

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Tuesday, 23rd January, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

### **Agenda**

#### **Part I (Open to Press and Public)**

<b>No.</b>	<b>Item</b>
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<b>1.</b>	<b>Apologies</b>
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<b>2.</b>	<b>Disclosure of Pecuniary and Non-Pecuniary Interests</b>
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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.

- |           |  |                 |
|-----------|--|-----------------|
| <b>3.</b> | <b>Minutes of the Meeting Held on 12 December 2017</b> | (Pages 1 - 4)   |
| <b>4.</b> | <b>Delayed Transfers of Care</b>                       | (Pages 5 - 30)  |
| <b>5.</b> | <b>Scrutiny of Budget Proposals 2018/19</b>            | (Pages 31 - 46) |
| <b>6.</b> | <b>Report of the Health Scrutiny Steering Group</b>    | (Pages 47 - 50) |
| <b>7.</b> | <b>Health Scrutiny Committee Work Plan 2017/18</b>     | (Pages 51 - 60) |

<b>8.</b>	<b>Urgent Business</b>
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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.

<b>9.</b>	<b>Date of Next Meeting</b>
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The next scheduled meeting of the Health Scrutiny Committee will be held on Monday 5 March 2018 at 10.30am at County Hall, Preston.

County Hall  
Preston

L Sales  
Director of Corporate Services

## Lancashire County Council

### Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 12th December, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Peter Britcliffe (Chair)

#### **County Councillors**

J Purcell	C Edwards
J Burrows	M Iqbal
S Clarke	M Pattison
Ms L Collinge	P Steen
G Dowding	C Towneley

#### **Co-opted members**

Councillor David Borrow, (Preston City Council)  
Councillor Colin Hartley, (Lancaster City Council)  
Councillor Bridget Hilton, (Ribbles Valley Borough Council)  
Councillor G Hodson, (West Lancashire Borough Council)  
Councillor Hasina Khan, (Chorley Borough Council)  
Councillor Julie Robinson, (Wyre Borough Council)

County Councillor Stephen Clarke replaced County Councillor Eddie Pope and Councillor David Borrow replaced Councillor Roy Leeming.

#### **1. Apologies**

Apologies were received from Councillors Barbara Ashworth, Wayne Blackburn and Matthew Tomlinson.

#### **2. Disclosure of Pecuniary and Non-Pecuniary Interests**

County Councillor Lizzi Collinge disclosed a non-pecuniary interest as her post was funded by Lancashire Care Foundation Trust and her husband worked for NHS England.

#### **3. Minutes of the Meeting Held on 31 October 2017**

**Resolved:** That the minutes from the meeting held on 31 October 2017 be confirmed as an accurate record and signed by the Chair.

## **5. Suicide Prevention in Lancashire**

It was agreed by the Chair to bring Item 5 – Suicide Prevention in Lancashire forward in the meeting. Chris Lee, Public Health Specialist (Behaviour Change), was welcomed to the meeting and provided an overview of the key work that had been undertaken to date. A copy of the presentation was provided with the agenda papers.

The Committee noted that on 4 April 2017, the Chair of the House of Commons Health Committee, Dr Sarah Wollaston MP, wrote to all Chairs of Health Scrutiny Committees to recommend that all Health Overview and Scrutiny Committees be involved in ensuring effective implementation of local authorities' suicide prevention plans and that this should be established as a key role of these Committees.

It was also noted that short term outcome no.3 under leadership within the Lancashire and South Cumbria STP Suicide Prevention Logic Model (Action Plan) set out to identify Elected Members from all Local Authorities [within the Lancashire and South Cumbria footprint] to take on the role of Mental Health and Suicide Prevention Champion. In considering these points it was;

**Resolved:** That:

1. The Leader nominate a member Champion for Mental Health and Suicide Prevention;
2. The Leader and Cabinet Member for Health and Wellbeing write to all district councils in Lancashire to consider identifying an elected member for the role of Mental Health and Suicide Prevention Champion;
3. Options for Elected Member Champion involvement in the newly formed Lancashire Suicide Prevention Partnership be considered;
4. A training session on Mental Health awareness be arranged for all the appointed Mental Health and Suicide Prevention Champions and any County Councillors who wish to attend;
5. A progress report be presented to the Health Scrutiny Steering Group in six months' time with attendance from the Mental Health and Suicide Prevention Champions; and
6. Progress be monitored by the Committee on an annual basis with an update report to be presented to the Health Scrutiny Committee in December 2018.

## **4. Improvements to Mental Health provision in Lancashire**

The Chair welcomed from the Lancashire Care Foundation Trust (LCFT), Bev Liddle, Team Leader; Alistair Rose, Projects Director; and Steve Winterson, Engagement Director, to the meeting. They presented to the Committee on the planned changes for mental health inpatient provision in the Pennine Lancashire and Central Lancashire areas. A copy of the presentation was provided with the agenda papers.

The planned changes represented the next phase of improvements to mental health provision in Lancashire that commenced with a formal consultation in

2006, which was formally signed off by the Joint Primary Care Trust, the Joint Lancashire, Blackpool and Blackburn Mental Health Overview and Scrutiny Committee in Spring 2017 and the launch of a ten year programme of reconfiguration.

There were two main challenges in Lancashire. Recruitment of staff was one. The other was the demand on services. From the presentation it was noted that in Lancashire, GP referrals were 2.7 x the national average. The Committee was informed that this was not because GPs were doing anything wrong, but how the Trust can support a GP to address the mental health need at that point such as placing mental health nurses into practices. It was reported that referrals had reduced to 2.2x the national average and that officers expected the number to continue to reduce.

Lancashire had slightly below the mean number of beds for its population. However, the planned changes would allow people to be referred closer to home and speed up access to services particularly in the criminal justice system. Enhanced community services for those people who would not require an inpatient bed was key to the success of reconfiguration.

It was reported that the planned changes would be completed by the end of 2018.

**Resolved:** That the;

1. Planned changes for a site in Pennine Lancashire remain the original proposal as previously supported by the Joint Lancashire Health Scrutiny Committee at its meeting on 13 November 2012 be noted; and
2. Planned changes for a site in Central Lancashire to be located at the former mental health inpatient accommodation the Chorley Hospital site be supported.

## **6. Health Scrutiny Steering Group Report, Revised Purpose and Work Plan 2017/18**

The report set out an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 15 November 2017, including a revised purpose for the Group for the remainder of the 2017/18 municipal year. A revised work plan was also presented.

A request to place the Healthy Child Programme contract on the work plan was made. It was reported that the scrutiny function could not intervene in this matter. The tender process was currently in a legal standstill period to allow any unsuccessful bidders to lodge a formal appeal. The County Council had yet to publicly announce the successful bidder depending on the outcome of any subsequent appeals lodged.

It was suggested that the Healthy Child Programme contract be referred to the January 2018 meeting of the Health Scrutiny Steering Group.

**Resolved:** That the;

1. Report of the Steering Group be received;
2. Revised purpose of the Steering Group for the remainder of the 2017/18 municipal year be agreed;
3. Revised work plan for the Committee for 2017/18 be noted; and
4. Healthy Child Programme be referred to the next scheduled meeting of the Health Scrutiny Steering Group in January 2018, subject to the legal position at that time.

**7. Urgent Business**

There were no items of Urgent Business.

**8. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will take place on Tuesday 23 January 2018 at 10.30am in Cabinet Room C (The Duke of Lancaster Room) at the County Hall, Preston.

L Sales  
Director of Corporate Services

County Hall  
Preston

## Health Scrutiny Committee

Meeting to be held on Tuesday, 23 January 2018

Electoral Division affected:  
(All Divisions);

### Delayed Transfers of Care

(Annex 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny),

gary.halsall@lancashire.gov.uk

#### Executive Summary

Report regarding the number of delayed days that are attributable to social care in respect of interaction between the County Council and Lancashire Teaching Hospitals Trust.

#### Recommendation

The Health Scrutiny Committee is asked to formulate recommendations in relation to the reasons and actions as set out in the report at annex 'A'.

#### Background and Advice

The Health Scrutiny Steering Group at its meeting on 15 November 2017, received a general service update including matters relating to delayed transfers of care (DTC) from Tony Pounder, Director of Adult Social Care. At that meeting data regarding the number of delayed days that were attributable to social care in respect of all Acute Trusts in Lancashire was provided.

In considering the data the Steering Group was keen to identify why the figures in relation to the number of delayed days between Lancashire Teaching Hospitals Foundation Trust and the County Council had reached a substantial level. It was agreed that in preparation for the Health Scrutiny Committee meeting scheduled for 23 January 2018, that briefing notes be requested from both parties setting out the key reasons for delayed days that were attributable to social care in respect of interaction between the County Council and Trust and what needed to happen in order to reduce the number of delays. The briefing note is set out at annex 'A'.

It should be noted that the County Council currently has an open tender opportunity for the provision of consultancy services on DTC. The tender is for a single provider framework agreement whereby the successful tenderer will be asked to conduct an assessment(s) of the causes of Delayed Transfers of Care and create a design(s) for improvements across one or more of the three areas of the Lancashire

and South Cumbria STP footprint. Options for the delivery of the implementation plan will be included as part of this work, however the implementation phase is outside of the scope of the current tender. The final scope/detail will inform a more detailed specification for each individual assessment and design and will be provided as a call-off order under the framework agreement." The tender process closes on 9 February 2018, with a contract start date of 1 April 2018 for two years (contract end date 31 March 2020).

The Committee is requested to formulate recommendations in relation to the reasons and actions as set out in the report at annex 'A'.

### **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/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A



## **Delayed Transfers of Care – Lancashire Teaching Hospital (LTH) and Lancashire County Council (LCC)**

### **Context**

'Delayed Transfers of Care' (DTOC) is one measure among a number which demonstrate the flow of patients through the health and social care system in a local area.

There are technical definitions of what constitute a DTOC but essentially it involves a judgement that an individual who is a patient in hospital should no longer be there, and should either be back in their own home or in some other form of care provision such a nursing home or a residential care home.

The data for Lancashire shows that the level of DTOC is high compared to national averages, and is above NW regional averages.

Within the Lancashire and South Cumbria Sustainability and Transformation footprint LCC performance is ahead of Cumbria and Blackpool Councils, but well behind that of Blackburn with Darwen Council.

Within and outside of Lancashire there are a number of hospitals which service Lancashire citizens and all report a level of DTOCs. The data set for November 2017 was published on 11 January 2018 and a LCC summary of that data is attached as an appendix to this report. This shows the performance across Lancashire over a number of months. The report clearly shows that DTOC performance at Lancashire Teaching Hospital is much worse than in other local hospitals serving Lancashire citizens.

### **Reasons**

Delays in LTH may be for several reasons and a significant proportion of these may be the result of family delays or challenges in NHS services. However the main areas affecting social care delays are

- Waiting for assessments to be completed
- Waiting for residential or nursing home places
- Waiting for home care packages

### **Actions**

Despite the significant improvements in reported DTOC social care performance since February 2017 both LCC or LTH are aware DTOC performance in both absolute and relative terms remains poor. This creates genuine operational pressures for the system and reflects poorly on the reputations of both organisations and on public confidence.

There are a number of key actions that NHS and LCC are underway or committed to and further details can be provided at the meeting. In brief these are

- a) Development of a variety of schemes or increases to existing services using the improved Better Care Fund (iBCF). These were approved in September 2017 by the Health and Well Being Board and the schemes are either underway or scheduled to be launched shortly once recruitment has been completed. These schemes are all in response to the Dept of Health expectation we invest new money to improve DTOC according to a national framework known as the High Impact Change Model. Progress on these can be shared at the meeting
- b) Further investment to support extra capacity across the winter months from January to March 2018. This was approved on 15 December 2017 by the Health and Well Being Board utilising slippage money from the iBCF. Progress on these can be shared at the meeting
- c) Two leadership sessions, one either side of Christmas to further investigate and remedy some of the barriers in regards to DTOC. The first of these was under the auspices of the Central Lancashire Accident and Emergency Board, and involved key local senior personnel in the statutory NHS organisations and from LCC. The second event was a Lancashire wide event and was under the auspices of the Health and Well Being Board and enabled a considerable level of shared learning of what seems to work best in improving DTOC performance
- d) A 'DTOC Counting Workshop' facilitated by NHS England and the LGA which was held on 12 January 2018. This was held for all organisations across the whole of the Lancashire and South Cumbria STP footprint and in due course should ensure reporting is more consistent across the footprint
- e) A commitment to working further together with the support of external agencies as agreed with the NHS England and LGA to ensure major and sustainable improvements are made in the months ahead. This may be through a combination of local staff and externally commissioned support.

### Conclusion

Both LCC and LTH are committed to making improvement in DTOC performance. The Health and Well Being Board have committed resources to increasing service capacity, availability and performance. Leaders across both organisations have committed to working together to make sustained headway, and operational management and frontline staff remain dedicated to doing the best they can to improve joint working in the interests of better outcomes for individuals.

**Tony Pounder**

**Director of Adult Services**

**Lancashire County Council**

**&**

**Suzanne Hargreaves**  
**Director of Operations**  
**Lancashire Teaching Hospital**



# Lancashire DToC Nov-17

## Delayed Transfers of Care (DToC) Analysis

## Data Sources Used in this Report

### DToC

All figures relating to the number of delayed days or the number of DToC bed days have been taken from the CSV Format Monthly Delayed Transfers of Care files as published on the NHS website on the second Thursday of each month at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

### Population

Rates per 100,000 population for each local authority use the appropriate mid-year estimates for the population aged 18+ as produced by the Office for National Statistics each year.

