

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Tuesday, 4th February, 2020 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Peter Britcliffe (Chair)

#### **County Councillors**

T Ashton	M Iqbal
J Berry	S C Morris
J Burrows	E Pope
Mrs S Charles	J Shedwick
B Dawson	D Whipp
N Hennessy	

#### **Co-opted members**

Councillor Bridget Hilton, (Ribble Valley Borough Council)  
Councillor Steven Holgate, Chorley Borough Council  
Councillor David Howarth, (South Ribble Borough Council)  
Councillor Viv Willder, (Fylde Borough Council)  
Councillor Tom Whipp, (Pendle Borough Council)

County Councillors Ashton, Berry and Dawson replaced County Councillors Steen, Snape and Fillis respectively, and Councillor Steven Holgate replaced Councillor Margaret France.

#### **1. Apologies**

Apologies were received from District Councillors David Borrow (Preston), Tim Dant (Lancaster), Gail Hodson (West Lancashire) and Julie Robinson (Wyre).

#### **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

No interests were declared.

#### **3. Minutes of the Meeting Held on 5 November 2019**

**Resolved:** that the minutes of the meeting held on 5 November 2019 be confirmed as an accurate record and signed by the Chair.

#### **4. Healthier Lancashire and South Cumbria Integrated Care System - five year local strategy**

The Chair welcomed the following NHS staff to the meeting: Andrew Bennett, Executive Director for Commissioning; Elaine Collier, Head of Finance; Amanda Doyle, ICS Lead; Anthony Gardner, Director of Planning & Performance at Morecambe Bay CCG; Denis Gizzi, Chief Officer for Greater Preston & Chorley and South Ribble CCGs; Neil Greaves, Head of Communications and Engagement; and Julie Higgins, Chief Officer for East Lancashire CCG.

The Committee received a copy of the draft five year local strategy for the Lancashire and South Cumbria Integrated Care System, which covered the challenges that needed to be tackled, how local people would be involved, the three main areas of delivering the strategy and the impact of partnership working.

During discussion, Committee members made the following comments:

- Accountability – clarity was requested around accountability in the new structure. It was clarified that the Integrated Care System Board comprised a mix of executive and non-executive members of the statutory organisations, councillors and officers.
- Privatisation – it was clarified that the reform was not a move to privatisation; the purpose was to move away from competitive contractual processes and work collaboratively with the NHS and other organisations.
- Recruitment and retention of staff – it was noted that there were difficulties recruiting staff in rural areas, coastal areas and areas of deprivation, all of which were encompassed in Lancashire and South Cumbria area. Schemes were in development to enable areas to share staff, for staff to move between areas and to reduce internal competition for jobs. There was also a focus on training and the government planned to increase the number of medical students entering training, although training took many years to come into effect. It was noted that many frontline staff were choosing to retire early or reduce their hours. There was also a desire to decrease the reliance on bank and agency staff.
- Engagement and consultation – engagement events such as surveys, focus groups and workshops had taken place over the past three years in each of the five areas, and engagement was continuing. It was noted that there would be more opportunities for the public to comment on the strategy before it was submitted to NHS England.
- Grass roots community groups – community connectors were being recruited who would connect patients at general practices to community and voluntary sector groups, and there was funding for this in each of the 41 primary care networks.

- Funding deficit – the current deficit figure for 2021 was around £140m. It was noted that the plans were clinically, not financially led; however, the plans aimed to provide the best care possible within available resources, and therefore the long term plan would need to address the deficit, and the five year plan would need to outline how to begin that process.
- Data provision and evidence – it was requested that data and equality impact assessments be made available to allow the public, agencies and others to see clearly the evidence justifying the new strategy. It was clarified that a great deal of data and evidence had been used to build the strategy such as performance against targets, waiting times, clinical data as well as feedback from consultations.

**Resolved:** that the draft Lancashire and South Cumbria Integrated Care System five year local strategy be noted

## **5. Commissioning Reform in Lancashire and South Cumbria**

The Committee received a report on commissioning reform in Lancashire and South Cumbria; a Case for Change document, outlining how commissioning organisations can work to develop local integrated health and care partnerships, and a draft terms of reference for a proposed Commissioning Reform Group, which would oversee the reform work and report to the Joint Committee of Clinical Commissioning Groups (CCGs).

During discussion, the following points were raised:

- It was noted that the reform would help tackle inequalities between areas by setting standards across Lancashire, avoiding duplication and making decisions consistent. It was noted, however, that there would still be a focus on neighbourhoods and much primary, district and social care would continue to be planned and delivered in local areas.
- It was clarified that each of the existing CCG budgets had been published up to 2024, and those allocations would remain with the local areas. The reform proposals would not affect how Local Authorities deployed their resources, but it was intended that all organisations would work in close collaboration.
- It was noted that general practices were expected to report on patient participation groups each year. This was public information and could be found on the CCG websites.

**Resolved:** That the position on Commissioning Reform in Lancashire and South Cumbria be noted.

## **6. Our Health Our Care Programme**

**Resolved:** That the Our Health Our Care programme be deferred and presented to a special meeting of the Health Scrutiny Committee on Wednesday 19 February 2020 at 10:30am.

## **7. Report of the Health Scrutiny Steering Group**

The report presented an overview of matters considered by the Health and Scrutiny Steering Group at its meetings held on 20 November 2019 and 18 December 2019.

**Resolved:** that the report of the Steering Group be received

## **8. Health Scrutiny Committee Work Programme 2019/20**

The work programmes for both the Health scrutiny Committee and its Steering Group were presented to the Committee.

**Resolved:** that the report be noted

## **9. Urgent Business**

There were no items of urgent business.

## **10. Date of Next Meeting**

A special meeting of the Health Scrutiny Committee would be convened on Wednesday 19 February 2020 at 10:30am to consider the update on the Our Health Our Care programme.

The next ordinary meeting of the Health Scrutiny Committee was scheduled for Tuesday 31 March 2020 at 10.30am at County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston