

MINUTES OF HEALTH SCRUTINY COMMITTEE MEETING - TUESDAY, 29 NOVEMBER 2016

Present:

Councillor Hobson (in the Chair)

Councillors

Callow	Elmes	Mitchell
Mrs Callow JP	Hutton	Owen

In Attendance:

Councillor Graham Cain, Cabinet Secretary for Resilient Communities

Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group

Les Marshall, Head of Adult Social Care

Val Raynor, Head of Commissioning

Sandip Mahajan, Senior Democratic Governance Adviser

1 DECLARATIONS OF INTEREST

Councillor Martin Mitchell declared a personal interest as the Council's representative on the Board of Governors for Blackpool Teaching Hospitals NHS Foundation (none of the items directly related to Blackpool Teaching Hospitals).

2 PUBLIC SPEAKING

The Chairman explained that the BBC had commissioned local TV media to film a series of council committee meetings as part of a national project promoting local democracy. He welcomed Paul Faulkner from That's Lancashire Television who would also be attending the Committee's next meeting on 14 December 2016. The Committee noted that there were no applications to speak by members of the public on this occasion.

3 HEALTH AND SOCIAL CARE INTEGRATION IN BLACKPOOL

Mr David Bonson, Chief Operating Officer, Blackpool Clinical Commissioning Group and Mr Roy Fisher, Chairman, Blackpool Clinical Commissioning Group presented an update regarding the development of health and social care integration in Blackpool (as part of the wider Fylde Coast partnership).

He explained that integration required strategic direction and practical changes to service delivery. Sustainability and Transformation Plans had been developed nationally as five-year plans (2016-2017 to 2020-2021) across 44 'vanguard' pilot geographic areas which were leading on transformation and integration of NHS and Social Care services.

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Mr Bonson referred to the Lancashire and South Cumbria Sustainability and Transformation Plan within which were five local 'footprint' geographic areas responsible for delivering services, one being the Fylde Coast area including Blackpool. The local areas were based on populations, locations of services and actual patient flow rather than traditional local authority boundaries.

He referred to a good history of partnership working across services within Blackpool and emphasised the need for real partnership working to drive Plans. Key partners included Blackpool Teaching Hospitals and Lancaster County Council. It was important to fully understand different systems and ways of working for effective change to be developed.

He added that service delivery changes would aim to deliver better health and wellbeing outcomes for people. Alongside transformation improvements was the need to ensure that services were sustainable. Current demand, in particular, for acute hospital services (physical healthcare and emergency treatment) was unsustainable based on resources. He advised the Committee that even though NHS funding was increasing, unlike local authority funding, current projections were for demand to exceed funding supply and that based on current projections the funding gap by 2020-2021 would be £572m for Lancashire and South Cumbria (approximately 25% of the overall health and social care budget).

Members noted that partners were developing an Accountable Care System which would promote further joint working but with a more rigorous formal approach including risk-sharing. Budgets would be pooled as already existed with the Better Care Fund for integration work which was around £15m (budget for 2015-2016). Co-commissioning for acquiring services would also be developed. Greater efficiencies were required for systems and ways of working.

Mr Bonson spoke about developing new more practical service delivery options and outlined that hospitals represented the greatest cost burden, in particular accident and emergency and non-elective treatment, and use of beds needed to be reduced. Instead, there needed to be a greater drive towards community-based care whereby people took greater self-care or were able to maintain some independence outside hospital whilst getting necessary treatment and care support.

He acknowledged that Sustainability and Transformation Plans did not provide all the answers to the range of challenges aimed to develop effective strategic approaches in response to the scale of challenge.

Members noted that the Plan was at an early development stage, the first of five years, and that it was a draft document (third version) that had been submitted to NHS England, the national funding body, for approval. NHS England had indicated broad contentment subject to final approval. However, the public and partners would still be able to influence development of future projects and programmes to transform services.

Mr Bonson explained that although the Plan was in an evolutionary phase, practical work had taken place over the last year. In particular, new Models of Care had been developed such as the Extensive Care System which mainly supported elderly people, with complex long-term conditions, who could be supported locally by professionals. More recently the Enhanced Primary Care Service, which located professionals around local GP centres, had

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been launched. Mr Fisher referred to national recognition given to the new Models of Care.

Mr Bonson concluded that service provision had to be fully integrated and partnership working was fundamental to achieving better health and wellbeing outcomes for people.

The Chairman referred to the Chartered Institute for Public Finance and Accountancy (CIPFA) who had recognised the importance of Sustainability and Transformation Plans but had identified that few nationally had demonstrated robust evidence of being able to deliver the scale of savings needed. He added that national media reports had referred to disquiet from MPs and even the Chairman of the British Medical Association, who represented GPs nationally, had referred to potential service cuts. The Chairman referred to the ambitious local Plan and queried what would happen if targets were not achieved in three years or so. It was also noted that nationally there had been little time given to develop Sustainability and Transformation Plans.

