

ADULT CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Tuesday, 13 February 2018

Present: Councillor J McManus (Chair)

Councillors M McLaughlin C Muspratt
B Berry T Norbury
W Clements L Rennie
P Doughty P Stuart
P Gilchrist I Williams
T Johnson I Lewis (In place of
AER Jones T Pilgrim)
D Burgess-Joyce
(In place of G Ellis)

50 APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Gerry Ellis and Tracey Pilgrim and Karen Howell, Chief Executive - NHS Community Foundation Trust.

51 MEMBERS' CODE OF CONDUCT - DECLARATIONS OF INTEREST / PARTY WHIP

Members were asked to consider whether they had any disclosable pecuniary interests and/or any other relevant interest in connection with any item(s) on this agenda and, if so, to declare them and state the nature of the interest.

Members were reminded that they should also declare whether they were subject to a party whip in connection with any item(s) to be considered and, if so, to declare it and state the nature of the whipping arrangement. The following declarations were made:

Councillor Phil Gilchrist	Personal – by virtue of his role as a Governor appointed to the Cheshire and Wirral NHS Partnership Trust.
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52 LOCAL DELIVERY OF THE CHESHIRE AND MERSEYSIDE FIVE YEAR FORWARD VIEW - PROGRESS

Mel Pickup, Cheshire and Merseyside Health and Care Partnership Lead introduced her presentation that provided Members with an update on the scoping for Health and Care Partnership for Cheshire & Merseyside's

Strategic Programmes, Place Based Care Systems and their Communications & Public and Partnership Engagement Plans.

Ms Pickup explained that her Partnership Lead (a voluntary role) encompassed a broad area of work associated with the plans for the NHS locally in addition to her pre-existing role as an NHS manager and registered nurse of 30 years standing. She informed that likewise, the majority of people involved in the strategic programme work, were also employed within the NHS and all were fully engaged and committed to the challenge of running a service that was currently struggling to meet demand. Ms Pickup added that financial pressures, combined with an ageing population and other factors meant that the current system would not be in a position to cope with expected demands without a significant increase in investment or changes to organisational structure and practice. Key factors included:

- Actions in respect of NHS England's document Five Year Forward View for the NHS was launched in October 2014 by Chief Executive Simon Stevens;
- Integration of Care – Primary and Secondary / G.P. and Community;
- Physical and Mental Health – addressing the issue of parity; and
- Health and Social Care.

Ms Pickup, Cheshire and Merseyside Health and Care Partnership Lead then explained some of the failings and lessons learned from the recent earlier Sustainability and Transformation Plan proposals for the delivery of NHS change. She informed that it was clear that there had been insufficient engagement and the plan had been fundamentally flawed in this respect, leading to a pause/reset in the late summer of 2017 for Cheshire and Merseyside. Members were given a clear assurance that the current proposals would be taking a very different approach.

Referring to her presentation Ms Pickup explained how 80% of Health and Social Care happened at 'Place' level and would form a key strategic approach to integration of services where the needs of service users could be managed locally i.e. Place Based Care Systems.

Members noted that each Delivery Areas for key services would have named Senior Responsible Officers (SROs) and individual Programme Boards. Ms Pickup informed that as a result of the lessons learned from the recent earlier Sustainability and Transformation Plan (STP) proposals, all three elements to the Programme Scope i.e. Place Based Care Systems, Strategic Programmes and At Scale Delivery would have overarching Communications & Public and Partner Engagement at the core, providing assurance of a very different approach to that of the earlier STP programme.

Members were apprised of the key issues needing to be addressed in the 4 Strategic Programme areas were as follows:

- Acute Sustainability – difficulties in recruitment;
- Mental Health and Learning Difficulties – accepted need for improvement and finance;
- Carter at Scale – (Lord Carter’s recommendations was the analysis of metrics and benchmarks to identify significant unwarranted variation across organisations) i.e. consolidation of administrative, procurement, logistic function and operation; and
- Prevention at Scale – (public health, prevention and early intervention) i.e. living longer, interdependency of health and social care, healthier interventions and Place Based Care Systems.

