

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 5th February, 2019 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

L Beavers	S Holgate
J Burrows	S C Morris
B Dawson	J Rear
G Dowding	P Steen
C Edwards	C Towneley
N Hennessy	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Wayne Blackburn, (Pendle Borough Council)
Councillor Margaret Brindle, (Burnley Borough Council)
Councillor David Borrow, (Preston City Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor Alistair Morwood, (Chorley Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Viv Willder, (Fylde Borough Council)

County Councillors Lorraine Beavers, Bernard Dawson and Jayne Rear replaced County Councillors Hasina Khan, Margaret Pattison and Eddie Pope respectively.

1. Apologies

Apologies were received from Councillor Matthew Tomlinson.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 11 December 2018

In response to a question it was confirmed that the clerk would continue to source replies to a number of questions raised at the last meeting regarding the Lancashire and South Cumbria Transforming Care Partnership Update which were issued to NHS colleagues by email following the meeting.

Resolved: That the minutes from the meeting held on 11 December 2018 be confirmed as an accurate record and signed by the Chair.

4. Lancashire and South Cumbria - Integrated Care System update

The Chair welcomed Gary Raphael, Executive Director for Finance and Investment; Andrew Bennett, Executive Director for Commissioning and Neil Greaves, Communications and Engagement Lead; all representing Healthier Lancashire and South Cumbria.

The report presented provided an overview of the partnership in Lancashire and South Cumbria working as an Integrated Care System (ICS) which covered five local areas: Central Lancashire, West Lancashire, Pennine Lancashire, Fylde Coast and Morecambe Bay, collectively known as Integrated Care Partnerships (ICP). The report also detailed the early implications from the recent publication of the NHS Long Term Plan.

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

- Concerns were raised around the sustainability of hospitals given that at least £4.5 billion of the £20.5 billion national five year funding settlement for the NHS had been budgeted for expenditure on primary and community services to support local solutions to healthcare through the expansion of neighbourhood teams. The Committee was informed that there would be specific direction as to how this money would be used to ensure accountability and accessibility. Hospitals accounted for approximately 50% of NHS expenditure and work was underway to make them more sustainable in the longer term as hospitals across Lancashire were currently in financial deficit. The proposals to change the services provided aimed to improve public health and wellbeing and therefore reduce the demand on hospitals.
- With regard to recent issues in relation to mental health service provision in accident and emergency departments, it was confirmed that the local NHS and the county council were working through the reasons for this. It was highlighted that this year, £4million of additional funding had been budgeted to facilitate the management of mental health services with a focus on mental health pathways and appropriate settings for recovery and crisis prevention.

- Members highlighted the need for them to be informed and involved in the neighbourhood model to support population health management. Assurance was sought on the governance arrangements at this level which included GPs, pharmacists, district nurses to physiotherapists, social care workers and colleagues in the voluntary sector. The Committee was informed that GPs and other recipients of additional local funding would be held to account for expenditure and would be expected to adhere to the national direction of investment in health in consultation with the community.
- Members expressed concern regarding the effectiveness of a Community Action Network (CAN) and the lack of engagement from the public. It was confirmed that an NHS colleague in this area would look at this with the relevant members to identify the best course of action.
- Members sought assurance on the £471,000 investment to design better care around communities' needs; when this was going to happen and the outcomes this would have for the people living in the proposed five test areas including Barrow, Blackpool, Burnley, Chorley and Skelmersdale. It was suggested that the next report should detail what has been done.
- Concerns were raised regarding the lack of baseline figures in the report which were necessary to evaluate the effectiveness and impact of expenditure. Members felt that many of the initiatives proposed to be new were already in place and were not working. In response it was acknowledged that the NHS faced a considerable challenge and the proposals endeavoured to repair the current fragmented system and to address health inequalities by working with local councils and engaging with communities. The most significant difference in the new plan was the fundamental move away from competitive to partnership working. Members requested additional detail in future reports regarding the impact of expenditure and specific examples of how additional spending had made a positive change.

In considering the recommendation in the report, it was;

Resolved: That the Healthier Lancashire and South Cumbria five year local strategy be presented to the Committee at its meeting scheduled on 24 September 2019.

5. Stroke Programme Update

The Chair welcomed Gemma Stanion, Programme Director and Programme Team Member, Healthier Lancashire and South Cumbria and Elaine Day, representing NHS England.

The report presented provided an update on the current position within Lancashire and South Cumbria and outlined, at a high level, the work which was being progressed and the key decisions which would need to be made during the coming months of the programme.

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

- It was noted that stroke was not an older person's disease and that disabilities were lifelong. Stroke was the fourth major cause of death and the principal cause of disability in the UK. The Committee was informed that lifestyle was a major contributing factor. On how the council and the NHS could work together to improve lifestyles, it was noted that a strategy was in place across NHS providers including GPs and the NHS Clinical Commissioning Groups to prevent strokes through education and training regarding lifestyle choices in communities. This was also embedded in GP contracts. It was acknowledged, however, that regardless of intervention, incidences of stroke continued to rise and timely services were essential to mitigate the long term impact on public health.
- In noting that a considerable number of patients were not being appropriately treated for Atrial Fibrillation and hypertension, it was explained that approximately 30% of patients were discharged from hospital with no plan.
- With regard to access to support for patients and carers post-stroke and the pressures on local authority budgets increasing inequity for these services, assurance was sought that the programme would review life after stroke support with councils and not just with the Stroke Association. It was confirmed that only some district councils provided life after stroke classes. It was hoped that a report would be presented in March 2019, asking those district councils to enable provision.
- The findings of all the engagement sessions with Stroke Association Groups and staff would be shared with the Committee.
- Members sought assurance on the ambulatory model and asked what had been learned from the pilot and how this would be embedded across the footprint to reduce inequality of service. The Committee was advised that the trial had been successful with stroke specialist nurses giving a quick diagnosis and ensuring patients were treated accordingly via the correct pathway, making appropriate referrals within 12 hours. This had enabled the correct referral for those presenting as 'stroke mimics' and had enabled the most appropriate treatment and rehabilitation programme.
- It was noted that psychological services was not highlighted in the report. It was felt that the emotional aspect and impact on mental health from stroke needed to be addressed.

Following consideration of the report, it was;

Resolved: That;

- (i) The content of the report be noted.
- (ii) The decisions to be made about the Stroke programme by commissioners and providers in the next few months be noted.

(iii) The programme and work going forward be endorsed.

6. The appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System

The Committee considered a proposal to appoint a joint health scrutiny committee for the purpose of considering referrals from the Lancashire and South Cumbria Integrated Care system.

In response to questions it was confirmed that the joint committee would include representation from the two county councils (Lancashire and Cumbria) and the two unitary authorities (Blackpool and Blackburn with Darwen) in order to consider issues which impacted on all areas. This would remain separate to the Health Scrutiny Committee and it was recommended that the terms of reference and membership be developed by the Health Scrutiny Steering Group.

Following consideration of the report, it was;

Resolved: That;

- (i) The appointment of a joint health scrutiny committee for the purpose of considering referrals from the Lancashire and South Cumbria Integrated Care System be agreed in principal.
- (ii) The Health Scrutiny Steering Group be tasked with developing and finalising the terms of reference for the joint health scrutiny committee in collaboration with the other relevant authorities for submission to the Internal Scrutiny Committee, in order to formally agree the appointment at the earliest opportunity.

7. Report of the Health Scrutiny Steering Group

The report presented provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 16 January 2019.

Resolved: That the report of the Steering Group be received.

8. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee.

Resolved: That the report be noted.

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 2 April 2019 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston