position statement.

The following points were highlighted from the report:

- A requirement for change had been identified to provide consistency and to align services across the ICS, due to the current unjustified variation in service provision for stroke survivors. The change would enhance current services and provide an optimum number of hyper acute services to improve outcomes. The programme supported the NHS long term plan for stroke. The impact of the strokes impacted on physical, cognitive, vision, psychological wellbeing, work and social aspects of life, and rehabilitation services needed to address all these areas. There was currently a vast variation regarding stroke rehabilitation services available across Lancashire and the CCGs and the ICS were focussed on addressing this by the consistent commissioning of high intensity rehabilitation services. It was noted that this would need to be approved via the appropriate governance processes before this was confirmed.

- Following an analysis of the pilot, the ambulatory pathway had been approved by the ICS stroke programme board as the most appropriate model to expedite the best outcomes.

- There was currently no hyper acute service in the Lancashire and South Cumbria ICS and it was acknowledged that during the first 72 hours following a stroke, high intensity care was required at such a unit to ensure the best outcomes for patients. The board had followed national guidance when proposing the sites for hyper acute provision. The recommendations were for Preston and Blackburn as they treated the nationally recognised number (600 or over a year) of stroke patients for consideration for an acute provision and Preston currently provided the regional thrombectomy service. It was noted that the work of a hyper acute unit had to be provided in conjunction with the discharge team and ambulatory care model.

- The programme had been shared with patients and partners such as the Stroke Association, who agreed this was the right model. However wider engagement was required.

In response to a request for recommendations, engagement at libraries, with parish and town councils, with Healthwatch and by attending local public events was suggested by members.

- In terms of rehabilitation the availability of psychological and orthoptic support would be addressed. Following a stroke 75% of survivors would suffer from cognitive impairment and a third with depression. Stroke sufferers typically experienced ongoing fatigue and rehabilitation should focus on how this could be self-managed. An analysis of the rehabilitation workforce revealed that half of the services did not have access to a psychologist. The expertise and ability to work with stroke patients in the longer term was not currently available. It was anticipated that depending on the level of need, the stroke programme could collaborate with other neurological rehabilitation services. In terms of orthoptics, the board was looking at undertaking a skills audit of what was currently available and looking at other referral services for stroke patient interventions.

In response to questions from members the following information was clarified:

- The first treatment for a stroke caused by a clot was thrombolysis, which disperses the clot and is most effective if administered within an hour of the stroke. Thrombectomy is the mechanical extraction of a clot on the brain.

- The national guidelines for the amount of clinical psychologist time was 1 day a week for 100 referrals and the service currently had 1 across the Trusts. As data showed that there were 2000 stroke survivors in 2018 and in the region of 75% of which would need assessment due to cognitive impairment, in addition to those requiring support for emotional and psychological difficulties, further recruitment would be required. However some support could be accessed via other routes such as the Stroke Association.

- The Integrated Stroke Delivery Network (ISDN) referred to Trusts and hospitals working together to deliver a service that was accountable to a board. It was noted that collaborative working was already in place and the establishment of the ISDN formalised this.

- In terms of national comparisons for stroke services, the ICS had been initially poor but was now improving. The majority of CCGs had agreed business cases for rehabilitation for implementation from April 2020. It was acknowledged that this area had concentrated on the complete pathway, whereas other areas, such as London, concentrated on hyper acute provision only. Members were advised that full comparison data across regions and hospitals could be found on the Stroke Sentinel National Audit Programme (SSNAP) website.

- The stroke programme was also including prevention within its remit of work.

- Members asked what work was in place to standardise the discharge process for stroke patients and it was confirmed that this was included in the continuous improvement plan. It was noted that NHS Digital continued to work on the transfer of information on a wider scale to enable shared care records which would support this.

- Digital indicators would track and show improvements and the impact of the programme.

Resolved: That the August 2019 position statement for the Lancashire and South Cumbria Stroke programme, as presented, be noted.

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

None

Reason for inclusion in Part II, if appropriate

N/A