

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 23 July, 2013 at 10.30 am in The Duke of Lancaster Room (Formerly Cabinet Room 'C'), County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	Y Motala
Mrs F Craig-Wilson	B Murray
G Dowding	N Penney
N Hennessy	A Schofield
A James	B Yates
A Kay	

Co-opted members

Councillor Brenda Ackers, (Fylde Borough Council Representative)
Councillor Julia Berry, (Chorley Borough Council Representative)
Councillor Paul Gardner, (Lancaster City Council representative)
Councillor Bridget Hilton, (Ribble Valley Borough Council representative)
Councillor Mrs D Stephenson, (West Lancashire Borough Council representative)
Councillor M J Titherington, (South Ribble Borough Council representative)
Councillor David Whalley, (Pendle Borough Council)
Councillor Dave Wilson, (Preston City Council representative)

County Councillor Alan Schofield attended in place of County Councillor Mike Otter

1. Apologies

Apologies for absence were presented on behalf of County Councillor Mohammed Iqbal and Councillors Liz McInnes (Rossendale Borough Council), Paul Campbell (Burnley Borough Council), and Julie Robinson (Wyre Borough Council).

2. Appointment of Chair and Deputy Chair

Resolved: That the appointment of County Councillor Steven Holgate as Chair of the Committee and County Councillor Mohammed Iqbal as Deputy Chair for 2013/14 be noted.

3. Constitution, Membership and Terms of Reference

A report was presented on the Membership and Terms of Reference of the Committee.

The Chair reported that Councillor Paul Gardner had been appointed as the co-opted representative for Lancaster City Council.

Resolved: That the Membership and Terms of Reference of the Committee, as now reported, be noted.

4. Disclosure of Pecuniary and Non-Pecuniary Interests

None disclosed

5. Minutes of the Meeting Held on 5 March 2013

The Minutes of the Health Scrutiny Committee meeting held on the 5 March 2013 were presented and agreed.

Resolved: That the Minutes of the Health Scrutiny Committee held on the 5 March 2013 be confirmed and signed by the Chair.

6. Better Care Together - Transforming Health Services Across North Lancashire and South Cumbria

The Chair welcomed guest speakers from:

- 'Better Care Together':
 - Terry Atherton - Independent Chair
 - Paul Wood - System Director
- Lancashire North CCG:
 - Andrew Bennett - Chief Officer
- University Hospitals Morecambe Bay Trust:
 - John Cowdall, Chair
 - John Hampton, CIP Controller
 - Joanne Morse, Deputy Chief Nurse

Wendy Broadley, Principal Overview and Scrutiny Officer, introduced the report which explained that a new clinical strategy for health services known as 'Better Care Together' (BCT) was being developed. This review was being carried out across North Lancashire and South Cumbria by local NHS organisations including Lancashire North Clinical Commissioning Group, Cumbria Clinical

Commissioning Group and University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT). A stakeholder briefing note was attached as Annex 1 to the report now presented.

Alongside this review, UHMBT was also delivering its recovery plan which had been developed following a number of inspections by the Care Quality Commission (CQC) and Monitor (independent regulator of NHS Foundation Trusts).

A number of proposed organisational changes would be required during 2013/14 in order to support delivery of the UHMBT's recovery plan. The Trust was also required to meet a Cost Improvement Programme (CIP) target and develop a new Clinical Strategy with stakeholders. The CIP Staff Consultation paper which identified the 8 individual schemes within the CIP was at Annex 2 to the report now presented.

John Cowdall, Chair of UHMBT since 1 March 2013, spoke briefly about the challenges that the Trust had already addressed, including follow-up outpatient appointments, mortality rates, and governance. He explained that following the appointment of Sir David Henshaw as interim Chair of UHMBT and a number of senior officer changes within the Trust, things were now very different. A recovery plan had been established, significant improvements had been made and all warning notices had now been lifted. There were, however, difficult challenges ahead in light of the national picture and many, complex local issues. For example the recruitment of permanent skilled staff presented difficulties especially to the more remote site at Furness General Hospital in Barrow; this had necessitated use of locums which was much more costly.

