

NOTES

Health OSC Steering Group Friday 19 December 2014

Present:

- County Councillor Steve Holgate
- County Councillor Yousuf Motala
- County Councillor Fabian Craig-Wilson
- County Councillor Margaret Brindle

Notes of last meeting

The notes of the Steering Group meeting held on 28 November were agreed as correct

Lancashire Care Foundation Trust

Tracey Sutton and Helen Hatcher from the Healthy Lifestyles team attended Steering Group to provide members with information on the work of the team

Tracey informed members that officers from the team came to the recent public health briefing session held on 30 October.

Both officers explained their roles and the types of services offered and a discussion took place with the main points being:

- The service is not provided to the whole of the county (all of central Lancashire including West Lancs, and only Hyndburn in the East)
- Not commissioned to deliver services for the north of the county
- Do lots of community based outreach activity
- Rural and urban communities present different challenges in terms of access to facilities' and where session can be held – they use a variety of settings.
- Rotate the venues (key ones used in high areas of deprivation) – more rural communities rotate sessions to get to the smaller groups of the community
- Locate themselves next to weight watchers/slimming world session venues as keen to offer an alternative.
- Marketing is very important for engagement so it's important that people access the service through a single point of access. Now offer exercise on referral rather than exercise on prescription so doesn't need to be referred only by a GP.
- Commissioned by LCC public health and confirmed it was based on an inherited commissioning arrangement. Members keen to see how this can be delivered differently in the future
- It's an adult service – through several partnerships the knowledge is shared with children and young people's services – the Trust signpost to partner organisations that deliver the services they don't
- Single point of access is one of the successes – assessment and personal plan

Appendix A

- Needs a consistent approach – and linked together. Needs to be a family based approach/pathway rather than separate ones for children and adults.
- Needs to be an inclusive service – challenges around not having control over providers of leisure services (e.g. gym owners – so cannot make it accessible for every individual)
- Service is looking at a DVD which shows exercises that can be done at home for all abilities – e.g. chair based exercises.
- The service has recognised that need to offer a variety of ways to access – some is within the control of the Trust and some isn't
- Services need to be developed further for dementia patients and adults with learning disabilities who have weight issues. Need to tap into with the work of other partners – e.g. Fun Cafes for adults with learning disabilities.
- Acknowledged that so much more could be achieved if it was effectively commissioned.
- Work been undertaken with GPs to make them aware of what is available and to get the message across that it's not just about diet and that a healthy lifestyle doesn't need to be restrictive.
- Started with NRF and then developed the service based on the types of referral they were receiving.
- Receive self-referrals, GP referrals and from Acute Trusts as follow up for rehabilitation.
- Some service users needed an enhanced service to provide more intense support – this was developed. Offered to share the evaluation of the pilot with members and it should be a useful tool to get a greater understanding of the challenges the patients experience. The group of service users now have a voice and are able to help develop future services.
- Members felt that the public health team could be asked to look at the data the Trust has collected to help develop future commissioning plans –
- Sometimes surgery is the answer but the service can help prepare people for it and support them afterwards
- Being overweight can affect the mental health of patients – many also have a long term condition, pain management, personal hygiene problems, transport issues
- Issue that housing isn't always suitable for people with extreme weight problems
- Can identify more complex cross cutting issues – employment, housing, education etc. Lots of these issues are a national concern and need to be addressed at that level.
- Post natal support – the service accept referrals to develop an individual programme. Uptake isn't great even though it's marketed.
- Officers felt that the public health team were very supportive and are keen to continue to work with them.
- Future commissioning needs to take regard of what has happened/delivered so far
- Maybe more public engagement around obesity that could identify gaps in service provision.

Blackpool Teaching Hospitals Trust

Vicki Ellarby attended the meeting to discuss the current strategic plans for the Trust

Appendix A

Members were provided with a copy of the Trust's Strategic which formed the basis of the discussion of which the main points were:

- 5 year plan – key issues, changes in models of care and the impact on the population.
- Background – NHS has previously been good at producing 1 and 2 year plans. Monitor only ever requested a 2 year plan in the past but now they want a 5 year strategic plan. Done in partnership with Blackpool and F&WCCGs – so will be similar to theirs
- Worked with the Board and clinical divisions to produce the plan. Challenges include the ageing population.
- Need to think of a way to address the change in patient demographic whilst meeting expectations
- 15% of their population equate to 90% of their spend so this area needs to be addressed.
- Looked at who the 'frequent' users are and how/why they access services
- NHS no good at joining up its own services - a person with 3 long term conditions may need to go to 3 different outpatient services etc. Not good at signposting people elsewhere than A&E. NHS partly to blame by introducing lots of different services and not explaining which service people should access.
- Risk sharing is not happening in an effective way as the Urgent Care Centre and A&E are run by 2 different organisations and therefore also can't share staff. It would be better if the 2 were run by the same organisation – but current contract needs to run its course and then the CCGs as commissioners need to think how they can change it for the future.
- Culture that a frail person can't manage their whole conditions – and they are subject to over investigation to find everything that's wrong.
- Need to join up better with GPs and social care who will have a greater history of a patient and what support they need/have. The new model of care will hopefully address these issues.
- Will start in Spring 2015 – tested model (used in the USA). Putting the patient at the centre and joining up services around them looking to introduce a multi-disciplinary team that is medically led but has all the relevant partners. Making as much of the care possible in the community. A hospital consultant will move out into the community and treat a speciality identified group of patients to deal with them in a different way. Will be a holistic approach – one of the key roles in the team will be a wellbeing support officer (not clinical). To help patient with identifying goals, accompanying appointments, also navigate voluntary sector system. Early conversations taking place with social care providers – needs to be developed how they will work with the MDT.
- Integrated computer systems are key to the overall success – is this possible? Healthcare systems are compatible – still working out how to share information between health and social care.
- Does the Trust have the capacity to meet the demands of the ageing population bearing in mind the financial constraints on many of their partners?
- It's recognised that lots of patients are on a lot of medication – this will be addressed within the new service.
- Expectation that people should be taking some medication. Examples of GPs and other NHS staff giving out mixed messages in relation to what medication is available. Trust looking at the wider issue of over prescribing particularly antibiotics – led by Chief Pharmacist.

Dates/topics of future meetings

- 5 January – Greater Preston and Chorley South Ribble CCG
- 26 January – NHSE re Healthier Lancashire programme
- 23 February – ELCCG re Hyndburn Health Access Centre