## Version Control

**Document name:** Lancashire DToC Nov-17

**Version:** 02

**Date:** 12 January 2018

### Document control / revision history

Version	Revision date	Summary of changes
01	11/01/2018	
02	12/01/2018	Addition of data sources note on page 1

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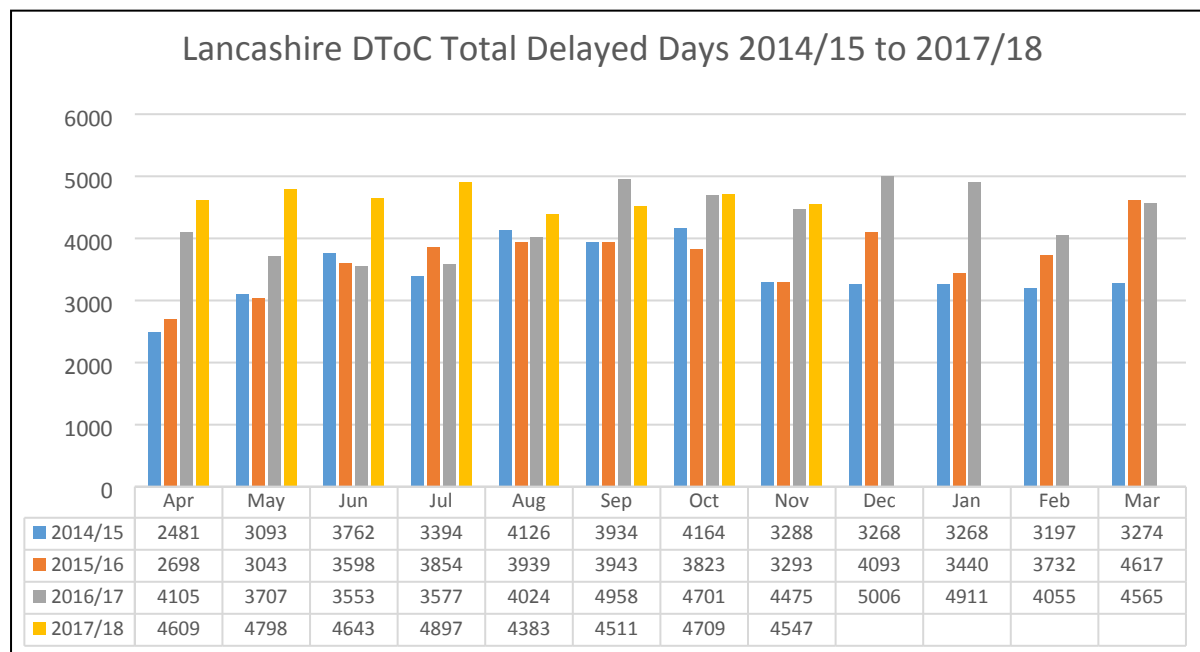
W: [www.lancashire.gov.uk/lancashire-insight](http://www.lancashire.gov.uk/lancashire-insight)

# Contents

<b>1</b>	<b>Lancashire Overview .....</b>	<b>3</b>
1.1	Lancashire Detail Nov-17 .....	3
1.2	Proportions attributable to NHS and social care .....	4
<b>2</b>	<b>DToC Targets .....</b>	<b>5</b>
2.1	Better Care Fund.....	5
2.2	DToC Bed Days per 100,000 population aged 18+ .....	5
2.3	ASCOF 2C indicators.....	9
<b>3</b>	<b>Provider Analysis.....</b>	<b>10</b>
3.1	Trend Analysis for Lancashire Main Providers.....	10
3.2	Provider Detail – Lancashire Residents .....	11
3.3	Provider Detail – All Residents.....	12
3.4	Provider Average .....	15
<b>4</b>	<b>Reason for Delay.....</b>	<b>17</b>

# 1 Lancashire Overview

The Lancashire monthly total for delayed days has decreased by 162 days from 4709 in Oct-17 to 4547 in Nov-17, a decrease of 3.4% (compared with an overall decrease of 9.6% for our comparator authorities and a decrease of 8.8% for all authorities).



## 1.1 Lancashire Detail Nov-17

	Lancashire				comparator group		all authorities	
Month	NHS Days	Social Care Days	NHS and Social Care Days	Total Days	NHS Days	Social Care Days	NHS Days	Social Care Days
Nov-16	3145	931	399	4475	33237	18949	110566	67185
Apr-17	2217	2140	252	4609	25306	20629	96798	67597
May-17	2035	2531	232	4798	26370	19787	99179	65880
Jun-17	1953	2436	254	4643	25907	20012	98223	67190
Jul-17	1911	2824	162	4897	26272	20661	101681	68098
Aug-17	1780	2306	297	4383	24019	19883	100234	67089
Sep-17	1922	2218	371	4511	24157	18045	95298	60769
Oct-17	2472	1872	365	4709	25558	16343	97155	60071
Nov-17	2216	1936	395	4547	23311	13911	90471	52783
Diff (Oct-Nov)	-256	64	30	-162	-2247	-2432	-6684	-7288
%diff (Oct-Nov)	-10.4%	3.4%	8.2%	-3.4%	-8.8%	-14.9%	-6.9%	-12.1%
Diff (Nov-Nov)	-929	1005	-4	72	-9926	-5038	-20095	-14402
%diff (Nov-Nov)	-29.5%	107.9%	-1.0%	1.6%	-29.9%	-26.6%	-18.2%	-21.4%



The 162 days decrease for Lancashire includes a decrease of 256 attributable to NHS (a decrease of 10.4%) and an increase of 64 attributable to social care (an increase of 3.4%). By comparison, our comparator group shows an 8.8% overall decrease in days attributable to NHS and a 14.9% overall decrease in days attributable to social care. The total for all authorities has fallen overall by 6.9% for NHS and fallen by 12.1% for social care.

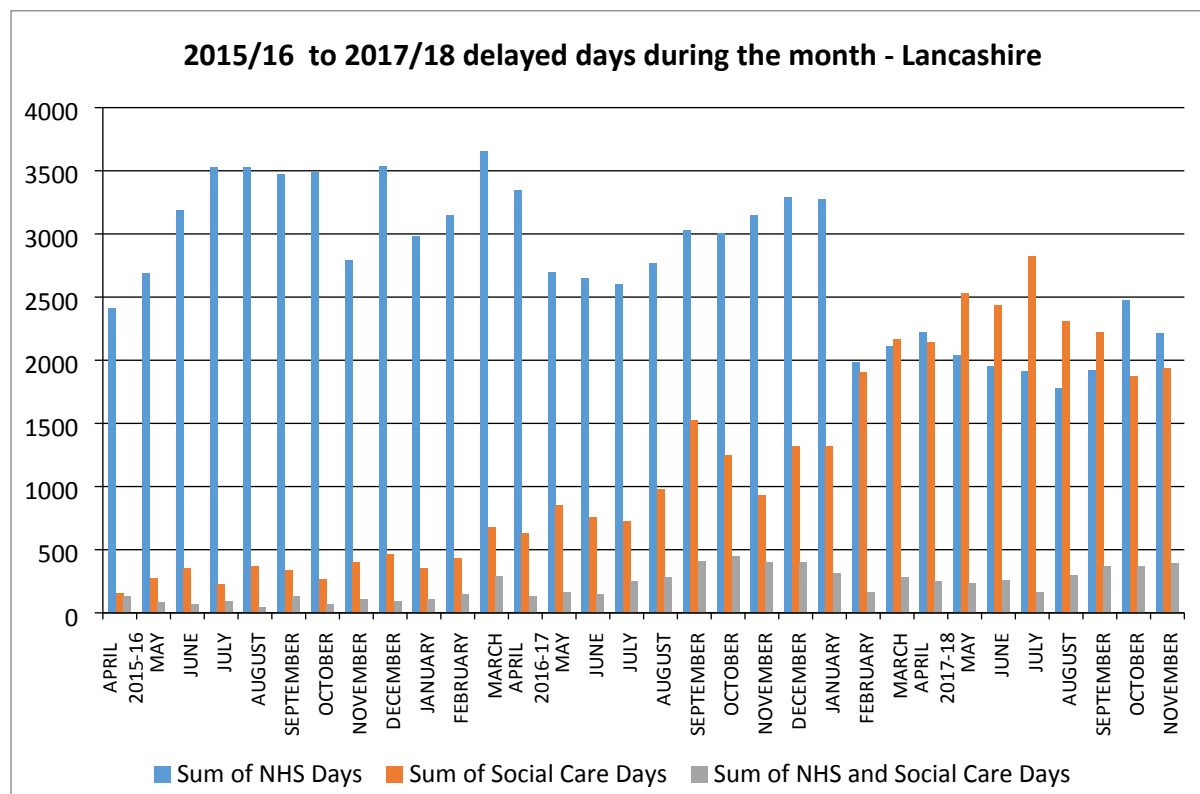
In comparison with the previous year, the Nov-17 figure of 4547 represents a 1.6% increase when compared with 4475 days recorded in Nov-16. Days attributable to NHS have decreased by 29.5% from Nov-16 to Nov-17 and days attributable to social care have increased by 107.9% over the same period.

## 1.2 Proportions attributable to NHS and social care

In Nov-17 for Lancashire a total of 48.7% of delays were attributable to NHS (down from 52.5%) and 42.6% were attributable to social care (up from 39.8%), compared with the national figures of 58.3% attributable to NHS and 34.0% to social care. This is now the tenth successive month Lancashire has shown a larger proportion of delays attributable to social care than the overall national figure, but overall the proportion is still showing a steady improvement.

Nov-17				
Area	NHS Days	Social Care Days	NHS and Social Care Days	Total Days
Lancashire	48.7%	42.6%	8.7%	100.0%
Comparator group	55.8%	33.3%	10.9%	100.0%
All authorities	58.3%	34.0%	7.6%	100.0%

Nov-17 shows a slight increase in delayed days attributable to social care, but the overall trend still shows a general improvement after the peak in Jul-17.



## 2 DToC Targets

### 2.1 Better Care Fund

Lancashire agreed a Better Care Fund target reduction to 747.8 social care delayed days to be achieved by Nov-17. The Nov-17 figure of 1936 social care days is worse than the Oct-17 total of 1872, but is an improvement on the Sep-17 figure of 2218 days and the Aug-17 figure of 2306, and still some distance from the target of 747.8 days.

### 2.2 DToC Bed Days per 100,000 population aged 18+

The DToC Bed Days figure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month and then dividing by the population aged 18+ for each authority.

Government targets were announced for all CCGs and local authorities to be achieved by Sep-17 in an effort to help improve A&E performance and reduce winter pressures. The overall Lancashire target for Sep-17 was set to a maximum of 8.8 DToC bed days per 100,000 population aged 18+ and the social care Lancashire target for Sep-17 a maximum of 2.6.

The Nov-17 figures show Lancashire still missing both targets by some distance. The overall Nov-17 Lancashire total of 4547 days equates to 15.9 DToC bed days per 100,000 population aged 18+ (compared with 16.0 in Oct-17) and the Lancashire Nov-17 social care figure of 1936 days equates to 6.8 days per 100,000 population aged 18+ (compared with 6.3 in Oct-17).

Out of 151 authorities Lancashire currently rank 124<sup>th</sup> for total DToC bed days per 100,000 pop aged 18+ and 132<sup>nd</sup> for social care bed days.

Measure	NHS Days	Social Care Days	NHS and Social Care Days	Total Days
Target Sep-17 DToC Bed Days per 100,000 18+ pop	5.5	2.6	0.7	8.8
Actual Nov-17 Number of DToC Days	2216	1936	395	4547
Actual Nov-17 DToC Bed Days per 100,000 18+ pop	7.8	6.8	1.4	15.9
Rank Nov-17 DToC Bed Days per 100,000 18+ pop	107	132	123	124

The tables on the following page illustrate the national rank scores for NW authorities from Apr-17 to Nov-17. The first table lists rank scores for the total DToC bed days per population and shows no change for Lancashire with a ranking of 124 in Oct-17 and Nov-17. The second table lists rank scores for social care DToC bed days per population and shows a slight worsening for Lancashire from 129 in Oct-17 to 132 in Nov-17, both ranks being a welcome improvement on the rank of 138 scored in May-17 and Jul-17.

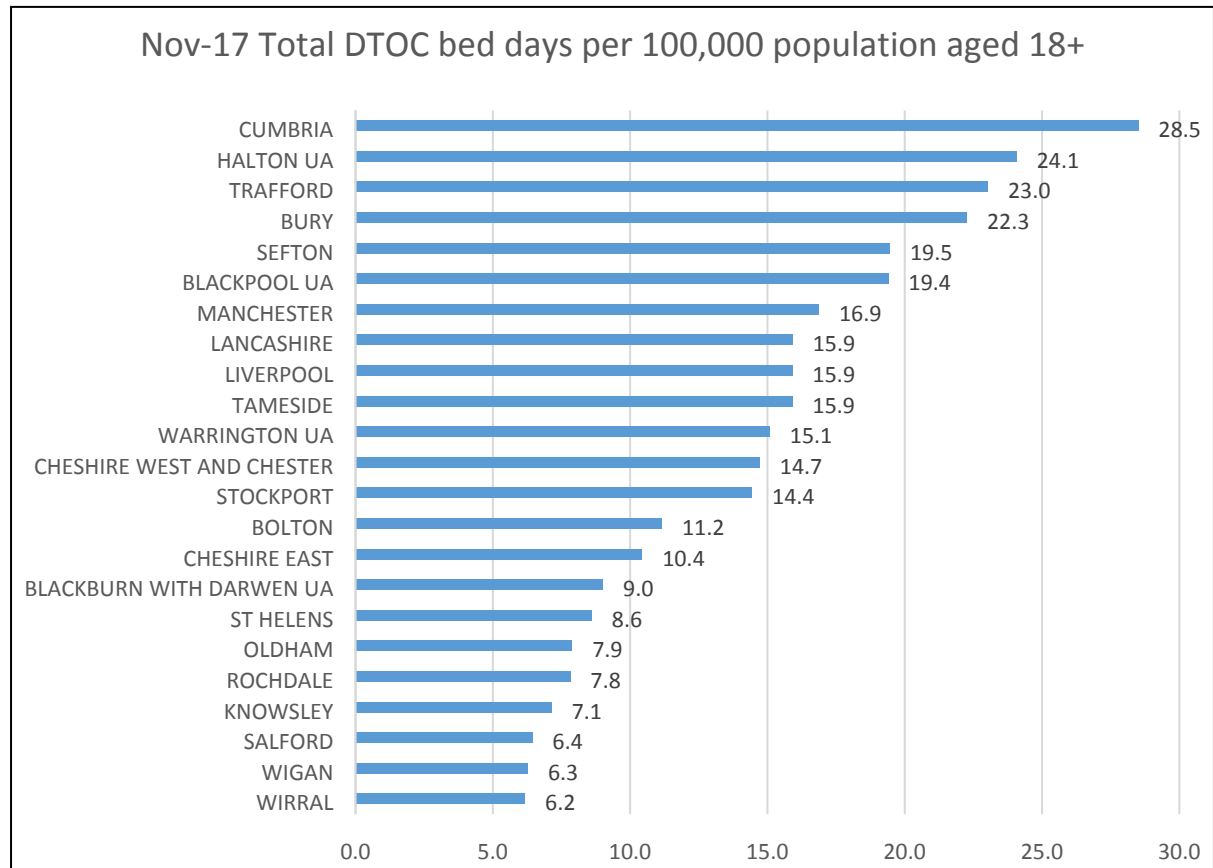
**Rank of NW authorities – DToC Bed Days per 100,000 population aged 18+**

