Lancashire County Council

Health Scrutiny Committee

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

Agenda

Part I (Open to Press and Public)

No.	**Item**	
1.	**Apologies**	
2.	**Disclosure of Pecuniary and Non-Pecuniary Interests** Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.	
3.	**Minutes of the Meeting Held on 11 December 2018**	(Pages 1 - 6)
4.	**Lancashire and South Cumbria - Integrated Care System update**	(Pages 7 - 20)
5.	**Stroke Programme Update**	(Pages 21 - 36)
6.	**The appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System**	(Pages 37 - 38)
7.	**Report of the Health Scrutiny Steering Group**	(Pages 39 - 42)
8.	**Health Scrutiny Committee Work Programme 2018/19**	(Pages 43 - 56)
9.	**Urgent Business** An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.	

Lancashire County Council

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 2 April 2019 at 10.30am at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 11th December, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	H Khan
B Dawson	S C Morris
G Dowding	E Pope
N Hennessy	A Schofield
S Holgate	P Steen

Co-opted members

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 Julie Robinson, (Wyre Borough Council)

County Councillors Bernard Dawson, Matthew Salter and Alan Schofield replaced County Councillors Margaret Pattison, Cosima Towneley and Charlie Edwards respectively.

1. Apologies

Apologies were received from Councillor Barbara Ashworth, Rossendale Borough Council; Councillor Gail Hodson, West Lancashire Borough Council; Councillor Alistair Morwood, Chorley Council; and Councillor Viv Willder, Fylde Council.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 6 November 2018

Resolved: That the minutes from the meeting held on 6 November 2018 be confirmed as an accurate record and signed by the Chair.

4. Lancashire and South Cumbria Transforming Care Partnership Update

The Chair welcomed Rachel Snow-Miller, Healthier Lancashire and South Cumbria; Andrew Simpson, NHS England; Mark Hindle, Mersey Care NHS Foundation Trust; and Ian Crabtree, Director of Adult Social Care; to the meeting.

The report presented provided an update on the work of the Transforming Care Partnership (TCP); a partnership between all providers and commissioners across Lancashire and South Cumbria (two County Councils, two unitary authorities and eight Clinical Commissioning Groups). The Transforming Care programme was a national programme and had three key aims:

- To improve quality of care for people with a learning disability and/or autism.
- To improve quality of life for people with a learning disability and/or autism.
- To improve community teams capacity to be able to manage more challenging behaviours and so reducing admissions.

The Lancashire and South Cumbria Partnership had made considerable progress in achieving the national aims as set out in Building the Right Support (BRS) and the National Service Model. The partnership had taken a number of actions. With regard to the cohort of legacy patients, Lancashire and South Cumbria had been set a final trajectory of having no more than 58 patients in hospital beds from a base line of 107. From this original cohort of 107 patients, the partnership had achieved a discharge for 56 patients, leaving a legacy cohort of 51 patients. Of the 56 people discharged, only four had been readmitted (7%) for any period of time. The Committee noted this was a considerable achievement for the partnership and that it remained on target with the discharge of the original cohort of patients.

It was reported that the current inpatient position was 96 against a final trajectory of 58 people and that despite a steady discharge rate, a number of people had been admitted to hospital (both secure and non-secure beds). The Committee was informed that the partnership had undertaken a review of all delayed discharges and had identified a number of consistent themes in particular:

- Acuity and complexity of need
- Data sharing challenges to support effective discharge
- Parole Board delays, Court of Protection, Deprivation of Liberty Safeguards (unique cases e.g. online lodging reservation websites)
- Challenges with CQC engagement and registration/re-registration
- Gap in fully developed community services to support discharges
- Protracted procurement process via LCC Flexible Framework
- Care providers sourced but no accommodation

A number of actions had been identified and implemented. Details of these were set out in the presentation included in the report.

It was noted that overall achievement for completion of Annual Health Checks (AHC) for Lancashire and South Cumbria in 2017/18 was 50.57% against a target of 75%. Whilst this was improvement against 16/17, the partnership acknowledged that this needed to improve further. Improvement actions included the consideration of a 'lab in a bag' – a mobile diagnostics service that would deliver laboratory standard test results outside of hospital and would allow patients to be diagnosed and treated at the point of care. This was currently being piloted in the Chorley area. Also the consideration of working with advocates and Partnership Boards to promote the uptake of Annual Health Checks in GP practices.

It was noted that of the 124 Learning Disabilities Mortality Reviews (LeDeR) identified for completion, only 14 had been completed. It was highlighted that accessing documentation was a barrier to achieving completion of these reviews. The Committee was informed that the partnership had been allocated some additional funding for fixed term posts to complete the backlog. A recovery plan had also been developed.

A number of points were raised by members, a summary of which is set out below:

- Members sought assurance on timescales and outcomes and whether the partnership had developed an action plan. The Committee was informed that there were robust action plans behind all the partnership's work and that progress was reviewed on a monthly basis. Copies of the action plans were requested, however the Committee was informed that the action plans contained commercially sensitive information. It was suggested that a high level action plan could be shared with the Committee.
- With regard to the gap in fully developed community services to support discharges, it was noted that there were workforce challenges within this sector across the country. It was reported that Health Education England and NHS England had plans in place to alleviate this matter.
- On CCG commissioned inpatient provision, it was noted that 24 community beds would only be available from 2020/21. The Committee was informed that there was currently no suitable estate and that the partnership was currently considering a new build option. However, it was pointed out that expressions of interest might identify suitable accommodation in the meantime.
- One member asked how robust the monitoring of care providers was. It was reported that when patients were discharged there was a rigorous process in place to finalising an individual's care plan – so much so that the process was known to add delays. Readmission rates were relatively small.
- Members were informed that the NHS had provided funding for four full time equivalent social workers for the county council. In total there were seven posts covering 96 patients each with no more than 20 patients on their caseloads. Working with families was key to the discharge process.

- A query was raised as to whether the closure of the Mersey Care Whalley site (Calderstones) was still on target for 2020. It was noted that timescales for the closure of the unit relied on whether new facilities would be open by that time.
- Concerns were expressed around people becoming isolated and lonely. Members sought assurance on support arrangements for those people who might face such circumstances. The Committee was informed that the programme had been working with the Pathways organisation to match interests for people, but acknowledged that more could be done as friendships and socialising were important for people with a learning disability. It was also explained the model of support was for groups of flats situated together within a community, and access to facilities. However, such accommodation was not always easy to find.
- Concerns were raised about the county council's proposed budget saving proposal to remove £1m from the budget for provision of the Lancashire Breaktime service and the effect this could have on unpaid carers and families. It was acknowledged by officers from the NHS that this was of concern. Respite and provision of care and support helped to prevent people from going into a crisis situation.

In considering the recommendation in the report, it was;

Resolved: That;

1. The performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) be noted.
2. A written report and action plan on performance against these targets be presented to the Health Scrutiny Committee in 12 months' time."

5. 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 21 November 2018.

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

6. 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.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 5 February 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

Health Scrutiny Committee
Meeting to be held on Tuesday, 5 February 2019

Electoral Division affected:
(All Divisions);

Lancashire and South Cumbria - Integrated Care System update
(Appendix 'A' refers)

Contact for further information:
Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

This report provides an update of progress and the early implications from the recent publication of the NHS Long Term Plan.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the update.

Background and Advice

The Health Scrutiny Committee was updated on the progress of partnership working and the development of a shadow integrated care system at its meeting held on 17 April 2018. This report provides an update of progress and the early implications from the recent publication of the NHS Long Term Plan.

Officers from Healthier Lancashire and South Cumbria will attend the meeting to present the report. The Health Scrutiny Committee is asked to note and comment on the update.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The report set out at Appendix A represents the views of Healthier Lancashire and South Cumbria and are not those of Lancashire County Council.

Lancashire County Council

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A

Healthier Lancashire & South Cumbria

Lancashire County Council
Health Overview and Scrutiny Meeting
Healthier Lancashire and South Cumbria System Update

Integrated Care System update	**Chief Officer:** Dr Amanda Doyle **Executive Director for Commissioning:** Andrew Bennett **Executive Director for Finance and Investment:** Gary Raphael **Communications and Engagement Lead:** Neil Greaves
PERIOD OF REPORT	5 February 2019

FOR INFORMATION

1. Introduction
This report provides a high-level overview of the partnership in Lancashire and South Cumbria which is working as an Integrated Care System (ICS). The name of the partnership of NHS, Local Authority and Public Service organisations is Healthier Lancashire and South Cumbria.

Healthier Lancashire and South Cumbria covers a region made up of five local areas called Integrated Care Partnerships (ICP). These are Central Lancashire, West Lancashire, Pennine Lancashire, Fylde Coast, and Morecambe Bay. These areas provide a way for organisations and groups involved in health and care to join up locally.

Partners include:

- Clinical Commissioning Groups: Greater Preston, Chorley and South Ribble, East Lancashire, West Lancashire, Blackpool, Fylde and Wyre, Morecambe Bay, Blackburn with Darwen
- Five acute and community trusts: Lancashire Teaching Hospitals NHS Foundation Trust, University Hospitals of Morecambe Bay NHS Foundation Trust, East Lancashire Hospitals Trust, Blackpool Teaching Hospitals NHS Foundation Trust and Lancashire Care NHS Foundation Trust
- Two upper tier councils (Lancashire and Cumbria) and two unitary councils (Blackpool and Blackburn with Darwen)

The integrated care system is clinically led by Dr. Amanda Doyle with support from senior clinicians and managers from every part of Lancashire and South Cumbria.

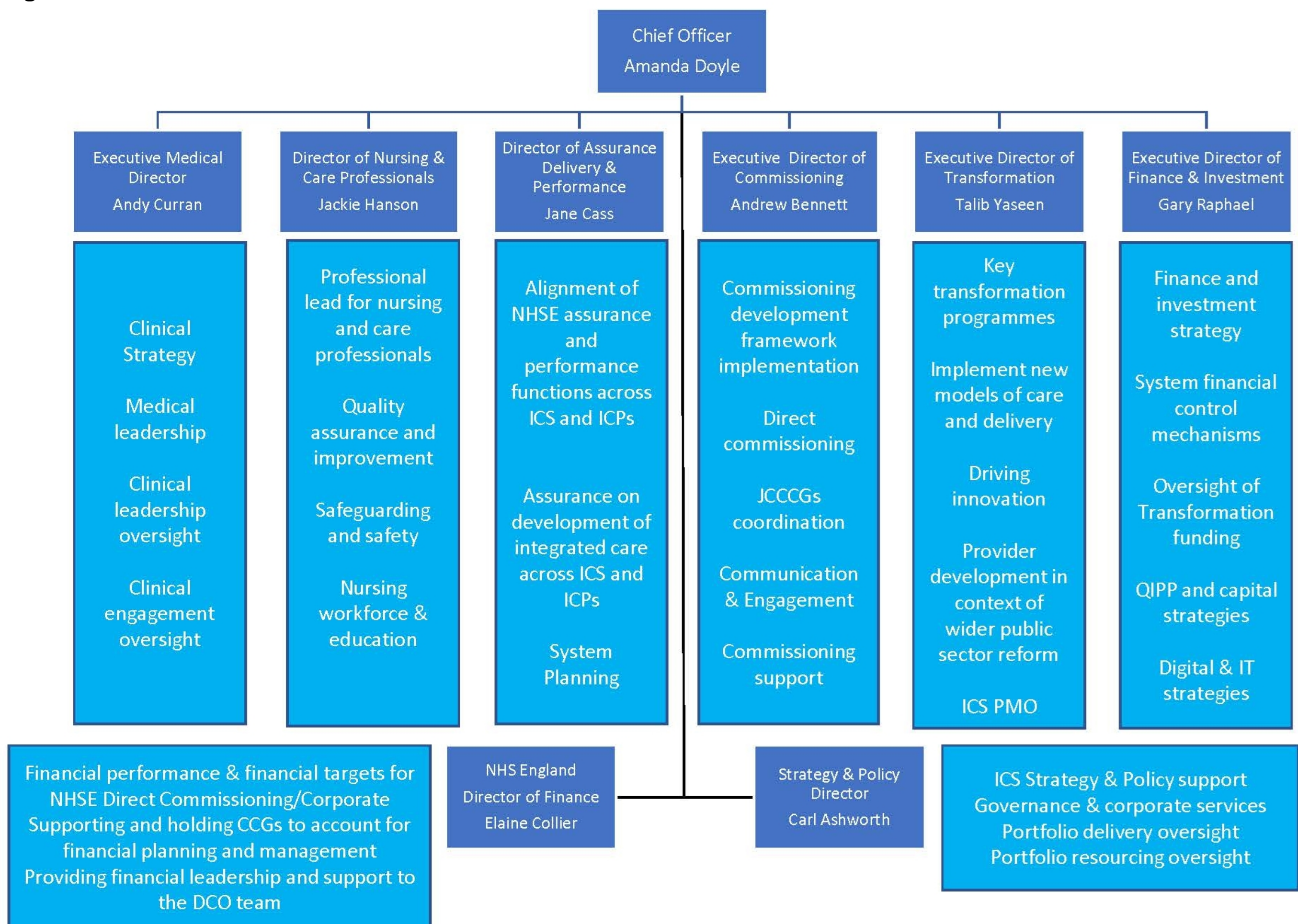
The Lancashire Health Overview and Scrutiny Committee was updated on the progress of partnership working and the development of a shadow integrated care system in April 2018. This report provides an update of progress and the early implications from the recent publication of the NHS Long Term Plan.

2. Executive Leadership
Since the last briefing, a recruitment process has been completed and a team of executive leaders are now in place for the Integrated Care System (shown in Figure 1).

The executives for Healthier Lancashire and South Cumbria are:

- Dr Amanda Doyle, Chief Officer
- Andrew Bennett, Executive Director of Commissioning
- Jane Cass, Director of Assurance Delivery & Performance
- Dr Andy Curran, Executive Medical Director
- Jackie Hanson, Director for Nursing & Care Professionals
- Gary Raphael, Executive Director of Finance & Investment
- Talib Yaseen, Executive Director for Transformation
- Carl Ashworth, Director of Strategy and Policy
- Elaine Collier, Director of Finance for NHS England

Figure 1: ICS Executive Structure

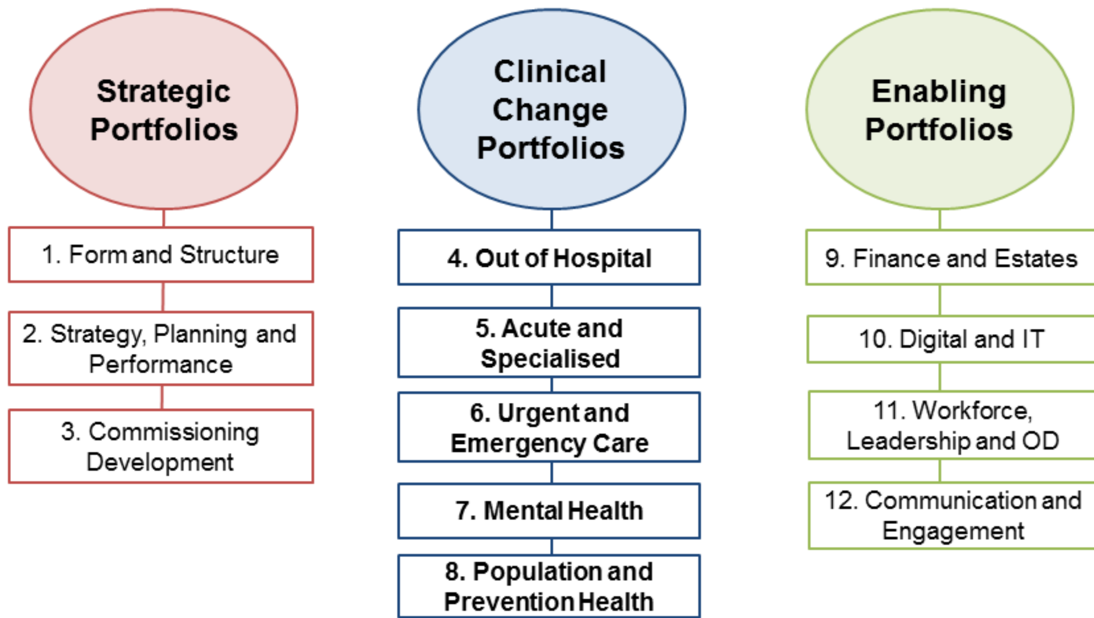


The executive team has been fully in place since September 2018 and has been working to review and reshape the collaborative work of all partners within Lancashire and South Cumbria.

One of the early priorities has been to review progress on the major workstreams which the partners agreed to pursue in our "sustainability and transformation plan" in 2016 and were presented to the committee in April 2018 (see Figure 2). Each workstream now has an ICS Executive sponsor working with commissioning, provider and project manager colleagues to take this work forward.

Figure 2: Healthier Lancashire and South Cumbria Portfolios

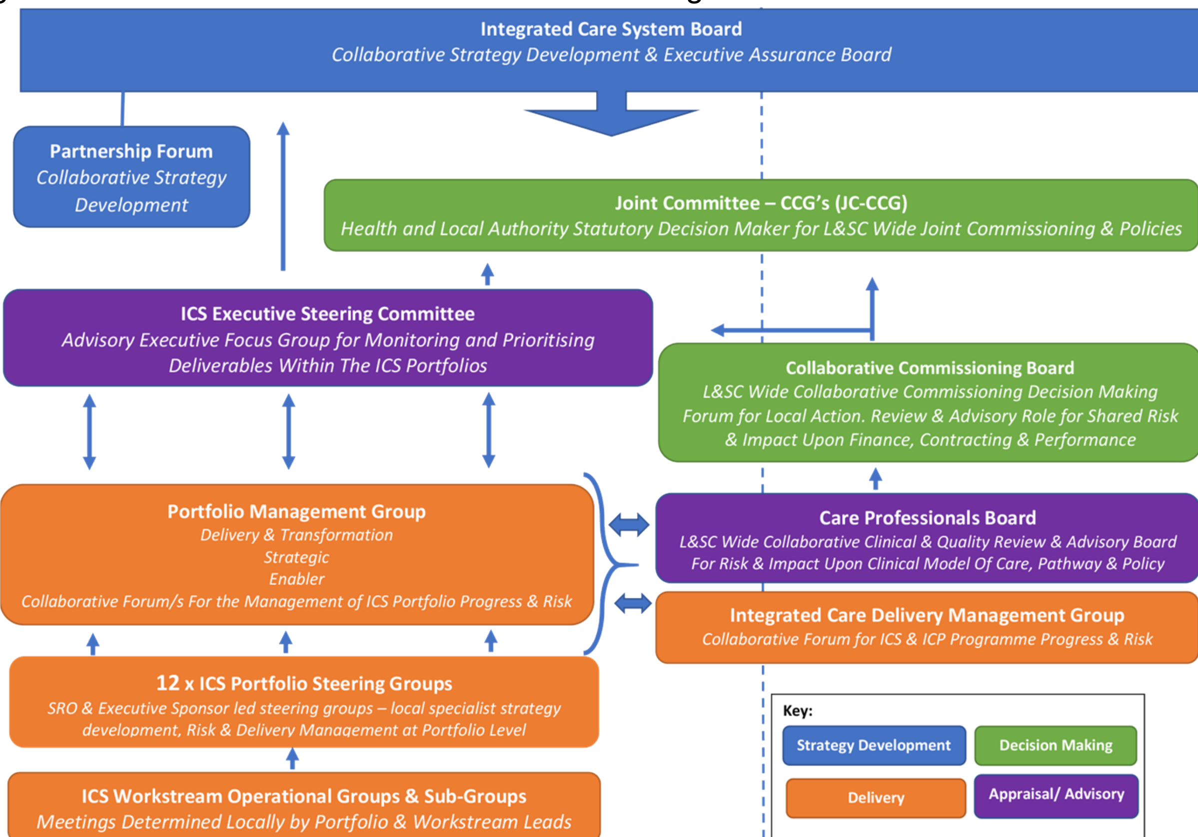
Healthier Lancashire & South Cumbria



The executive leadership team has been working closely with senior leaders and identified Portfolio/Workstream Leads to confirm the purpose and objectives of each workstream and the resources which are required to take this work forwards.

The diagram in Figure 3 shows the governance structure in place for Healthier Lancashire and South Cumbria.

Figure 3: Healthier Lancashire and South Cumbria governance



Additional resource to support the major priorities and workstreams of the ICS has been invested in a Programme Management Office (PMO) from October 2018 and this is now overseen by the Head of PMO. During October and November a Portfolio Management Governance Framework was developed to add structure to the twelve ICS Portfolios of work, and the forty-two programmes within them. This has created a standardised framework for the Portfolios to support engagement, progress against plans, decision making and monitoring robustly supporting the breadth and diversity of the type of programmes.

Examples of significant progress in partnership working during 2018:

Mental Health:
A significant increase in the demand for urgent mental health services across Lancashire and South Cumbria led to a Risk Summit for health leaders on 18 April 2018. This resulted in the development of a single Mental Health Improvement Plan for Lancashire and South Cumbria developed jointly by commissioners and Lancashire Care NHS Foundation Trust. This has seen additional resources invested by partners to reduce demand on mental health services.

NHS, Local Authority, Third Sector, Police and other emergency services across Lancashire and South Cumbria are working together to review urgent and emergency mental health services with support from Northumberland, Tyne and Wear NHS Foundation Trust who have been independently leading the review. The review is looking at mental health challenges across the region to identify ways to improve the quality of services provided to people with mental health conditions.

Digital Health:
Healthier Lancashire and South Cumbria launched its digital health strategy 'Our Digital Future' in June 2018: https://healthierlsc.co.uk/digitalfuture This strategy sets out how digital tools, services and new ways of working will support the future improvement and transformation of health and care services across the region. It outlines a set of shared principles aligned to five inter-connected strategic themes: empower the person, support the frontline, manage the system more effectively, integrate services and create the future. At the heart of this is our goal to empower local people to live longer, healthier lives.

