Lancashire County Council

Health Scrutiny Committee

Monday, 5th March, 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)

No.	Item	
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 23 January 2018**	(Pages 1 - 4)
4.	**Health Education England**	(Pages 5 - 38)
5.	**Life Expectancy and Health in All Policies**	(Pages 39 - 48)
6.	**Report of the Health Scrutiny Steering Group**	(Pages 49 - 52)
7.	**Health Scrutiny Committee Work Plan 2017/18**	(Pages 53 - 62)
8.	**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.	
9.	**Date of Next Meeting** The next meeting of the Health Scrutiny Committee will be held on Tuesday 17 April 2018 at 10.30am at County Hall, Preston.	

Lancashire County Council

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 23rd January, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Jenny Purcell (Deputy Chair in the Chair)

County Councillors

L Beavers	C Edwards
J Burrows	M Iqbal
S Clarke	M Pattison
Ms L Collinge	E Pope
G Dowding	P Steen

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)
Councillor Glen Harrison, (Hyndburn Borough Council)
Councillor Tony Harrison, (Burnley Borough Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Hasina Khan, (Chorley Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)

County Councillor Stephen Clarke replaced County Councillor Cosima Towneley for this meeting.

1. Apologies

Apologies were received from County Councillor Peter Britcliffe and District Councillors Wayne Blackburn, Colin Hartley, Roy Leeming 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 12 December 2017

Resolved: That the minutes from the meeting held on 12 December 2017 be confirmed as an accurate record and signed by the Chair.

4. Delayed Transfers of Care

The Chair welcomed Louise Taylor, Executive Director of Adult Services and Health & Wellbeing; Tony Pounder, Director of Adult Services; County Councillor Graham Gooch, Cabinet Member for Adult Services; and Karen Partington, Chief Executive of Lancashire Teaching Hospitals Foundation Trust.

The report presented to the Committee detailed the number of delayed days that were attributable to social care in respect of interaction between the County Council and Lancashire Teaching Hospitals Trust.

The Committee was informed that in December 2017 a letter had been received from the Secretary of State for Health and the Secretary of State for Local Government confirming to the leader that there had been some improvement in Lancashire's overall performance and as a result of this there would not be a review of the Integrated Better Care Fund monies for 2018/19.

It was reported that the figures around Delayed Transfers of Care (DTOC) had been reviewed and changed over the last few years. Since February 2017, there had been a significant rise in DTOC levels between the Trust and the County Council. Members were informed that the reablement service had been improved across the county and that overall a difference was being made. The number of permanent staff working at weekends had increased enabling improved flow at these times. The Clinical Commissioning Group (CCG) had seconded an individual into the Trust to connect teams together and help reduce the number of delays.

On the Home First Scheme, Members enquired about how patients' safety could be assured. It was explained that the right professionals and the right services would be place for patients at home. There was professional input from occupational therapists, nursing staff and social work staff to make sure patients got the level of support they needed when they got home to ensure their safety.

However, recruitment and retention continued to be an issue especially in relation to occupational therapists and physiotherapists. It was the intention of the County Council to set up a social work teaching partnership across children and adult services with the University of Central Lancashire (UCLAN) and Lancaster University. The County Council was also investing in the training of registered managers. The County Council had been relatively successful in recruiting people early on in their careers for these roles. It was suggested that the Committee write to Health Education England to attend a future meeting to explain what they were doing to alleviate the situation. The Committee was informed that Health Education England would be attending the Health Scrutiny Committee's next scheduled meeting on the 5 March 2018.

Resolved: That;

1. An update on Delayed Transfers of Care, as a whole system be scheduled in 6 months' time; and

2. The actions taken by the County Council and Lancashire Teaching Hospitals Foundation Trust be accepted and continue to strive for a collaborative approach in reducing delays.

5. Scrutiny of Budget Proposals 2018/19

The Chair welcomed the following speakers to the Health Scrutiny Committee:

- County Councillor Shaun Turner, Cabinet Member for Health and Wellbeing;
- County Councillor Graham Gooch, Cabinet Member for Adult Services;
- Louise Taylor, Executive Director of Adult Services and Health & Wellbeing;
- Neil Kissock, Director of Finance;
- Sakthi Karunanithi, Director of Public Health and Wellbeing; and
- Tony Pounder, Director of Adult Services, to the meeting.

