

Lancashire County Council

Health Scrutiny Committee

Tuesday, 18th October, 2016 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.	Item	
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- | | | |
|----|--|-----------------|
| 1. | Apologies | |
| 2. | Disclosure of Pecuniary and Non-Pecuniary Interests
Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda. | |
| 3. | Minutes of the Meeting Held on 20 September 2016 | (Pages 1 - 6) |
| 4. | Lancashire & South Cumbria Sustainable Transformation Plans
Presented by: Sam Nichol and Roger Baker | (Pages 7 - 8) |
| 5. | NHS Improvement - Role and Remit
Presented by: Lyn Simpson and Vince Connolly
To update the Committee on the role of NHS Improvement | (Verbal Report) |
| 6. | Report of the Health Scrutiny Committee Steering Group
Presented by: CC Steve Holgate | (Pages 9 - 22) |
| 7. | Work Plan
Presented by: Wendy Broadley | (Pages 23 - 28) |
| 8. | Recent and Forthcoming Decisions | (Pages 29 - 30) |

9. Urgent Business

An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the Minutes, the Chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Member's intention to raise a matter under this heading.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 22 November 2016 at 10.30am Cabinet Room C at County Hall, Preston.

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 20th September, 2016 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle	B Murray
Mrs F Craig-Wilson	M Otter
G Dowding	N Penney
Cullens	D T Smith
N Hennessy	D Stansfield
Y Motala	

Co-opted members

Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor M J Titherington, (South Ribble Borough Council)
Councillor Colin Hartley, (Lancaster City Council)
Councillor Wayne Blackburn, Pendle Borough Council
Councillor Lubna Khan, Burnley Borough Council

1. Apologies

Apologies for absence were presented on behalf of District Councillors Barbara Ashworth (Rossendale), Shirley Green (Fylde), Eammon Higgins (Hyndburn) and Roy Leeming (Preston).

Chair welcomed CC Alan Cullens to the Committee as the permanent replacement for CC Alycia James.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

There were no declarations of interest at this time.

3. Minutes of the Meeting Held on 14 June 2016

Resolved: Minutes from the meeting held on 14 June 2016 be confirmed and signed by the Chair.

4. Transforming Care - Proposed redesign of Learning Disability services in the North West

Mary Hardie, Andrew Simpson and Lesley Patel were welcomed from NHS England North Specialised Commissioning Team to deliver a presentation on the progress of the engagement process with stakeholders on proposals relating to services for adults with learning disabilities.

The consultation document was reported to be near completion. And it was confirmed that the option to be proposed was around the moving of the learning disabilities service from Calderstones (now renamed as Mersey Care Whalley) and hoped to have the consultation completed by the end of the year.

It was confirmed that the proposal would include medium secure services as well as low secure services provided at Mersey Care Whalley. There were reported to be around 100 service users remaining in Mersey Care Whalley from the North West with 47 of those from Lancashire. Members were advised that they were in the process of mapping out their needs and requirements to determine a pathway of care. From this exercise, it was reported to be anticipated that less than half of the 47 service users would come back into the community.

The Committee were informed that for new service users, the challenge would be around investment, care packages and how the use of pooled budgets (with health and social care) would work to support those service users. For existing service users, pooled budgets could help to support the dowry (for those service users in care for five years or more).

It was acknowledged that for those requiring lifelong care, there was a continuing need to ensure that the required level of care was appropriate to improve their lives.

Members were informed that the four Transforming Care Partnerships in the North West were tasked with drafting plans to support the transformation (which can be found through the link below).

<https://www.england.nhs.uk/learningdisabilities/tcp/north/>

Highlights from the discussions are outlined below:

- It was confirmed that services would need to be developed in communities in order to support this proposal by securing investment through the Fast Track and Transforming Care Partnership and working in partnership with voluntary and independent sectors.
- The Committee expressed concerns around funding to support sustaining the redesign.
- It was recognised that this was a challenging time for staff on the Whalley site as they go through the process of service redesign and were looking at options for redeployment to utilise their experience and expertise in this area of work.