A core feature of the digital strategy centres around engaging people, patients, voluntary, community and faith organisations - as well as health and care services themselves - in making decisions about how we can use digital to improve the health and care of local people. To begin this process, we asked the Healthwatch Collaborative (Blackburn, Blackpool, Cumbria and Lancashire) to help us hear from local people and to:

- explore how they currently use technology to manage their health and wellbeing and that of their families
- learn about the challenges people might face when using digital technology
- understand how we can better support people to use digital tools and
- hear ideas about improvements we could make in the future.

The engagement programme was undertaken during the summer and autumn months of 2018 and included the collection of 1,225 survey responses (online and paper survey), in depth conversations with people at 38 community engagements and a further 12 focus groups involving 185 people. The resulting report was published by Healthwatch at the end of January 2019, and we will use the recommendations made by local people to inform the digital delivery plan for 2019/20 as we bring the digital strategy to life.

Stroke: Partnership approach is being taken to the whole Stroke Programme in Lancashire and South Cumbria, focussing on the different phases of the end to end stroke pathway including stroke prevention, hospital-based treatment, integrated community stroke rehabilitation and life after stroke. The progress is described in the supporting paper.

3. The NHS Long Term Plan

On Monday 7th January 2019, NHS England published the 133-page NHS Long Term Plan which outlines the priorities for the health service over the next decade.

Health leaders across Lancashire and South Cumbria have welcomed the publication of the NHS Long Term Plan. It describes how the NHS will make sure people get the best start in life, and how patients can expect world-class care for major health problems.

The plan also details how different organisations should work closer together to make sure health and care services are more joined up and delivered in the right place and at the right time for local people and their families.

It outlines how services should be joined up within neighbourhoods – geographical communities with populations of typically between 30,000 to 50,000 – to support people to stay well.

The plan clearly endorses what we have been doing for some time here across Lancashire and South Cumbria in terms of partnership working and bringing services together. We enjoy good working relationships with our local authority partners, as well as those from the voluntary, community and faith sector and the many groups of people who volunteer their time to help shape and improve health and care services.

The NHS Long Term plan has three main themes:

- Making sure everyone gets the best start in life
- Delivering world-class care for major health problems
- Supporting people to age well

The key priority areas identified in the plan align with the Healthier Lancashire and South Cumbria existing programmes of work and include cancer, mental health, learning disability and autism, diabetes, stroke and children's health.

To ensure that the NHS can achieve the ambitious improvements for patients, the NHS Long Term Plan also sets out actions to overcome the challenges that the NHS faces, such as staff shortages and growing demand for services, by:

- **Doing things differently**
  The plan states the NHS will:
  - give people more control over their own health and the care they receive,
  - encourage more collaboration between GPs and their teams and community services, as 'primary care networks', to increase the services they can provide jointly;
  - place an increasing focus on NHS organisations working with each other and their local partners, as 'Integrated Care Systems', to plan and deliver services which meet the needs of their communities.
- **Preventing illness and tackling health inequalities**
  The plan states the NHS will:
  - increase its contribution to tackling some of the most significant causes of ill health, including new action to help people stop smoking, overcome drinking problems and

avoid Type 2 diabetes, with a particular focus on the communities and groups of people most affected by these problems.

- **Backing our workforce**
  The plan states the NHS will:
  - continue to increase the NHS workforce, training and recruiting more professionals – including thousands more clinical placements for undergraduate nurses, hundreds more medical school places, and more routes into the NHS such as apprenticeships.
  - take steps to make the NHS a better place to work, so fewer staff leave and more feel able to make better use of their skills and experience for patients.
- **Making better use of data and digital technology**
  The plan states the NHS will:
  - provide more convenient access to services and health information for patients, with the new NHS App as a digital 'front door';
  - provide better access to digital tools and patient records for staff, and;
  - improve the planning and delivery of services through the greater use of analysis of patient and population data.
- **Getting the most out of taxpayers' investment in the NHS**
  The plan states the NHS will:
  - continue working with doctors and other health professionals to identify ways to reduce duplication in how clinical services are delivered;
  - make better use of the NHS' combined buying power to get commonly-used products for cheaper, and;
  - reduce spend on administration.

We are confident that closer integration of services and partnership working is vital to improve the experience of patients and also to support people to keep well. People often fall through the gaps which exist between organisations; bringing services and teams together will help to stop this.

Further proposals for social care and health integration are expected to be outlined in a forthcoming Government Green Paper for adult social care in England. A further implementation plan to address the workforce challenges in the NHS is also expected later in 2019.

The next step for Lancashire and South Cumbria as outlined in the Long Term Plan is to develop and implement our own strategy for the next five years. This will set out how we intend to take the ambitions that the NHS Long Term Plan details, and work together to turn them into local action to improve services and the health and wellbeing of the communities we serve – building on the work we have already been doing in partnership to improve the lives of the 1.7 million people in Lancashire and South Cumbria.

This means that over the next few months, staff, patients and the public will have the opportunity to help shape what the NHS Long Term Plan means for our area, and how the services they use or work in need to change and improve over the next few years.

The four local Healthwatch organisations (Blackburn with Darwen, Blackpool, Lancashire and Cumbria) will receive national funding to support Healthier Lancashire and South Cumbria in ensuring that the views of patients and the public are heard, and Age UK will be leading work across a range of other charities to provide specific opportunities to hear from people with specific health needs.

We intend to involve local people, our staff and the voluntary, community and faith sector in the development of this strategy over the coming weeks and months. More detail for this is included later in this report.

4. Focus on prevention and population health management

In January 2019, Healthier Lancashire and South Cumbria confirmed that nearly half a million pounds is going to be spent in local communities across Lancashire and South Cumbria, tackling the factors which have the greatest impact on people's health. The ICS is one of four national exemplar areas testing the use of data and intelligence to support improvements in the health of local areas.

The £471,000 investment from NHS England will be used to design better care around our communities' needs, a priority described in the NHS Long Term Plan. This will see work in areas including Barrow, Blackpool, Burnley, Chorley and Skelmersdale to look at how data and intelligence can be better used by GPs and community services to help people live longer, healthier lives.

One example is using data to identify people who have multiple long term conditions and understanding the ways in which they can be supported to prevent complications and live independently. This approach will be developed across Lancashire and South Cumbria to make a real difference to people's lives.

The project is led by Dr Sakthi Karunanithi, Director for Public Health and Wellbeing for Lancashire County Council and Senior Responsible Officer for Prevention and Population Health for Lancashire and South Cumbria. Lancashire and South Cumbria is one of four areas in the country to be recognised as leading the way in starting to improve outcomes, reduce inequalities and address the broad range of individual, social and economic factors affecting the health of local people.

Taking a whole population approach means working collaboratively beyond the boundaries of health and care services to support people to stay healthy and avoid complications from existing illnesses. It will enable care to be delivered in the right place and at the right time for local people and their families.

5. Commissioning Development

A Commissioning Development Framework for Lancashire and South Cumbria acknowledges that the Five Year Forward View has led to changes in the roles and functions of commissioners with a greater focus on collaboration rather than competition between NHS organisations. Our desire across Lancashire and South Cumbria is to focus on collective efforts to improve the health and wellbeing of the whole population, improve outcomes and quality of services and work towards the financial sustainability of local services. Increasingly this is blurring the boundaries between commissioners and providers.

Consequently, our work on commissioning development is running in parallel with provider development, focussed on the forging alliances of providers within our Integrated Care Partnerships, with the capacity and capability to take on roles that we currently call commissioning. For example, needs assessment, service planning, service redesign, quality improvement.

The Framework recommends that we adopt a "place-based approach" to the evolution of commissioning in Lancashire and South Cumbria, identifying the services that should be commissioned once across L&SC; within each ICP to the same standards and outcomes; and within each of our developing neighbourhoods. Place based commissioning means:

- Commissioning organisations (health and local government) should work together to govern the common resources available for improving health and care in their area
- The approach taken to developing local systems of care should be determined using a common set of design and operating principles
- Changes to the roles of commissioners are needed to support the development of systems of care across the ICS and in local Integrated Care Partnerships (ICPs)

The development of our approach to the ICS, ICPs and neighbourhoods reflects a really positive change in the way NHS, Local Authorities and partners work together.

We have therefore been delighted that a range of commissioning colleagues from across the system have been working together in recent months to think about our future commissioning arrangements for the following workstreams:

- Adult Mental Health
- Out of Hospital Care
- Children and Young People's Emotional Wellbeing and Mental Health
- Children, Young People and Maternity services
- Services for people with Learning Disability and Autism
- Services for People with Cancer
- Individual Patient Activity
- Urgent and Emergency care
- Planned Care

Decisions regarding Commissioning Development work continue to be taken at the Joint Committee of Clinical Commissioning Groups. The Joint Committee of Clinical Commissioning Groups has been established since January 2017 and consists of GPs and lay members from each of the Clinical Commissioning Groups in Lancashire and South Cumbria. Chief Executives from Lancashire County Council, Blackburn with Darwen Council, Blackpool Council, representatives from district Councils and local Healthwatch attend the meetings.

6. Finance

A national five year funding settlement for the NHS was announced in June 2018 which will see increased funding of £20.5 billion per year by the end of 2023/24, or an average of 3.4% real growth per annum.

There will be a significant (disproportionately higher) increase in relative investment in primary and community care of at least £4.5bn nationally compared to now which will see expanded neighbourhood teams working together in a more joined up way - from GPs, pharmacists and district nurses to physiotherapists, social care workers and colleagues in the voluntary sector.

We also applaud the move to strengthen work on preventing ill health and tackling health inequalities in the NHS Long Term Plan. This includes the application of a new funding formula which has emphasised the need to take into account deprivation and as a result there have been higher growth in CCGs with high deprivation, such as Blackpool, as shown in the following table:

Core CCG allocations - £ and % increase

	Adjusted baseline	Final allocation after place-based pace of change		
	2018-19	2019-20	Movement	Increase
	£'000	£'000	£'000	%
NHS Blackburn with Darwen CCG	228,427	241,524	13,097	5.7%
NHS Blackpool CCG	264,993	295,684	30,691	11.6%
NHS Chorley and South Ribble CCG	242,465	256,031	13,566	5.6%
NHS East Lancashire CCG	551,877	579,151	27,274	4.9%
NHS Fylde and Wyre CCG	262,418	276,848	14,430	5.5%
NHS Greater Preston CCG	266,262	279,286	13,024	4.9%
NHS Morecambe Bay CCG	487,503	513,282	25,779	5.3%
NHS West Lancashire CCG	152,486	160,160	7,674	5.0%
Healthier Lancashire and South Cumbria	**2,456,431**	**2,601,966**	**145,535**	**5.9%**

New commitments for action that the NHS itself will take to improve prevention to complement local government and in which will be supported by targeted funding for health inequalities of more than £1bn by 2023/2024. The priorities for this are initiatives to tackle smoking, high blood pressure, obesity, alcohol and drug use, air pollution and lack of exercise.

