

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 18th October, 2016 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

Mrs F Craig-Wilson	B Murray
A Cullens	M Otter
G Dowding	N Penney
N Hennessy	D T Smith
M Iqbal	D Stansfield
Y Motala	

Co-opted members

Councillor Shirley Green, (Fylde Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Roy Leeming, (Preston City Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor G Hodson, West Lancashire Borough Council

1. Apologies

Apologies for absence were presented on behalf of County Councillor Margaret Brindle, District Councillors Barbara Ashworth (Rossendale), Hasina Khan (Chorley), Lubna Khan (Burnley), Wayne Blackburn (Pendle) and Eammon Higgins (Hyndburn).

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

- Samantha Nichol and Roger Baker representing Healthier Lancashire and the South Cumbria Change Programme Team
- Lynn Simpson and Vince Connolly representing NHS Improvement

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no declarations of interest at this time.

3. Minutes of the Meeting Held on 20 September 2016

Resolved: Minutes from the meeting held on 20 September 2016 be confirmed and signed by the Chair.

4. Lancashire & South Cumbria Sustainable Transformation Plans

Samantha Nicol and Roger Baker were welcomed to the meeting to provide an update to the Committee on the development of the Lancashire and South Cumbria Sustainability and Transformation Plan (STP).

There were reported to be five local health and care economies which now have both local delivery plans (LDP) and collaborative mechanisms in place which involve District Councils through the Health and Wellbeing Partnership and Programme Boards. It was confirmed that these LDP's would recognise and incorporate service needs at a local level, quality standards, statutory and financial responsibilities.

The Committee were informed that in September 2016, financial templates were submitted which indicated a £572m gap rather than £800m previously reported. Members were advised that this was an indicative figure and that the local authority budget restrictions had been taken into account in the planning and approach.

There were reported to be a number of programmed works established to look at service provision around the three key service areas for population health, mental health and urgent/emergency care. It was confirmed that these three key service areas will be focussed on in the next 12 months. For mental health, it has been recognised that there is a need to focus on prevention/early intervention and early diagnosis and will be a significant piece of work.

In relation to urgent and emergency care, it was highlighted that a detailed model would be available by the end of year based on information from the national drivers and strategy and through an established urgent and emergency care network.

It was confirmed that the governance structure presented was based on decision making processes which have been established through previous change programmes. In addition, it was highlighted that all of the Clinical Commissioning Groups (CCG's) have delegated their decision making authority into the Joint Committee to take decisions. Members were advised that this structure had not yet been trialled for decisions to be taken and a practice workshop at end of November (before the first meeting of the Joint Committee) has been organised to identify how this would be achieved.

It was confirmed that the draft STP contained information on what services were already in place, what services would be required going forward and how it would be delivered. Members were informed that the third draft included additional detail on the future delivery, financial information and organisational plans.

It was reported that there was a need to focus on those areas that would have a more short term impact. One of these areas would focus on current service users to help manage their ill health better with integrated health and social care services. There continued to be a need to ensure that services are bespoke, specific and responsive and to ensure the utilisation of all assets (pharmacists, local voluntary sector).

The Committee were advised that public education would be a significant part of this work to assist with making healthy choices and to navigate the health care systems.

It was confirmed that the wider determinants of health were also included in the plans.

Resolved: That;

- i. The presentation be noted
- ii. An update with next steps be presented at a future meeting
- iii. An invitation be extended to one of the local programmes to attend a future meeting to discuss the local delivery plans

5. NHS Improvement - Role and Remit

Lynn Simpson and Vince Connolly were welcomed to the meeting to provide information to the Committee on the role and remit of NHS Improvement.

The presentation included information on the NHS Improvement operating model and objectives, areas of focus and information on the local organisation.

Members were advised that in relation to improvement capability, NHS Improvement were reported to be working with academies, clinical networks and have improvement programmes running. This was being evaluated on an ongoing basis to measure impact.

The four sub-regional teams were reported to be integrated to best support providers in their area and work with around 16-20 organisations per area.

Members were advised that NHS Improvement was in the process of establishing their role within the health service and were structuring teams to support providers to deliver improved services and to embed their role as a critical friend to support providers through the inspection process.

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

Members highlighted the need for robust challenge and were assured that there were a number of processes in place to support this which included:

- Board training programmes for non-executives.

- Sharing best practice through provision of a buddy system to provide additional support to the non-executives in organisations to challenge the executives.
- Regular meetings held with executives and have rigorous challenge which would then be fed back to organisations.
- Provision of other routes to challenge.
- In addition there was reported to be a need to look at triggers which could prompt a review and improvement support.

In addition, members were advised that there was a need to look at collaborative working and bringing organisations together. And although it was clear that there continued to be a need to hold providers to account, there was also a need for balance.

A question was raised in relation to information on the scrutiny of NHS Improvement. It was confirmed that although there was currently no scrutiny function in place, feedback would come from partner agencies. Further to this, measuring the impact of the service to organisations would provide some of this information and mechanisms would need to be established around this. Members requested further information with some examples of improvement.

In relation to the model for improvement for Accident and Emergency (A&E) service provision, it was reported that a number of A&E providers have met to look at performance, quality of care and to share best practice through meetings and site visits to be finalised in December. Members were informed that this was planned to be replicated to look at other aspects of quality of care.

The situation around the temporary closure of Chorley A&E was highlighted and the plans in place to ensure improvement in quality. It was acknowledged that around 10,000 patients were displaced as a result of this temporary closure and continues to be monitored.

On the subject of the number of training places, it was advised that numbers were modelled on future projections but demand and standards change which can impact on this. Members were informed that there was a need to look at where current roles could change to support service and patient needs and design staffing around that.

In response to the question around local services such as the First Responders Team who support the ambulance service – it was agreed there was a need to promote and replicate these local services in other areas across Lancashire.

Resolved: That the presentation be noted.

6. Report of the Health Scrutiny Committee Steering Group

The Committee received a report of the Steering Group which included minutes from meetings held on the 4 July, 18 July and the 19 September 2016.

Resolved: That;

- i. The report be received.
- ii. Process be identified on how to present this information to the Committee for future meetings.

7. Work Plan

The Committee were presented with the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in on the 9 May 2016 and also additions and amendments agreed by the Steering Group.

The Committee discussed a request to the Clinical Commissioning Group's to present their two year plans and the Health and Wellbeing Partnerships to hear what is being done at a local level.

Resolved: That the report be noted.

8. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the Committee, in order that this could inform possible future areas of work.

Resolved: That the report be received.

9. Urgent Business

There were no items of urgent business.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 22 November 2016 at 10.30am in Cabinet Room C, County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston