

Our Health Our Care Joint Committee

Minutes of Meeting

Thursday 13 December 2018

The Presidents Suite, Lancashire Football Association, The County Ground,
Thurston Rd, Leyland PR25 2LF

Present	<p>Mr Denis Gizzi, Chair Dr Gora Bangi, Chair Chorley and South Ribble CCG Mr Ian Cherry, Lay Member Greater Preston CCG Mrs Linda Chivers, Lay Member Chorley and South Ribble CCG Mrs Debbie Corcoran, Lay Member Greater Preston CCG Mrs Helen Curtis, Director of Quality and Performance Dr Lindsey Dickinson, GP Director Chorley and South Ribble CCG Dr Brigid Finlay, GP Director Greater Preston CCG Mr Matt Gaunt, Chief Finance and Contracting Officer Dr Hari Nair, GP Director Greater Preston CCG Dr Eamonn McKiernan, Secondary Care Doctor Dr Praphulla Methukunta, GP Director Greater Preston CCG Mr Geoffrey O'Donoghue, Lay Member Chorley and South Ribble CCG Dr Sandeep Mukerji, GP Director Greater Preston CCG Mr Paul Richardson, Vice Chair Greater Preston CCG Dr Ann Robinson, GP Director Chorley and South Ribble CCG Dr Satyendra Singh, GP Director Chorley and South Ribble CCG Mr Alan Stuttard, Vice Chair Chorley and South Ribble CCG</p>
In attendance	<p>Ms Hollie Johnson, Governing Body Secretary (Minutes) Mr Jason Pawluk, Delivery Director, NHS Transformation Unit</p>

OHOCJC /181213-1	<p>Welcome and Apologies for Absence Mr Gizzi welcomed everyone to the meeting. Introductions were made for the purpose of members of the public.</p> <p>Apologies were received from Dr Sumantra Mukerji, Chair, Greater Preston CCG.</p>
OHOCJC /181213-2	<p>Declarations and Register of Interests Mr Gizzi reminded Governing Body members of their obligation to declare any interest that they may have on any issues arising during the meeting.</p> <p>GPs declared a declaration as GP providers and potential interests in any future Model of Care.</p>

	<p>The register is available either via the Governing Body Secretary or the CCG's website at the following links:-</p> <p>https://www.chorleysouthribbleccg.nhs.uk/our-health-our-care-joint-committee-archived-papers</p> <p>https://www.greaterprestonccg.nhs.uk/archived-our-health-our-care-joint-committee-papers</p>
<p>OHOCJC /181213-3</p>	<p>Overview of the role of the Joint Committee, meetings held in public and session objectives</p> <p>Mr Gizzi outlined that the OHOC Joint Committee had been established as a committee of the CCGs, with delegated responsibility for joint decision making in relation to the OHOC programme. The objectives of the meeting were as follows:</p> <ul style="list-style-type: none"> - Presentation of the Case for Change - Next steps and review of session objectives <p>Mr Gizzi reminded those in attendance that the meeting was a business meeting held in a public forum to allow issues, discussions and decisions to be observed. The meeting was not a consultative or engagement meeting.</p> <p>Questions could be submitted to the Corporate Governance Team at the CCGs at csrccg.corporatesevices@nhs.net.</p>
<p>OHOCJC /181213-4</p>	<p>Our Health Our Care Case for Change</p> <p>Dr Bangi introduced the Our Health Our Care Case for Change. He detailed how the population of central Lancashire required different services at different times. The Case for Change demonstrated how services from community based to hospital based needed to change to meet the growing and evolving needs of the services at present and for future generations.</p> <p>Mr Pawluk presented the Case for Change. The Case for Change outlined a clinical case for change for the acute sustainability workstream of the Our Health Our Care (OHOC) programme. It was designed to deliver the best possible clinical outcomes for patients. It detailed the realities of the existing urgent and emergency care system and how the suggested approach to transforming urgent and emergency care would also involve better prevention and self-care.</p> <p>Mr Pawluk detailed how the urgent and emergency care system was not delivering consistently in terms of timely access and operational performance. This resulted in the failure to deliver best experience and clinical outcomes possible for patients using current resources. Solving the problem required an open-minded approach with all</p>

partners across the health system working together towards the overall ambition; the best possible clinical outcomes for patients.

Committee members heard that the five key interviews had been identified as follows:

1. Workforce
2. Flow
3. Lack of alternatives
4. Demographics
5. Effective use of resources

Mr Pawluk drew committee members' attention to the detail of the structure of the case for change summarised as follows:

1. The NHS landscape in 2018
2. Planning for the needs of the population
3. Looking at the problem inwards
4. Looking at the problem outwards
5. A detailed look at clinical sustainability – urgent and emergency care and critical care
6. Benefits
7. Conclusion

Mr Richardson questioned the evidence behind the patient expectations as outlined within the Case for Change. Mr Pawluk explained that significant engagement had been undertaken with patients around what they would expect from a healthcare system.