	Rank Total per day per 100,000 18+ population							
Local Authority Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
BLACKBURN WITH DARWEN UA	45	68	75	44	66	69	72	74
BLACKPOOL UA	90	82	84	91	110	111	126	137
BOLTON	85	111	91	47	56	110	125	92
BURY	128	75	83	129	125	142	148	145
CHESHIRE EAST	131	119	112	127	108	107	86	85
CHESHIRE WEST AND CHESTER	95	80	134	110	93	88	63	116
CUMBRIA	151	151	150	149	151	151	151	151
HALTON UA	129	104	52	77	123	140	135	149
KNOWSLEY	92	69	92	95	127	123	87	45
LANCASHIRE	121	126	119	125	113	117	124	124
LIVERPOOL	88	108	106	86	101	93	101	123
MANCHESTER	102	103	116	100	121	102	117	127
OLDHAM	48	52	25	21	10	29	15	58
ROCHDALE	9	10	4	20	18	21	26	57
SALFORD	54	84	86	60	79	61	65	39
SEFTON	105	102	113	90	109	105	114	138
ST HELENS	50	46	54	98	67	80	90	68
STOCKPORT	89	113	121	116	132	124	103	114
TAMESIDE	117	118	101	120	138	119	109	122
TRAFFORD	145	143	145	145	148	150	150	146
WARRINGTON UA	112	81	81	69	91	109	137	119
WIGAN	26	12	15	28	31	46	22	37
WIRRAL	84	101	122	70	99	71	70	35

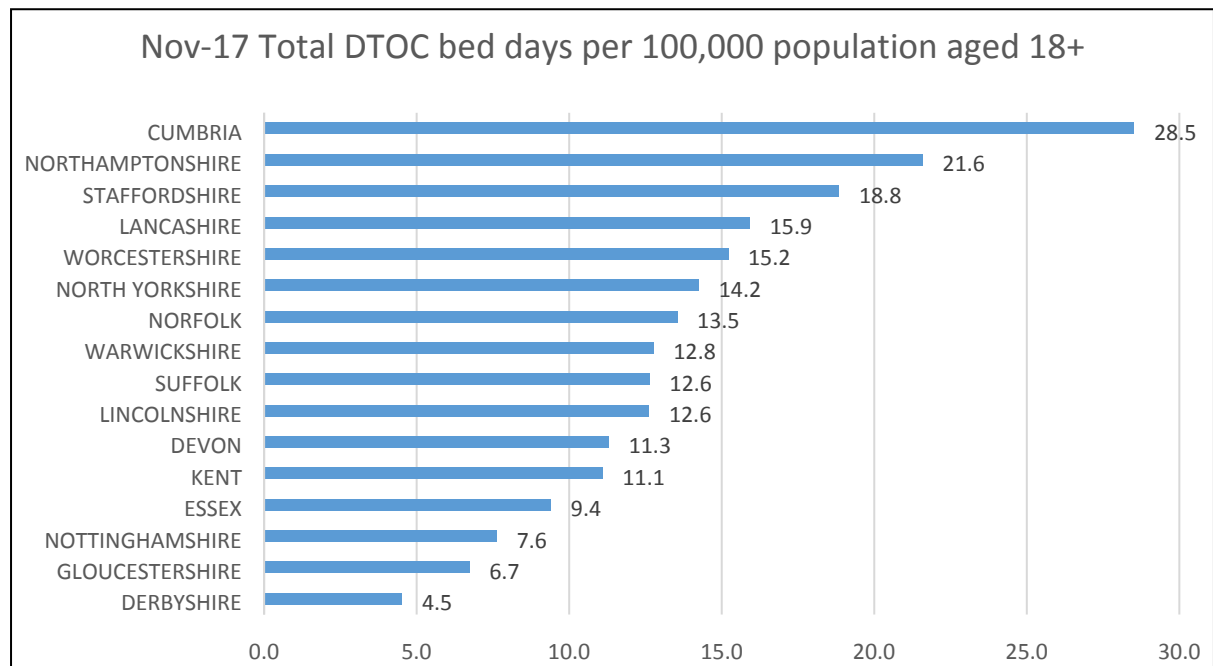
	Rank Social Care per day per 100,000 18+ population							
Local Authority Name	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
BLACKBURN WITH DARWEN UA	118	131	110	101	117	108	70	82
BLACKPOOL UA	102	117	114	124	98	127	127	136
BOLTON	116	103	58	71	68	99	99	83
BURY	141	96	123	145	133	143	146	145
CHESHIRE EAST	109	108	102	114	92	115	95	87
CHESHIRE WEST AND CHESTER	124	88	139	120	123	110	91	130
CUMBRIA	151	151	151	150	151	151	150	149
HALTON UA	52	63	67	55	52	90	53	36
KNOWSLEY	80	60	62	44	69	82	73	50
LANCASHIRE	123	138	133	138	127	131	129	132
LIVERPOOL	76	76	104	96	115	106	98	126
MANCHESTER	126	119	117	111	125	128	141	137
OLDHAM	82	72	11	45	63	59	48	72
ROCHDALE	6	6	28	53	46	48	67	90
SALFORD	25	23	46	63	60	78	66	66
SEFTON	69	61	77	81	81	38	44	84
ST HELENS	41	38	49	91	86	71	62	63
STOCKPORT	137	142	144	141	142	139	139	146
TAMESIDE	114	132	118	142	144	126	137	140
TRAFFORD	149	148	147	147	149	150	151	151
WARRINGTON UA	84	86	115	85	109	120	136	134
WIGAN	88	44	36	57	89	91	60	64
WIRRAL	54	52	94	56	118	118	89	52

**Total DToC Bed Days per 100,000 population aged 18+ (a lower score is best)**

In Nov-17 Lancashire were 8<sup>th</sup> highest out of 23 NW authorities for the total bed days per 100,000 population aged 18+.

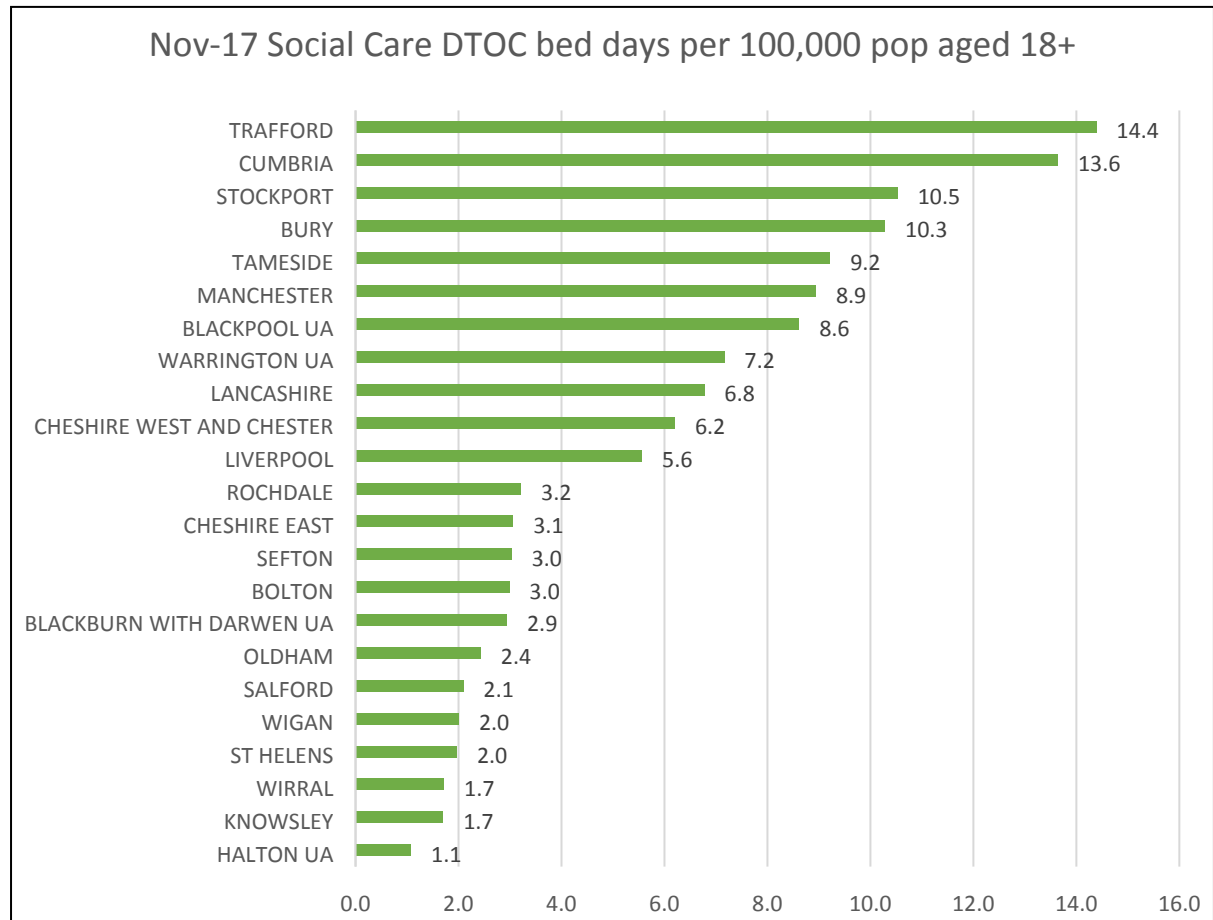


In Nov-17 Lancashire were 4<sup>th</sup> highest out of 16 comparator authorities for the total bed days per 100,000 population aged 18+.

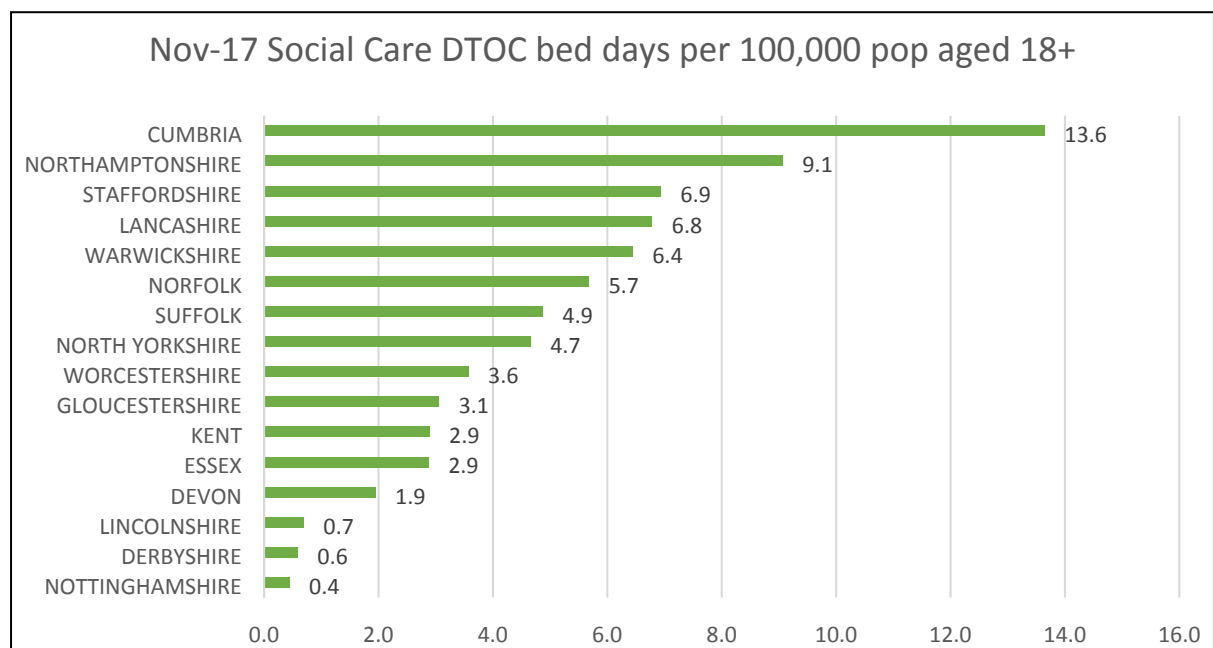


### Social Care DToC Bed Days per 100,000 population aged 18+ (lower is best)

In Nov-17 Lancashire were 9<sup>th</sup> highest out of 23 NW authorities for the social care bed days per 100,000 population aged 18+.



In Nov-17 Lancashire were 4<sup>h</sup> highest out of 16 comparator authorities for social care bed days per 100,000 population aged 18+.

