

## **CUMBRIA AND LANCASHIRE JOINT HEALTH SCRUTINY COMMITTEE**

Minutes of a Meeting of the Cumbria and Lancashire Joint Health Scrutiny Committee held on Friday, 6 September 2019 at 10.00 am at Committee Room 2 - County Offices, Kendal, LA9 4RQ

### **PRESENT:**

Mr F Cassidy  
Mrs S Charles  
Ms L Collinge

Mr M Salter  
Mr CJ Whiteside  
Mr M Wilson

Also in Attendance:-

Dr M Brady	-	Clinical Director Renal Medicine
Ms E Day	-	Stroke Programme, Lancashire and South Cumbria ICS
Mr G Halsall	-	Senior Democratic Services Officer - Overview and Scrutiny (Lancashire County Council)
Mr D Hamilton	-	Democratic Services Officer
Mr D Stephens	-	Strategic Policy & Scrutiny Adviser

### **PART 1 – ITEMS CONSIDERED IN THE PRESENCE OF THE PUBLIC AND PRESS**

#### **1 ELECTION OF CHAIR**

**RESOLVED**, that Mr M Wilson be elected Chair for the ensuing year.

#### **2 ELECTION OF VICE CHAIR**

**RESOLVED**, that Mr S Morris be elected Vice-Chair for the ensuing year.

It was noted that Mr Morris was elected Vice-Chair in his absence.

#### **3 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Mr S Morris and Mrs H Chaffey.

#### **4 MEMBERSHIP**

There were no changes in membership.

#### **5 DISCLOSURES OF INTEREST**

There were no disclosures made on this occasion.

#### **6 EXCLUSION OF PRESS AND PUBLIC**

**RESOLVED**, that the press and public be not excluded from the meeting during consideration of any items of business.

#### **7 MINUTES**

**RESOLVED**, that the notes of the planning meeting held on Tuesday 26 March 2019 be agreed.

#### **8 RENAL DIALYSIS SERVICES IN LANCASHIRE AND SOUTH CUMBRIA**

Members had before them a report by the Lancashire Teaching Hospitals NHS Foundation Trust which informed members of the proposed reconfiguring and retendering of the renal haemodialysis service.

Dr M Brady gave a presentation to the Cumbria and Lancashire Joint Health Scrutiny Committee where he provided further detail of the current service. Members were told that more than 600 patients throughout Lancashire and South Cumbria received dialysis at seven locations across the area (as well as at home for approximately 100 patients). It was explained that the proposed changes were necessary to improve the availability and quality of care closer to patients' homes. Many patients have had to travel longer than the national standard of 30 minutes to their nearest renal unit; some facilities have been considered not fit for purpose and many of them have been considered inconvenient with regards to location.

Members hear how, due to the way the service was originally set up, there have been a number of issues with how it is delivered, including:-

- The national standard for travel time to dialysis is 30 minutes. Some patients are currently travelling considerably longer than this every dialysis trip.
- Some services are provided in locations that are either inconvenient, or are not fit for purpose.
- There are problems recruiting staff to some services which limits capacity to care for local patients.
- The way that services are currently provided is not financially viable.

The change to services is proposed with the purpose of delivering a high quality service to patients in an appropriate setting within 30 minutes from home.

Members ask for further details regarding the competitive tendering process and are told the tender process will invite bidders to submit proposals for how the service could be configured, to meet the service specification, and achieve the service vision.

Because the bidders will not submit proposals until later this year it is not possible at this stage to indicate exactly how the service may change. However in order to meet the service specification and design a service that delivers the vision, a number of changes are likely to be proposed, detailed below.

Members asked whether Dr Brady could predict how the numbers of patients using dialysis might increase over time, he gave an estimate of growth of 2% a year. A discussion then took place around the prevention of kidney disease of which a healthy lifestyle would play a large part, Dr Brady assured members that work was consistently being carried out to prevent kidney issues arising by intervening early promoting a healthy lifestyle.

Members asked whether there was scope for a dialysis unit to be established on the Furness General Hospital site. Dr Brady answered that the site does meet a lot of the essential criteria and that it could be considered as a location.

Concerns were raised regarding waiting times at the Preston facility and the financial issues across the service which had been running at a loss of £600,000 per year. Dr Brady reflected on the need to review contracts with private providers. What followed was a discussion about how to improve the service whilst making savings. Members heard that the intention going forward would be to have private contractors provide the facilities but have NHS staff treating patients.

Members thanked Dr Brady for his informative presentation.

It was

**RESOLVED**, that

- (1) the report be noted;
- (2) a further briefing be considered by the Committee following the conclusion of the retender process.

## 9 UPDATE ON FRAGILE SERVICES AT UHMB

Members considered a report from Claire Alexander and Suzanne Hargreaves of the University Hospitals Morecambe Bay (UHMB) which provided an update on a number of acute services within UHMB that have been identified as being fragile. Members heard an overview of the options being considered for each service and were asked to note that the proposal provided was to give an indication of the direction of travel.

It is acknowledged that further work is required on each service; an equality impact assessment and a full consultation would be required on any service changes. Members are given the context in which these changes were proposed and what it means for a service to be categorised as 'fragile'.