Terry Atherton and Paul Wood delivered a power point presentation which explained in more detail the background and context of 'Better Care Together' (BCT) and the vision for the future. It summarised pre-consultation engagement to date and key themes arising from that engagement. It also listed initial consultation plans and next steps. It was acknowledged that there would be some hard decisions to come. A copy of the presentation is appended to these minutes.

Members were invited to ask questions in relation to the report and a summary of the discussion is provided below:

- It was confirmed that UHMBT had agreed with Monitor that the Trust would seek to achieve savings of £18m a year over two years - £36m in total.
- Members suggested that there should be more emphasis and investment in preventative public health services and community services which would allow more people to stay in their own homes and reduce demand on hospital beds. It was felt important that all GPs should sign up to NHS health checks intended to identify those people at risk of developing long term, high cost conditions. It was suggested also that NHS establish links

with Surestart nurseries which could provide opportunities to address health issues, including those at risk of domestic violence.

- In response, it was confirmed that one of the four key clinical workstreams in BCT related to urgent care and discussions were ongoing between GPs, hospital consultants and nursing colleagues to consider how best to build on existing services, in conjunction with social care providers, to avoid hospital admissions.
- In his presentation John Cowdall said that had the Care Quality Commission identified the underlying causes of some of the issues facing UHMBT at the time the Trust would not have been granted Foundation Trust status in 2010. He confirmed that the criteria had now been tightened and the level of inspection was "fearsome". UHMBT had been subject to considerable scrutiny in recent months.
- In response to a question how increasing demand from an ageing population was being addressed and planned for, it was explained that the demographics varied across the area and between sites with issues such as teenage pregnancies, poverty, frail and elderly, and as such there were many, different challenges to be tackled.
- The Committee sought assurance that staff were receiving appropriate support in relation to changes in working practices referred to in the report. It was confirmed that there had been a 45-day consultation with staff and that there were opportunities for staff to meet on an individual basis to work through any issues.
- It was recognised that there was a need to think more creatively about travel between sites for both patients and staff and that satisfactory transport arrangements would need to be in place depending on solutions proposed.
- It would not be possible to duplicate all services on all sites and there would be a need to explore how some services could be safely centralised. Increased use of technology by clinicians was being encouraged.
- It had to be acknowledged that reduction in spending on the scale required would necessarily impact on staff numbers; the Committee was assured that safeguards were in place and that every decision not to fill a vacancy had to be authorised by the Medical Director to ensure that there was no impact on patient care.
- In response to comments that staff should feel able to report matters of concern without feeling threatened, the Committee was assured that the culture within UHMBT had changed and there was now a commitment to openness and transparency; staff were regarded as an asset to the organisation and 'whistleblowers' would be treated honestly, openly and with respect.
- It was recognised that staff would need to be kept informed about the 'Better Care Together' review and briefings would be provided to individual organisations, jointly and via Clinical Commissioning Groups to ensure that GPs were also kept up-to-date.
- It was suggested that domestic abuse was a much more widespread issue than the statistics indicated and that the consequences of domestic abuse

were an expensive drain on the budget. John Cowdall shared the concerns expressed and undertook to provide more information directly to the councillor who raised this point.

- Regarding weekend access to services, the point was made that access to medical records was an important part of this provision and was a matter of some concern given the poor state that the records had been in at Lancaster Royal Infirmary.
- In response to a question about Lancashire Care Foundation Trust's role on the BCT steering group, it was explained that the membership of the steering group comprised organisations which were commissioners and also those which were providers, there was also an opportunity to draw on the experience of some of those organisations who had themselves experienced a re-design of services. It was important to consider connections with dementia and mental health matters and LCFT would provide useful input.
- In response to a question how UHMBT could demonstrate that its services were patient-centred, it was explained that there was now much emphasis on clinicians being accessible to patients and their families and keeping them informed in a constructive and supportive way. There was also now a 'duty of candour' which imposed an obligation on the NHS to inform patients and their families about something which could have or did have a detrimental effect, for example the contraction of a hospital infection. It was considered very important to think about how people are made to feel.
- It was noted that some of the proposals contained in the report had been implemented already, prior to the BCT consultation. It was explained that some actions such as bed closures were regarded as normal cost improvement activity and day-to-day business. It was emphasised that the consultation with staff was separate from the BCT agenda.
- In response to a question whether the NHS was en route to privatisation, it was explained that contracting out of some services such as payroll, HR services, accounts payable, laundry, was not unusual and would be considered where there were savings to be made. The Committee was assured that there was no intention to contract out core health services.
- Regarding the timing of the consultation about BCT, more detailed work was required before it could begin and the consultation would last for at least twelve weeks.
- In response to a question whether the timescales of the Cost Improvement Programme would affect the BCT agenda, the Committee was assured that its impact on clinical services had to be minimised. It was intended to move forward with clinical services whilst creating better and stronger links with community services.