Increased investment in primary and community care, which will expand neighbourhood teams to support strong population health management.

Lancashire and South Cumbria will be expected to set out how we will reduce health inequalities as a system as part of the population health management proposals.

7. Involving and co-production with local people and patients

Healthier Lancashire and South Cumbria is committed to ensuring that the process of engagement, communication, involvement and consultation with the public, staff, voluntary and community organisations, councillors and other stakeholders is delivered in line with national best practice.

Good communications, engagement and involvement with stakeholders will mean:

- **Better decision making** - involving patients and stakeholders in decisions about their own health and care has the potential to boost outcomes, improve patient experience and reduce unnecessary consultations
- **Improved ability to deliver difficult change** – developing ideas and proposals with patients, the public and community organisations from the outset can increase our ability to manage risk and deliver difficult change successfully
- **More effective service delivery** - understanding patient experiences can help us to identify areas of waste and inefficiency and how to improve services

- **Reduced demand** - engaging people can help manage demand for services by improving lifestyle choices, improving self-care and encouraging people to use services appropriately
- **More informed public opinion** - to help us decide how to make the best use of the money available
- **Greater community support** - engaging with communities and acknowledging the assets that they possess can help tackle health inequalities, support behaviour change and improve health and wellbeing

In October 2018, an Engagement and Consultation Framework was agreed by the Joint Committee of CCGs which sets out the principles of involvement, engagement and consultation that partners will work to in Lancashire and South Cumbria for substantial changes to services.

The purpose of this document is to set out:

a) The proposed governance process for the coordination of, and support for, engagement and consultation concerning substantial change to services across Lancashire and South Cumbria.
b) The proposed principles and framework the Joint Committee of the Clinical Commissioning Groups (JCCCGs) should adopt on behalf of itself and to guide other partners, including the Healthier Lancashire and South Cumbria as the integrated care system

Together the principles and framework are designed to ensure modern, inclusive and meaningful involvement, engagement and consultation with patients, public, staff and stakeholders.

In developing and setting a five year strategy for Lancashire and South Cumbria we believe it needs to be built upon high levels of engagement and involvement at the earliest possible stage with a range of stakeholders and will be influenced by the engagement which takes place throughout its development.

A considerable amount of engagement work has taken place over the past two years on a local level which the strategy will be built upon. We want to make sure people have the opportunity to shape the plans at every stage over the coming weeks and months to make sure we have a strategy for Lancashire and South Cumbria which is fit for purpose.

The development of the strategy involves collaborative working with our five Integrated Care Partnerships. This will build upon existing engagement and communication structures which are in place within the ICPs and ownership needs to be demonstrated at the most local level of place.

Glossary of Terms

There can be lots of confusion created when people use the same terms to mean different things. There is not yet a clear and nationally shared approach to defining the new system.

For the purposes of ensuring that our framework is understood locally, the following terms are used throughout and their meaning defined simply, as follows:

- **Integrated care system (ICS)** previously known nationally as STP - the whole system that we are seeking to create across Lancashire and South Cumbria (involving commissioners, providers and regulators) called Healthier Lancashire and South Cumbria. This is the partnership of NHS, Local Authority, Public Sector and other organisations working to deliver our five year Sustainability and Transformation Plan that describes how we will improve quality, develop new models of care; improve health and wellbeing; and improve efficiency of services

Healthier Lancashire & South Cumbria

- **Integrated Care Partnerships (ICPs)** previously known Local Delivery Partnerships - sub Lancashire and South Cumbria level partnerships i.e. Pennine, Fylde Coast, West Lancashire, Morecambe Bay, Central Lancashire. The definition in Lancashire and South Cumbria differs from the NHS Long Term Plan. Our use of the term refers to the partnership definition as this has already been established in Lancashire and South Cumbria.
- **Neighbourhood** - sub ICP area level systems e.g. Fleetwood, Millom etc., (which may or may not align to local authority districts, depending on local arrangements)
- **Place based commissioning** - commissioners organising themselves so that they collaborate together to address the challenges and improve the health of any defined population

A more detailed glossary of terms is available here: www.healthierlsc.co.uk/about/glossary

Health Scrutiny Committee
Meeting to be held on Tuesday, 5 February 2019

Electoral Division affected:
(All Divisions);

Stroke Programme Update
(Appendix 'A' refers)

Contact for further information:
Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk

Executive Summary

A report on the Stroke Programme in Lancashire and South Cumbria (LSC) has been provided by Healthier Lancashire and South Cumbria. This is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the Stroke Programme Update report from Healthier Lancashire and South Cumbria at appendix A.
2. Note the decisions to be made about the Stroke programme by commissioners and providers as set out in the report.
3. Endorse the programme and work going forward.

Background and Advice

The report set out at appendix A, produced by Healthier Lancashire and South Cumbria provides a high-level overview of the whole Stroke Programme in Lancashire and South Cumbria (LSC), focussing on the different phases of the end to end stroke pathway including stroke prevention, hospital-based treatment, integrated community stroke rehabilitation and life after stroke.

It also provides an update on the current position within Lancashire and South Cumbria and outlines, at a high level, the work which is being progressed and the key decisions which will need to be made during the coming months of the programme. Officers from Healthier Lancashire and South Cumbria will attend the meeting to present the report.

The Health Scrutiny Committee is asked to:

1. Note the Stroke Programme Update report from Healthier Lancashire and South Cumbria at appendix A.

Lancashire County Council

2. Note the decisions to be made about the Stroke programme by commissioners and providers as set out in the report.
3. Endorse the programme and work going forward.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The report set out at appendix A represents the views of Healthier Lancashire and South Cumbria and are not those of Lancashire County Council.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
N/A		

Reason for inclusion in Part II, if appropriate

N/A

Healthier Lancashire & South Cumbria

Lancashire County Council
Health Overview and Scrutiny Meeting

Work Programme: Stroke Programme	**Programme Director:** Gemma Stanion **Programme Team:** Elaine Day, Claire Kindness-Cartwright, Kate Turner **Clinical Lead:** Professor Mark O'Donnell
PERIOD OF REPORT	5 February 2019

FOR INFORMATION

1. Introduction

This report provides a high-level overview of the whole Stroke Programme in Lancashire and South Cumbria (LSC), focussing on the different phases of the end to end stroke pathway including stroke prevention, hospital-based treatment, integrated community stroke rehabilitation and life after stroke.

It gives an update on the current position within Lancashire and South Cumbria and outlines, at a high level, the work which is being progressed and the key decisions which will need to be made during the coming months of the programme.

In Appendix 1 there is a statement about the alignment of the NHS Long Term Plan with the work we are prioritising within the LSC Stroke Programme. In Appendix 2 there is a summary of the evidence and recommendations for visual assessment and treatment as part of the Stroke pathway.

The Health Overview and Scrutiny Committee is requested to:

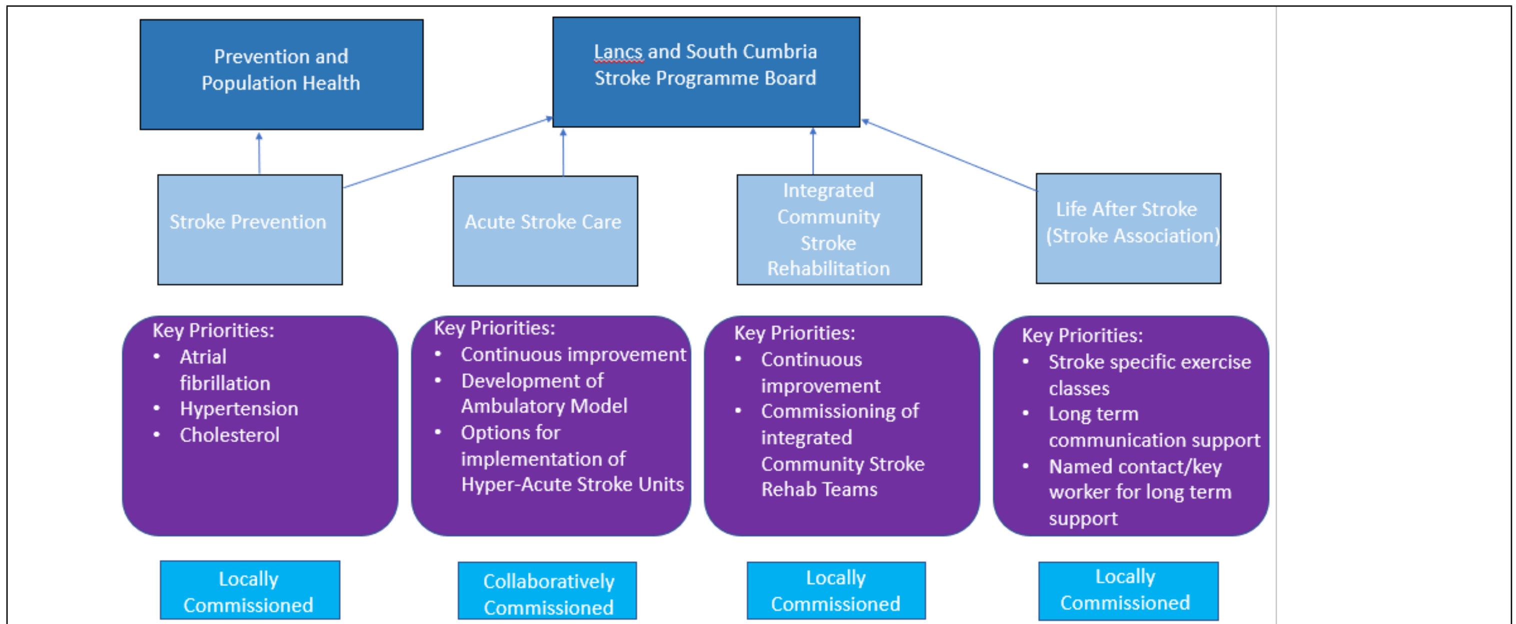
- **Note the content of this report.**
- **Note the decisions to be made about the Stroke programme by commissioners and providers in the next few months.**
- **Endorse the programme and work going forward.**

2. Programme Overview – End to End Pathway

The end to end stroke pathway service specification for Lancashire & South Cumbria was agreed by the Lancashire and South Cumbria CCGs in 2015. It describes what patients within our region should expect in terms of care to prevent a stroke as well as treatment, rehabilitation and longer-term support after a stroke.

Because of the current unjustified variation in access, and because the quality of Acute Stroke and rehabilitation services across LSC do not consistently meet national standards, we have developed a comprehensive Stroke programme across the Lancashire and South Cumbria ICS. The diagram below provides a high-level overview of the programme and sub-groups, key priorities, reporting and commissioning arrangements for each. There are key interdependencies with other ICP work programmes where these are also in place.

Healthier Lancashire & South Cumbria



3. Stroke Prevention

The ICS-wide Stroke Prevention Alliance (partnership of ICS Stroke Prevention workstream with key stakeholders including the Advancing Quality Alliance, RightCare, Innovation Agency) is currently finalising its revised strategy and has identified the effective management of Atrial Fibrillation (AF), Hypertension and elevated Cholesterol as the three key risk factors to focus on over the next 3-5 years.

Current Position:
PHE has recently published data[i] indicating that for Lancashire & South Cumbria:

a) Atrial Fibrillation: There are 46,700 residents estimated to have AF with approximately 33,200 recorded on GP registers leaving 13,500 undiagnosed (observed to expected ratio approx. 71.1%). Of those with diagnosed AF there are 7,200 high risk AF patients not being appropriately anticoagulated
b) Hypertension: there are 433,900 residents estimated to have hypertension with approx. 258,000 recorded on GP registers leaving 175,900 undiagnosed (observed to expected ratio approx. 59.4%). Of those with diagnosed hypertension there are 50,800 patients not being appropriately treated to the Quality and Outcomes Framework (QOF) target though the number not being treated to NICE's clinical target is likely to be considerably higher
c) Cholesterol: For patients newly diagnosed with hypertension (age 30-74) with a cardiovascular disease (CVD) risk assessment >=20% only 64.2% are treated with statins. it is important to emphasise that for the wider cohort of all patients with a CVD risk assessment >-20% effectively treated with statins, it is estimated nationally that this figure is likely to be in the range of only 35-40%

More recent information from our established national data sets (GRASP-AF Quality Improvement tool and QOF) quote figures of approximately 5,900 high risk AF patients not being appropriately anticoagulated and 50,500 patients with hypertension not being appropriately treated in Lancashire and South Cumbria. This demonstrates there is still significant progress to be made in both these areas. Recent audit data has also highlighted significant concerns regarding the management of AF within hospital settings.

There has been a significant amount of work progressed within this area, however frustrations exist relating to the challenge of implementing a consistent prevention agenda across Lancashire and South Cumbria, linked to population health. This may gain some traction now that it is prioritised in the NHS Long Term Plan.

Improvement actions being taken now

- Working with the National CVD Prevention Board and local Clinical Leads to devise 1, 3 and 5-year ambitions in respect of these risk factors
- Integrated approach with ICS Primary Care Workstream to ensure these levels of ambition are reflected in ICS-wide standards for primary care currently being developed
- Engaged Stroke Prevention Clinical Leads to undertake a series of ICP based clinical engagement visits which will support both the launch of the Stroke Prevention Strategy as well as the development of associated ICP Plans
- Coordinating the delivery of support to individual ICPs in conjunction with RightCare, AQuA, Innovation Agency and other partners

Future Decisions

Commissioners in the ICS will need to decide whether to:

- Mandate targets recommended by our Stroke Prevention clinical leads across the ICS to be delivered through a range of prevention and primary care actions.
- Target the use of financial resources in local GP quality contracts which support improved case management of patients with risk of cardiovascular disease.

4. Hospital-based Treatment

a. Continuous Improvement

All Trusts have been making huge efforts to continuously improve their Acute Stroke Services within the context of significant challenges in most clinical pathways and areas, the biggest of which is the workforce. When the Lancashire & South Cumbria Stroke Programme started in January 2014 SSNAP performance was a "sea of red". The standard of Acute Stroke Services across LSC remain inconsistent, with unjustified variation in access, timely treatment and access to rehabilitation services, and consequently variation in outcomes depending on where you live.

Current position

The importance of the role that effective, accessible and high-quality Integrated Community Stroke Rehabilitation (ICSR) plays in ensuring that all patients achieve the best health outcomes, and in ensuring that the entire stroke pathway from onset of symptoms works effectively, cannot be overstated. Without high quality community rehabilitation being in place first, the acute phase will not be able to achieve the pathway of improvements that have been set out, and the pathways in their entirety will not be able to leverage the greatest return on investment. Both are necessary pre-cursors to Hyper-Acute Stroke Unit implementation

The table below shows performance at an overall level (aggregated score of detailed domains) against the National Stroke Sentinel National Audit Programme (SSNAP) measures. Progress has been greater in some areas than others however the challenges faced in all areas have been significant.

	Overall Levels											
	Lancashire & South Cumbria											
Site	Jul 15-Sep	Apr 15-Jun	Oct 15-Dec	Jan 16-Mar	Apr 16-Jul	Aug 16-Nov	Dec 16-Mar	Apr 17-Jul	Aug 17-Nov	Dec 17-Mar	Apr 18-Jun	Jul 18-Sep
National	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data	No Data
Blackpool Victoria Hospital	E	E	E	E	E	D	E	E	C	D	D	C
Royal Blackburn Hospital	E	E	E	D	D	D	C	C	B	A	A	A
Royal Preston Hospital	D	D	C	C	D	D	D	C	B	B	B	C
Furness General Hospital	D	C	D	D	D	D	C	C	C	C	D	D
Chorley and South Ribble Hospital	D	B	C	B	C	C	D	D	B	B	No Data	B
Pendle Community Hospital - Marsden Stroke Unit	No Data	No Data	No Data	No Data	D	D	C	D	B	B	No Data	C
Royal Lancaster Infirmary	D	D	D	D	D	D	D	D	D	D	C	C

Improvement actions being taken now

- A single continuous improvement plan for Lancashire and South Cumbria is being developed based on the current improvement plan template/process in place at the Royal Blackburn Hospital. This will also link to a therapy dashboard which has been developed.
- East Lancashire Hospital NHS Trust is currently piloting the Ambulatory Care pathway at Royal Blackburn Hospital, feedback from which will be available in early February. Managing the interdependencies with Integrated Rehabilitation is vital, and this may slow the introduction of a complete ambulatory pathway where it is not in place. The other acute Trusts are preparing to undertake short pilots of different ways of working including alternative ambulatory clinics, ring-fencing stroke beds and relocating Transient Ischaemic Attack (TIA) clinics to the stroke ward to assess the impact of these initiatives and support future improvement work.

Future Decisions

Commissioners in the ICS will need to agree:

- Investment plans for the whole stroke pathway including specialist rehabilitation at all sites, nurse consultants, psychology, pharmacy, orthoptics etc.
- The realistic ambition for delivering improved quality and safety and reducing unjustified variation in acute stroke care between sites
- The value of a collaborative approach to recruiting key clinical professionals into an ICS-wide stroke service (network) rather than individual hospital and community organisations (which may mitigate risks to recruitment challenges at certain sites)

b. Development of a sustainable Acute Model of Care

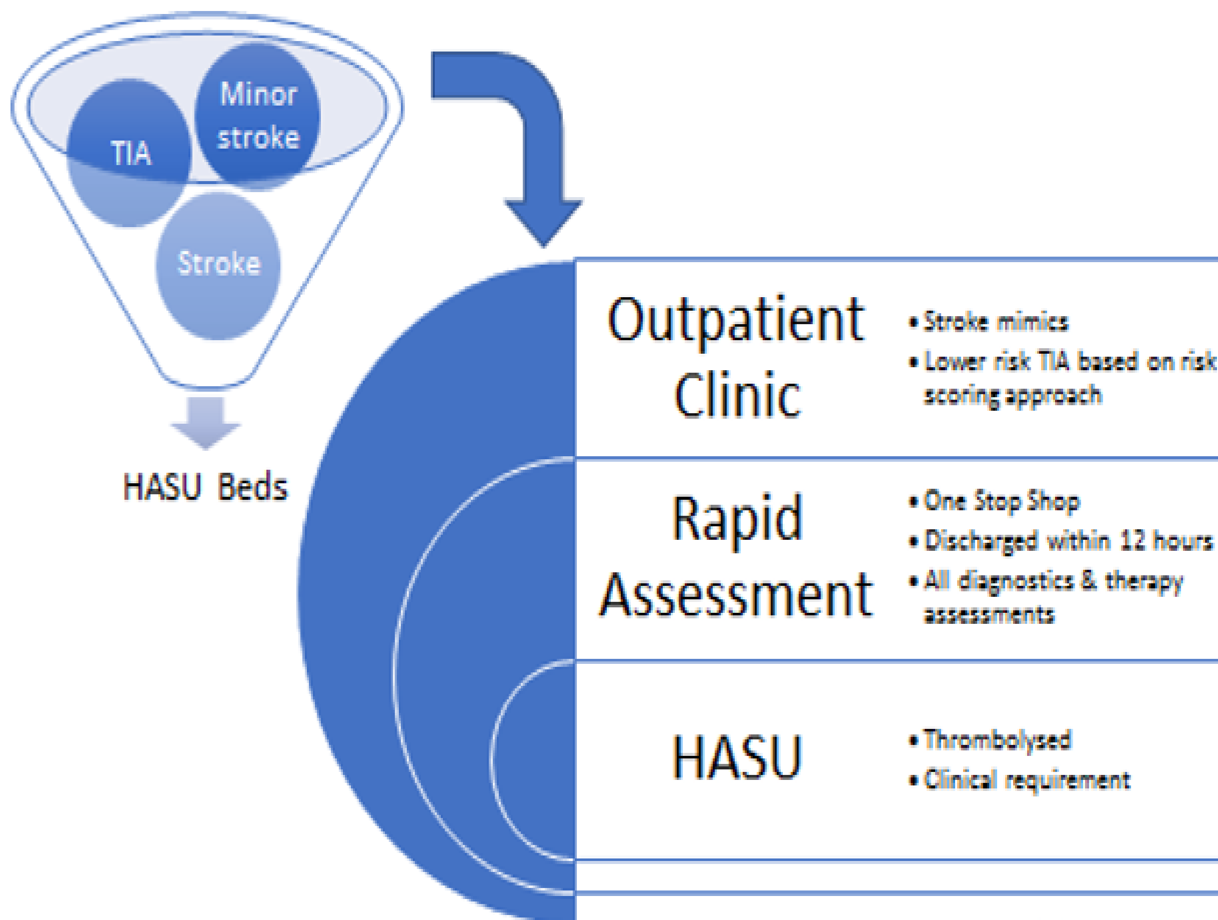
This revised programme of work commenced with mapping the acute phases of the stroke pathway, focussing in particular on the options for implementing Hyper-Acute Stroke Units (HASUs) to deliver the first 72 hours of specialist care across Lancashire & South Cumbria. The work is intended to focus each Acute Stroke Unit on improvement against the SSNAP scores, and other improvement actions which are shared across the four Acute Trusts in the Strategic Stroke Improvement Sub-group of the Stroke Programme.

Given our current population, high incidence of stroke mimics, and challenges around workforce availability, the detailed hyper-acute options appraisal and modelling work (available on request) identified that predominantly focussing on implementation of hyper-acute stroke units was not practicable at this stage, and not appropriate for patients who live in geographically remote areas. Additionally, the significant unjustified variation in access to acute stroke services across Lancashire & South Cumbria needed to be addressed first, therefore an alternative ambulatory care model is

being developed and modelled. The interdependency of Integrated Stroke Rehabilitation with Hyper Acute care is demonstrated clearly in the NSH Long Term Plan, where rehabilitation is prioritised over HASU in terms of timeline to implementation.

A group of stroke clinicians and clinical commissioners have researched and developed an **ambulatory care model a**s a more sustainable model of hospital care which is appropriate for the population and geography of Lancashire and South Cumbria. **Ambulatory care** or outpatient care is medical care provided on an outpatient basis, including diagnosis, observation, consultation, treatment, intervention, and rehabilitation services. This care can include advanced medical technology and procedures even when provided outside of hospital, and means that patients receiving this do not need a hospital bed (see diagram below). The Ambulatory Care Model is considered by leading Stroke clinicians to be the most effective way of managing the Acute Stroke pathway, and is seen as a more appropriate model because it:

- Prevents patients from being admitted unnecessarily
- Providing an environment that supports same day emergency care
- Provides access to quicker assessment, diagnosis, appropriate treatment and rapid rehabilitation
- Refers patients on to more appropriate pathways, if needed e.g. TIA clinics, migraine etc.



Improvement actions being taken now

- To undertake more detailed impact analysis of the model, including on ambulance services, hospital estates, diagnostics, workforce and the requirements for a triage, treat and transfer pathway
- Finance modelling and exploring options around alternative funding mechanisms as the traditional "payment by results" tariff is not the preferred option

Future Decisions

Commissioners in the ICS will need to agree:

- The ambulatory care model as a more sustainable model of hospital care now being recommended by our clinical leaders
- Amendments to the service specification which document the alternative ambulatory model
- Realistic implementation plans with providers, asking hospitals to work more closely together to mitigate the risk of limited numbers of staff.

c. Options for Implementation of Hyper-Acute Stroke Units (HASU)

The main focus of a HASU is to closely monitor and stabilise the medical condition of a person newly diagnosed with a stroke for the first 72 hours after onset, and includes patients presenting within 6 hours of stroke onset who constitute a category of stroke patient known as the "**hyperacute stroke"** patient. Rapid assessment, early treatment eg. Thrombolysis or Mechanical Thrombectomy (when eligible) and access to a multi-disciplinary team 24/7 including neurologists, interventional radiologists, specialist nurses and therapists.

Subject to a collective agreement to endorse the ambulatory model as the most appropriate clinical model for hospital-based stroke care in Lancashire and South Cumbria, the ICS will then need to ensure that all patients have access to hyper acute stroke care, including mechanical thrombectomy where appropriate, in the early stages of a moderate to severe stroke. A timeline for this process still needs to be agreed to ensure any unintended consequences are mitigated, including unexpected financial impacts or changes in patient flows. These may need to be re-modelled if the ambulatory model is agreed to be taken forward to implementation.

The National Stroke Peer Review team has visited all the acute stroke sites across LSC in the past 18 months. The ICS can expect to receive further recommendations from the National Team in terms of optimum locations for HASUs based on SSNAP performance, population sizes and co-dependent clinical services eg. Mechanical thrombectomy. The National GIRFT team are visiting LSC for a formal ICS-wide Stroke review on 1 March 2019.

Future Decisions

Commissioners in the ICS will need to:

- Decide on optimum locations for HASUs based on modelling and national team guidance

5. Integrated Community Stroke Rehabilitation

The National Stroke Plan will be published to support the NHS Long Term Plan recommendations for Stroke, and will support the mandate that every acute stroke unit should have access to an integrated community specialist rehabilitation team that provides early intensive rehabilitation and ongoing therapy for up to 6 months, which is based on need and not criteria or discharge destination. Nationally and locally it is realised that this service needs to be put into place as part of continuous improvement and is an essential part of an effective stroke pathway.

Current position

The table below demonstrates the current Lancashire & South Cumbria services benchmarked against the seventeen key elements of the integrated stroke service specification. This highlights significant variation between localities and compared to the specification. Patients are not being given the opportunities they should to maximise their functional recovery and reduce disability, resulting in increased costs across the system in Health *and* Social Care.

	SECTION A: Team information	Blackpool / Fylde and Wyre	Morecambe Bay CCG			Blackburn With Darwen CCG	East Lancs CCG	Southport and Formby CCG	West Lancs CCG	Greater Preston CCG / Chorley and South Ribble CCG
	Team name	ESD Team	LNESDT	MBESDT	SLL&M	BWD CST	EL CST	N Sefton CNRT	West lancs CNRT	CNRT
SECTION B. Compli										
1	All core professionals in team	N	N	N	N	N	N	N	N	N
2	Staffing levels met	N	N	N	N	N	N	N	N	N
3	Service provided for 6 days a week	N	N	N	N	N	N	N	N	N
4	Service provided for up to 6 months	N	N	N	N	Y	N	Y	Y	Y
5	Pathway 1.Therapy at home with ICST support	Y	Y	Y	N	Y	Y	Y	Y	Y
6	Pathway 2.Therapy at home with joint ICST & re-ablement	Y	Y	N	N	N	Y	Y	Y	N
7	Pathway 3. Intermediate care	N	N	N	N	Y	Y	Y	N	N
8	Pathway 4.Residential/nursing home patients	Y	Y	N	N	Y	Y	Y	Y	Y
9	Service accepts 40% ESD cohort	Y	Y	Y	N	Y	Y	Y	Y	Y
10	Service accepts 60% non ESD cohort	N	Y	N	N	Y	Y	Y	Y	Y
11	Assessment within 72 hours	N	Y	Y	N	N	N	Y	N	N
12	Wait of 7 days or less from assessment to treatment	Y	Y	Y	N	N	N	N	N	N
13	In reach into acute setting	N	Y	Y	N	N	Y	N	N	N
14	Self referral permitted	N	N	N	N	Y	Y	Y	Y	Y
15	Life after stroke services available	Y	Y	Y	N	Y	Y	Y	Y	Y
16	6 month review for all residents	Y	N	N	N	Y	Y	N	N	N
17	Inputting into SSNAP in timely way	Y	N	Y	N	Y	Y	Y	N	Y
	Total (out of 17 elements)	8	9	7	0	10	11	11	8	8
	% compliance with model	53	60	47	0	67	73	73	53	53

ESD – Early Supported Discharge CST – Community Stroke Team CNRT – Community Neuro-Rehab Team

Improvement actions being taken now

- CCGs and Providers have worked together to review/scope/map current services and identify requirements
- All CCGs have actively engaged in the production of plans for the commissioning and

- implementation of Integrated Community Stroke Rehabilitation Teams, including Early Supported Discharge, within the next 12-18 months
- Continuous improvement work is being progressed both locally and via collaborative Task & Finish Groups where a pan-Lancashire & South Cumbria approach is beneficial

Future Decisions

Commissioners in the ICS will need to:

- Make investment decisions in relation to the commissioning of integrated community stroke rehabilitation services. Without this, the ambulatory model described above will not work effectively
- Consideration needs to be made to the provision of psychological services for patients, access to orthoptic assessment for any visual impairment (see Appendix 2), and support to families and carers

6. Life After Stroke

The stroke pathway service specification describes three key elements of support that stroke patients should have access to:

- Stroke specific exercise classes
- Long term communication support
- Named contact/key worker for long term support

In addition, engagement with patients and carers highlighted that access to patient information could be improved and would have a positive impact in supporting patients and carers post-stroke.

Current position

The current position is highly variable. CCGs have different arrangements in place to commission a range of services from the Stroke Association, resulting in inequity of access to support for patients and carers post-stroke. In addition, pressures on local authority budgets, where they contribute to some of these services, increases the inequity.

There are opportunities to review life after stroke support and consider, in conjunction with the Stroke Association, how this can be commissioned, at either an ICP or ICS level, to enable more equitable access for patients and their carers.

In relation to improved access to patient information:

- A Directory of (all support) Services was developed by the Stroke Association which is refreshed on a 6-monthly basis and covers Lancashire & South Cumbria
- Patients, carers and staff working within stroke services were engaged and involved in the development of the Lancashire & South Cumbria Stroke Patient Information Guide, developed by the Commissioning Support Unit

Improvement actions being taken now

- Stroke Association has started to provide 6-month reviews in Blackpool
- Stroke Association has secured Sports England money in Central Lancashire to support people in to exercise programmes after stroke
- Work within Morecambe Bay Stroke Pathway Group focussing on how to make access to Stroke Association services more equitable
- Number of Stroke Association Peer Support groups increasing, based more on a voluntary staffing model

Future Decisions

Commissioners in the ICS will need to:

- Decide whether life after stroke support services should be commissioned at an ICP or ICS level

7. Engagement

a. Clinical

Throughout the programme there has been significant clinical engagement in support of developing the end to end stroke pathway service specification and shaping, developing and modelling options for the ambulatory care model and options for hyper-acute stroke units. All trusts are represented at the Clinical Reference Group as are Clinical Commissioners from each of the CCGs.

Wider staff engagement sessions took place in November and December 2018 across all acute trust sites, with the exception of Blackpool sessions which are being rescheduled due to current pressures, to share the update on progress to date and to seek wider staff feedback and input to the development of the ambulatory care model. The feedback is currently being collated. Further work is now planned, including video access to updates, and a Stroke System Event is also being arranged for 5th March. This is to ensure that all partners are clear on the journey to date and next steps, in particular the upcoming critical decisions for the Stroke Programme.

b. Patients/Carers

Throughout the programme there has been significant patient/carer engagement.

During 2016, patients supported the development of the end to end stroke pathway service specification as part of workstream groups as well as programme team members engaging with a large number of patients/carers at Stroke Association support groups across Lancashire & South Cumbria, to share the specification and seek feedback. In addition, all Stroke Association groups have been re-visited during summer 2018 to provide an update on the work and seek further feedback and input.

Patients, carers and staff were key to the development of the Patient Information Guide which was shaped through a series of workshop sessions and resulted in an interactive tool which is available in a range of formats to suit the needs of stroke patients, carers and clinicians.

The Stroke Programme Board, and (sub-group) Clinical Reference Group membership includes a patient representative who actively contributes to discussion and influences the direction of travel. In addition, further patient engagement is taking place during January-March 2019 and, subject to clarification on consultation requirements, more formal pre-consultation engagement and public consultation will be undertaken if required in future.

Informal and formal discussion with the Health Overview and Scrutiny Committee (LCC) to develop a four-way (LCC, Blackpool. Blackburn with Darwen and South Cumbria) scrutiny approach to service change and transformation is underway, and updates on the Stroke programme (and other clinical pathways) are taking place.

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[i] Size of the Prize: reducing heart attacks and strokes (STP Level), Accessed via http://www.healthcheck.nhs.uk/commissioners_and_providers/data/size_of_the_prize_reducing_heart_attacks_and_strokes Public Health England, 2017

Healthier Lancashire & South Cumbria

Appendix 1.

Healthier Lancashire & South Cumbria

Lancashire and South Cumbria Stroke Programme: NHS Long Term Plan alignment statement

Following the publication of The NHS Long Term Plan on the 7th January 2019 we thought it may be useful to quickly clarify where the stroke system proposals sit within the framework for future development signalled in The Plan.

As you will be aware we have worked closely with Dr Deb Lowe as the Chair of the Stroke Programme Board to ensure that wherever possible we were closely aligned to the national direction of travel.