- Members were assured that there would be a requirement for risk assessments to be completed to ensure the safety of service users and communities and to ensure that any level of restriction was appropriate for service users.
- It was reported that plans would include ensuring staff had the appropriate skill sets for the service redesign and providers would need to develop their staff for the future needs.
- It was confirmed that there were some providers for low secure services already in place across the North West footprint who may be requested to continue the provision of services.
- Members were advised that as this was a national programme, evaluation was already taking place through data collection and review.

Resolved: The Health Scrutiny Committee noted and commented on the engagement process.

5. Emergency Care Crisis - Chorley

On 13 April, Lancashire Teaching Hospitals Trust notified a number of stakeholders and the public that they had taken the decision to temporarily close the A&E Department at Chorley and South Ribble Hospital and introduce an Urgent Care Service which would be open between the hours of 8am and 8pm with a GP Out of Hours service overnight. The reason given by the Trust for the decision was due to insufficient numbers of middle grade doctors required to deliver a safe service. The temporary change came into effect on Monday 18 April 2016.

The Health Scrutiny Committee consequently held a series of meetings to establish how the situation came to be, what steps needed to be taken by the Trust to resolve the situation, and what lessons could be learnt from the NHS for the future.

The report produced and circulated to committee members outlined the background, findings, conclusions and recommendations following investigations from the Committee.

Members of the Committee were invited to comment and raise questions and a summary of the discussion is set out below:

- It was confirmed that the first step would be the receipt of the plan from the Trust for service provision by 22 November. Members agreed there would be a need for regular updates in relation to the plan. It was confirmed that a request for weekly updates would be submitted to the Trust.
- Members felt that the national picture was an indication of the recruitment issues, despite the agency cap put in place to alleviate this, and there was a need to maintain a strategic view across Lancashire.

- It was proposed that there was a need to look at funding to assist with the outcomes and how the sector was going to meet the funding gap which links to the Sustainability and Transformation Plan.
- It was suggested that the Trusts could engage together more effectively to identify new ways to assist with the current staffing issues. It was confirmed that this would be fed back to the Trust on behalf of Committee.
- In relation to the Urgent Care Centre increasing the opening hours to midnight, members requested assurances that the Trust would advise the Committee once additional staff were available to meet this recommendation.
- Members agreed there was a need to ensure effective communication to the public on the Urgent Care Centre service offer.
- It was suggested that there may be a need to understand whether the staffing issues were as a consequence of the high cost to undertake the necessary qualifications and how this could be addressed.
- The Health Scrutiny Committee gave thanks for the support from Wendy Broadley and Josh Mynott in the production of this comprehensive report.

Following discussions, the Committee requested amendments to two of the recommendations in the report:

Recommendation 8 - The Trust should make every effort to increase the Urgent Care Centre opening hours on the Chorley site to 6am – midnight as additional staff are appointed – to include effective publicising of the Urgent Care Centre to give members of the public a greater understanding of the services provided to assist with the pressure on neighbouring hospitals.

Recommendation 10 - For the future, a more open approach to the design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents – to include engagement with residents to understand what services are available and where.

Resolved: The Health Scrutiny Committee approved the recommendations contained within the report attached at Appendix A (subject to amendments suggested).

6. Health Scrutiny Committee Work Plan 2016/17

The Committee were presented with the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in on the 9 May 2016 and also additions and amendments agreed by the Steering Group.

Resolved: That;

- i. The Health Scrutiny Committee noted and commented on the report.

- ii. Confirmation be sought on the Case for Change report due to be presented at the October meeting of the Health Scrutiny Committee.

7. Report of the Health Scrutiny Committee Steering Group

The Committee received a report of the Steering Group which included minutes from meetings held on the 8 February 2016, 7 March 2016, 18 April 2016 and 27 June 2016.