The report presented set out all the savings proposals as agreed by the Cabinet at its meetings between 14 September and 7 December 2017 including those that were due for consideration on 18 January 2018, that were relative to the Health Scrutiny Committee's terms of reference for consideration. It was a revised process as agreed by the Chairs and Deputy Chairs 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.

From discussions on the savings proposals outlined in Appendix 'A' of the report, the following items for future scrutiny review during 2018/19 were identified:

- Sexual Health – assurance was sought on the reasons for the under spend and the affect this proposal would have on access or quality of service. It was reported that the way the County Council paid for sexual health had changed. Officers would monitor key outcomes. Access to sexual health in the rural communities was raised as a concern.
- Advocacy Services – concern was expressed around the affect this proposal would have in relation to third sector providers and another proposal to remove local member grants. It was noted this proposal was out for consultation. The local member grants proposal was highlighted for future scrutiny review by the Internal Scrutiny Committee when it met on 19 January 2018.
- Learning, Disability and Autism: Enablement – issue around time limited support and the possibility that adults in receipt of such support might not become more independent within the time limited period.
- Older Persons In-House Residential Services: Self Funder Fees – concern around the affect this proposal would have on self-funders and their families beyond April 2018.
- Extra Sheltered Care Services – concern around the delivery of the proposal given recruitment and retention issues and the potential for delays in assessments.

It was suggested that a bite size briefing be arranged on the 'Learning Disability Service – Supported Living' proposal with a particular focus on Best Interest Decisions.

Resolved: That all requests made by Members of the Committee be compiled from the minutes of the meeting and form a part of the work planning session in readiness for the 2018/19 municipal year.

6. Report of the Health Scrutiny Steering Group

The report provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 10 January 2018.

Resolved: That the report of the Steering Group be received.

7. Health Scrutiny Committee Work Plan 2017/18

The Work Plans for both the Health Scrutiny Committee and its Steering Group were presented to the Committee. The topics included were identified at the work planning workshop held on 20 June 2017.

The Committee requested that winter planning be scheduled for the meeting on 11 April. It was reported that Healthier Lancashire and South Cumbria would be attending that meeting to present on the Sustainability and Transformation partnership (STP) refresh.

Resolved: The report be noted.

8. Urgent Business

There were no items of Urgent Business.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will take place on Monday 5 March 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 Monday, 5 March 2018

Electoral Division affected:
(All Divisions);

Health Education England
(Appendices A, B, C and D refer)

Contact for further information:
Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny),
gary.halsall@lancashire.gov.uk

Executive Summary

This report sets out responses to the Health Scrutiny Committee's requests for information on:

1. The inequity of funding for medical under-graduate and post-graduate training in Lancashire; and
2. Work undertaken to increase the number of trained Occupational Therapists and Physiotherapists.

Recommendation

The Health Scrutiny Committee is asked to formulate recommendations on the:

1. Inequity of funding for medical under-graduate and post-graduate training in Lancashire; and
2. Occupational Therapy and Physiotherapy workforce supply risks in Lancashire.

Background and Advice

1. Inequity of funding

The Health Scrutiny Committee at its meeting on 24 July 2017, received an update on the work of the Lancashire and South Cumbria Sustainability and Transformation Partnership's (STP) Local Workforce Action Board (LWAB). At that meeting it was reported "there was a significant difference in the funding Lancashire and South Cumbria received particularly for medical under-graduate and post-graduate training compared with other parts of the North West and the south of the country… Lancashire was under funded by approximately £27m."

The Committee resolved to write to the Secretary of State for Health and the Chairs of Health Education England and Health Education England (North) to formally invite appropriate representatives to attend a future meeting of the Committee to address

the inequity of funding for medical under-graduate and post-graduate training in Lancashire.

Jane Mamelok and Calum Pallister from Health Education England (North) will attend the meeting. **Appendix A** sets out Health Education England's response to some initial key lines of enquiry to stimulate discussion. **Appendix B** supports the responses set out at Appendix A.

