

Minutes of	Community and External Scrutiny Committee
Meeting date	Monday, 27 November 2023
Members present:	Councillors Angela Turner (Chair), Lou Jackson (Vice-Chair), Matt Campbell, Colin Coulton, Keith Martin and Lesley Pritchard
Officers:	Darren Cranshaw (Head of Democratic Services) and Ben Storey (Democratic and Member Services Officer)
Guests:	Gary Doherty – Director of Strategy at Lancashire Teaching Hospitals NHS Trust, Sarah James – Integration Place Leader (Central and West Lancashire) at Lancashire and South Cumbria Integrated Care Board, Dr Sakthi Karunanithi – Director of Public Health at Lancashire County Council, Chris Oliver – Chief Executive of Lancashire and South Cumbria NHS Foundation Trust and Laura Walsh – Director of Operations at Lancashire and South Cumbria NHS Foundation Trust
Other members:	Councillors Clare Hunter, Kath Unsworth, James Gleeson, Michael Green and attending virtually Councillors Paul Wharton-Hardman, Caleb Tomlinson, Hilary Bedford, Phil Smith, Karen Walton, Haydn Williams, Will Adams and Paul Foster
Public:	1

1 Apologies for Absence

No apologies for absence were received.

Councillor Paul Wharton-Hardman was not present at the Civic Centre but did join the meeting remotely via Microsoft Teams.

2 Declarations of Interest

Councillor Keith Martin declared a personal interest in item 3 - Health Question Time as an employee of Lancashire County Council.

Councillor Lou Jackson declared a personal interest in item 3 - Health Question Time as the South Ribble Borough Council representative on Lancashire County Council's Health and Adult Services Scrutiny Committee.

Councillor Matt Campbell declared a personal interest in item 3 - Health Question Time as an employee of Lancashire County Council.

Councillor Paul Wharton-Hardman declared a personal interest in item 3 - Health Question Time as a member of the Council of Governors for Lancashire Teaching Hospitals.

3 Health Question Time

The Chair welcomed a panel of senior health partners to the meeting, invited them to introduce themselves and provide an overview of their role.

The Panel comprised of:

- Gary Doherty – Director of Strategy at Lancashire Teaching Hospitals NHS Trust.
- Sarah James – Integration Place Leader (Central and West Lancashire) at Lancashire and South Cumbria Integrated Care Board
- Dr Sakthi Karunanithi – Director of Public Health at Lancashire County Council
- Chris Oliver – Chief Executive of Lancashire and South Cumbria NHS Foundation Trust
- Laura Walsh – Director of Operations at Lancashire and South Cumbria NHS Foundation Trust

The Panel were asked a number of questions by the Committee, with responses outlined below:

(Q) How do you work together to make sure opportunities are seized, health is co-ordinated, and we provide a holistic approach to residents?

(A) Recent changes in the NHS landscape had seen greater collaboration between different organisations, particularly around community health services with clearer work programmes that were supported by localised neighbourhood teams. Links had been strengthened with other partners such as voluntary sector organisations and local authorities with services such as social prescribing and other initiatives that they can offer.

Practical examples of this collaborative approach were demonstrated by bringing a number of teams together to provide better care at home and avoid hospital admission and any subsequent challenges any recovery and returning home that may arise. From this, the 'Care Connections' initiative had been developed, bringing together a multi-disciplinary team to expedite triaging and referring patients to where they needed to go. There had already been a reduction in admissions to Accident and Emergency by Northwest Ambulance Service since Care Connections had been introduced, with plans to bring in additional teams to build on this positive impact.

Community Mental Health Transformation was a national scheme that looked to provide a holistic approach to mental health care and work closely with Integrated Care Boards, local authorities, charities and other voluntary sector organisations. 'Hubs' had been formed to improve the range of options available to patients which included prevention work such as tackling social isolation and other factors that have a detrimental impact on mental health.

(Q) We are conscious that the geographical footprint of your organisations covers very large and diverse areas – how do you make sure there is a local focus and the needs of individual areas, such as South Ribble and our varied communities are met?