Members asked for clarification regarding the performance indicators used in the report, in particular they sought clarity over the classification of services as 'hot' or 'cold'. It was clarified by officers that services were categorised as such due to the need to assign priority to necessary services as a result of staffing challenges. Members discussed whether this meant that priority was often given to 'unplanned work' over 'planned work' and asked whether anything more could be done in terms of recruitment to ensure that patients were not required to wait longer than the predicted time. Officers responded that there was a national shortage and a very competitive market trying to draw from that same talent pool. It's explained that it is an ongoing challenge to recruit young and newly qualified medical professionals who are often attracted to specialist hospitals. Members heard that the part of the proposed work was to make the job plans as attractive as possible to would-be new recruits.

A detailed conversation took place about the nationally set salary of NHS staff, the competitive global market and the implication of these two factors. This raised the question of the possibility of retraining graduates from other fields such as the sciences. Officers agreed that a lot could be benefitted from retraining and from the recruitment of apprentices, members were informed that a considerable proportion of the 100 apprentices training locally were retraining from previous careers.

A detailed discussion took place regarding the trend of sub-specialisation and the effect this has had on the range of services. It was explained that this happened by drawing professionals away from general practice. Members discussed with Officers how courses such as Lancaster University's 'Physicians Associate' degree could build channels for staff to be drawn back towards general practice.

Members highlighted to officers the lack of detail in certain areas of the report, officers were then asked whether they could do more to provide further detail and analyses in future reports to the Committee. Officers suggested that they focus on one fragile service at a time so as to allow future reports to go into further detail, this was **AGREED**.

Officers were asked for comment regarding the recent letter from local MP's to the Health Secretary requesting an independent investigation into the urology service. It was reiterated that the concerns were subject to legal proceedings but reviews of the service were underway.

Officers concluded by discussing the common areas of concern across the service. These being work force and performance related issues which were likely a result of the sharing of staff across the two acute hospital settings and the Westmorland site. Members were informed that the re-thinking of provision which was currently underway would hopefully address these issues.

**RESOLVED,** that the report be noted.

## **10 RECONFIGURATION OF COMMUNITY BEDS WITHIN THE ACUTE HOSPITALS**

Members had before them a report from Lucy Alcock – Project Manager, UHMB which had the purpose of providing an update on the progress so far of the Service Offer Review on the Step-up and Step-down Beds at Abbey View on the Furness General site and the Langdale units on the Westmorland General site.

Included in the report was a patient engagement document that will be shared with patients, public and staff which:

- Asks patients and public 'where would you like to be cared for?'
- Describes instability of staffing levels, findings from NWUM report and patient experience from the units.
- Explains alternative care models used around UK so people have examples to aid understanding and to generate ideas.

The engagement period will run from 2<sup>nd</sup> September to the 31<sup>st</sup> October 2019.

All responses from the engagement period will be analysed and used to create an options paper that will be developed by the end of November 2019. It is anticipated that the options paper will go to Joint Overview & Scrutiny Committee in December with the potential of going out to consultation depending on the options proposed.

Members raise some concerns over the short timescale given for public engagement and point out the omission of community beds at Millom Hospital in the first question of the patient engagement survey. It was **AGREED** that the omission be rectified.

Officers were complimented for the accessible use of language in the survey. A discussion then took place around delayed transfers of care and their relation to social care. It was explained to members that the objectives of the reconfiguration was to make the step-up and step-down system more convenient.

Officers explained the planned engagement with the public in more detail and members noted the following:-

- Sharing the engagement document across primary, secondary, community and social care requesting wider dissemination to patients and public.
- Host engagement document and accompanying survey on Healthier Lancashire and South Cumbria's Morecambe Bay microsite with publicity directing public to the site.
- Presenting to community groups and Integrated Care Communities
- Drop in events across South Cumbria
- Surveys for all staff (across health and social care), patients and public.

**RESOLVED,** that

- (1) the report be noted;
- (2) the options paper be formally considered by the Joint Committee when it is available.

## **11 STROKES SERVICES**

Members had before them the Stroke Programme Position Statement from Healthier Lancashire and South Cumbria the purpose of which was to inform members of change to the existing model of Acute Stroke Care and Community Stroke Rehabilitation to reduce unjustified variation in clinical services and workforce capacity.

Officers began by informing members that trusts nationwide have been making efforts to continuously improve their Acute Stroke services, despite significant challenges including workforce.

A discussion took place regarding the recent completion of workforce gap analysis, It was reported that a mitigation plan was being developed and a programme had been put in place to help staff to upscale their skills.

Members advised that the broadest possible engagement with the public be carried out at the earliest possible stage as concerns will likely be raised from residents living in areas who won't directly benefit from these changes. Officers agreed that Engagement and discussion with key stakeholders, Health Overview and Scrutiny Committees, Health and Wellbeing Boards and local populations would take place.

A detailed discussion took place about the importance of addressing health issues early so as to help prevent as many acute stroke instances as possible through working with partners.

Members asked Healthier Lancashire and South Cumbria return to provide an update on progress on the stroke position and the implementation of the improvement plan.

**RESOLVED,** that the report be noted.

## **12 DATE OF NEXT MEETING**

The next meeting of the Cumbria and Lancashire Joint Health Scrutiny Committee was still to be confirmed.

The meeting ended at 12:30pm