



CAI.35 16/17

Challenge and
Improvement Committee

15 November 2016

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Subject: Request from the Prosperous Communities Committee to undertake a Commission into Health Services

Report by:

Director of Resources

Contact Officer:

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Director of Resources
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Purpose / Summary:

To receive and accept the request from the Prosperous Communities Committee to undertake a Commission into Health Services, in accordance with the attached brief / scope.

To determine the Membership of and appointment Members to serve on the Commission Group.

RECOMMENDATION(S): That Members

- (a) accept the request from the Prosperous Communities Committee to undertake a Commission into Health Services, in accordance with the attached brief / scope subject to the amendments detailed at 2.4 – 2.7 of the report.
- (b) determine the membership of and appoint Members to serve on the Commission Group in accordance with the suggestions detailed at 2.3 of the report, including the ability for the Group to co-opt up to two independent/ lay members if considered appropriate as the work progresses.

(c) request an interim position update report be submitted to the Challenge and Improvement Committee in May 2017.

IMPLICATIONS

Legal:

Financial :

Staffing :

Equality and Diversity including Human Rights :
NB: Please explain how you have considered the policy's impact on different groups (for example: young people, elderly, ethnic minorities, LGBT community, rural residents, disabled, others).

Risk Assessment :

Climate Related Risks and Opportunities :

Title and Location of any Background Papers used in the preparation of this report:
*Wherever possible please provide a hyperlink to the background paper/s
If a document is confidential and not for public viewing it should not be listed.*

Call in and Urgency:

Is the decision one which Rule 14.7 of the Scrutiny Procedure Rules apply?

i.e. is the report exempt from being called in due to urgency (in consultation with C&I chairman)

Yes No

Key Decision:

A matter which affects two or more wards, or has significant financial implications

Yes No

1 Introduction

- 1.1 At its meeting on 25 October 2016, Prosperous Communities Committee gave consideration to the report attached at Appendix A.
- 1.2 The minute and resolution from that that meeting are set out below : -

48 GP / HOSPITAL / AMBULANCE PROVISION - SCOPE PAPER

The Director of Resources introduced the paper and set out the background in which Members were minded to set up a commission to examine the state of health services in the District. In order to achieve this it was proposed to request Challenge and Improvement Committee to set up this commission and carry out the investigation in accordance with the draft brief attached as appendix.

Councillor Bierley stated that the starting point was the long term health and wellbeing of the whole district, and noted that 'soft issues' such as health walks etc were the primary target for funding cuts but which had a big impact on health. The Council could assist in such issues, with initiatives like the recent defibrillator and stairlift programmes. The work would repay itself, particularly with positive engagement with the 3rd sector.

Councillor Young requested that the recent reduction in funding to pharmacies be included within the scope of the commission. Councillor Howitt-Cowan, Chairman of the Challenge and Improvement Committee assured Members that the study would look at the whole district and not just urban areas.

RESOLVED that the brief (attached as an appendix to the report) for the proposed Health Commission be agreed and the Challenge and Improvement Committee be requested to carry out the investigation and report back to the Prosperous Communities Committee with recommendations.

2. Considerations

(a) Membership of the Group

- 2.1 As indicated in covering report issued to Prosperous Communities Committee (Appendix A), it is for the Challenge and Improvement Committee to determine the Membership of the commission group, acknowledging the requirement, again as stated in the same covering report, that the group will comprise of Members of the Council who are either Members of Challenge and Improvement Committee, Member of

the Prosperous Communities Committee or Members of the Corporate Policy and Resources Committee.

- 2.2 Furthermore the brief advises that the Membership of the Group should be sufficient to represent the views of the Committees, but small enough to be manageable. Members who are designated to serve on the group should give this work priority as the group needs to maintain its representation through the course of its work.
- 2.3 In light of these factors it is suggested that the Commission Group should comprise a total of 6 Members (2 from each Committee) and that the Group should have the ability to co-opt up to two independent/lay members if they consider this appropriate to the work they are undertaking as it progresses.

(b) Minor Amendments to the Scope

- 2.4 As can be seen from the minutes arising from the meeting of the Prosperous Communities detailed at Section 1.2 above, a minor amendment to the scope was requested namely that “the recent reduction in funding to pharmacies be included within the scope”. It is therefore suggested that following wording be inserted to the scope at Item 3

- The plans and expectations of pharmacies given the recent funding cuts

- 2.5 If Members were minded to accept the suggestion in 2.3, regarding the Membership of the Group, the following would be inserted into the scope in the Membership section

- the Group will have the ability to co-opt up to two independent/lay members if they consider this appropriate to the work they are undertaking as it progresses.