The Chairman thanked guests from the NHS for attending the Committee

Resolved: That,

- i. The comments of the Health Scrutiny Committee be noted and the minutes of this meeting be provided to the Chair of Better Care Together;

- ii. Full proposals for the formal consultation for Better Care Together be provided to the Health Scrutiny Committee.
- iii. Members of the Health Scrutiny Committee provide any comments or suggestions on the process of the formal consultation for Better Care Together via the Scrutiny Officer:
- iv. A full report on the outcome of the consultation on Better Care Together be provided to the Health Scrutiny Committee via its Steering Group;
- v. Updates on the progress of the Cost Improvement Programme be provided via email to the Health Scrutiny Committee.

7. Report of the Health Scrutiny Committee Steering Group

On 26 February the Steering Group had met with officers from the following Clinical Commissioning Groups

- Lancashire North
- West Lancashire
- Fylde and Wyre

A summary of the meeting was at Appendix A to the report now presented.

On 9 April the Steering Group had met with the Chief Executive of Lancashire Teaching Hospitals Trust. A summary of the meeting was at Appendix B to the report now presented. This summary also includes the notes of the Steering Group's visit to Southport and Ormskirk Hospital Trust which took place on 28 March.

On 16 April the Steering Group had met to consider the outcome of the Dementia Consultation as delegated by the Joint Health Committee at its meeting on 22 January and determine whether support the recommendations made to the NHS Lancashire Cluster Board. A summary of the meeting was at Appendix C to the report now presented.

It was confirmed that topics suggested for the work plan at the training session for new members held on 11 June, and then considered by the Steering Group, would be circulated to members of the Committee

Members were most concerned that East Lancashire Hospitals Trust was now subject to 'special measures' following the Keogh review. They were assured that the Steering Group would address relevant announcements on an ongoing basis and would report back to the Committee as appropriate. The possibility of a piece of joint scrutiny with Blackburn with Darwen Council's Scrutiny Committee was being explored. The Chair acknowledged that the situation in East Lancashire was causing much public concern.

It was explained that the previous Steering Group had met with all 14 NHS organisations with whom it was considered necessary to engage as either providers or commissioners of services within Lancashire and it was intended that the new Steering Group would do the same

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

8. Recent and Forthcoming Decisions

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

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

Resolved: That the report be received.

9. Minutes of the Joint Lancashire Health Scrutiny Committee

The Joint Lancashire Health Scrutiny Committee had last met on 22 January 2013. The agenda and minutes of that and previous meetings were available via the following link for information.

<http://council.lancashire.gov.uk/mgCommitteeDetails.aspx?ID=684>

Resolved: That the report be received.

10. Urgent Business

No urgent business was reported.

11. Date of Next Meeting and Timetable of Meetings for 2013/14

Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Tuesday 10 September 2013 at 10.30am at County Hall, Preston.

2013/14 Timetable of Meetings

It was reported that future meetings had been scheduled for:

22 October 2013
03 December 2013
14 January 2014
04 March 2014
22 April 2014

All meetings would be held at 10.30 am in the Duke of Lancaster Room (Formerly Cabinet Room C) at County Hall, Preston

Resolved: That the report be noted.

I M Fisher
County Secretary and Solicitor

County Hall
Preston