Mr Bonson agreed that there had been little time given to develop robust Sustainability and Transformation Plans with sufficient detail. He acknowledged that there had been mixed reactions although the local Plan had been well received by NHS England. He reiterated that Sustainability and Transformation Plans provided the template for change but were not the actual change vehicle. He acknowledged that progress would need to be kept under review but provided assurance that cuts to services would not be required. Instead, funding growth had to be used more effectively to support hospital growth demand towards more manageable community-based care. He added that NHS funding growth was projected to rise by 2% annually but demand for hospital services was destined to grow by 5% without radical change. Mr Fisher added that future services could be quite different but sustainability of viable services was imperative.

The Chairman queried when it would be possible to receive a more accurate financial projection. Mr Bonson explained that Sustainability and Transformation Plans were being driven nationally and formal feedback would be received by NHS England within a few months. By the middle of 2017, there would be a clearer picture.

The Committee returned to the financial challenges and members noted that there was no evidence that the Plan could make sufficient savings to meet immediate requirements. £32m savings required in social care over the next year would grow to £129m by 2020-2021. The Committee expressed concerns that the savings could only really be achieved through service cuts. Mr Bonson clarified that the quoted figures were for Lancashire and South Cumbria and re-iterated that service change was needed shifting people away from hospital services to community care and more integrated approaches. He added that Blackpool Council had a good track record for making savings.

The Committee also cited information within the Plan such as savings of £160m required from hospitals within two years, £95m savings to be found through merging specialised hospital services. There had also been reductions in hospital beds in recent years with a parallel drop in staff numbers. There were concerns that more beds would be lost.

Delayed transfers of care (patients moving from different stages of treatment unable to secure a bed in the next health or social care setting) was a serious issue impacting upon the core roles of staff. Delays were also due to needing a senior professional to give

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relevant permissions. Any mistakes made by staff including relating to medication could also have a negative impact on patients. Mr Les Marshall, Head of Adult Social Care, Blackpool Council advised that delayed transfers were considered jointly by NHS and social care managers on a daily basis and performance in Blackpool was better than the national average. Ultimately the overriding issue was reducing admissions to hospitals and moving people towards community care. Mr Bonson added that streamlined processes were pursued through weekly planning meeting including the ambulance service. Developing improved processes needed to be from admission to discharge.

The Committee enquired about the cost of 'out of area' and overseas patients. Mr Bonson confirmed that there were national and international recharge processes.

The Committee understood that Blackpool Teaching Hospitals were trying to secure multi-million pound loans whilst interest rates remained low. Reference was made to the spiralling costs of Private Finance Initiatives due to interest rate changes and it was requested how much hospital stock came with these.

The Committee noted that the Blackpool Clinical Commissioning Group was an organisation run by GPs but the main savings were required from acute hospitals. In addition to NHS savings referred to within the STP, £65m savings were required involving council premises. Funding such as the social care precept was not significant enough to meet the savings required.

Reference was also made within the Sustainability and Transformation Plan of West Lancashire requiring savings of £45m for community services and £20m for urgent care provision and that West Lancashire was privatising social care to reduce the direct public service provision. Reference was made to needing to ensure contracted services used by STP partners involved contracted staff being paid the Living Wage in line with Council policy. Mr Bonson confirmed that there was no privatisation agenda.

The Committee referred to the severe challenges in Blackpool which housed a number of acutely deprived areas. People living in these areas needed good, simple access to services within a reasonable distance and sufficient opening times. People moving into the area were often unwell and there was a growing elderly population. There were concerns that acute and specialised services would move away from Blackpool although it was recognised that Blackpool and other local areas could themselves acquire some specialist services. Mr Bonson explained that specialist services did result in better health outcomes and that services needed to be reviewed to ensure sustainability. He accepted the deprivation and needs analysis adding these arguments were needed as evidence for more funding and better services within Blackpool. He referred to progress being made with new Models of Care and patient satisfaction.

The Committee advised that the Plan needed to be written in much simpler language and be significantly shortened to make it more readable for the public to comment.

The Chairman emphasised that people were central to the Plan succeeding, in particular healthier lifestyles, as part of the preventative agenda and community-based support. He highlighted the severe challenge on the ground in view of poverty and other local issues embedded over generations. Major action was needed to improve people's lifestyles especially within the Plan timescale. He also referred to GPs' appointments of around ten

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minutes and enquired how GPs could best encourage patients within limited opportunities to promote and support self-help.

Mr Bonson agreed that the challenges were significant and he referred to smoking rates as being the worse nationally. He agreed GPs had a role to guide patients but they had limited time and services could not rely on telling people what to do. People had to be supported through sign-posting and other means such as community hub-based services where groups of professionals were able to provide guidance. In due course, the vision was for healthier and more resilient communities able to self-support.

The Chairman invited Council representatives to comment. Mr Marshall agreed that securing full integration was essential for the long-term sustainability of health and social care systems especially adult social care. Small scale integration had been achieved in some areas but there were many challenges to overcome for large scale integration. There was a steep learning curve in trying to understand and unify different systems. It was imperative to move from reliance on the acute care system to more community focused care. He agreed that the Plan currently lacked sufficient detail.