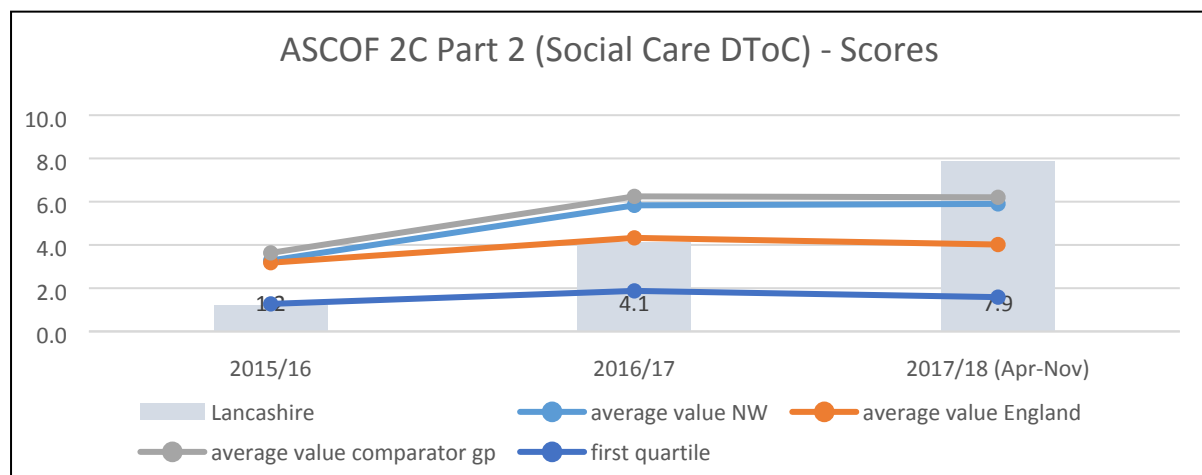


## 2.3 ASCOF 2C indicators

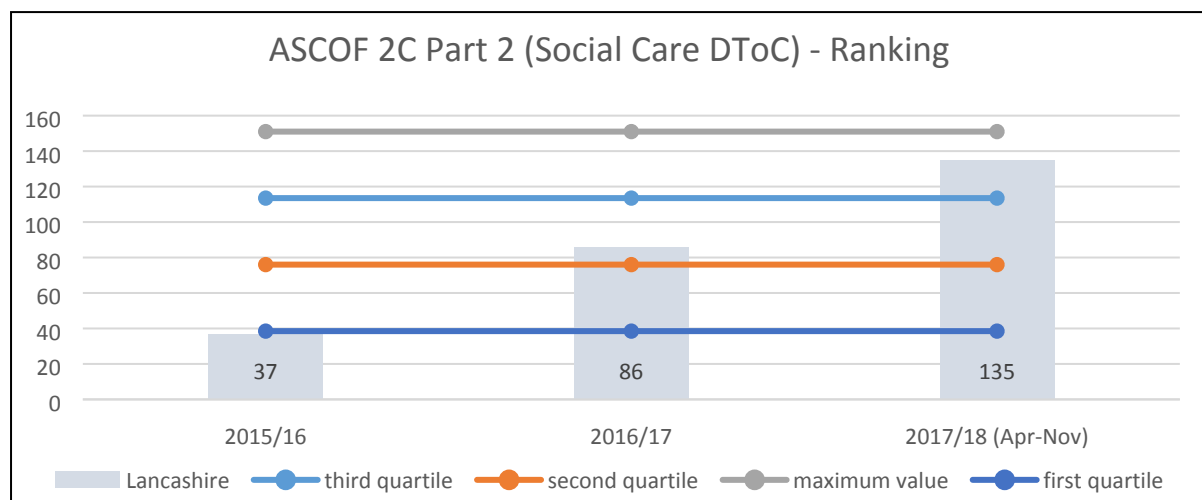
As of April 2017, data on the number of patients delayed on the last Thursday of the month is no longer being collected and so the ASCOF 2C scores will no longer be calculated according to the previous definition. This measure has been replaced in the Delayed Transfers of Care publication files by the measure called DToC Beds. The DToC Beds figure is calculated by dividing the number of delayed days during the month by the number of calendar days in the month. This provides a similar figure to the patient snapshot, but is more representative of the entire month rather than providing a view on one particular day. The new indicator is in 3 parts:

- 2C part 1 (total delayed transfers)
- 2C part 2 (delayed transfers attributable to social care)
- 2C part 3 (delayed transfers jointly attributable to NHS and social care)

The social care element of the new indicator definition has been recalculated for Lancashire and all authorities for 2015/16 to 2017/18 (Apr-Nov) to provide some comparison of current data with previous years. It is evident that the Lancashire score has increased far more than the national and regional benchmarking.



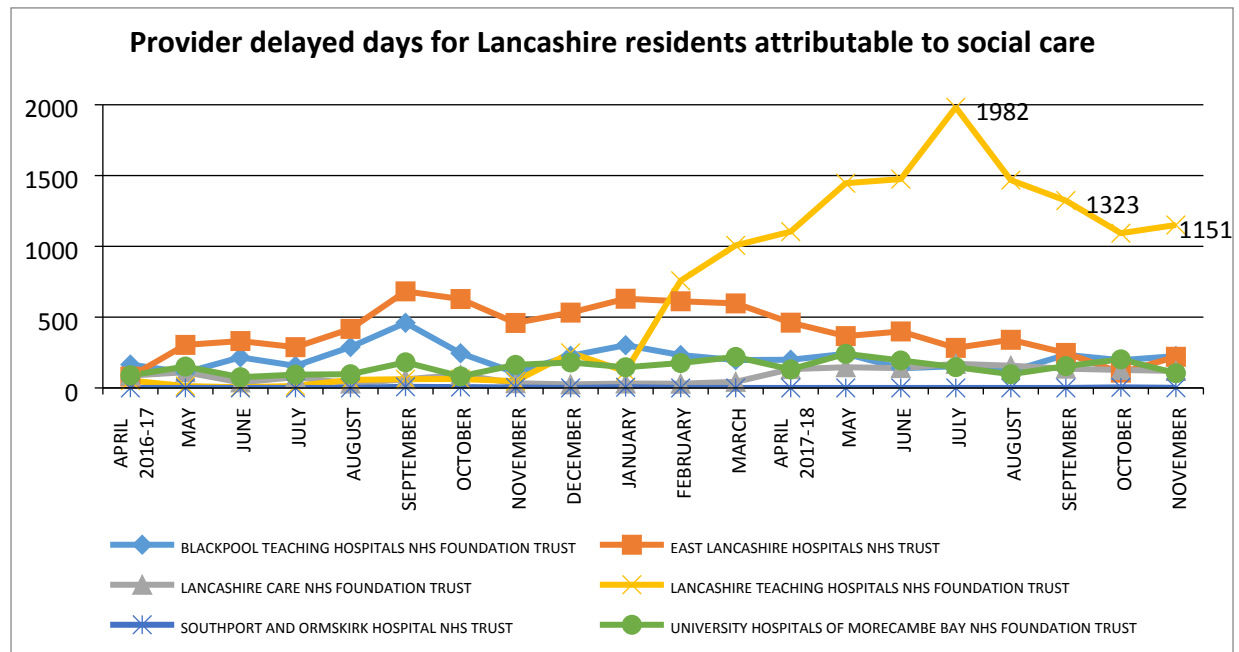
Lancashire has gone from being in the top quartile to the bottom:



### 3 Provider Analysis

#### 3.1 Trend Analysis for Lancashire Main Providers

Nov-17 reveals a slight increase to 1151 social care days for Lancashire residents at Lancashire Teaching Hospitals NHS Foundation Trust, after a steady rise from Feb-17 up to a peak of 1982 days in Jul-17.



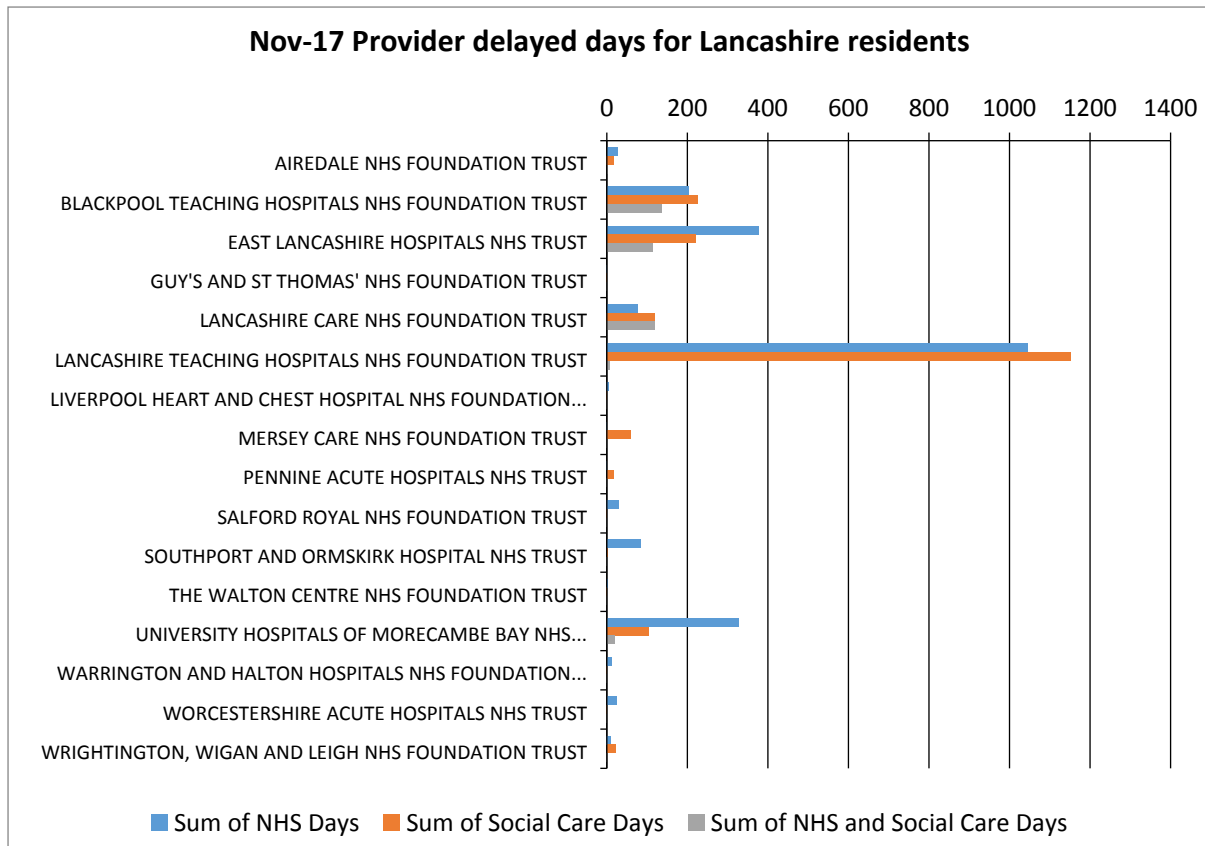
Month	BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	EAST LANCASHIRE HOSPITALS NHS TRUST	LANCASHIRE CARE NHS FOUNDATION TRUST	LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	Grand Total
<b>2016-17</b>							
APRIL	165	80	87	52	0	89	473
MAY	109	304	111	13	0	151	688
JUNE	216	331	39	5	0	76	667
JULY	156	288	76	14	0	94	628
AUGUST	289	417	31	57	0	97	891
SEPTEMBER	460	682	61	62	8	181	1454
OCTOBER	245	628	93	63	6	82	1117
NOVEMBER	107	459	33	48	3	163	813
DECEMBER	227	532	25	248	0	180	1212
JANUARY	302	630	31	117	5	146	1231
FEBRUARY	232	612	30	757	0	176	1807
MARCH	197	597	43	1007	0	219	2063
<b>2017-18</b>							
APRIL	199	461	133	1104	0	131	2028
MAY	241	366	146	1446	0	241	2440
JUNE	139	399	140	1475	0	194	2347
JULY	153	283	170	1982	0	147	2735
AUGUST	117	340	157	1468	0	97	2179
SEPTEMBER	234	247	136	1323	0	154	2094
OCTOBER	196	108	127	1093	4	202	1730
NOVEMBER	225	220	120	1151	1	104	1821

### 3.2 Provider Detail – Lancashire Residents

The full provider list of the Nov-17 total of 4547 days was as follows and shows that Lancashire Teaching Hospitals accounted for 59.5% of the social care delays:

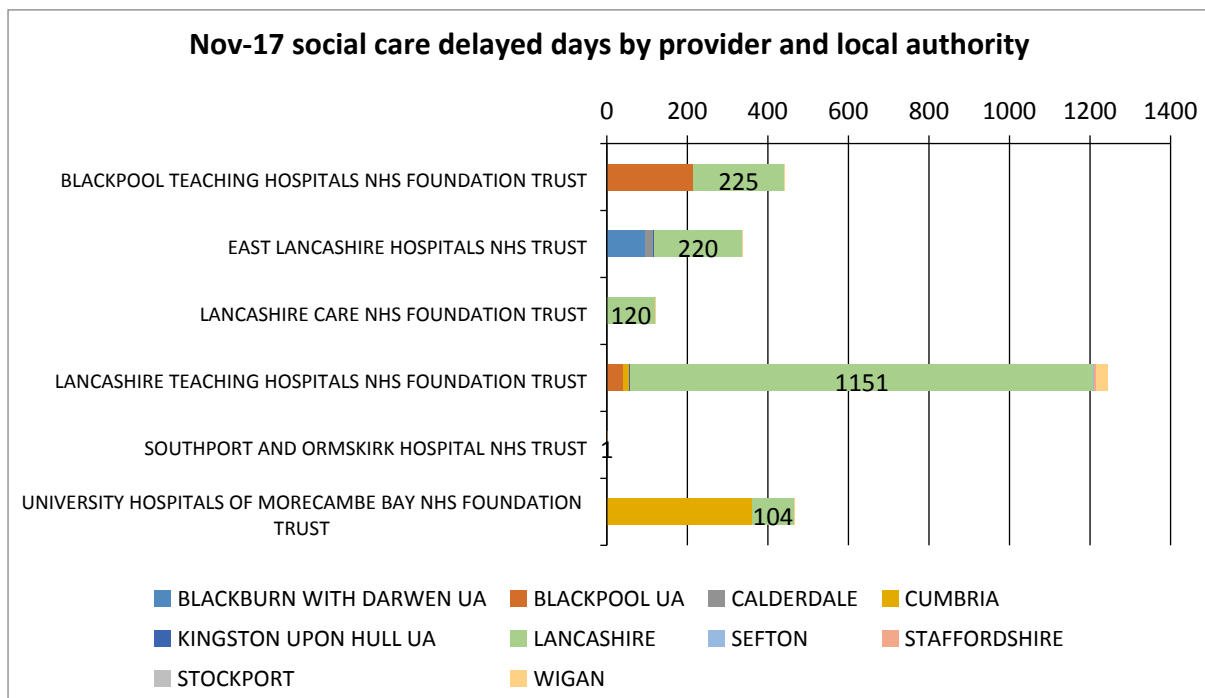
Provider (Nov-17 totals)	Sum of NHS Days	Sum of Social Care Days	% of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days
AIREDALE NHS FOUNDATION TRUST	26	18	0.9%	1	45
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	202	225	11.6%	135	562
EAST LANCASHIRE HOSPITALS NHS TRUST	376	220	11.4%	114	710
GUY'S AND ST THOMAS' NHS FOUNDATION TRUST	0	0	0.0%	0	0
LANCASHIRE CARE NHS FOUNDATION TRUST	76	120	6.2%	120	316
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	1044	1151	59.5%	6	2201
LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST	5	0	0.0%	0	5
MERSEY CARE NHS FOUNDATION TRUST	0	60	3.1%	0	60
PENNINE ACUTE HOSPITALS NHS TRUST	0	16	0.8%	0	16
SALFORD ROYAL NHS FOUNDATION TRUST	30	0	0.0%	0	30
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	83	1	0.1%	0	84
THE WALTON CENTRE NHS FOUNDATION TRUST	2	0	0.0%	0	2
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	327	104	5.4%	19	450
WARRINGTON AND HALTON HOSPITALS NHS FOUNDATION TRUST	11	0	0.0%	0	11
WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST	24	0	0.0%	0	24
WRIGHTINGTON, WIGAN AND LEIGH NHS FOUNDATION TRUST	10	21	1.1%	0	31
<b>Grand Total</b>	<b>2216</b>	<b>1936</b>	<b>100.0%</b>	<b>395</b>	<b>4547</b>