The Plan recognises the importance of developing Integrated Stroke Delivery Networks which join up the stroke pathway from the start of stroke symptoms to eventual discharge from services. As part of this networked approach it highlights the benefits of ensuring patients have access to hyper acute interventions as part of a networked 24/7 service. This approach is strongly aligned to the joint stroke improvement plan which has been developed across all providers and our ongoing work to ensure effective access to hyper acute interventions, including thrombolysis and thrombectomy, for all patients in Lancashire and South Cumbria.

We are already working closely with colleagues across the health economy, supported by HEE and UCLan, to start to develop an innovative and flexible approach to meeting the workforce challenge in stroke care. This work will build up over the next few months building on a successful and well attended workshop in November 2018. We will continue both this work, and further develop our focus on digital opportunities and solutions in the coming months.

We are particularly pleased that the focus on developing high intensity models for stroke rehabilitation received significant focus in The Plan. This is clearly in line with the work which is currently ongoing across all CCGs and ICPs to ensure that we have services which meet patient needs, and support effective pathways, in all localities. There is a a commitment in The Plan to begin roll out of this in 2020, in line with the current work in Lancashire and South Cumbria we will be well placed to be in the front runners for this milestone.

Finally, there is a clear link between the work which is taking place in developing an ambulatory model for patients with stroke like symptoms, TIAs, and mild strokes and the focus on developing a wide range of Same Day Emergency Care pathways heralded in Chapter 2.

Overall we feel that the work that has been ongoing around the improvement of stroke care in Lancashire and South Cumbria has put us in a strong position to be able to respond swiftly and effectively to The Plan. We would like to thank you for all your support in getting to this stage, and look forward to continuing that collaboration during 2019.

Appendix 2.

Stroke-related visual impairment – for information

Report compiled by Professor Fiona Rowe, VISION research unit, University of Liverpool (January 2019)

What is the extent of this problem?
The prevalence of overall visual impairment has been estimated at 65% with varying prevalence reported for specific types of visual impairment[1-4]. For example, visual field loss is reported in up to 52% of stroke survivors, central visual impairment in up to 70%, eye movement disorders in up to 68% and visual perceptual disorders (inclusive of visual inattention) in up to 80% of stroke survivors[1, 3, 5, 6]. Figures for incident new onset visual impairment following stroke are placed at about 60%[7]. Given the estimated 100,000 new onset strokes per annum in the UK[8] there are sizeable numbers of stroke survivors living with stroke-related visual impairment.
What is the impact?
Visual impairment constitutes a considerable comorbidity of stroke. Visual impairment, on its own or in addition to other stroke-related disabilities, can cause significant impact to quality of life[9]. For many, it results in inability or altered ability to undertake many aspects of daily activities with impact on return to work, participation in hobbies and family life, and can lead to social isolation, altered mood and depression[10-12]. Interventions for stroke-related visual impairment are well established but require referral to appropriate eye care services, which is facilitated through orthoptic service routes[13]. Where visual impairment is identified, this facilitates optimisation of other therapy and early access to vision rehabilitation.
How can it be detected?
Visual impairment may be the sole presenting sign of stroke – approximately 90% of occipital lobe stroke lesions have no other neurological signs[14]. More commonly, however, visual impairment is one of a number of presenting signs and symptoms of stroke[15]. Visual impairment may cause symptoms that are noted immediately on occurrence of the stroke or, indeed, visual symptoms may only become apparent some weeks or months after stroke onset. Thus, presentation of visual symptoms by stroke survivors can be expected at any stage from stroke onset through to chronic post stroke stages. Furthermore, transient visual impairment is also recognised as a precursor symptom of stroke with such symptoms being hallmarks of transient ischaemic attack (TIA)[16]. Recognition of visual impairment as a common sequelae of stroke is slowly increasing. However, it remains under reported and poorly identified in stroke survivors because many visual conditions cannot be detected by merely observing the eyes[17]. Careful questioning alongside specific testing of visual function is required for the accurate and reliable detection of visual impairment.
Vision screening options
There are issues with how best to identify the presence of visual impairment through stroke team vision screening and specialist vision assessment[18]. Even with screening measures in place there are also issues reported with provision of care and access to vision services for stroke survivors who have been identified as having vision problems[19].
Access to orthoptic services on acute stroke units enables faster provision of vision screening. The earlier assessment time-point reported for the IVIS study[7] is important as it shows the feasibility and acceptability of early visual assessment within 3 days of stroke onset for at least half of stroke survivors and within 1 week of stroke onset for the majority. This in turn allows early detection of visual impairment and sharing of the functional significance of this with the patients, carers and stroke teams. Furthermore, early assessment leads to early intervention which has potential impact on general rehabilitation where visual function can be improved.
An ideal stroke vision service follows recommendations from the National Clinical Guidelines for Stroke[8] which specify orthoptists as core members of the acute stroke team and screen all stroke survivors prior to discharge. Stepped down models of care include vision screening by others members of the stroke team with orthoptic referral for those identified with potential

visual impairment[20]. However there must be acknowledgement in this instance of the reduced sensitivity and specificity of such screening[17]. Vision screening methods thus warrant improvement and the recent release of specific vision screening tools help to tackle this issue (e.g. VISA (Visual Impairment Screening Assessment)[21] and Scottish stroke app[22]. Future work is required to embed VFAST (Vision-Face-Arm-Speech-Time) as part of stroke screening and as part of the 6-month review to better aid detection of visual impairment from start to finish and ensure best access to appropriate vision services and care[23].

North West Coast status

The current position in the North West Coast for stroke and vision is 13 Trusts with acute stroke units, 13 Trusts with eye departments with an overlap of these two services in all Trusts. Only five Trusts have orthoptists routinely assessing stroke survivors on the acute stroke units. Thus, a postcode lottery exists resulting in a health inequality for stroke survivors.

Health inequalities relate to poor detection of visual impairment whilst an in-patient on acute stroke units, poor or no referral to eye care services and long-term unmet needs with cost implications for the NHS and social care[24]. Conversely, the cost of providing orthoptic services on acute stroke units is minimal in the context of the overall stroke and/or ophthalmology budgets but significant in terms of benefit to patients[20].

Recommendations

1. Orthoptist on acute stroke unit with vision assessments for all stroke survivors prior to discharge and minimum Monday/Wednesday/Friday service,
2. BIOS consensus statement[25] followed for one session per 10-bed unit,
3. Back-up screening by stroke multi-disciplinary team, particularly for early discharge cases within 24-48 hours where orthoptic assessment has been missed,
4. Embed VFAST at all stages of stroke pathway.

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Healthier Lancashire & South Cumbria

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Health Scrutiny Committee
Meeting to be held on Tuesday, 5 February 2019

Electoral Division affected:
(All Divisions);

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

Contact for further information:
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Executive Summary

This report sets out a forthcoming requirement to appoint a joint health scrutiny committee for the purpose of considering referrals from the Lancashire and South Cumbria Integrated Care System.

Recommendation

That the Health Scrutiny Committee:

1. Agrees in principle to the appointment of a joint health scrutiny committee for the purpose of considering referrals from the Lancashire and South Cumbria Integrated Care System.
2. Recommends that the Health Scrutiny Steering Group develops and finalises the terms of reference for the joint health scrutiny committee in collaboration with the other relevant authorities for submission to the Internal Scrutiny Committee, to formally agree the appointment at the earliest opportunity.

Background and Advice

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England, and set out their proposals to improve health and care for patients.

In some areas, including Lancashire and South Cumbria these partnerships evolved to form an integrated care system (ICS), where NHS organisations, in partnership with local councils and others, took collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they served.

The Health Scrutiny Committee since October 2016, has received a number of updates from Healthier Lancashire and South Cumbria on the transformation of health and care across the footprint.

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Since the publication of the NHS Five Year Forward View in 2014, and the Sustainability and Transformation Plan published by Healthier Lancashire and South Cumbria in 2016, there has been an impending need to appoint a joint health scrutiny committee between the two county councils and two unitary authorities within the Lancashire and South Cumbria footprint and an informal request to do so has been raised by Dr Amanda Doyle, Chief Officer of the Lancashire and South Cumbria Integrated Care System.

Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, provides the power to establish joint health scrutiny committees with other local authorities subject to the responsible person[1] consulting more than one local authority pursuant to Regulation 23 (Consultation by responsible persons). Those authorities must appoint a joint overview and scrutiny committee for the purposes of consultation.

It should be noted that the county council's Internal Scrutiny Committee has to agree the establishment/appointment of a joint committee in accordance with Part 2 Article 5 (Overview and Scrutiny) of the council's constitution. The Internal Scrutiny Committee meets on a bi-monthly basis. With this in mind, it is felt that whilst a formal request is awaited from the Lancashire and South Cumbria Integrated Care System, the Health Scrutiny Committee be asked to agree the appointment of a joint health scrutiny committee in principle. Furthermore, the Health Scrutiny Committee is asked to recommend that the Health Scrutiny Steering Group develops and finalises the terms of reference for submission to the Internal Scrutiny Committee, to formally agree the appointment at the earliest opportunity.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There is a legal requirement to establish a joint health scrutiny committee in certain circumstances as outlined in the report.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
N/A		

Reason for inclusion in Part II, if appropriate - N/A

[1] "a responsible person" means a relevant NHS body or a relevant health service provider

Health Scrutiny Committee
Meeting to be held on Tuesday, 5 February 2019

Electoral Division affected:
(All Divisions);

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 meeting held on 16 January 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:

- 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;

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- 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 16 January 2019:

❖ **Pennine Lancashire Regulated Care Transformation Programme Update**

Adele Thornburn, Nursing and Quality Manager, David Rogers, Head of Communications and Engagement at NHS East Lancashire Clinical Commissioning Group and Sumaiya Sufi, Quality Improvement and Safety Specialist – Health and Residential Settings from Lancashire County Council attended the meeting to provide an update on the Pennine Lancashire Regulated Care Transformation Programme. A copy of the revised presentation is set out in the minutes. Additional handout in relation to Discharge to Assess were also handed out and are set out in the minutes.

It was reported that the programme's work had been aligned with NHS England's Enhanced Health in Care Homes Framework, published in September 2016. The programme focussed on four work streams: quality; workforce; digital; and finance and contracts.

Information on current schemes and initiatives were provided to the group and included:

- The Red Bag Scheme
- Discharge to Assess Scheme
- Medicines Optimisation in Care Homes (MOCH) Scheme
- Web based quality assurance tool
- Oral Health Pathway Pilot
- Playlist for Life

The presentation also covered aspects including; management and leadership, proactive and reactive support, recruitment and supply, promoting nursing within the sector, education programme, skills enhancement and a digital strategy. Key areas for 2019/20 for the programme included:

- Review of community services and Integrated Neighbourhood Teams;
- Strengthening integration and care home offer;
- Engagement with domiciliary and supported living;
- Engagement with service users;
- Web based quality assurance tool;
- GDPR compliance and secure email.

It was pointed out that 82% of care homes across Lancashire had either good or outstanding rating from the Care Quality Commission.