Resolved: The Health Scrutiny Committee received and noted the report.

8. Recent and Forthcoming Decisions

The Committee's attention was drawn to forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the Committee, in order that this could inform possible future areas of work.

Resolved: That the report be received.

9. Urgent Business

There were no items of urgent business.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 18 October at 10.30am in Cabinet Room C, County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 18 October 2016

Electoral Division affected:
(All Divisions);

Lancashire & South Cumbria Sustainability and Transformation Plan

Contact for further information:

Wendy Broadley, Senior Democratic Services Officer (Overview & Scrutiny),
wendy.broadley@lancashire.gov.uk

Executive Summary

The Health Scrutiny Committee will receive a presentation on the development of the Lancashire & South Cumbria Sustainability and Transformation Plan.

Recommendation

The Committee is asked to note and comment on the presentation.

Background and Advice

There have been improvements in health and care in Lancashire and South Cumbria over many years. People with cancer and heart conditions are experiencing better care and living longer, trauma care and those suffering heart attacks receive some of the best specialised care. However as demand for services grows due to the population getting older and poor health lifestyle choices persist there is a growing gap between rapidly rising demand and quality care. This can only be addressed if we re-design the health and care system to best meet all our resident's needs.

The plan being developed to do this is at an early stage is called the Sustainability and Transformation Plan (STP) and depends upon the widest level of involvement.

Sam Nicol and Roger Baker will provide a presentation on the progress of the STP.

Consultations

n/a

Implications:

This item has the following implications, as indicated:

Risk management

There are no risk implications identified within this report.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Tel
n/a	n/a	n/a

Reason for inclusion in Part II, if appropriate

NA

Health Scrutiny Committee

Meeting to be held on 18 October 2016

Electoral Divisions affected: All

Report of the Health Scrutiny Committee Steering Group

(Appendices 'A' to 'C' refer)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

wendy.broadley@lancashire.gov.uk

Executive Summary

On the 4 July 2016, a special meeting of the Steering Group was convened to discuss and draft a report regarding issues arising from the temporary replacement of Chorley A&E by an Urgent Care Centre. A summary of the meeting can be found at Appendix A.

On the 18 July 2016, the Steering Group met with Dave Rigby from the North West Ambulance Service and Paul Simic from the Lancashire Care Association to provide an update to the group on services and any current issues. A summary of the meeting can be found at Appendix B.

On the 19 September 2016, the Steering Group met with Sarah James, Matt Gaunt and Mark Pugh from Lancashire Teaching Hospitals to provide a presentation with an overview of the Our Health Our Care programme. It outlined the purpose, timescales and assurance mechanisms, and was intended as a start of a discussion about how Health Scrutiny Committee could be kept updated and involved in the programme moving forwards. A summary of the meeting can be found at Appendix C.

Recommendation:

The Health Scrutiny Committee is asked to receive the report of the Steering Group.

Background and Advice

The Scrutiny Committee approved the appointment of a Health Scrutiny Steering Group on 11 June 2010 following the restructure of Overview and Scrutiny approved by Full Council on 20 May 2010. The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Liberal Democrat Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of the increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

- To act as the first point of contact between Scrutiny and the Health Service Trusts;
- To make proposals to the main Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To liaise, on behalf of the Committee, with Health Service Trusts;
- To develop a work programme for the Committee to consider.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the full Committee for consideration and agreement.

Consultations

N/A.

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985 List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 4th July, 2016 at 2.00 pm in County Mess, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle
F Craig-Wilson
Y Motala
M Otter

Co-opted members

Cllr H Khan
Cllr MJ Titherington
Cllr E Higgins

1. Apologies

Apologies received from County Councillor Yousuf Motala.