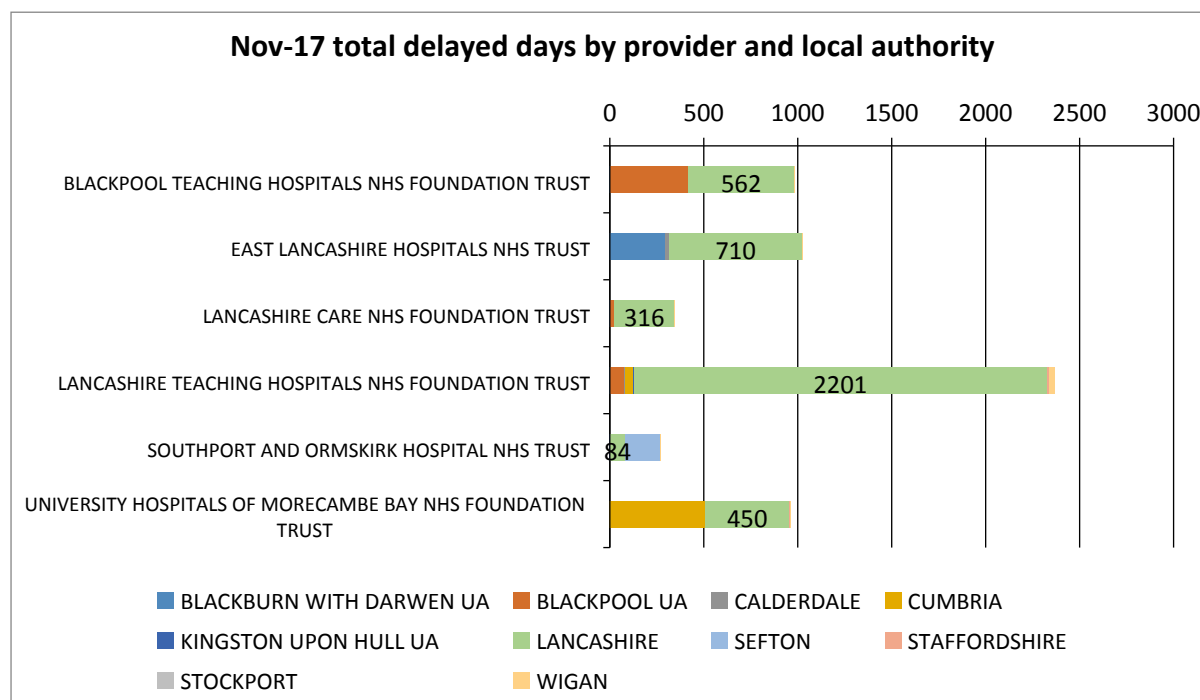


### 3.3 Provider Detail – All Residents

Local authority analysis of the social care delayed days in Nov-17 for the six main Lancashire providers illustrates the numbers and proportions incurred by Lancashire residents and also by those from other local authorities.



Local authority analysis of the total delayed days in Nov-17 for the six main Lancashire providers illustrates the numbers and proportions incurred by Lancashire residents and also by those from other local authorities.



The table below showing Nov-17 delayed day numbers for the six main Lancashire providers also includes a local authority percentage breakdown for social care and total days for each provider.

Within Blackpool NHS Trust, Lancashire residents incurred 51.1% of the social care days and 57.3% of the total days.

Within East Lancashire NHS Trust, Lancashire residents incurred 65.3% of the social care days and 69.3% of the total days.

Within Lancashire Care NHS Foundation Trust, Lancashire residents incurred 100% of the social care days and 92.4% of the total days.

Within Lancashire Teaching Hospitals NHS Trust, Lancashire residents incurred 92.4% of the social care days and 92.9% of the total days.

Within Southport and Ormskirk NHS Trust, Lancashire residents incurred 100% of the social care days (only 1 day) and 30.9% of the total days.

Within University Hospitals of Morecambe Bay NHS Trust, Lancashire residents incurred 22.4% of the social care days and 46.8% of the total days.

## Nov-17 delayed day numbers for the six main Lancashire providers

Nov-17 delayed days by provider and local authority of resident	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days	LA % of Social Care Days	LA % of Total Days
<b>BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST</b>	<b>358</b>	<b>440</b>	<b>183</b>	<b>981</b>	<b>16.9%</b>	<b>16.5%</b>
BLACKPOOL UA	156	215	48	419	48.9%	42.7%
LANCASHIRE	202	225	135	562	51.1%	57.3%
<b>EAST LANCASHIRE HOSPITALS NHS TRUST</b>	<b>516</b>	<b>337</b>	<b>172</b>	<b>1025</b>	<b>12.9%</b>	<b>17.2%</b>
BLACKBURN WITH DARWEN UA	140	96	58	294	28.5%	28.7%
CALDERDALE	0	21	0	21	6.2%	2.0%
LANCASHIRE	376	220	114	710	65.3%	69.3%
<b>LANCASHIRE CARE NHS FOUNDATION TRUST</b>	<b>76</b>	<b>120</b>	<b>146</b>	<b>342</b>	<b>4.6%</b>	<b>5.7%</b>
BLACKBURN WITH DARWEN UA	0	0	0	0	0.0%	0.0%
BLACKPOOL UA	0	0	26	26	0.0%	7.6%
LANCASHIRE	76	120	120	316	100.0%	92.4%
<b>LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST</b>	<b>1111</b>	<b>1245</b>	<b>13</b>	<b>2369</b>	<b>47.7%</b>	<b>39.8%</b>
BLACKPOOL UA	32	41	6	79	3.3%	3.3%
CUMBRIA	31	16	0	47	1.3%	2.0%
KINGSTON UPON HULL UA	0	1	0	1	0.1%	0.0%
LANCASHIRE	1044	1151	6	2201	92.4%	92.9%
STAFFORDSHIRE	4	7	1	12	0.6%	0.5%
WIGAN	0	29	0	29	2.3%	1.2%
<b>SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST</b>	<b>271</b>	<b>1</b>	<b>0</b>	<b>272</b>	<b>0.0%</b>	<b>4.6%</b>
LANCASHIRE	83	1	0	84	100.0%	30.9%
SEFTON	188	0	0	188	0.0%	69.1%
<b>UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST</b>	<b>414</b>	<b>465</b>	<b>82</b>	<b>961</b>	<b>17.8%</b>	<b>16.2%</b>
CUMBRIA	83	361	63	507	77.6%	52.8%
LANCASHIRE	327	104	19	450	22.4%	46.8%
STOCKPORT	4	0	0	4	0.0%	0.4%
<b>Grand Total</b>	<b>2746</b>	<b>2608</b>	<b>596</b>	<b>5950</b>	<b>100.0%</b>	<b>100.0%</b>

### 3.4 Provider Average

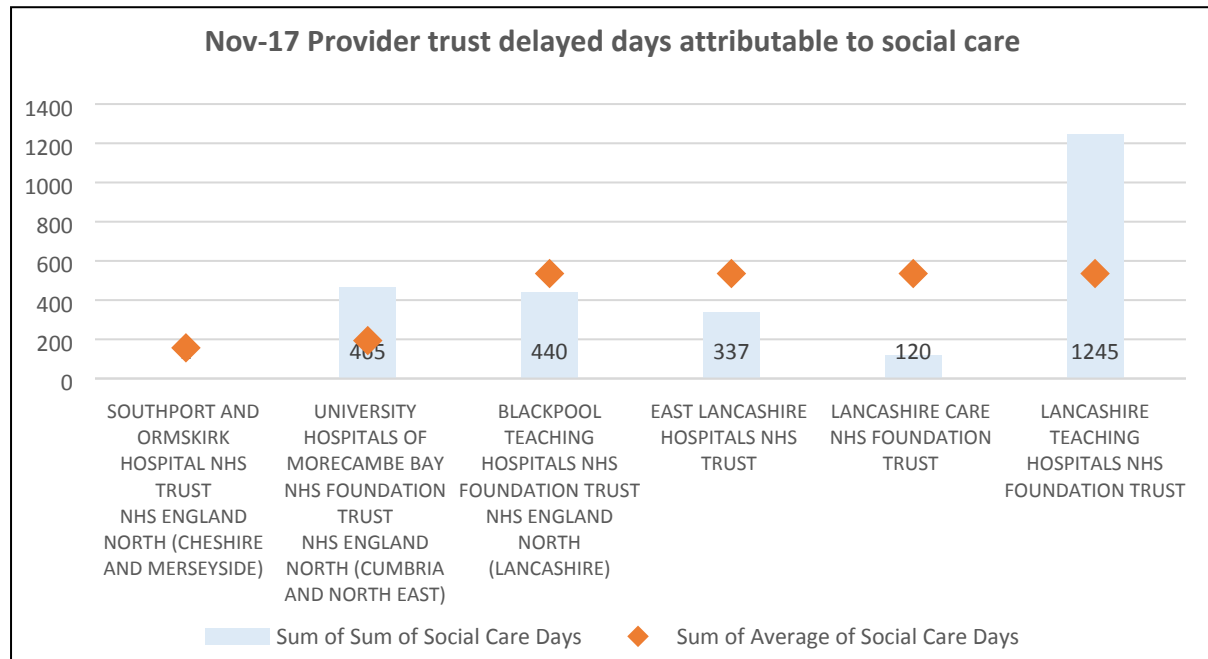
In Nov-17 within the six main providers accounting for most Lancashire delays, the number of delayed days recorded by each trust provider and the corresponding national ranking (1=best, 226=worst) varied enormously. (Figures relate to residents living within all local authorities, not just those in Lancashire):

Provider Org Name	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days	Rank of NHS Days	Rank of Social Care Days	Rank of NHS and Social Care Days	Rank of Total Days
BLACKPOOL TEACHING HOSPITALS NHS FOUNDATION TRUST	358	440	183	981	119	188	207	170
EAST LANCASHIRE HOSPITALS NHS TRUST	516	337	172	1025	161	171	203	174
LANCASHIRE CARE NHS FOUNDATION TRUST	76	120	146	342	41	108	199	76
LANCASHIRE TEACHING HOSPITALS NHS FOUNDATION TRUST	1111	1245	13	2369	217	223	126	222
SOUTHPORT AND ORMSKIRK HOSPITAL NHS TRUST	271	1	0	272	94	20	1	67
UNIVERSITY HOSPITALS OF MORECAMBE BAY NHS FOUNDATION TRUST	414	465	82	961	134	191	175	165

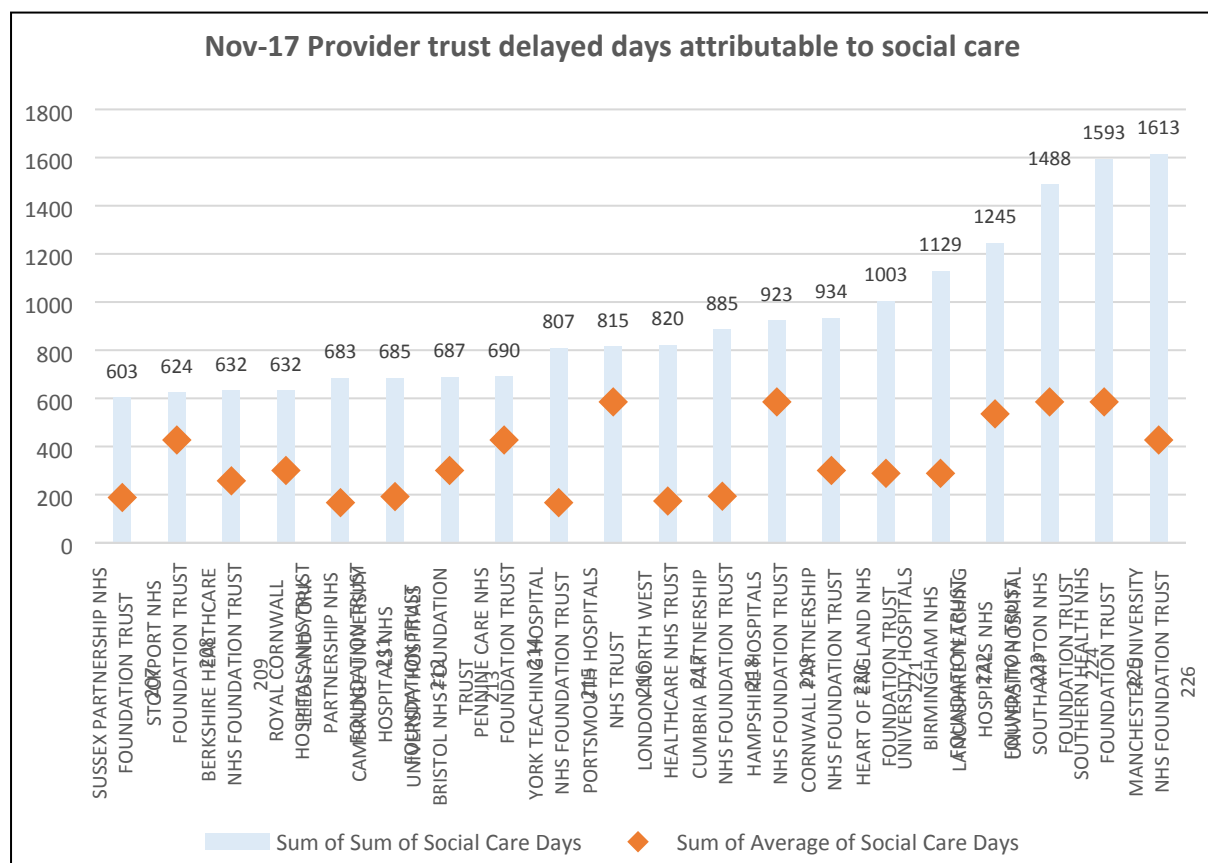
The average number of days recorded in Nov-17 by each provider parent gives a crude indication to the numbers recorded by each provider within those groups:

Provider Parent Name	Average of Sum of NHS Days	Average of Sum of Social Care Days	Average of Sum of NHS and Social Care Days	Average of Sum of Total Days
NHS ENGLAND LONDON	290.4	173.5	14.3	478.2
NHS ENGLAND MIDLANDS AND EAST (CENTRAL MIDLANDS)	486.5	191.7	101.6	779.7
NHS ENGLAND MIDLANDS AND EAST (EAST)	407.9	192.0	35.7	635.5
NHS ENGLAND MIDLANDS AND EAST (NORTH MIDLANDS)	459.8	133.4	28.9	622.1
NHS ENGLAND MIDLANDS AND EAST (WEST MIDLANDS)	330.6	288.6	70.3	689.4
NHS ENGLAND NORTH (CHESHIRE AND MERSEYSIDE)	369.5	156.6	19.2	545.3
NHS ENGLAND NORTH (CUMBRIA AND NORTH EAST)	349.8	193.5	74.3	617.5
NHS ENGLAND NORTH (GREATER MANCHESTER)	397.1	427.0	18.1	842.2
NHS ENGLAND NORTH (LANCASHIRE)	515.3	535.5	128.5	1179.3
NHS ENGLAND NORTH (YORKSHIRE AND HUMBER)	357.9	166.8	39.8	564.5
NHS ENGLAND SOUTH (SOUTH CENTRAL)	458.1	257.4	131.9	847.4
NHS ENGLAND SOUTH (SOUTH EAST)	523.5	188.2	48.1	759.8
NHS ENGLAND SOUTH (SOUTH WEST)	346.7	300.4	55.3	702.4
NHS ENGLAND SOUTH (WESSEX)	629.7	585.2	87.6	1302.5
<b>Grand Total</b>	<b>400.3</b>	<b>233.6</b>	<b>52.2</b>	<b>686.1</b>

Within the provider parent organisation of NHS ENGLAND NORTH (LANCASHIRE), three of the four providers recorded numbers of delayed days attributable to social care well below the parent provider average of 535.5:



The 20 providers recording the highest numbers of delayed days attributable to social care are shown in the chart below. All exceed the average for their parent provider group. Lancashire Teaching Hospitals NHS Trust (ranked 223) is one of several providers to have recorded over twice the parent provider group average.

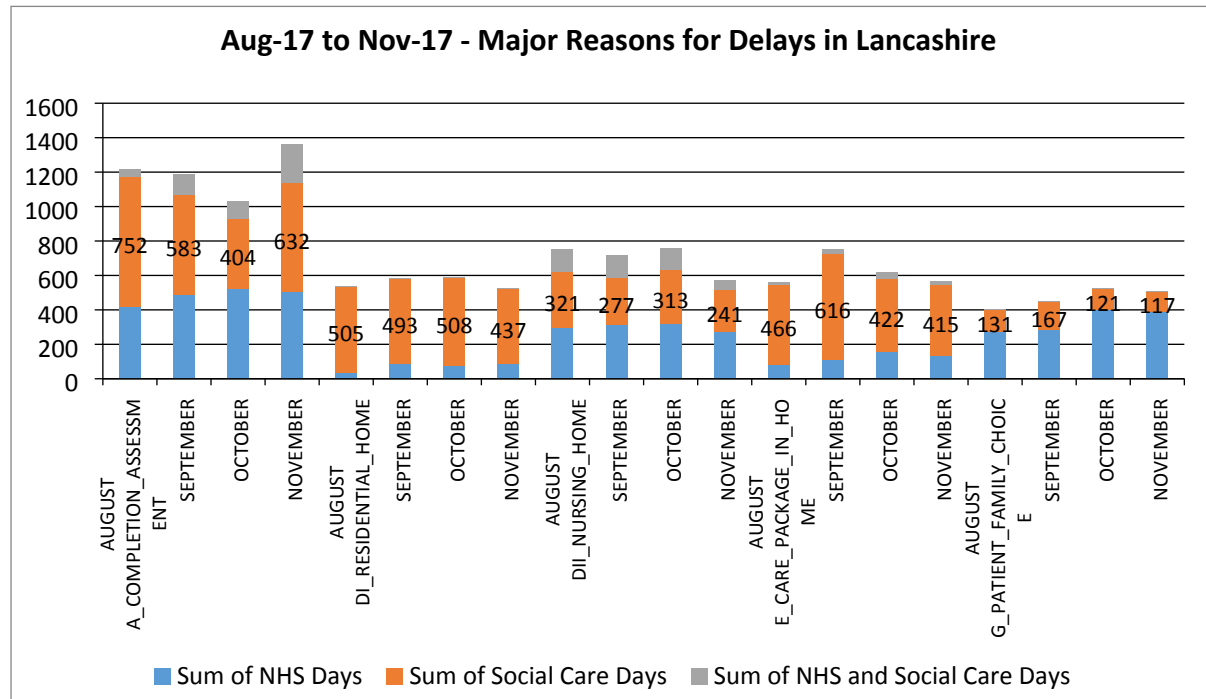


## 4 Reason for Delay

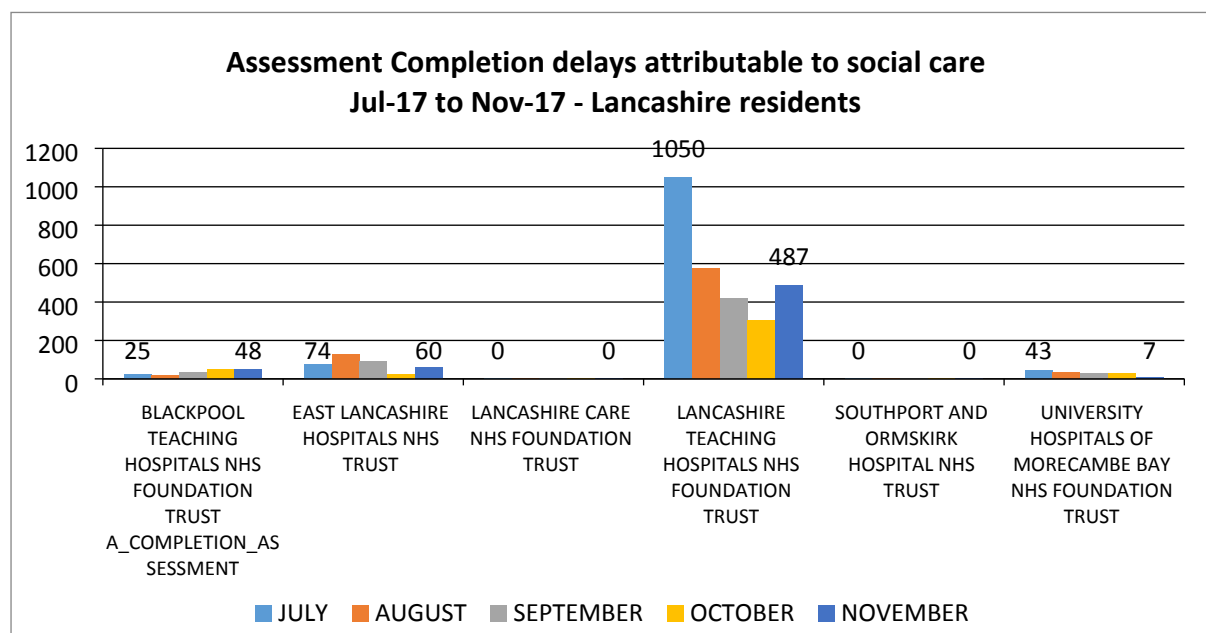
In Nov-17 the primary reason for delays was assessment completion once again and shows an overall increase from 1028 in Oct-17 to 1363 in Nov-17:

Reason for delay – Lancashire (Aug-17 to Nov-17)	Sum of NHS Days	Sum of Social Care Days	Sum of NHS and Social Care Days	Sum of Total Days
<b>A_COMPLETION_ASSESSMENT</b>	<b>1934</b>	<b>2371</b>	<b>488</b>	<b>4793</b>
AUGUST	419	752	43	1214
SEPTEMBER	487	583	118	1188
OCTOBER	523	404	101	1028
NOVEMBER	505	632	226	1363
<b>B_PUBLIC_FUNDING</b>	<b>405</b>	<b>241</b>	<b>396</b>	<b>1042</b>
AUGUST	88	45	113	246
SEPTEMBER	119	47	94	260
OCTOBER	134	70	99	303
NOVEMBER	64	79	90	233
<b>C_FURTHER_NON_ACUTE_NHS</b>	<b>2291</b>	<b>0</b>	<b>0</b>	<b>2291</b>
AUGUST	483	0	0	483
SEPTEMBER	389	0	0	389
OCTOBER	771	0	0	771
NOVEMBER	648	0	0	648
<b>DI_RESIDENTIAL_HOME</b>	<b>285</b>	<b>1943</b>	<b>0</b>	<b>2228</b>
AUGUST	32	505	0	537
SEPTEMBER	88	493	0	581
OCTOBER	78	508	0	586
NOVEMBER	87	437	0	524
<b>DII_NURSING_HOME</b>	<b>1206</b>	<b>1152</b>	<b>441</b>	<b>2799</b>
AUGUST	299	321	129	749
SEPTEMBER	312	277	130	719
OCTOBER	320	313	125	758
NOVEMBER	275	241	57	573
<b>E_CARE_PACKAGE_IN_HOME</b>	<b>486</b>	<b>1919</b>	<b>101</b>	<b>2506</b>
AUGUST	84	466	12	562
SEPTEMBER	111	616	28	755
OCTOBER	158	422	40	620
NOVEMBER	133	415	21	569
<b>F_COMMUNITY_EQUIP_ADAPT</b>	<b>256</b>	<b>54</b>	<b>2</b>	<b>312</b>
AUGUST	80	18	0	98
SEPTEMBER	63	5	1	69
OCTOBER	37	16	0	53
NOVEMBER	76	15	1	92
<b>G_PATIENT_FAMILY_CHOICE</b>	<b>1345</b>	<b>536</b>	<b>0</b>	<b>1881</b>
AUGUST	273	131	0	404
SEPTEMBER	282	167	0	449
OCTOBER	402	121	0	523
NOVEMBER	388	117	0	505
<b>H_DISPUTES</b>	<b>118</b>	<b>116</b>	<b>0</b>	<b>234</b>
AUGUST	13	68	0	81
SEPTEMBER	44	30	0	74
OCTOBER	31	18	0	49
NOVEMBER	30	0	0	30
<b>I_HOUSING</b>	<b>64</b>	<b>0</b>	<b>0</b>	<b>64</b>
AUGUST	9	0	0	9
SEPTEMBER	27	0	0	27
OCTOBER	18	0	0	18
NOVEMBER	10	0	0	10
<b>Grand Total</b>	<b>8390</b>	<b>8332</b>	<b>1428</b>	<b>18150</b>

The Nov-17 overall increase for assessment completion reverses the recent trend of a decrease for social care and an increase for NHS, but continues an increase for jointly attributable days. Recent trends for the other major reasons through Aug-17 to Nov-17 show a decrease for social care attributable delayed days in arranging nursing care (from 313 in Oct-17 to 241 in Nov-17) and arranging a care package (from 616 in Sep-17 to 415 in Nov-17):



Of the 632 delayed days recorded in Nov-17 for delays in assessment completion attributable to social care, a total of 487 (77%) were recorded by Lancashire Teaching Hospitals NHS Foundation Trust, but this is still a vast improvement on their figure of 1050 recorded in Jul-17:







## Health Scrutiny Committee

Meeting to be held on Tuesday, 23 January 2018

Electoral Division affected: (All Divisions);
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## Scrutiny of Budget Proposals 2018/19

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), gary.halsall@lancashire.gov.uk and Samantha Parker, Tel: (01772) 538221, Senior Democratic Services Officer (Overview and Scrutiny), sam.parker@lancashire.gov.uk

### Executive Summary

This report sets out all of the savings proposals as agreed by the Cabinet at its meetings between 14 September and 7 December 2017 including those that are due for consideration on 18 January 2018, that are relative to the Health Scrutiny Committee's terms of reference for consideration.

### Recommendation

The Health Scrutiny Committee is asked to determine which matters from the relevant Cabinet Members' budget proposals for 2018/19 should form the basis for scrutiny review during 2018/19.

### Background and Advice

This report presents a revised process as agreed by the Chairs and Deputies of all relevant Scrutiny Committees for the scrutiny of Cabinet's budget proposals following the disestablishment of the Executive Scrutiny Committee and its Budget Scrutiny Working Group.

Cabinet, at its meeting held on 7 December 2017, noted the revised funding gap of £157.786m covering the period 2018/19 to 2021/22 and approved the budget proposals as set out in the Money Matters – Updated Medium Term Financial Strategy (MTFS) 2018/19 - 2021/22 report. The report to Cabinet and its appendices can be [viewed on the County Council's website](#).

The Cabinet's budget proposals for 2018/19 are currently out for general consultation with a deadline of the 19 January 2018 for responses (note that some proposals are subject to a further, in depth and specific consultation, where indicated in the proposal documents). These will be reported to the Full Council budget meeting scheduled to take place on 8 February 2018.

It should be noted that opposition groups will have the opportunity to submit alternative budget proposals at this Full Council budget meeting.