2. **Occupational Therapists and Physiotherapists**

The Health Scrutiny Committee at its last meeting (23 January 2018), considered a report on Delayed Transfers of Care (DTOC). During the meeting it was highlighted that recruitment and retention continued to be an issue in relation to Occupational Therapists and Physiotherapists. It was suggested that the Committee write to Health Education England to ascertain what work was being undertaken to increase the number of therapists. **Appendix C** sets out Health Education England's response to the Committee's request.

Appendix D sets out the definitions of abbreviations and acronyms used throughout Appendices A to C.

The Health Scrutiny Committee is asked to formulate recommendations on the:

1. Inequity of funding for medical under-graduate and post-graduate training in Lancashire; and
2. Occupational Therapy and Physiotherapy workforce supply risks in Lancashire.

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

N/A

Reason for inclusion in Part II, if appropriate - N/A

Health Education England Briefing for Health Scrutiny Committee (Lancashire County Council)

1. **How much funding does Lancashire and South Cumbria receive?**

See 2. below.

2. **How does the level of funding for Lancashire and South Cumbria compare with the South East of England and other North West areas such as Cheshire and Merseyside and Greater Manchester?**

Please see attached PowerPoint **[Appendix B]** that provides the comparative analysis that we have previously issued to the Lancashire and South Cumbria (L&C) LWAB. This is based on 2016/17 and includes all of Cumbria but won't have significantly changed for 2017/18. It shows the spread of funding across the North-West and the national position. The last slide gives a breakdown of the funding provided. Weighted capitation was used as a benchmark but has to be caveated – see 4. below.

3. **Is the £27m figure correct? How many under/post graduates could £27m fund?**

The figure is £29.3m for Lancashire. It is a comparator against weighted capitation. In accordance with government policy, HEE no longer funds non-medical trainees. Stripping this element out, Lancashire's revised figure is £21.1m. This would fund approximately 170 undergraduate medical students per year.

4. **How is the funding formula/allocation calculated? And what is the ethos behind the current formula?**

Funding is not distributed on a weighted capitation formula basis.
NHS education and training funding for medical placements follows activity and is based on national policy and rates ("placement tariffs"*) set by the Department of Health and Social Care (DH&SC). This approach is designed to compensate placement providers for the costs of providing training. Set tariffs are designed to put the focus on quality rather than price. HEE also make a contribution to junior doctors' salaries, which is also determined nationally. For national placement tariff guidance please see:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/629492/2017-18_ET_tariff_guidance_FINAL_July_v2.pdf

Funding undergraduate non-medical education and bursaries (nurses, midwives, allied health professionals etc) is no longer within the remit of HEE. New activity has now been put on a level basis with other undergraduate degrees with individuals funding their education through the Student Loan Company and HEIs offering courses within the £9,250pa price cap. HEE continues to fund non-medical placement activity although this is a relatively minor funding component.
HEE was established in 2013 to:

“support the delivery of excellent healthcare and health improvement to the patients and public of England by ensuring that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.” To this end, HEE is leading on workforce strategy (see 6. below) and ensures funding is achieves best value and is not diverted to shortfalls in service budgets. As described above, HEE funding largely follows activity levels. The distribution of trainee activity is driven by a number of complex factors including:

- Requirements of the service now and its plans for the future – as determined by NHS England and STPs.
- Employer demand – for example at both junior doctor and consultant level
- National policy – such as in the number of undergraduate places
- Individuals' preferences – such as where junior doctors choose to train (and in what specialty) and where individuals choose to go to university.
- Available education facilities – such as medical schools, HEIs, quality of placement providers
- Training requirements – such as ensuring a junior doctor training portfolio

A final key point is that overall workforce numbers can only be increased through three routes – training new recruits, improving retention and sourcing from other sectors/countries. Training new recruits is expensive and takes considerable time. The latter are more cost effective and immediate and must also be targeted.