The Committee agreed to receive a progress report on health and social care integration, including the Sustainability and Transformation Plan and detailed financial profiling, for the July 2017 or September 2017 Committee meeting.

4 TRANSFORMING CARE PROGRAMME

Ms Helen Lammond-Smith, Head of Commissioning, Blackpool Clinical Commissioning Group presented an update regarding the development of Transforming Care for people with learning disabilities and/or autism and other challenging and complex behaviours.

She outlined the national background which led to the required local improvements. Crisis support existed in mental health nationally but until now had not for people with learning difficulties. NHS England had issued crisis support guidance.

Ms Lammond Smith stated that as with other health and social care work, it was necessary to help support people so that they had less need to access hospital services and could live independently, with support, in communities.

She referred to a key successful innovation 'Care and Treatment' Reviews which involved a small number of professionals (clinician, 'expert by experience' and a Blackpool Clinical Commissioning Group officer as the commissioner of services). Care and Treatment Reviews looked at people's needs to establish the best support required and where that support should be and aimed to ensure that people were only in hospital if necessary and sought to promote community-based options. Members noted that assessments took place every six months.

Ms Lammond-Smith explained that an 'at risk' register was maintained which identified people whose needs met relevant criteria for support and whether they needed to be supported through hospital services or within the community. There were nine patients in hospital under various levels of secure settings and around another twenty supported through community care. The register included contingency plans and contact details of carers/families.

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She added that Care and Treatment Reviews were common for people with autism but it was possible more people with learning disabilities were not known to services. The register also aimed to capture the transitional element to ensure people progressed effectively from children's services to adult services and were not 'lost'. Details of children in residential care, including 15-16 year olds, were held and details of families. Effective responses to breakdowns in children's care packages were prepared.

The Committee noted that key challenges included securing local specialist accommodation providers and good development support for well trained staff as current accommodation was costly as it was specialised and 'out of area' in Calderstones. Ms Lammond Smith stated that no local specialist facility existed but local provision needed to be developed. One problem for ensuring the most effective assessment decisions was that staff were usually housed within mental health services but not always dedicated learning disabilities.

She added that 'delayed transfers of care' (availability of beds for patients moving between different stages of care in health and/or social care), as also referred to under the health and social care integration item, was a significant issue nationally and locally and also involving a great deal of reporting requirements.

She referred to the local governance arrangements for transforming care which were led by the Blackpool Clinical Commissioning Group and the Council who jointly shared transformation responsibilities.

The Committee referred to a recent local press article which had highlighted exceptional low budget levels for mental health services at just over 1% of commissioned health services locally which was one of the lowest rates nationally. Ms Lammond-Smith reported that the article was not precise or clear. Transforming Care was part of wider emotional health and wellbeing services which were well funded and Blackpool had the best rate amongst local neighbours.

The Chairman queried whether just having nine people in hospital meant that more people were being missed. Ms Lammond-Smith explained that hospital patients were those needing the most support in secure beds and included people who had committed offences resulting in court orders to be detained. These were complex long-term cases ranging from as much as three to fourteen years in terms of hospital stays. She added that the joint partners had undertaken some good work before the Review of Winterbourne View recommendations had been made. She advised the Committee that learning disability needs had been incorporated within the Accommodation Strategy and that whilst some patients needed to be placed within secure accommodation the ethos was still on promoting community care in, or as close as possible to, people's homes.

The Chairman enquired what type of housing support provision existed. Ms Lammond-Smith explained that properties were mixed including some that offered support for 24 hours per day, 7 days per week and that most properties were shared occupancy.

The Committee enquired how many people with relevant conditions, who had committed crimes, were actually sent to prison rather than supported through transforming care. Ms

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Lammond-Smith did not have offending statistics but was able to confirm that relevant people would have assessments undertaken.

The Chairman referred to the community care focus and enquired whether safeguards were in place to ensure people were progressing well and safe. Ms Lammond-Smith explained that there were numerous process requirements for people securely detained under the Mental Health Act and that these included reviews, risk assessments and opportunities for patients to appeal against decisions. She added that people in hospital had the highest needs and costly, complex care packages.

Mr Marshall added that patients could be introduced through either the legal route or referrals from their GP and that for either route, best practice was for assessment and planning to start early at the admission stage with consideration being given early for progressing to community care and independence.

The Chairman requested assurance that families and friends were appropriately involved with patients' wellbeing. Mr Marshall explained that there was a statutory requirement to consult family and friends. Ms Lammond-Smith added that they were also involved in assisting with Care and Treatment Reviews and concluded that those were proving highly effective in supporting patients' needs and promoting their wellbeing.

5 DATE AND TIME OF NEXT MEETING

The Committee noted the date and time of the next meeting as Wednesday 14 December 2016 commencing at 6pm in Committee Room A, Blackpool Town Hall.

Chairman

(The meeting ended 7.30 pm)

Any queries regarding these minutes, please contact:
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