The Committee should note that the Money Matters report to Cabinet on 7 December 2017, also set out the primary financial risks as follows:

- Level of Future Resources from Central Government;
- Demand [on services];
- Inflation; and
- Delivery [of savings].

To assist the Committee, all savings proposals as agreed by the Cabinet (including those proposals approved to go out for consultation and those where officers have been authorised by Cabinet to proceed with implementation) at its meetings on 7 December, 9 November, 12 October and 14 September 2017 that are relative to the Committee's terms of reference have been extracted and are set out at **Appendix 'A'** to this report for consideration. Links to the respective Cabinet Agenda are contained within the Appendix. Savings proposals have been published as part of the Cabinet Agenda for its next scheduled meeting on 18 January 2018, and are listed in Appendix 'A'. The outcome of that meeting will be announced at Health Scrutiny Committee on 23 January 2018.

The Cabinet members for Adult Services and Health and Wellbeing along with the Director of Finance are due to attend the meeting.

The Committee should note that the Internal Scrutiny Committee at its meeting on 21 July 2017, agreed to establish a Task and Finish Group on Local Authority Funding and Income Generation to identify areas to increase current income generation to support the financial viability of the County Council. The initial objectives for this group include the following:

- To investigate further the current traded services available across the Council to identify any possible areas where traded services could be introduced/further enhanced.
- To further understand the statutory and non-statutory services with a view to making recommendations on potential scope to reduce any non-statutory services further.
- To understand and consider the possibilities around commercialisation from the documentation provided, case studies and/or discussion with other authorities who have used this method successfully.
- To understand and investigate funding streams not currently utilised by the Council and current income streams such as business rates, revenue funding grants etc. with a view to identifying potential ways to further maximise this area of funding.
- To understand and consider the current property portfolio to identify any potential scope for further streamlining.
- To make recommendations on how the Council could improve income generation through the use of additional funding streams, traded services and/or commercialisation.

Recommendations from this Task and Finish Group will inform a report to Cabinet.

The Committee is therefore asked to determine which matters from the relevant Cabinet Members' budget proposals for 2018/19 as set out at **Appendix 'A'** should form the basis for scrutiny review during 2018/19, thereby providing the potential opportunity to help inform proposals for the next budget. Any matters identified will be scheduled on the Committee's work plan accordingly.

It should also be noted that the Children's Services Scrutiny Committee (along with representatives from the Education Scrutiny Committee) at its next meeting scheduled on 31 January 2018 will consider budget proposals relating to the Cabinet Member for Children, Young People and Schools. The Internal Scrutiny Committee will meet on 19 January 2018 to consider the budget proposals from the Leader, Deputy Leader and Cabinet Members for 'Economic Development, Environment and Planning'; 'Highways and Transport'; and 'Community and Cultural Services'.

### **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/Tel
Cabinet Agenda Papers	7 December, 9 November, 12 October, 14 September 2017 and 18 January 2018	Josh Mynott, (01772) 534580

Reason for inclusion in Part II, if appropriate

N/A



**Health Scrutiny Committee**  
**Identified Areas for Savings 2018/19 - 2020/21**

<b>Service</b>	<b>Saving identified 2018/19</b>	<b>Total Saving Identified</b>	<b>Decisions needed to deliver the budgeted savings</b>	<b>Impact</b>	<b>Date reported to Cabinet</b>	<b>Cabinet Member</b>
Sexual Health	£0.500m	£0.500m	Agree to reduce the sexual health by £0.500m from the sexual health budget. The service was recommissioned recently on a tariff basis, and underspent in 2016/17.	No major impact on access or quality of the service is anticipated. The service will continue to monitor the activity levels and manage the financial risks accordingly.	<a href="#">12 October 2017 Item 4 App A</a>	60 – Cabinet Member for Health and Wellbeing
Advocacy Services	£0.074m	£0.074m	Reduce the budget for "Lower Level" advocacy services by 50% but continue to provide the Single Point of Contact and statutory advocacy service.	<p>Advocacy services in the county council area are available through a Single Point of Contact Service. The Single Point of Contact Service assesses the person's need, if any, for advocacy. This service is provided by N-compass Northwest Ltd.</p> <p>Offering "lower-level" advocacy allows people to explore issues without needing to access statutory</p>	<a href="#">7 December 2017 Item 4 App B</a>	32 – Cabinet Member for Health and Wellbeing

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
				services. This type of advocacy has a preventative role and is intended to reduce the need for more intensive support.		
Substance Misuse (for Cabinet approval 18 Jan 2018)	£0.300m	£0.300m	To agree to reduce the budget provision for dispensing fees in relation to controlled drugs, in support of substance misuse treatment, primarily opiate substitution therapy e.g. methadone, buprenorphine.	No direct impact on service / service users – the budget has been incorporated into the financial provisions of the forthcoming tender for adult substance misuse treatment services.	<a href="#">18 January 2018 Item 4 App D</a>	Cabinet Member for Health and Wellbeing
Learning Disability Service – Supported Living	£1.723m	£2.658m	<p>Agree to continuation of the programme to remodel supported living services to lower the costs of care packages over a 3 year period.</p> <p>Agree that the remodelling team remains in place and continues to be funded from reserves at an estimated cost of £0.600m per annum.</p>	<p>Adults with learning disabilities will very likely continue to receive support to live in their own home. However, undertaking individual reviews may lead to other housing and support options being identified and chosen by the individual or agreed through a 'best interest decision'...</p> <p>There will be reductions in the overall size of the social</p>	<a href="#">14 Sept 2017 Item 6 App D</a>	Cabinet Member for Adult Services

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
				care workforce if packages of care reduce and providers of the services will have to restructure their workforce accordingly.		
Disability Service – Shared Lives	£0.180m	£1.009m	Agree to invest c£0.240m in additional staff resource to expand Shared Lives which is typically a more cost effective way of supporting adults in settled accommodation compared to alternatives such as supported accommodation, residential care or short break services.	<p>The Service is currently delivering the last year of growth in long term placements as the culmination of the last year of a previous adult social care savings programme.</p> <p>This is a cost effective and progressive model of support...</p>	<a href="#">14 Sept 2017 Item 6 App D</a>	Cabinet Member for Adult Services
Learning Disability Supported Living Placement Voids	£0.250m	£0.500m	Agree to apply the existing under-occupancy policy to all schemes with voids and review schemes which are no longer fit for purpose and unlikely to be filled to reduce the overall capacity by around 50 vacancies. This will significantly	This proposal (to apply the under-occupancy policy) is already underway. It should be noted that due to existing Housing Management Agreements that are on place it may take longer to cease some arrangements, but work is being undertaken with Housing Providers to try to reach a mutual agreement	<a href="#">14 Sept 2017 Item 6 App D</a>	Cabinet Member for Adult Services

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
			<p>reduce LCC exposure to rent &amp; support void liability.</p> <p>Agree to reduce the provision of traditional supported accommodation to the required level, but will still leave the Authority with sufficient supported living options to meet current and future demand.</p> <p>Agreement to direct Learning Disability &amp; Autism Remodelling &amp; Review Team staffing resource to this project (September 2017)</p> <p>Agreement of policy principles (October 2017)</p> <p>Agreement to put a Supported Housing Framework in place (2018)</p>	to cease any punitive arrangements.		



Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
			Agreement to enhance the use (and revisit the policy to charge for) assistive technology (March 2018)			
Learning, Disability and Autism - Enablement	£0.161m	£1.373m	<p>Agree to the creation of a new service to deliver outcome focussed, time limited enablement support to adults using existing social care services, with a particular focus on adults with learning disabilities to become more independent and less reliant on formal paid support.</p> <p>Agree to establishment of new team at a cost of c£0.591m to implement the invest to save proposal.</p> <p>This is an invest to save programme over a 2 year period.</p>	<p>This would be delivered to adults with learning disabilities living typically in supported living settings, but also to those living within families and in receipt of council services and also to those in transition to adult services.</p> <p>The function of the service is to deliver time limited enablement, which will improve the ability of the adult to live more independently and either avoid higher cost packages being arranged early on (as in transition group) or lead to a reduction in the level of packages of care for those in e.g. supported living.</p>	<a href="#">14 Sept 2017 Item 6 App D</a>	Cabinet Member for Adult Services

<b>Service</b>	<b>Saving identified 2018/19</b>	<b>Total Saving Identified</b>	<b>Decisions needed to deliver the budgeted savings</b>	<b>Impact</b>	<b>Date reported to Cabinet</b>	<b>Cabinet Member</b>
Demand and Price Assumptions – Adult Services	£5.022m	£21.503m	Agreement to update the Medium Term Financial Strategy price and demand assumptions to reflect the reductions detailed above.	There will be no impact on the service.	<a href="#">14 Sept 2017 Item 6 App D</a>	Cabinet Member for Adult Services
Fee Income from Providing LCC Management Support into Failing Independent Sector Registered Residential and Nursing Homes	£0.060m	£0.060m	<p>Agree to an expansion of an existing in-house service which supports the improvement and turnaround of failing independent sector services (typically those rated inadequate/requires improvement). This service is already provided on the basis the provider agrees to accept LCC management input and agrees to pay a charge or fee to LCC.</p> <p>Agree to charge a weekly fee instead of invoicing on basis of staff time delivered into the service.</p>	This proposal puts the service on a firmer business footing and as such is expected to generate additional income.	<a href="#">14 Sept 2017 Item 6 App D</a>	Cabinet Member for Adult Services

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
			Agree to setting the fee at £2,500 per week. It is also recommended that a process of receiving a deposit and direct debit system for payment is established before work commences.			
Older Persons In-House Residential Services - Self Funder Fees	£0.237m	£0.755	<p>Agree that existing self-funders who live in LCC operated residential care homes for older people pay fees at the current self-funding rate and are subject to normal yearly increases reflecting inflationary based uplifts.</p> <p>Agree that all newly admitted self-funders rates pay at the new rate. It is expected to be fully implemented over a three year period as existing self-funders end their stay.</p>	<p>LCC meet the costs of approx. 45% of older people in residential and nursing care home. However about 45% of individuals (or their families) pay the full cost for their care homes places directly to the provider – these people are generally known as 'Self Funders'.</p> <p>The financial sustainability of services therefore depends on the overall balance between income from these sources and the costs of running the services.</p>	<a href="#">12 October 2017 Item 4 App A</a>	Cabinet Member for Adult Services

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
			<p>Agree to the indicative new fees as follows (subject to yearly inflationary fee increase):</p> <p>Current Rate for LCC funded residents in LCC homes:</p> <ol style="list-style-type: none"> <li>1. Older People - £489.76</li> <li>2. Dementia - £525.38</li> </ol> <p>Current Self- funder rate in LCC Homes:</p> <ol style="list-style-type: none"> <li>1. Older People - £518.00</li> <li>2. Dementia - £549.85</li> </ol> <p>Approx Proposed Self-funded rate in LCC Homes:</p> <ol style="list-style-type: none"> <li>1. Older People - <b>£640.00</b></li> <li>2. Dementia - <b>£670.00</b></li> </ol>	<p>This is the same position for the County Council's own 17 residential services for older people with about 30% of its residents 'self-funding'.</p> <p>So if this proposal is adopted older people who are admitted from April 2018 and self-fund their places in LCC operated care homes will face increased fee levels which will better reflect the 'market rate'.</p>		

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
Extra Sheltered Care Services	£0.483m	£0.644m	Cease Extra Sheltered Care services in the lower usage or lower risk schemes. These are likely to number 6-8 schemes out of 13 from across the county.	<p>Service users at these locations would require a reassessment of their needs and be subject to the same judgement as any community based service user.</p> <p>There could be increased pressure on homecare market which may or may not be able to respond easily to increased demand depending on where scheme is and other local pressures.</p> <p>This will also require significant adult social care staff time to complete 130 social care reviews and associated support planning.</p> <p>These changes may also impact on the services of the housing partners in whose properties these services are delivered.</p>	<a href="#">7 December 2017 Item 4 App B</a>	Cabinet Member for Adult Services

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
Learning, Disability, and Autism Residential Reviews (for Cabinet approval 18 Jan 2018)	£0.045m	£1.026m	<p>Agree to review people with learning disabilities and autism placed in Care Quality Commission registered residential packages located both in and out of county with an aim to</p> <p>Provide alternative local accommodation services in a more affordable and cost effective way. Primarily by offering supported living vacancies to people currently living in residential care.</p> <p>There is currently a significant over-provision of accommodation in supported living settings which represents a significant cost to the Council as a result of units of accommodation standing empty.</p>	<p>The number of residential placements both in Lancashire and out of county placements will reduce as a consequence of this proposal.</p> <p>There are currently just under 270 people (82 outside of Lancashire) with a learning disability and autism who have been placed in Care Quality Commission registered residential accommodation located inside or outside of Lancashire. The current annual cost of these placements is £13.666m (of which out of County is £6.933m).</p> <p>Additional impacts are:</p> <ul style="list-style-type: none"> <li>• There may be resistance to change from service users, their families and some residential support providers to a potential move.</li> </ul>	<a href="#">18 January 2018 Item 4 App D</a>	Cabinet Member for Adult Services

Service	Saving identified 2018/19	Total Saving Identified	Decisions needed to deliver the budgeted savings	Impact	Date reported to Cabinet	Cabinet Member
				<ul style="list-style-type: none"> <li>Some residential providers both in and outside Lancashire will lose business, but other local providers will gain new business if individuals move into their services. This will mean more of the council's spend on services will be in Lancashire rather than outside.</li> <li>Some residential providers may become financially unviable if people leave the service as they will no longer benefit from economies of scale which would impact on other residents.</li> </ul>		





## Health Scrutiny Committee

Meeting to be held on Tuesday, 23 January 2018

Electoral Division affected:  
(All Divisions);

## Report of the Health Scrutiny Steering Group

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer,  
gary.halsall@lancashire.gov.uk

### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 10 January 2018.

### Recommendation

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

## Background and Advice

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 Labour and Independent Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of 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 a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
  - Reasons/focus, objectives and outcomes for scrutiny review;
  - Develop key lines of enquiry;
  - Request evidence, data and/or information for the report to the Committee;
  - Determine who to invite to the Committee
- To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
- To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;

- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

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 Committee for consideration and agreement.