Mr Pawluk clarified for Mrs Corcoran that the Case for Change explained the problem in a coherent way, and avoided pre-determined thinking.

Mrs Hamilton noted that it was outlined in the Case for Change that a key driver for change was financial and operational pressure. She sought assurance that the key focus was about improving outcomes and health care for patients and the community. Mr Pawluk confirmed that patient care was the focus, and that financial and operational pressures were a national issue.

Committee members discussed the need for the reconfiguration of acute services as outlined in the Case for Change, and how end to end pathways across the whole of health services in Central Lancashire would be incorporated. It was agreed that reconfiguration included acute sustainability, social care, primary care and community services in equal measure.

Mr Richardson questioned whether work had progressed in the

prevention and self-care workstream. Mrs Mellor confirmed that work had commenced on redesigning services across the eight networks in central Lancashire.

Mr Cherry referred to the information provided within the Case for Change around A&E attendance rates. He noted that it would be expected that A&E attendances should be increasing and not declining, given that A&E performance was deteriorating. GP Directors were in agreement that it was a complex area to understand. Suggested reasons included patients being seen in the appropriate place, the level of patient acuity and referrals into other specialties. Mrs Mellor outlined that a full clinical audit was needed to understand diagnostics around patient acuity levels.

Committee members discussed the number of patients who attended A&E and left without intervention. It was noted that that was an indicator that care in another setting could have been provided to meet those patient needs. Dr Nair noted that the out of hospital work in terms of changes within primary care, for example increased accessed, should be taken into account when looking at A&E attendance rates.

Mr Cherry raised concerns surrounding the Care Quality Commission's (CQC) review on patient experience at A&E, noting that it was the second lowest score in England. Committee members were in agreement that it was unacceptable level of service provision for the patients that the CCG's commissioned services for.

Mrs Curtis was pleased to note discussions around the requirement that the Case for Change did not solely focus on acute sustainability. She outlined from a quality perspective that it needed to be noted two significant providers in Central Lancashire; Lancashire Teaching Hospitals NHS Foundation Trust (LTHTR) and Lancashire Care NHS Foundation Trust (LCFT), had been rated as 'requires improvement' by the CQC. Committee members discussed the same and agreed that there was a need to ensure that this was reflected when developing a Model of Care. It was noted that operational issues at LTHTR needed to be address ahead of major change.

Mr Pawluk explained for Dr Bangi that NHS England set five tests that would be applied as part of the criteria for public consultation. Those tests looked at the significance of any proposed change, links to patient choice, clinical viability, financial viability and the impact on acute service.

Mrs Chivers referred to issues around transport infrastructure in Central Lancashire and ensuring place based facilities as a result of those. Mr Pawluk agreed. Dr Dickinson outlined the opportunities

	<p>within the Case for Change around community services being made available closer to patients at home. She alluded to the development of primary care networks, and how that would contribute the same.</p> <p>Committee members discussed mental health services as part of the Case for Change. It was noted that there was a need to ensure that provision for mental health services was fit for purpose. Dr Bangi noted that Lancashire County Council was involved in the mental health workstreams that were being discussed.</p> <p>Mrs Hamilton noted the level of discussion that was taking place around key providers and emphasised the need to incorporate the voluntary sector also.</p> <p>Mr Gizzi summarised the discussions had throughout the meeting. He noted that acute sustainability was one of the seven strands of the large scale transformation work ongoing with the Integrated Care Partnership. Members had outlined that the corresponding transformation, investment and improvement in out of hospital work led by primary care and including community services needed to continue, and that transformation surrounded all services.</p> <p>Resolved The OHOC Joint Committee members unanimously approved the Case for Change, subject to the amendment that the reference to urgent and emergency care system within the five key issues was removed.</p>
<p>OHOCJC /181213-5</p>	<p>Next steps and session objectives</p> <p>Mr Pawluk informed members that following the approval of the Case for Change, the next stage was to develop a Model of Care. The Model of Care would detail end to end pathways that described how the healthcare system could work together to achieve better outcomes for patients. The Model of Care would be presented to the OHOC Joint Committee for approval.</p> <p>Mr Pawluk confirmed for Mr O'Donoghue that options would be developed following approval of the Model of Care. He further confirmed for Mrs Chivers that a review of the effectiveness of the current provision would be included in the development of the Model of Care.</p>
<p>Date, Time and Venue of next meeting: Wednesday 13 March 2018 The Invincibles Lounge, Preston North End, Tom Finney Way, Preston, PR1 6RU</p>	

Signed as an accurate record Date