Members raised a number of comments and questions, a summary of which is provided below:

- A question was asked in relation to GPs and their compliance to the work of the programme and their working relationships with care homes. It was acknowledged that smaller care homes tended to have stronger connections with their GP(s). Care Homes also acted in the best interests of their clients particularly around medicine management. It was highlighted that the East Lancs Medicines Management Team visited every care home in the area to carry out an annual review.
- On oral health a suggestion was made as to whether students training in dentistry could provide additional support or reduced priced dental work. It was acknowledged that there were wider issues for commissioners to resolve on the provision of dentist practices such as location and accessibility for people in care home settings. Notwithstanding issues relating to transportation to where students received training.
- On the playlist for life, the importance of establishing links with local communities such as schools and playgroups was highlighted.
- Some concerns were raised in relation to the competency of care home managers. It was reported that the Care Quality Commission (CQC) accredited individuals to work as managers within care home settings.
- Members acknowledged there was a transient workforce within the sector and asked whether this represented a challenge for the programme in achieving its objectives. The Steering Group was informed that workforce was an issue for the whole system and not just the regulated care sector. It was accepted that the sector needed to establish career pathways, including apprenticeships and an improved employment offer. It was reported that at ICS (Integrated Care System) level, there was a dedicated work stream on developing the workforce within Lancashire and South Cumbria. Members stated that such roles should be promoted as a career and not just a job and that the profile of care homes needed to be raised.
- Members recognised that the programme had a significant number of pilots/trials underway and asked at what point the CCG would share its work and findings with all CCGs across Lancashire and South Cumbria. It was acknowledged that a shift in culture within the whole workforce was required and that there was a considerable number of variables that affected care homes.
- In considering the programme's key areas of work for 2019/20, and in view of discussions held at the meeting the chair suggested that a greater emphasis ought to be placed on the upskilling of staff within the regulated care sector. Whereupon it was;

Resolved: That the upskilling programme for care staff be explored beyond insulin administration and form a part of the Pennine Lancashire Regulated Care Transformation Programme's key area of work for 2019/20.

- **Guide for co-opted members on the Health Scrutiny Committee**

The report presented provided advice on the role of district councillors co-opted onto the Health Scrutiny Committee. It was reported that the content of the report would be used to form a helpful guide for co-opted members.

Members of the Steering Group felt the information provided in the report would also be useful for county councillors to have sight of.

Resolved: That the content of the report be used to form the basis of a guide for all members of the Health Scrutiny Committee.

Future meetings of the Steering Group

Future meetings of the Steering Group have been provisionally scheduled for the following dates:

- 20 February;
- 13 March;
- 17 April; and
- 14 May.

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

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

N/A

Reason for inclusion in Part II, if appropriate

N/A

Agenda Item 8

Health Scrutiny Committee
Meeting to be held on Tuesday, 5 February 2019

Electoral Division affected:
(All Divisions);

Health Scrutiny Committee Work Programme 2018/19
(Appendix 'A' refers)

Contact for further information:
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Executive Summary

The work programme for both the Health Scrutiny Committee and its Steering Group is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the work and potential topics to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2018/19 municipal year is set out at appendix A, which includes the dates of all scheduled Committee and Steering Group meetings. The work programme is presented to each meeting for information.

The work programme is a work in progress document. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Tel
N/A		

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee Work Programme 2018/19

The Health Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session carried out by the Steering Group at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Council's Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the Constitution (Part 2 Article 5) for all Overview and Scrutiny Committees, the Health Scrutiny Committee will:

- To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
- In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
- To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
- To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

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- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.

- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.

- To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.

- To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.

- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.

- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.

- To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

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Appendix 'A'

The dates are indicative of when the Health Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Health Scrutiny Committee work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Dementia Strategy	Opportunities and challenges	Committee	Dr Z Atcha, LCC	3 July 2018	The report be noted; and The Cabinet Member for Health and Wellbeing be invited to a future scheduled meeting of the Health Scrutiny Committee to present on the development of a housing strategy and the ageing population.	- Report scheduled for 2 April 2019
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Committee	Dr Gerry Skailes, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs	3 July 2018, 25 September and 2 July 2019	3 July: The update be noted; Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018;	- Update scheduled for 2 July 2019

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					The importance of all partners working together on prevention and early intervention form a part of developing the new models of care for acute services in central Lancashire; and Public information and education be included in the new model of care for acute services in central Lancashire.	Awaiting response Awaiting response
Delayed Transfers of Care (DToC) and Winter 2019/20	Update on performance as a whole system and preparations for winter 2019/20	Committee	Sue Lott, LCC and Faith Button, Ailsa Brotherton, LTH and Emma Ince, GPCCG and CSRCCG	6 November 2018 and 5 November 2019	The considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted. The staff of the County council and in the NHS whose commitment and contributions to this improvement had been so significant be commended.	- -

Lancashire County Council

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					A further update on Delayed Transfers of Care be scheduled in 6 months' time for the Health Scrutiny Steering Group and in 12 months' time for the Health Scrutiny Committee.	Updates scheduled for May '19 Steering Group and Nov '19 Committee
Transforming Care (Calderstones)	Model of care for CCG commissioned learning disability beds	Committee	Rachel Snow-Miller, Director for Commissioning for All-age Mental Health, Learning Disabilities and Autism	11 December 2018 and 10 December 2019	The performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) be noted. A written report and action plan on performance against these targets be presented to the Health Scrutiny Committee in 12 months' time	- Update to be scheduled for 10 December 2019

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Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Integrated Care System	Delivery of strategic transformational plans - finance	Committee	Dr Amanda Doyle, Neil Greaves and Gary Raphael, Healthier Lancashire and South Cumbria	5 February 2019		
Lancashire and South Cumbria Stroke Programme	Consultation	Committee	Gemma Stanion, Healthier Lancashire and South Cumbria	5 February 2019		
Housing with Care and Support Strategy 2018-2025		Committee	CC S Turner, Cabinet Member for Health and Wellbeing, CC G Gooch, Cabinet Member for Adult Services, Louise Taylor, Joanne Reed/Craig Frost, Sarah McCarthy LCC	2 April 2019		
Healthy New Towns – Whyndyke Garden Village, Fylde		Committee	Andrea Smith and Andrew Ascroft, Public Health, LCC, Fylde and Wyre CCG (tbc)	2 April 2019		
Tackling period poverty	Full Council Notice of Motion 8 October 2018 - a report on the issue and how it can best be addressed.	Committee	Dr Sakthi Karunanithi, LCC	14 May 2019		

Lancashire County Council

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Obesity in adults		Committee	Dr Sakthi Karunanithi, LCC	tbc		

Future meeting dates:

2019/20 – 2 July; 24 September; 5 November; 10 December; 4 February 2020; 31 March; and 13 May.

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Health Scrutiny Steering Group work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Fylde Coast Integrated Care Partnership (ICP)	Update on the work of the partnership	Steering Group	Wendy Swift, Blackpool Teaching Hospitals Foundation Trust and Andrew Harrison, Fylde and Wyre CCG	15 June	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.	
NWAS	Update on new Government reporting standards and NWAS' new Nursing and Residential Home Triage (NaRT) Tool. (Also hospital pharmacy waiting times and delays for NWAS transport)	Steering Group	Peter Mulcahy and Julie Butterworth, NWAS	19 September	The Health Scrutiny Steering Group recommends that; The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire.	Initial update to be presented on 21 November meeting

Lancashire County Council

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Vascular Service Improvement	Improving quality and access to Vascular Services	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	21 November (10:30) and 14 May 2019	The establishment of the Lancashire and South Cumbria Vascular Programme Board and the progress to date be noted. An update on the work of the Programme Board and the model of care be presented to the Health Scrutiny Steering Group in six months' time.	- Update to be scheduled for 14 May 2019
NWAS	Update on recommendations from the Steering Group on the potential roll out of NWAS' new Nursing and Residential Home Triage (NaRT) Tool across Lancashire Care Homes.	Steering Group	CC G Gooch, Lisa Slack and Sumaiya Sufi, LCC And Blackpool CCG, NWAS representatives	21 November and 20 February 2019 (10:30)	The formal response be noted. Representatives from the North West Ambulance Service, Blackpool Clinical Commissioning Group and the County Council be invited to attend the next meeting of the Health Scrutiny Steering Group to consider how the triage tool could be progressed and rolled out across Lancashire.	- Report scheduled for 20 February 2019

Lancashire County Council

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
East Lancs CCG	Pennine Lancashire Regulated Care Transformation Programme Update	Steering Group	Adele Thornburn and David Rogers, East Lancs CCG, Sumaiya Sufi LCC	16 January 2019 (10:30am)		
Quality Accounts	Preparations for responding to NHS Trusts Quality Accounts	Steering Group	David Blacklock, Sue Stevenson, Healthwatch Lancashire	20 February 2019		
Care For You	Options	Steering Group	Silas Nicholls, Southport and Ormskirk Hospital Trust	13 March 2019		
North West Clinical Senate	Joint working	Steering Group	Prof. Donal O'Donoghue and Caroline Baines	13 March 2019		
Local Government and Social Care Ombudsman	Annual Review of Complaints: 'assessments and care planning' and 'other' (such as blue badges and disabled facilities grants) – systems, policies and procedures	Steering Group	Tony Pounder, Angela Esslinger, Kieran Curran, LCC	17 April 2019		
Suicide Prevention in Lancashire	Progress report/annual update on outcomes set out in the Logic Model	Steering Group	Dr Sakthi Karunanithi and Chris Lee, LCC	17 April 2019		

Lancashire County Council

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Delayed Transfers of Care	Progress update and learning from ECIST event.	Steering Group	Sue Lott, LCC Faith Button, Ailsa Brotherton, LTH and Emma Ince, GPCCG and CSRCCG	14 May 2019		
Rossendale Birth Centre	Proposals	Steering Group	Kirsty Hamer and Christine Goodman, East Lancs CCG	tbc		
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Steering Group	Sally Napper, NHSE, Lisa Slack, LCC	tbc		
Childhood immunisations	Progress report (invite to be extended to Chair and Deputy Chair of Children's Services Scrutiny Committee)	Briefing note	Jane Cass?/Tricia Spedding, NHS England, Sakthi Karunanithi, LCC	tbc		
Health in All Policies	Embedding spatial planning and economic determinants	Briefing note (and Steering Group)	Dr Aidan Kirkpatrick and Andrea Smith, LCC	-		Awaiting briefing note
Scrutiny of Budget Proposals 2018/19	• Sexual Health • Advocacy Services • Learning, disability and autism: Enablement	Briefing note	Neil Kissock/Richard Hothersall, LCC	-		Awaiting briefing note

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Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
	• Older persons in-house residential services: self-funder fees • Extra sheltered care services					

Future meeting dates: 2019/20 dates to be set

Other topics to be scheduled:

- Integrated Care Partnerships (ICP) – Central Lancashire; Fylde Coast; Morecambe Bay; Pennine; West Lancashire
- Chorley A&E, GTD Healthcare and CCGs - performance
- NWAS – transformation strategy and future
- Secondary Mental Health Services in Lancashire – Charlotte Hammond, LCC
- Disabled facilities grants and housing associations

Lancashire County Council