

Health Scrutiny Committee

Meeting to be held on Tuesday, 3 July 2018

Electoral Division affected: None;

Report of the Health Scrutiny Steering Group

Contact for further information:

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Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 11 April, 16 May and 13 June 2018.

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:

- 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 11 April 2018:

LCC Adult Social Care Winter Plan

Sue Lott, Head of Service for Adult Social Care gave a presentation to the Steering Group. A summary of the discussion was as follows:

- All NHS organisations are required by NHS England to submit a winter plan. Local Health Economy plans need to ensure that actions and spending is in place to keep the flow going through the Hospitals throughout the winter season with a focus on timely discharge and admission avoidance.
- County Council had always contributed to the plan. However, for past two years Adult Social Care has produced a Local Authority winter plan to incorporate the contribution across many of its services. The Local Authority winter plan is shared with all NHS partners in Lancashire as well as with NHS England. Also shared with the Lancashire Health and Wellbeing Board and Cabinet.
- On working with providers the new Reablement contract enabled admissions seven days a week. Increased crisis hours through the improved Better Care Fund and NHS winter resilience monies.
- On social work capacity annual leave requests were restricted through December and January. Social workers in Hospitals seven days a week. Commenced recruitment to a Peripatetic Team to fill gaps in Hospital discharge teams. Should be in place ready for winter 2018/19. Escalation Plan also in place across the Acute and Community to respond to highest priority work.
- Acute Mental Health Professional (AHMP) teams working 8am-8pm seven days a week in A&E departments across Lancashire.
- All staff encouraged to take up flu vaccinations.
- County Council's winter webpages updated with advice on transport, keeping well and keeping warm. Number of website visits to the website approximately 38.5k throughout the winter season. 28k hits for travel but only 596 hits for keeping well. The disparity of website visits would be reviewed.
- Reflecting on winter 2017/18, across Lancashire all Hospitals remained in an escalated position through summer of 2017 on the back of the most challenging winters witnessed with highest levels of Delayed Transfers of Care (DToC). Attended regional and national events on learning from winter 2016/17.

- Introduced the NHS England and ADASS (Association of Adult Social Services) 8 High Impact Changes (High Impact Change Model) to reduce delayed discharge:
 - early discharge planning
 - systems to monitor patient flow
 - multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
 - home first/discharge to assess
 - seven-day services
 - trusted assessors
 - focus on choice
 - enhancing health in care homes.
- NHS winter monies came late in winter and at too short notice to plan.
- Commenced implementation of Discharge to Assess (D2A) in East Lancashire with the introduction of the Home First service – a collaboration between the county council, CCGs, Trusts and Blackburn with Darwen Borough Council. D2A yielding positive outcomes (96% success rate). Using the learning from the East Lancs Home First model to roll out across the County to all Hospitals.
- DToC shows a continued downward trend. Business Intelligence produce a monthly performance report.
- On learning from winter 2017/18, it was noted that D2A was making a real difference. However, there was a need to review how this function would be resourced for the future as it was more labour intensive. It was suggested that consideration be given to a pool of Occupational Therapists for this purpose.
- All Trusts had implemented a frailty pathway within A&E departments ensuring older people are assessed quicker. It was suggested that this pathway include vulnerable people.

Resolved: That;

1. In preparing the County Council's Adult Social Care Winter Plan for 2018/19, the Cabinet Member Adult Services consider:
 - a) The creation of a strategy on how any future emergency NHS monies should be distributed and for the strategy to form a part of the Winter Plan;
 - b) The implementation of a fast track pathway for vulnerable people in A&E similar to the frailty pathway for older people; and
 - c) A pool of Occupational Therapists;
2. The Cabinet Member for Health and Wellbeing consider making flu injections even more available by targeting large employers in the County and utilising alternative venues such as libraries.
3. The Director of Adult Services shares the Business Intelligence reports on Delayed Transfers of Care with the Health Scrutiny Steering Group members on a monthly basis.

Health Education England – formulating recommendations

As resolved by the Health Scrutiny Committee at its meeting on 5 March 2018, the Steering Group in considering the Committee report and the extract of the minutes of that meeting formulated the following recommendations:

Resolved: That, Health Education England be asked to;

1. Consider the option of ring fencing placements so that people must remain and practice in the NHS for a specified time frame and to be remunerated accordingly to assist the NHS in accessing a more proportionate share of the supply;
2. Consider additional career pathways for increasing overall workforce numbers such as attracting people back in to the NHS or a fast track scheme for people with transferable skills;
3. Provide further information on:
 - a. The outcome of the Draft National Strategy for the Health and Social Care Workforce; and
 - b. The engagement exercise on the tariff currencies and structure of payments

Child poverty and health – Morecambe and Lunesdale

Local County Councillors Charlie Edwards, Margaret Pattison and Jean Parr attended the meeting for this item.