### **Meeting held on 10 January 2018:**

#### **1. Implementation of the Care Act 2014 within Secondary Mental Health Services in Lancashire**

Charlotte Hammond and Ian Crabtree reported on the salient points in relation to responses and proposed actions by the County Council and Lancashire Care Foundation Trust in response to the referral that was received from Rethink Carers Lancashire.

The Steering Group resolved that:

1. The responses and actions as set out at appendix 'A' be noted;
2. An update report on Secondary Mental Health Services in Lancashire be presented to the Health Scrutiny Committee in 6/9 months' time;
3. Lancashire Care Foundation Trust be recommended to carry out an audit of training undertaken by staff on the Care Act 2014; and
4. It should write to Rethink Carers Lancashire detailing the work undertaken and to provide a copy of the action plan (appendix 'A').

#### **2. Healthy Child Programme**

A discussion was had in relation to this matter which was raised at the last Health Scrutiny Committee meeting on 12 December 2017. Members were informed that the outcome of the tender process had been appealed and that the County Council could not announce the successful bidder and as a result there could be no scrutiny of this issue until after the appeal had been determined.

It was noted that the earliest any discussion could take place would be in March, although this was not definite. Furthermore, it was acknowledged that as this was a children's health matter, it would be referred to the Children's Services Scrutiny Committee to consider (in accordance with its terms of reference).

### **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/Tel
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N/A		
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Reason for inclusion in Part II, if appropriate

N/A



## **Health Scrutiny Committee**

Meeting to be held on Tuesday, 23 January 2018

Electoral Division affected: (All Divisions);
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## **Health Scrutiny Committee Work Plan 2017/18**

(Appendix 'A' refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny),

gary.halsall@lancashire.gov.uk

### **Executive Summary**

The Plan at Appendix 'A' is the work plan for both the Health Scrutiny Committee and its Steering Group.

The topics included were identified at the work planning workshop held on 20 June 2017.

### **Recommendation**

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

### **Background and Advice**

A statement of the work to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2017/18 municipal year is set out at Appendix A which includes the dates of all scheduled Committee and Steering Group meetings. The work plan is presented to each meeting for information. The Committee will note that the Health Scrutiny Committee work plan has been aligned to the Sustainability and Transformation Partnership's Governance meetings and priority areas.

### **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/Tel
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N/A		
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Reason for inclusion in Part II, if appropriate		
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N/A		
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## Health Scrutiny – Work plan 2017/18

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
24 July	STP Workforce – Scrutiny Inquiry Day Report	Workforce*	CC Steve Holgate, former Chair of the Health Scrutiny Committee	To formulate recommendations from the report and to determine who to circulate to.
	Update on the Local Workforce Action Board	Workforce*	Heather Tierney-Moore and Damian Gallagher, LCFT	Update on the work of the Board.
	Chorley Hospital Emergency Department mobilisation	Workforce*/Hospitals** and Urgent Care**	Karen Partington, Mark Pugh, LTHFT	Update on the mobilisation of the Emergency Department and recruitment issues
19 Sept	Next Steps on the NHS Five Year Forward View – Sustainability and Transformation Partnerships; Accountable Care Systems and Local Delivery Plans	-	NHSE North, Healthier Lancashire and South Cumbria, Fylde and Wyre CCG, Morecambe Bay CCG,	Overview of the next steps on the NHS five year forward view and update on the Accountable Care System.
31 Oct	Winter pressures and preparations (A&E)	All	Heather Tierney-Moore (AEDB), Derek Cartwright, NWAS, Paul Simic, LCA, LTHFT? Tony Pounder, LCC	Overview of pressures and preparations (adults/acute trusts/mental health)

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
12 Dec	Improvements to Mental Health Services in Lancashire	Care Professional Board*	Steve Winterson, LCFT	Report on planned changes for both the Central and Pennine Lancashire areas
	Suicide Prevention	Care Professional Board* Mental Health**	Dr Sakthi Karunanithi and Chris Lee, Public Health	To ensure effective implementation of the (local authority) suicide prevention plan
23 Jan 2018	Adult Social Care – and Public Health Budget Proposals	-	Tony Pounder, Dr Sakthi Karunanithi and Neil Kissock, LCC	Budget proposals from the following Cabinet Members: <ul style="list-style-type: none"> <li>Graham Gooch – Adult Services</li> <li>Shaun Turner – Health and Wellbeing</li> </ul>
	Delayed Transfers of Care	Care Professional Board*	Tony Pounder, LCC, Karen Partington, Lancashire Teaching Hospitals Trust	Delayed days that are attributable to social care in respect of interaction between the County Council and Lancashire Teaching Hospitals Trust.
5 March	Life Expectancy and Health in All Policies	Care Professional Board* Prevention**	Dr Sakthi Karunanithi	Overview of Life Expectancy, causes, prevention and self-help work, key service issues, challenges and opportunities/Health in All Policies
	Transforming Care for people with a Learning Disability and/or Autism	Care Professional Board*	Mersey Care NHS Foundation Trust, NHS England	Update on Specialist Learning Disability Services



Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
		Health and social care**, Mental Health**	Charlotte Hammond, LCC?	
17 April	Skin cancer awareness	Care Professional Board* Prevention**	Sofiane Rimouche, LTHFT, Dr Sakthi Karunanithi CCGs	Raising awareness, prevention

#### Requested topics to be scheduled:

- STP Refresh (after December 2017)
- Community mental health; early intervention and prevention (Chris Lee, Public Health)
- Inequity of funding for medical under-graduate and post-graduate training in Lancashire and South Cumbria – Health Education England
- Suicide Prevention in Lancashire – annual update (December 2018)

#### Referrals from Steering Group to the full Committee to be scheduled:

- Immunisations – seasonal influenza (Sakthi Karunanithi, LCC, Jane Cass, NHS England)
- Winer preparations (July 2018)

#### Potential topics for the Committee and its Steering Group:

- Data sharing
- Dementia awareness
- Care Home Quality

## Health Scrutiny Steering Group – Work plan 2017/18

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
4 July 2017	<ul style="list-style-type: none"> <li>i. Royal Preston Hospital – bid for new primary care front end at Emergency Department and Urgent Care Centre (A&amp;E)</li> <li>ii. WLCCG – Termination of single handed GP contract</li> <li>iii. FWCCG – Improving health services in Kirkham and Wesham</li> </ul>	<ul style="list-style-type: none"> <li>i. Stephen Gough and David Armstrong, NHS England – Lancashire</li> <li>ii. Jackie Moran, WLCCG</li> <li>iii. Kate Hurry and Andrew Harrison, FWCCG</li> </ul>	<ul style="list-style-type: none"> <li>i. Unique bid for capital – need to identify appropriate funding stream to expedite and assist with overall A&amp;E function</li> <li>ii. To receive updates on progress – wider concerns around single handed GPs in Lancashire</li> <li>iii. Overview of the proposals – concerns also raised by local councillor</li> </ul>
27 Sept	<ul style="list-style-type: none"> <li>i. Proposal for a Central Lancashire Mental Health Inpatient Unit</li> <li>ii. NHS England – 'Childhood Immunisation Performance Report for Lancashire, and Associated Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>i. Steve Winterson, LCFT</li> <li>ii. Jane Cass, NHS England, Sakthi Karunanithi, Director of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>i. Overview of proposals</li> <li>ii. To receive a report on Childhood Immunisation Performance for Lancashire and associated action plan to identify and address reasons for the downward trend of low uptake for screening, vaccinations and immunisations across Lancashire, how this will be monitored, targets met and timescales.</li> </ul>
11 Oct	<ul style="list-style-type: none"> <li>i. Health and Wellbeing Board (HWB) – Update</li> <li>ii. Implementation of the Care Act 2014 within secondary mental health services in Lancashire</li> </ul>	<ul style="list-style-type: none"> <li>i. Sakthi Karunanithi, LCC</li> <li>ii. Charlotte Hammond, LCC</li> </ul>	<ul style="list-style-type: none"> <li>i. Update on HWB Partnerships/Lancashire Health and Wellbeing Strategy</li> <li>ii. To receive referral made to scrutiny and to determine how the Steering Group wishes to proceed.</li> </ul>

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
15 Nov	<ul style="list-style-type: none"> <li>i. General service updates on Adult Social Care</li> <li>ii. Suicide Prevention</li> <li>iii. Report on Steering Group's purpose</li> </ul>	<ul style="list-style-type: none"> <li>i. Tony Pounder, LCC</li> <li>ii. Chris Lee, Public Health, LCC</li> <li>iii. Gary Halsall, LCC</li> </ul>	<ul style="list-style-type: none"> <li>i. To receive general service updates and to prepare for January 2018 Committee meeting on DToC</li> <li>ii. Preparations and key lines of enquiry for Committee meeting scheduled 12 December 2017</li> <li>iii. Advice and options for a revised purpose of the Committee's Steering Group</li> </ul>
6 Dec	<ul style="list-style-type: none"> <li>i. Implementation of the Care Act 2014 within secondary mental health services in Lancashire</li> <li>ii. VirginCare – Community Health and Urgent Care Services Contract</li> <li>iii. Better Care Together; or</li> <li>iv. Together A Healthier Future</li> </ul>	<ul style="list-style-type: none"> <li>i. Charlotte Hammond, LCC, and LCFT</li> <li>ii. Jackie Moran, Karen Tordoff WLCCG and VC</li> <li>iii. Morecambe Bay CCG</li> <li>iv. Mark Youlton, East Lancashire CCG</li> </ul>	<ul style="list-style-type: none"> <li>i. Awaiting responses to a referral made to scrutiny in relation to a Section 75 Agreement</li> <li>ii. Update on contract awarded to private provider</li> <li>iii. Update on the Bay Health and Care Partners LDP and outcomes of Trust Boards in relation to integrated hospital community and primary care services (Integrated Care Communities ICC).</li> <li>iv. Update on the Pennine Lancashire LDP</li> </ul>
10 Jan 2018	<ul style="list-style-type: none"> <li>i. Our Health, Our Care Local Delivery Plan (LDP) – need to move</li> <li>ii. Public Health – Life Expectancy</li> <li>iii. Implementation of the Care Act 2014 within secondary mental health services in Lancashire</li> </ul>	<ul style="list-style-type: none"> <li>i. Denis Gizzi, Mark Pugh and Sarah James GPCCG + CSRCCG</li> <li>ii. Dr Sakthi Karunanithi</li> </ul>	<ul style="list-style-type: none"> <li>i. Outcome of clinical process mapping work from the Solution Design Events and the LDP programme</li> <li>ii. Develop objectives, key lines of enquiry and outcomes</li> </ul>

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
	iv. VirginCare – Community Health and Urgent Care Services Contract v. Update on the completion of the new primary care front-end at Royal Preston Hospital	iii. Charlotte Hammond, LCC, and LCFT iv. Jackie Moran, Karen Tordoff WLCCG and VC v. Stephen Gough and David Armstrong, NHS England – Lancashire	iii. Awaiting responses to a referral made to scrutiny in relation to a Section 75 Agreement iv. Update on contract awarded to private provider v. Update – briefing note/attendance at meeting
7 Feb	i. Fylde Coast ACS, Your Care, Our Priority and Multi-speciality Community Partnerships (MCP) ii. Skin Cancer awareness iii. Life Expectancy and Health in All Policies iv. Transforming Care for people with a Learning Disability and/or Autism	i. Peter Tinson, Fylde and Wyre CCG ii. Sofiane Rimouche, LTHFT, Dr Sakthi Karunanithi, CCGs iii. Dr Sakthi Karunanithi iv. tbc	i. Update on the Fylde Coast ACS, Your Care, Our Priority LDP and Multi-speciality Community Providers (MCP) ii. Develop objectives, key lines of enquiry and outcomes iii. Develop objectives, key lines of enquiry and outcomes iv. Develop objectives, key lines of enquiry and outcomes
14 Mar	i. Report on Steering Group's purpose for 2018/19? ii. Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (GTD)? iii. Quality Accounts for Trusts and mechanisms with Healthwatch	i. Gary Halsall, LCC ii. Karen Partington, Mark Pugh, LTHFT iii. Sheralee Turner-Birchall, Healthwatch	i. Advice and options for a revised purpose of the Committee's Steering Group for 2018/19 onwards ii. Update on the mobilisation of the Emergency Department and recruitment issues

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
	iv. <b>Healthy Child Programme Contract?</b>	iv. <b>Rachel Tanner, LCC</b>	iii. To formulate responses to requests from Trusts on their Quality Accounts; consider potential mechanisms with Healthwatch and Impact Events.
11 Apr	LCC Adult Social Care Winter Plan	Tony Pounder, Sue Lott, LCC	Review the effective/robustness of the 2017 plan
16 May (all day event?)	Work planning for 2018/19 (open invite to full Committee)?	<p>Louise Taylor, Dr Sakthi Karunanithi, Tony Pounder, LCC and Cabinet Members for Health and Wellbeing and Adult Social Care; Healthwatch Lancashire; NHS England and Healthier Lancashire and South Cumbria; NHS Improvement?; Lancashire Care Association; Lancashire Care Foundation Trust</p> <p>Briefing notes from CCGs, Acute Trusts, NWAS?</p>	<p>Presentations from strategic health and social care organisations setting out details of:</p> <ul style="list-style-type: none"> <li>Emerging issues;</li> <li>Priorities and planned activity;</li> <li>Policy development;</li> <li>Timelines and deadlines; and</li> <li>Ongoing work relating to the Five Year Forward View and the STP for Lancashire [and South Cumbria];</li> </ul> <p>For scrutiny to identify topics of their choice for the 2018/19 work plan where they can add value and see potential objectives and outcomes and an opportunity to formulate a focussed and timely work plan.</p>

**Topics referred by the Committee for Steering Group's action:**

- Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (GTD)
- Suicide Prevention in Lancashire – 6 monthly progress report on outcomes set out in the Logic Model (June 2018)

**Potential topics for Steering Group:**

- NWAS - Update on Government reporting standards – Peter Mulcahy, and NWAS transformation Strategy and NWAS future – Mark Newton
- West Lancashire LDP
- Pharmacies and prescriptions – volume of returned medicines and disposal of same, failure to collect, patient medicine reviews, change to current practice
- Low priority prescribing – consultations across CCGs - update
- Capital investments across Lancashire
- Lancashire Care Association – update on Registered Care Managers Network (RCMN) – Paul Simic, CEO