(A) With the extent of the geographical area, a pan-Lancashire approach to service delivery would not be appropriate or effective for every district, ward or even down to specific nuances of even smaller communities. The current 'place' arrangements provided the building blocks to integrate community teams with existing partnerships to identify areas of need and direct relevant resources to those areas, in South Ribble this is undertaken through the Chorley and South Ribble Partnership. A key focus of the Partnership at the moment was ensuring the best start in life with the aim of supporting school readiness.

The wealth of data available to the organisations at a local level also informed decisions at a strategic level on how resources are best used, with additional feedback from staff on the ground as to what is working well and where there are areas of improvement to address. There were also senior representatives from each of the localities that are represented on the various networks to ensure local issues are highlighted.

There had been a good history of partnership working between NHS bodies and local government around prevention, family and housing initiatives as well as supporting warm homes were noted examples.

(Q) How do you engage with district councils on health and specifically what is your experience of working with South Ribble Borough council? Is there anything that we could do to improve?

(A) In South Ribble, there was a direct network between the council, NHS partners and other key stakeholders through the Chorley and South Ribble Partnership. Effective scrutiny by elected representatives was noted as another valuable form of engagement to promote improvements and ensure health partners are accountable to residents. Training and briefing sessions delivered by Lancashire County Council were also available to both district and town/parish councils. The local knowledge and input from councillors is invaluable in supporting health organisations in achieving their objectives and meeting the needs of residents.

(Q) What information and evidence do you use to plan and develop health services for the long-term? We are currently reviewing our Local Plan with Chorley and Preston Councils – how are you involved in this and how do we make sure we embed health services when planning our developments and communities in the future?

(A) A number of departments across Lancashire County Council were involved in the development of the emerging Central Lancashire Local Plan but in relation to public health, officers had attended meetings to discuss around the adoption of policies that promote active travel and healthy lifestyles. A lot of information regarding population forecasting and demographic changes had also been provided to contribute to the new Local Plan.

(Q) The old adage of prevention is better than cure is more important now than ever before – what's being done to prevent ill health and educate residents more? What more can we do to tackle health inequalities?

(A) The Lancashire Health and Wellbeing Board takes a strategic approach, utilising data around population, health determinants to identify opportunities for prevention and early intervention work.

The Board has three key priorities;

- Best start in life and preparing children for school – this includes free hours for nursery education, speech and language and mental health support.
- Healthier hearts – including work around behavioural changes around smoking and also looking to identify risk factors for heart disease through health checks in communities.
- Happier minds – focus on tackling addictions and working with partners around suicide prevention initiatives.

Wider conversations with patients will often take place where they can be signposted to other support services to promote better health outcomes.

Being conscious of and supporting the health and wellbeing of staff across the organisations was one other example in promoting healthy and happy lives.

Promoting and advertising the range of services that are available to residents was challenging but communications teams actively run a wide range of media campaigns to get the message out into communities. In addition, it was key to share information within the existing networks and through partners to meet these objectives as well.

(Q) When Scrutiny has met with the Police and Community Safety Partnership mental health seems to be an area of concern and having a negative impact on partners. What is in place to prevent mental ill-health and provide support earlier?

(A) The relationship between the Trust and Lancashire Constabulary were good with regular meetings taking place with the Chief Constable around joint concerns. The national 'Right Care Right Person' model had been rolled out in Lancashire with part of this involving the Initial Response Service that provided one contact number for anyone with mental health concerns. Alongside that sits the Street Triage team that brings together police officers and mental health practitioners to provide better and more timely outcomes when responding to someone in distress. This had already seen a reduction in the number of Accident and Emergency admissions and detentions under the Mental Health Act.

(Q) How do you work with service users, including carers to shape planning and service delivery in health? In South Ribble we have five community hubs who work together with their local communities on issues important to them – is there any way they might be engaged in the health agenda?

(A) Service users and carers form a significant part of the Lancashire and South Cumbria NHS Foundation Trust who are represented through service user and carer council networks across the organisation. The Chair of the Trust wide network also attend monthly Trust Board meetings. This and other representatives embedded within teams across the Trust provide insight and are integral in their contribution to policy development and service transformation.