Ms Pickup, Cheshire and Merseyside Health and Care Partnership Lead proceeded to update the Overview and Scrutiny Committee on the wider Place Based Care System for Cheshire and Merseyside that covered 9 local authority areas, detailing the pressures faced by Primary Care and how the model for ‘Place’ aimed to address governance arrangements in this area – ‘doing it correctly, but doing it once’, rather than piecemeal.

Mr Simon Banks, Senior Responsible Officer for Wirral ‘Place’ (a voluntary role) then provided Members of the Overview and Scrutiny Committee with information about the localities and neighbourhoods in the Plan and how ‘Place’ in these circumstances matched the geographical Wirral Constituency boundaries, with additional smaller neighbourhood models set within those boundaries. He added that the Place Based Care Systems covered the following:

- Out of Hospital Models of Care;
- Primary Care Development and G.P. 5 Year Forward View;
- Care Models Facilitation and Support; and
- Documentation.

Mr Banks further informed how the focus on constituency boundaries would mean service plans would be organised in such a way as to be closer to users i.e. neighbourhood modelling, with interventions at local levels, empowering individuals in their choice of personalised treatment pathways.

Ms Pickup concluded her presentation re-affirming the obligation to the Overview and Scrutiny Committee and the recognition for more dialogue as the programme moves forward.

A number of Members commented that it was extremely unusual for the Overview and Scrutiny Committee to take a report or presentation without advance sight of their content. A Member stated that in terms of the STP, there had not been sufficient emphasis on ‘Place’ and that the lack of engagement with Councillors and the recent changes and reductions in service without adequate consultation had undermined trust. The Member

added that there was still work to do in rebuilding that trust, and any proposed changes to services would need to clearly demonstrate the impact on residents. Examples were provided of some specific services where Member had expressed concerns, that included:

- Phlebotomy – increased travel distances to the relocated service with longer waiting times resulting in a distinct deterioration in service for users.
- Ultrasound – previously a 2 week diagnostic turnaround, now in the region of 3 months.
- Musculoskeletal services – triage undertaken by Consultants, has resulted in increased delays.
- Physiotherapy – an average 6 week delay in access to treatment compared with previous arrangements.

Mr Andrew Gibson, Cheshire and Merseyside Five Year Forward View Executive Chair informed the Overview and Scrutiny Committee that it was clearly better to progress some services at scale, but the bulk of care and treatment should be actioned at 'Place' i.e. local community level with services designed in partnership with residents, the local authority and the NHS. He added that as always all plans were bound by finance, but the current position could not continue, services were not providing joined up care, and a recruitment crisis had prevented the establishment of a best model of care fit for the current time.

Mr Simon Banks provided an update on the specific services raised and added that a draft Commissioning Study and Direction of Travel Document would be made available to the Overview and Scrutiny Committee. He re-affirmed the need to keep dialogue open and improve communications between the NHS team and the Council.

Members raised a number of issues that they would wish to see covered in future conversations and reports, that should include:

- Results of the recent STP judicial review;
- NHS engagement with the Council;
- Understanding NHS financials and the funding gap;
- Insurance arrangements; and
- Detail regarding staffing levels (nursing staff and doctors).

Debate continued with regard to Member engagement, public consultations, hospital location and configuration and the need and expectations for high quality care, when needed, and provided locally.

Members were informed that some areas mentioned were out of scope for the current programme, but details such as the 2018/19 financial settlement and

plan could be shared with Members through the Chair of the Overview and Scrutiny Committee.

A Member commented that there were conflicting arguments in respect the provision of local services and the need for centres of excellence, and asked if the provision of more money would help deliver the vision. The Committee noted that any additional funding would assist, but at present the financial pressures would remain.

Further discussions took place regarding the priority of local services, designed locally and some of the NHS strengths in terms of staff and examples of the right treatment in the right place at the right time. Members noted that A&E services acted as a barometer for a number of services, and it was vital to align Primary and Secondary Care, G.P.s and Acute Services to help the NHS provide the treatments that residents deserve and need. A Member stated in summary that it was all about the implementation, and that the Overview and Scrutiny Committee wanted to see the detail.

The Chair suggested that it be beneficial to have a follow up meeting on this subject in the new Municipal Year, and reminded Members of a Spotlight Session planned for 21 February 2018 to look at the CCG Urgent Care Review.

Resolved – That the presentation be noted.