2. Draft report of Steering Group re issues arising from the temporary replacement of Chorley A&E with an Urgent Care Centre

Chair welcomed members to this special meeting of the Steering Group to discuss and draft a report regarding issues arising from the temporary replacement of Chorley A&E by an Urgent Care Centre.

Discussions centred around four main areas of concern; impact on neighbouring A&E's, recruitment and retention of staff, training and communication.

It was confirmed that the additional information requested on any potential impact on the A&E Departments in neighbouring Trusts has not yet been received. It was agreed that although this information was required to assist with the recommendations, it should not delay it.

The following areas of concern were highlighted:

- Neighbouring Trusts were reporting they were at full capacity and therefore not available to take on extra patients. It was felt that

sustainability could be considerably compromised if Chorley A&E remained closed.

- Impact on patients due to the additional travelling distance required to reach the nearest A&E Department particularly in critical situations.
- There continues to be conflicting evidence around the level of impact on other Trusts and members felt need to express caution on its validity.
- Possible ripple effect outside of Lancashire.

Members then went on to discuss the information received around the recruitment and retention of staff:

- Information received indicated that only 3 out of 35 applications received were suitable. It was felt that there was a need to determine why recruitment continues to be an issue and what has been put in place to challenge this.
- It was felt that junior doctors should not be included as part of the staffing numbers to help reduce the impact should training places not be filled.
- It was acknowledged, and understood, that the Chorley A&E Department closed due to clinical safety, however there were serious concerns that the staffing issue was not shared with partners earlier and felt that a 'crisis management' approach was used.
- It was acknowledged that Lancashire Teaching Hospitals Trust (LTHT) held the agency cap for as long as possible but it was unclear as to the underlying reasons for staffing issues at Chorley Hospital, whilst other Trusts were able to maintain an A&E provision.
- There continues to be national issues of discrepancy between substantive and locum staff.
- In relation to overseas recruitment of doctors, it was understood that there continues to be issues around knowledge and experience of an emergency department system similar to the NHS depending on where doctors are recruited from.
- It was recognised that despite action taken in the key areas identified to enable the reopening of Chorley A&E, no significant progress had been made and it was suggested that there was a need to look at good practice in other Trusts to identify alternative possible solutions.

It was acknowledged by members that training places impacted further on the staffing situation which was highlighted in the following:

- From information received from Health Education North West (HENW), there were a large number of training posts for Lancashire in comparison to other Trusts and that the demand for these places which had reduced over the years was not adequately acknowledged or addressed.
- It was felt that national issues which included the reduction of training places required a fundamental review to assist with a longer term solution.

- Chorley Hospital no longer has the relevant facilities to meet the criteria set to be a training site for trainees in emergency medicine (trauma, paediatrics or intensive care).
- It was felt that the Trust seemed to place an over reliance on trainee posts to supplement their staffing structure.

A further area of concern related to communications where the following areas were highlighted:

- Members felt that the Clinical Commissioning Group's (CCG) should have more of a lead role in identifying issues and solutions.
- Long term future use of Chorley Hospital overall appears to be unclear, in light of key service areas withdrawn over recent years.
- It was felt that the Trust must take responsibility for the poor management of the issue in terms of communicating concerns early enough to partners and formulating an action plan to deal with such an event.

In addition to the four key areas discussed, members expressed concern in relation to the urgent care hours of 8am-8pm. Outside of these hours, patients would be required to attend neighbouring A&E's. It was felt that these hours should be extended to at least midnight if 24 hr urgent care was not possible to help reduce any impact on the neighbouring A&E's.

Further to this, members discussed the impact that the continuing closure of Chorley A&E would have on any county wide plans for potential emergency situations (such as a terrorist event or major transport collision).

Recommendations:

- Letter from the Committee to go out to neighbouring Trusts to request data relating to potential impact on other A&E Departments.
- Urgent Care Centre opening hours are not adequate as a temporary measure and at the very minimum it should be 8 – midnight.
- CCG should take more of a lead role in driving a resolution forward.
- LTHT to address the issue of trainee posts with regard to the long term sustainability of staffing structures.
- Challenge the requirement for A&E to be staffed with middle grade doctors?
- LTHT to seek best practice from other Trusts.