- 2.6 In order that the Commission Group can maintain its momentum, in the absence of some Members it is suggested the quorum for the Group be set at 4 elected Members and the following words be inserted into the scope in the Membership Section

- In order to maintain momentum, the quorum for the Group will be 4 elected Members

- 2.7 Whilst acknowledging the timeline within the brief it is further suggested that an interim position update report be submitted to the Challenge and Improvement Committee in May 2017, and that this be added to the timeline

2.8 All of the above suggested amendments to the Scope have been shown as “track changes” in the Appendix to this report

3. Recommendations

3.1 In light of the above the Challenge and Improvement Committee are recommended to: -

- (a) accept the request from the Prosperous Communities Committee to undertake a Commission into Health Services, in accordance with the attached brief / scope subject to the amendments detailed at 2.4 – 2.7 of the report.
- (b) determine the membership of and appoint Members to serve on the Commission Group in accordance with the suggestions detailed at 2.3 of the report, including the ability for the Group to co-opt up to two independent/ lay members if considered appropriate as the work progresses.
- (c) request an interim position update report be submitted to the Challenge and Improvement Committee in May 2017.



Appendix to CIA.35 16/17
Prosperous Communities Committee
25 October 2016

Subject: Approval of Brief for Health Commission

Report by:	Chief Operating Officer
Contact Officer:	Mark Sturgess – Chief Operating Officer. 01427 676687 Mark.sturgess@west-lindsey.gov.uk
Purpose / Summary:	In their community leadership role members are concerned to ensure that the health services offered in the District meet the needs now and in the future. In order to seek assurance on this issue members are minded to set up a health commission to investigate the state of health services in the District and make recommendations on how services can be sustained and improved and how the District Council can influence this area in the future.

RECOMMENDATION(S):

1. Agree the brief (attached as appendix) for the proposed Health Commission and request Challenge and Improvement Committee to carry out the investigation and report back to the Prosperous Communities Committee with recommendations.

IMPLICATIONS

Legal: None arising from this report

Financial : None

Staffing : None arising from this report

Equality and Diversity including Human Rights : None arising from this report.

Risk Assessment : None arising from this report

Climate Related Risks and Opportunities : None arising from this report

Title and Location of any Background Papers used in the preparation of this report:

Call in and Urgency:

Is the decision one which Rule 14 of the Scrutiny Procedure Rules apply?

Yes

No

Key Decision:

Yes

No

1. Background

- 1.1 Members are minded to set up a commission to examine the state of health services in the District. In order to achieve this it is proposed to request Challenge and Improvement Committee to set up this commission and carry out the investigation in accordance with the draft brief attached as appendix.
- 1.2 In terms of the membership of the commission this should be decided by the Challenge and Improvement Committee, but should be made up of members from the two policy committees (Prosperous Communities Committee and Corporate Policy and Resources) and Challenge and Improvement Committee.
- 1.3 The timetable for this work is set out in the brief. It anticipated that the collection and analysis of evidence is primarily led by members with logistical support from officers.
- 1.4 The principal objective of the commission are set out in the attached paper.

Brief for Health Commission Version 2 – 11th October 2016

What is the basis of this work?

To enable maximum impact with the Council's limited resources and our ability as a facilitator to help join up various issues on health prevention and delivery where possible.

To use the Council's role as problem solver, advocate, influencer and service deliverer to safeguard and promote the health and wellbeing of the District's communities.

What is the evidence of need?

- Increasing ageing populations, with increasing frailty increases demand on health services.
- Ability to access services where transport is not available including pressures on ambulance services.
- John Coupland+ Hospital and GP's services finding pressure in terms of demand and limited budgets to meet demand in cost effective ways.
- Difficulty in recruiting GPs, consultants, nurses resulting in pressures on existing services and waiting times. Particularly different roles, such as nurse prescribers and practitioners.
- The NHS England led process for Sustainable Transformation Plans, requires CCG's and commissions to engage with District Councils along with other community stakeholders in developing future strategies, which is what the Sustainable Transformation Plan (STP) is about. For both the Humber and Lincolnshire regions, including further afield where communities of West Lindsey may be accessing health services.
- Funding for health infrastructure in growth areas where housing will increase such as Fringe villages and Gainsborough.
- Active community networks and volunteers play a role to support patients, carers and service users. The Council plays a strong role in community development and promoting community action.

SCOPE

The scope of the work will be to look at the following areas and make recommendations.

- Item 1. To understand how we can help with John Coupland Hospital and GP surgery services, specifically helping in areas of prevention and health condition management.
- Access and map GP provision across West Lindsey and the present pressures. Map primary care services offered in surgeries and health centres.
- Item 2. Understand the STP proposals and recommend how the Council can help in shaping changes that have impact on areas such as:
- Health care prevention
 - Condition management
 - Independent living and housing
 - Integrated, efficient services and facilities
 - Access to services
- Item 3. Examine best practice in West Lindsey and elsewhere. Map community networks in West Lindsey for:
- Sustainable community action by groups including support to community leaders.
 - Volunteering and type of areas priorities/network.
 - Role of opticians, dentists, chiropody, schools and other health service points in helping prevention and health condition management.
 - The plans and expectations of pharmacies given the recent funding cuts
- Item 4. Understand the mental health and recovery issues, especially how physical and mental health conditions are interrelated.
- The role community plays and can further play in:
- Crisis prevention
 - Recovery
 - Housing/employment and social issues
- Item 5. Examine best practice locally, nationally, internationally for helping condition management especially:
- Dementia care and management

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- Diabetes
- Vascular/heart diseases
- Other priorities for West Lindsey based on JSNA evidence of health conditions in Lincolnshire and West Lindsey

Item 6. Examine the way independent living can be helped particularly role of:

- Adaptations (DFGs, NHS and LCC Services)
- Supported/Extra Care accommodation
- Respite Care
- Hospice Care

Outcomes

1. Better Council understanding of health and wellbeing issues, how addressed and the role we can play.
2. Recommendations to various bodies including the Council on future policy and action, particularly partnership with health services and community to particularly improve the community action and housing.

ACTION AND RESOURCING

The Council does not directly provide health services and this is not a statutory area. However, the Council has played a major role in terms of community action, ensuring grants to improve community infrastructure and groups and securing other funding through community groups.

In terms of action and how this work is organised it is proposed that we look at the following options:

- a) A task and finish approach for each scope item. This would need three meetings to:

One: Scope who needs to be invited and what information needed.

Two: Examine and hear evidence.

Three: Recommendations for action, short and long term.

Each task group session could run in parallel. So,

January:

- Meet to scope for the GPs, Task and Finish item
- Examine JSNA and STP evidence.

February:

- Examine GPs provision including hearing from speakers.

- Scope next task and finish item and who to invite e.g. Best practice community and volunteering.

March:

- Make recommendations on GPs.
- Scope next task and finish.
- Hear best practice evidence for community/volunteering item scoped in February.

Membership of the Group

The group will comprise of Members of the Council who are either Members of the Challenge and Improvement Committee or a Members of the Prosperous Communities Committee or Corporate Policy and Resources and Committee (2 from each)

The Group will also have the ability to co-opt up to two independent/lay members if they consider this appropriate to the work they are undertaking as it progresses.-

The number of Members who are on the group should be sufficient to represent the views of the Committees, but small enough to be manageable.

Members who are designated to serve on the group should give this work priority as the group needs to maintain its representation through the course of its work.

In order to maintain momentum, the quorum for the Group will be 4 elected Members

Timeline

It is anticipated that the group will take up to a year to complete its work. This will take it past the next annual council meeting. Therefore if a member is selected to serve on this group then that member will serve on the group into the next municipal year (2017/18).

- 30 August 2016 – First draft of brief considered at PCC Chairs Brief for initial member input and shaping.
- 28th September – PCC Chairs Brief draft to C&I Committee Chairs Brief.
- 11th October 2016 – Final draft of brief considered at PCC Chairs Brief for sign off to PCC.
- 25 October 2016 – Brief approved by PCC.
- 2 November 2016 – Approved brief considered at Challenge and Improvement Committee brief for sign off to committee.
- 15 November 2016 – Brief considered by Challenge and Improvement Committee.
- By end of November 2016 – First meeting of the member group.
- December to May 2017 – meetings with stakeholders.
- May 2017 - interim position update report be submitted to the Challenge and Improvement Committee

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- May to September 2017 – prepare final report.
- October/November 2017 – Final report presented to PCC.