(Q) We must place on record our appreciation to all health and social care workers and all frontline workers the fantastic work they did during the COVID pandemic – what has the impact of COVID been on health services? Waiting lists seem to be an even greater challenge? What is the current financial situation with regards health services and making sure we prioritise and use resources effectively?

(A) The pandemic had a huge impact on how we operate with many services being stopped as the scale of the pandemic escalated. This included redesigning how buildings were used to isolate Covid wards from others, the extensive use of PPE and social distancing measures whilst managing the significant pressures on the health service the pandemic presented. It led to different departments and teams working together in ways that wouldn't have happened otherwise and by extension there were rapid innovations in ways to deliver services.

Since the pandemic, there had been a gradual and safe recovery of services to address the issue of lengthy waiting times for patients. There had been progress on reducing waiting times with current targets expected to be met, subject to any impact of the winter period and ongoing industrial action.

There of course was a significant financial impact with meeting the challenges presented by the pandemic, especially around the need for additional PPE, other equipment and costs associated with implementing changes across the organisation. There were also financial implications in efforts to reduce waiting times that had been affected by the pandemic through extra clinics and appointments to return to pre-pandemic levels.

Similarly, there had been a significant impact on mental health as a result of the pandemic, with a spike in demand for children's mental health services, notably around eating disorders. It is likely that the impact of the pandemic on young people would present challenges in the future.

The work of district nursing teams in the delivery of end-of-life care was significant throughout the pandemic with steps and measures implemented to support staff through this challenging period. The organisations were conscious of the lasting impact of such a stressful period might have on their staff which initiatives in place to support them.

(Q) Delays with people being seen at Accident and Emergency departments is a common issue affecting the ambulance service and other partners – what are the key issues here and what is being done to tackle the issue? Linked to this, how much is bed blocking causing issues and how can we improve the joint work social care to help with this? What happened to the old convalescent home model of working?

(A) There is still a problem with delays at A&E departments, but this is improving. Lancashire does compare favourably to neighbouring areas of Liverpool and Manchester and with the national picture. The implementation of Care Connections and other schemes designed to reduce the demand on emergency departments had played a part in this. The presence of other services like physiotherapists at the 'front door' also helps in relieving pressures on A&E in providing better alternatives.

Looking at how efficient the whole patient journey is after they present to the emergency department is also key to alleviating demand as it requires multiple departments and teams operating effectively so patients can be triaged, diagnosed, receive treatment and be discharged as quickly as they are safely able to be.

On challenges faced in discharging patients and its impact on the availability of bed space, a new trailblazer model had been developed in the last year which was

designed to step up rehabilitation work to enable patients to come out of acute wards into residential settings. Another common issue is patients finding themselves with no fixed abode which delayed discharge – despite working with local authority partners to find accommodation this was a growing concern.

Other factors such as the complex challenges faced by the adult social care sector as a whole and access to home adaptations are areas where improvements could be made to support the timely discharges of patients.

(Q) This is probably a question for the Integrated Care Board (ICB) as the commissioner for dental services – our residents regularly mention the difficulty in accessing local NHS and even private dental services. What is the current situation with commissioning and making these services more accessible?

(A) We know that there are issues with access to dentistry services across Lancashire, as there are across the country currently. With regards to the situation in South Ribble specifically, we don't have the detail to hand but can get that information and provide for the committee after the meeting.

(Q) Is there an update on building a new hospital for Central Lancashire and what are the next steps?

(A) As part of the New Hospitals Programme which has been in development over a number of years, there is ring marked funding for new hospitals in central Lancashire and in South Cumbria with the aim to deliver the new hospitals by 2035. As part of the process, work is being undertaken to assess what the future clinical model of care would be and whether certain services could be delivered in the community through out-patient clinics alongside producing business case and assessing suitable locations.

The Panel aren't aware that the new hospitals in Lancashire and South Cumbria had been 'rolled off' the New Hospitals Programme but would provide reassurance to the committee of the government's commitment to building new hospitals in the region.