I Young
 Director of Governance, Finance
 and Public Services

County Hall
 Preston

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 18th July, 2016 at 2.00 pm in Scrutiny Chairs' Room, B18b, 1st Floor, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala
Mrs F Craig-Wilson

1. Apologies

None.

2. Notes of the last meeting

Resolved: Notes from the last meeting agreed as an accurate record.

3. Updates from Lancashire Care Association and NWAS

Paul Simic from the Lancashire Care Association (LCA) and Dave Rigby from the North West Ambulance Service (NWAS) were welcomed to the meeting to provide an update to the group.

The group highlighted the need to obtain data from health colleagues particularly in light of recent events at Chorley Hospital and the temporary closure of A&E.

Dave Rigby, Business Support Manager, advised the group that NWAS is data rich in information that could be shared depending on the confidentiality levels. It was reported that data which could be shared included:

- Handover times from the ambulance service to the hospital including comparisons over different time periods.
- Information included in the monthly report from the Ambulance Liaison Coordinator.
- In relation to the Chorley A&E temporary closure, data could be provided to identify changes to handover times as a result of increase in patient numbers attending other A&E's such as Royal Preston Hospital.

NWAS were reported to be working closely with hospitals on handover times. In addition, an updated version of the electronic system used was due to be released which would allow for information to be sent straight to the hospital prior to arrival.

In relation to mental health patients, the group were advised that NWAS linked in with the police depending on the type of call out and were working with partners to identify where the most appropriate place would be to treat mental health patients (although the default would be A&E). In addition a conveyancing protocol was reported to be in place to ensure mental health patients were transported appropriately and included a timeframe of what would be achieved.

It was reported that the fire service now deal with gaining entry access (rather than the Police) and mental health teams liaise with them rather than the police which has assisted with response times.

The group were advised that there are still ongoing issues around the linking up with the different services across the NHS but there are a number of smaller services in place to assist with demand and to mitigate changes. But it was recognised that although there are many good initiatives in specific areas, they are not necessarily replicated across Lancashire.

It was highlighted that the 'Frequent caller' team has now linked in with the police for a multi-disciplined approach. This was reported to be a good initiative which has shown results. In addition, through the wellbeing initiative, any cases of potential social isolation would be referred to the wellbeing team to then link into support services.

Paul Simic, CEO for LCA, reported that there has now been a care home in the North West which has been awarded as outstanding by CQC. It was felt that although it would be appropriate to look at what this home does well, it would not necessarily provide the evidential impact required to use this as an example in a potential good practice event. But it highlighted to the group that there was a need for the sharing of best practice across care homes.

The group were advised that the biggest age group for falls is the 75 plus age group. A falls service was reported to be available in the Fylde and Wyre area (funded by the CCG) which was highlighted as another example of a good initiative not replicated across the six CCG's. Dave Rigby confirmed that data could be provided from NWAS on falls which could be drilled down to specific care homes, by postcode or timeframe.

Paul reported that workforce remains the biggest issue in care homes with a crisis in nursing, care assistant staff, registered care managers and with staff retention.

In relation to Healthier Lancashire and the strategic overview, it was felt that there was a lot going on but there were concerns around communication. A number of meetings continued to take place which included the Health and Social Care Partnership Forum, Regulated Care Workstream (looking at integration and what it means) and the Pennine Lancashire Group which is due to hold its first meeting on the 21st July (seven full days to look at system design).

Resolved: That

1. Wendy to liaise with Dave Rigby for all future data requirements with NWAS.
2. The Health & Wellbeing Board be asked to consider how health and residential care partners can share best practice across the county.