Dr Sakthi Karunanithi, Director of Public Health and Wellbeing introduced the report produced by Morecambe Bay CCG and the County Council. A summary of the discussion is as follows:

- Vitamin D deficiency can affect people of all ages. A lack of vitamin D or calcium is the most common cause of rickets in children and osteomalacia or soft bones in adults.
- Vitamin D largely comes from exposing the skin to sunlight but also found in some foods.
- Diagnosing vitamin D deficiency is common and was an issue for our population based primarily on low level exposure to sunlight. Data showed this had been rising since 2012/13. Diagnosing rickets is uncommon. It was not directly caused by poverty – the issues were multifactorial.
- Available data for under 19s from the Lancaster area showed low levels of hospital care. Annual data received covered spells of hospital activity as day cases and elective and non-elective admissions either as primary or secondary diagnosis since 2014-15 had remained in single digit figures.
- Lack of vitamin D may be due to a number of social, economic or genetic factors such as people spending more time indoors, use of sun screen (in contrast with increased skin cancer awareness and the guidance to cover up) when outside and a poor diet.
- The Healthy Start scheme promotes uptake of vitamin D.
- The report was shared with the local MP and GPs in Lancaster.

- It was suggested that officers consider additional options for promoting vitamin D such as via the Minor Ailment Scheme.
- It was noted that the Healthy Start scheme was promoted (for children up to 4 years old) by Midwives, Health Visitors and Pharmacies. It was suggested that this be extended to include schools, school nursing service and other opportunities in the community.
- It was confirmed that officers had written to the head teacher at Morecambe Bay Primary School to advise on this matter.
- A request was made for direct sign posting to information for schools and elected members.

Resolved: That the Cabinet Member for Health and Wellbeing and the Director of Public Health and Wellbeing should:

1. Consider additional options for promoting vitamin D such as via the Minor Ailment Scheme;
2. Consider how to increase uptake of vitamin D supplements where there is medical evidence of need in children above the age of 4 years such as via schools, school nurses or in the community; and
3. Implement direct signposting to all available schemes to assist elected members and schools by utilising the county council's Schools' Portal, website and social media channels.

Meeting held on 16 May 2018:

Single handed GPs: Viran Medical Practice update

Officers from West Lancashire Clinical Commissioning Group (CCG) and H2A Partnership Limited provided an update to the Steering Group on finding a permanent provider and location for the Viran Medical Centre, Tarleton – a single handed provider of primary medical services. This matter had been considered by the Steering Group at meetings held on 30 January, 13 March and 4 July 2017. A summary of the discussion was as follows:

- Current holder of the contract was in a caretaker role delivering primary medical services to a registered list of 2,191 people. Medical grade portakabin situated in the car park of another practice in the area.
- Contract was extended until 31 January 2019 to allow for a procurement process to take place.
- West Lancs CCG have been considering all opportunities to meet requirements with consideration to the Five Year Forward View.
- Patient engagement sub-group established collaborating with the CCG to plan and deliver a set of patient engagement events scheduled for May/early June 2018. H2A Partnership Ltd were supporting the CCG with patient communication and engagement element of the project. Patients given multiple options to respond.
- Initial feedback from patients was a sense of misinformation. Since the establishment of the sub-group, expectations were now better met.

- Acknowledged the practice was not financially viable to run or sustainable. It was stated that the optimum number of patients was around 6-7k for a sustainable practice.
- Patient numbers registered (practice list) to the practice in decline.
- CCG receiving feedback from the market.
- Patients have the right to choose any existing GP provider. There were no closed practice lists in West Lancashire.
- Comparisons were made with single handed provider in Merseyside – patients there were in favour of procurement. However, no provider came forward. Patients in that area suggested that more money be offered to prospective providers. However, there was a risk in setting a precedent. Provider came forward at last minute to take on as a part-time practice only.
- Age demographic of patients was mostly 60 years and above. It was recognised that approximately 300 new homes would be built in the area which could bring down the age demographic. There were no plans from the bus company to alter routes. However, there would always be the opportunity to call out a GP.
- Similarly, age demographic of GPs getting older. Struggling to recruit.
- It was noted that some pharmacists were looking to attract advanced practitioners.
- It was suggested that single handed providers might not have the skillset to support the community.
- The CCG would hopefully be in a position to announce the outcome of the procurement exercise around July/September.

In noting the update, the Steering Group acknowledged the problematic situation the clinical commissioning group faced with this matter and requested that it be notified of the outcome of the procurement exercise.

Work planning 2018/19

The Steering Group considered a report on work planning for 2018/19 municipal year which set out all previous topics and requests that had been made by both the Committee and the Steering Group for further scrutiny.

In considering the report and reflecting on meetings held in the previous municipal year, the Chair felt that the Health Scrutiny function would benefit from a more targeted approach to scrutinising health and social care services across Lancashire and suggested that for the next municipal year the Committee should focus on a single theme. It was further suggested that the theme should be on ageing population and the implications. In discussing this suggestion aspects such as dementia, loneliness, obesity, prevention and digital innovation were raised as potential topics.

On matters that have been requested to come back for further scrutiny by the Committee, the Chair suggested that those matters be handed to the Steering Group for consideration during 2018/19. With this in mind, it was subsequently suggested that all members of the Committee be given an open invite to attend any future

meeting of Steering Group where they feel a particular matter is of concern and or interest to them.

The Steering Group agreed all the suggestions as the basis for both the Committee and the Steering Group's work programme for 2018/19 municipal year.

Meeting held on 13 June 2018:

Fylde Coast: Integrated Care Partnership (ICP)

Wendy Swift, Kate Hurry and Andrew Harrison provided the Steering Group with an update on the work of the Fylde Coast Integrated Care Partnership (ICP) known as Healthier Fylde Coast – one of five sub Lancashire and South Cumbria level systems (previously referred to as Local Delivery Plans/Partnerships) within the whole Integrated Care System (ICS). A summary of the discussion was as follows:

- It was noted that eleven neighbourhoods had been established within the partnership's area where GPs and other health and care services would work together to ensure joined up care was tailored to the needs of local populations of between 30,000 and 50,000 people.
- Implications of growing care needs and an ageing population were highlighted. Joined up multi-disciplinary teams key to addressing some of the problems faced. New and flexible roles to be created to support a sustainable future.
- Demand on services rising faster than budgets were increasing. Facing a funding gap. Need to make the best use of the 'Fylde coast pound'.
- Artificial barriers existing between services which meant patients didn't always get the best possible service, with delays and duplication often occurring. For example, different assessment and referral processes between health and care services frustrate professionals as well as patients who have to tell their 'story' multiple times.
- The partnership was working towards a common vision with a single set of goals across ICP partner organisations to improve the health and care of the Fylde Coast population.
- Four key areas of transformation include:
 1. Urgent care,
 2. mental health,
 3. cancer services, and
 4. general practice.
- Partnership to link in with county council's proposed priorities:
 1. Developing neighbourhood level integrated care systems
 2. Improving delayed transfers of care
 3. Improving stroke outcomes
 4. Address variation in diabetes care
 5. Reduce suicides
- Working with AQuA (Advanced Quality Alliance) on developing a frailty pathway – gathering evidence on best practice.
- Making progress across clinical and non-clinical areas such as:

1. Urgent care - developing improved ways of working to reduce delays with the new primary care streaming service at the front door to A&E. A new mental health ward has also been built within the A&E department at Blackpool Hospital so that people experiencing a crisis can be assessed and receive support in a more appropriate setting.
 2. Extended access - all patients now have access to pre-bookable and same-day GP appointments on weekday, evenings and at weekends at a number of sites across the Fylde coast.
 3. Neighbourhood care teams - locally-based care teams have been established within each of the eleven Fylde coast neighbourhoods. The teams see a range of professionals such as nurses, therapists, wellbeing workers, mental health workers and social workers provide support to people deemed by their GP to need some extra help to stay well.
 4. FYi directory - the Fylde Coast Directory of Services which provides a single portal for residents and professionals to get information about a range of services to support individual health and wellbeing - at www.fyidirectory.co.uk
 5. Clinical Senate - a new Fylde Coast Clinical Senate has been set up to drive improvements in the care and experiences of local people. Members include GPs, nurses, hospital consultants, therapists, and public health practitioners.
 6. Nexus Intelligence - real-time information for real-time decisions. The Fylde coast NHS has created an innovative web-based dashboard which allows more informed, real-time decisions about local health and care services to be made.
 7. Care Home Connect - care homes across the Fylde coast have been supplied with a secure internet connection and the ability to use iPads to speak directly with clinicians. Care homes use iPads with Cisco Jabber instant messaging software installed. This is a communication software which can also be used for video calls.
 8. Communications and engagement teams working together and reducing duplication.
 9. Finance teams working closer together to discuss common issues and ensure consistent approaches.
- Reference was made to the Whyndyke Garden Village project in Fylde and Section 106 monies being agreed to develop health facilities for the town.

The Steering Group agreed that an item on Healthy New Towns and the Whyndyke Garden Village in Fylde be presented to a future meeting of the Health Scrutiny Committee.

Innovation in care exhibition and lecture 23 May 2018

County Councillor Stuart Morris provided the Steering Group with a verbal update on the Innovation in care exhibition and lecture hosted by the University of Cumbria at the Lancaster campus which he attended on 23 May 2018. The event was a free to attend and sought to highlight opportunities for service improvement with an exhibition of organisations and applications relevant to the redesign of care and

support services through digital care technologies. Technologies included facilities such as Wellpoint health kiosks, virtual doctors, telecare and fit watches. The lecture was delivered by Dr Kevin Doughty, a telecommunications lecturer and gerontechnology researcher - an interdisciplinary field of scientific research in which technology is directed towards the aspirations and opportunities for the older persons.

The Steering Group noted the update.

Work programme for 2018/19

A draft work programme for 2018/19 municipal year was presented to the Steering Group for comments prior to its submission at the next scheduled meeting of the Health Scrutiny Committee on 3 July 2018.

The Steering group noted the work programme for 2018/19.

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

Reason for inclusion in Part II, if appropriate

N/A