(Q) New technology provides great opportunities to improve health care and the health of our population. We understand that 'bots' are part of the new architecture within the NHS making assessments and decisions on patients – do you think that this is morally and ethically appropriate? How concerned should we be when a family member suffering a chronic life-threatening disease awaiting treatment is assessed by a 'bot' over the phone?

(A) The use of these 'bots' have been adopted in place of traditional forms of communicating with patients who are waiting for treatment, essentially as a more cost effective and sustainable way to manage the significant numbers of patients that need to be contacted.

The scripts that the 'bots' follow are designed by clinicians and follow the same process a member of staff would follow when contacting patients in terms of identifying any responses that may require further action or escalation. As a safeguard any responses that flag as urgent will be passed to human administration teams to follow up with the patient.

(Q) Something that we read about regularly in the press is about the amount of data held by the NHS and the potential for this to be sold to others. Do you have any views on this and how confident can we be that our personal data will not be disclosed?

(A) There are range of mechanisms in place regarding how patient data is held and shared confidentially with different partners and organisations which is covered by a suite of data protection legislation. There are instances where data is shared with partners for use in research, as part of drug trials or to model population changes, track trends in order to plan for the future health needs. Patient data is never sold on to third parties for profit and is used only to provide better care.

(Q) We've read with interest the outcome of the Lancashire Teaching Hospitals NHS Trust Care Quality Committee assessment which found the Trust to 'require improvement', with the caring element found to be 'good'. What is the Trust doing to respond to this outcome and what re-assurance can you provide?

(A) The Trust was pleased that the caring element was found to be good and is a credit to the hard work of the staff in looking after our patients, but we accept that our waiting times are too long and there are gaps in staffing that need to be addressed. There are lots of areas that are good and some outstanding but overall was found that requires improvement.

Action Plans had been implemented to respond to the areas identified in the assessment and would be happy to provide an update on progress to the committee in the future.

(Q) How can Scrutiny be a resource and help you in your important roles in the future?

(A) Scrutiny offers a lot of value in terms of seeing what is important to different communities and the issues that are raised as well as holding the organisations to account. It is also another avenue in which to support the delivery of the organisations messages and a means to strengthen existing relationships.

(Q) A recent conversation with paramedic highlighted issues around frequent callers to the emergency services – are you aware of this and taking steps to mitigate any impact on services?

(A) Between the Street Triage team and the Initial Response Service it was hoped that these frequent users calling for an ambulance would reduce as alternatives to hospital admission were offered. Further work was also taking place by the frequent attendance team to identify the motivation for calls and to tackle the behaviours behind it.

It was subsequently

Resolved: (Unanimously)

That the Community and External Scrutiny Committee;

1. Thanks the senior representatives of the health partners for attending and answering its detailed questions;

2. Welcomes the suggestion that the role of councillors providing valuable insight and feedback on health prevention, health services and determinants of health and wellbeing be explored further;
3. Places on record its appreciation to all health, social care and frontline workers for their brilliant and dedicated work during the Covid pandemic;
4. Looks forward for further information being provided on the availability of dentistry services in South Ribble; and
5. Looks forward to working more closely with health partners in the future.

4 Committee Matters

4a Lancashire County Council Health Scrutiny Committee Update

The Council's representative on Lancashire County Council's Health Scrutiny Committee, Councillor Lou Jackson, provided an update on the work of the committee and discussions from recent meetings.

Updates were noted on the progress of the New Hospitals Programme and the commitment to replace the Royal Preston Hospital and Lancaster Royal Infirmary. It was also noted that there was a commitment to maintain the Accident and Emergency department at Chorley Hospital until the new hospitals are operational.

5 Meetings and training attended by Scrutiny Committee members

The Chair highlighted a number of sessions that had been arranged in recent months, including scrutiny training with Dr Steph Snape and workshop and planning sessions.

5a Cost of Living Task Group

The Chair provided a brief update on the establishment of the Cost of Living Task Group with a meeting scheduled in December to take this forward.

5b Forward Plan of the Community and External Scrutiny Committee

The Committee noted the forward plan and unanimously resolved to schedule an additional meeting of the Community and External Scrutiny Committee in March to explore how our housing partners and others are working together to reduce housing waiting lists in South Ribble.

Chair

Date