4. Date of next meeting

Monday 12th September at 2pm, Room B18b County Hall

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee - Steering Group

Minutes of the Meeting held on Monday, 19th September, 2016 at 2.00 pm in County Mess, County Hall, Preston

Present:

County Councillor Steven Holgate (Chair)

County Councillors

M Brindle Y Motala
Mrs F Craig-Wilson

1. Apologies

None noted.

2. Notes of the last meeting

Resolved: Notes from the last meeting agreed as an accurate record.

3. Our Health, Our Care

Sarah James, Programme Director, Our Health Our Care, Mark Pugh, Medical Director, Lancashire Teaching Hospitals and Matt Gaunt, Finance Lead, were welcomed to the meeting.

The presentation circulated to the group provided an overview of the Our Health Our Care programme. It outlined the purpose, timescales and assurance mechanisms, and was intended as a start of a discussion about how Health Scrutiny Committee could be kept updated and involved in the programme moving forwards. A copy is appended to the minutes.

The group were provided with the following information on the Solution Design Phase currently in progress:

- Development of new models of care through events/workshops held every six weeks until March 17 including three public engagement events
- Focus on the Prevention agenda - services and funding currently concentrated on in hospital care and looking to identifying ways to move focus to alleviate current demand.
- Most of the steps already in programme but need to build on this and get them in the right order.

It was highlighted that there continued to be a growing need for in hospital services due to an aging population and patients with complex needs. In

addition, there were reported to be increasing lifestyle related conditions such as diabetes which also impact on service demand.

It was reported that GP services were underfunded and that the strategy must recognise and address this. It was also identified that some services currently only available through hospitals could be made available through GP surgeries and to utilise those doctors in the community who have experience in other areas of medicine that would not have an opportunity to use at a local practice.

It was confirmed that although more resources have now been put in place, there has been no significant change. There continued to be a need to pinpoint areas of concern to be more effective in reducing hospital service pressure.

The group were informed that there was a need to ensure an effective step up/step down process between community based care and acute care.

It was confirmed that there was representation from the voluntary sector and from planning and policy in relation to housing. In addition, as other areas in Lancashire are further ahead in this area of work, learning will be taken from those areas as well as examples of good practice.

In relation to managing expectations and awareness raising for the public, the following areas were highlighted:

- Although there seemed to be a heightened interest in local health there was an awareness of those who do not engage and it was confirmed that a young person participation group has been set up to look at different ways to assist with engagement i.e. the use of technology
- There continued to be a need to ensure hard to reach groups are engaged.
- It was recognised that there was a need to manage the expectations of the public but to also ensure that referrals are narrowed down significantly to those who really do need it
- Ensuring engagement in consultation and the promotion of to BME communities

Resolved:

- i. Steering Group noted the update report
- ii. Agreed for a progress report to come back to the January meeting of the Steering Group

4. Date of next meeting

Monday 10 October at 2pm, Room B18b, County Hall

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on 18 October 2016

Electoral Divisions affected: All

Health Scrutiny Committee Work Plan 2016/17

(Appendix A refers)

Contact for further information:

Wendy Broadley, 07825 584684, Democratic Services,

wendy.broadley@lancashire.gov.uk

Executive Summary

The Plan at Appendix A is the work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews.

The topics included were identified at the work planning workshop that members took part in on the 9 May 2016 and also additions and amendments agreed by the Steering Group.

Recommendation

The Health Scrutiny Committee is asked to note and comment on the report.

Background and Advice

A statement of the current status of work being undertaken and considered by the Committee is presented to each meeting for information.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel
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N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Draft Health Scrutiny Committee – 2016/2017 Work Plan

Updated – 18.10.16

Health Scrutiny Committee	
Date	Topic
26 April	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Explanation from the Trust
24 May	Lancashire Teaching Hospitals Trust (Chorley A&E) - investigation into temporary replacement of A&E Department with an Urgent Care Centre. Recruitment issues
14 June	Lancashire Teaching Hospitals Trust (Chorley A&E) b- investigation into temporary replacement of A&E Department with an Urgent Care Centre. Sustainability issues
26 July	Meeting cancelled
20 September	<ul style="list-style-type: none"> • NHS England Specialised Commissioning – proposals for in-patient services for adults with learning disabilities. • Report on the emergency care crisis in Chorley
18 October	<ul style="list-style-type: none"> • Healthier Lancashire & South Cumbria Change Programme – Case for Change • NHS Improvement
22 November	<ul style="list-style-type: none"> • Response to the Emergency Care Crisis – Chorley report from LTHT • Health & Wellbeing Partnerships – role of influence

10 January	<ul style="list-style-type: none"> • Health & Wellbeing Board – annual review • Healthwatch – annual review • Sustainable Transformation Plans – focus on vanguards
28 February	<ul style="list-style-type: none"> • Care in the home and suitability of housing
11 April	<ul style="list-style-type: none"> • Mental Health services – focus on The Harbour

Steering Group	Progress
Occupational Therapy	Update on service under new structure arrangements
Southport & Ormskirk Hospital Trust	Outcome of senior management suspensions
Care Home sector	Regular updates from Lancashire Care Association
SOHT – retendering of Community Services	Updates on the procurement of services
Rosendale Task Group report on NWS	Update on response to recommendations
Update on Adult Social Care issues	Periodic updates provided by Tony Pounder
Mental Health Services	Met with officers to discuss service issues
Adults with Learning Disabilities	Met with officers from the CCG and then NHSE Specialised Commissioning Team
Improved access to GP services in East Lancashire	Met with CCG
Our Health, Our Care – Chorley South Ribble and Greater Preston CCG	Met with officers from CCG and LTHT

ongoing design of new models of care	
Lancashire Care Association	Regular meetings with Paul Simic
North West Ambulance Service	Meeting with Trust to discuss data sources and information sharing

Task Groups:

- Shortage of Nurses – request presented to Scrutiny Committee 13 November. Approved.

Health Scrutiny Committee

Meeting to be held on 18 October 2016

Electoral Division affected: None

Recent and Forthcoming Decisions

Contact for further information:

Wendy Broadley, Democratic Services, 07825 584684

wendy.broadley@lancashire.gov.uk

Executive Summary

To advise the committee about recent and forthcoming decisions relevant to the work of the committee.

Recommendation

Members are asked to review the recent or forthcoming decisions and agree whether any should be the subject of further consideration by scrutiny.

Background and Advice

It is considered useful for scrutiny to receive information about forthcoming decisions and decisions recently made by the Cabinet and individual Cabinet Members in areas relevant to the remit of the committee, in order that this can inform possible future areas of work.

Recent and forthcoming decisions taken by Cabinet Members or the Cabinet can be accessed here:

<http://council.lancashire.gov.uk/mgDelegatedDecisions.aspx?bcr=1>

The County Council is required to publish details of a Key Decision at least 28 clear days before the decision is due to be taken. Forthcoming Key Decisions can be identified by setting the 'Date range' field on the above link.

For information, a key decision is an executive decision which is likely:

- (a) to result in the council incurring expenditure which is, or the making of savings which are significant having regard to the council's budget for the service or function which the decision relates; or
- (b) to be significant in terms of its effects on communities living or working in an area comprising two or more wards or electoral divisions in the area of the council.

For the purposes of paragraph (a), the threshold for "significant" is £1.4million.

The onus is on individual Members to look at Cabinet and Cabinet Member decisions using the link provided above and obtain further information from the officer(s) shown for any decisions which may be of interest to them. The Member may then raise for consideration by the Committee any relevant, proposed decision that he/she wishes the Committee to review.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no significant risk management or other implications

**Local Government (Access to Information) Act 1985
List of Background Papers**

Paper	Date	Contact/Directorate/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A