5. **What's happening to alleviate the inequity of funding? Any developments/proposed changes/emerging issues coming out of the Local Workforce Action Board?**

The LWAB have reviewed the analysis and have raised their concerns over the distribution of resource and have requested that future decisions will take into account the spread of funding – for example, changes in medical posts. The LWAB recognise the complexity of factors in distribution of funding but have stated that they would like to see a long term goal of moving toward weighted capitation. The LWAB believes that some of the structural reasons for the spread of funding can be addressed in the long run - for example the distribution of medical schools. HEE's Regional Director for the North has raised this matter at national level and the co-chair of the LWAB has written to the Chief Executive of HEE. The issues are recognised by HEE and are reflected in a number of developments outlined below.

6. **Is this process likely to change? If so can you give any indication on future funding allocations for Lancashire and South Cumbria**?

There are several key changes in the pipeline as follows:

The number of state funded medical undergraduates is increasing by 25% with an additional 1500 places being created. HEE and HEFCE are conducting a formal process of determining where these will be allocated which includes invitations for new medical schools. This is a critical opportunity for Lancashire and similar areas which do not have the medical schools typically found in large urban centres. HEE has recognises these issues and has set criteria to reward bids that focus on under-

doctored areas, GP recruitment, widening participation and innovative education models.

HEE is leading a consultation on behalf of the NHS on a draft national strategy for the Health and Social Care workforce. This includes contributions from NHS England, NHS Improvement, Public Health England, DHS&C, and Skills for Care. Consultation closes 23 March. The strategy raises many key issues and six key principles (page 18). Amongst these there is a proposal to look at the distribution of training posts. We welcome feedback and full details are available at: https://www.hee.nhs.uk/our-work/workforce-strategy-england/workforce-strategy

HEE working with NHS England is investing in recruitment in primary care in difficult to recruit areas such as Lancashire and South Cumbria. For example, we have launched a targeted enhanced recruitment scheme. HEE is also developing new roles such as physicians associates and nurse associates that assist areas which struggle to recruit.

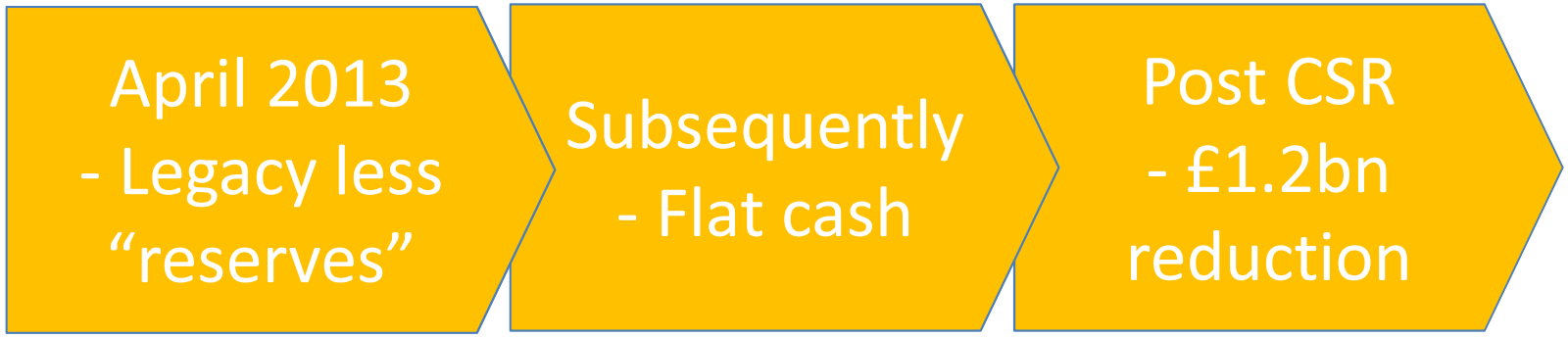
National funding levels are reviewed annually by the DH&SC and costing work is being carried out to assess the levels of funding. Particular points of focus are the balance of funding between medical/non-medical and the areas not covered by national tariffs – mainly primary care placements. HEE is due to conduct an engagement exercise on the tariff currencies later this year looking at the structure of payments.

Appendix 'B'

NHS
Health Education England

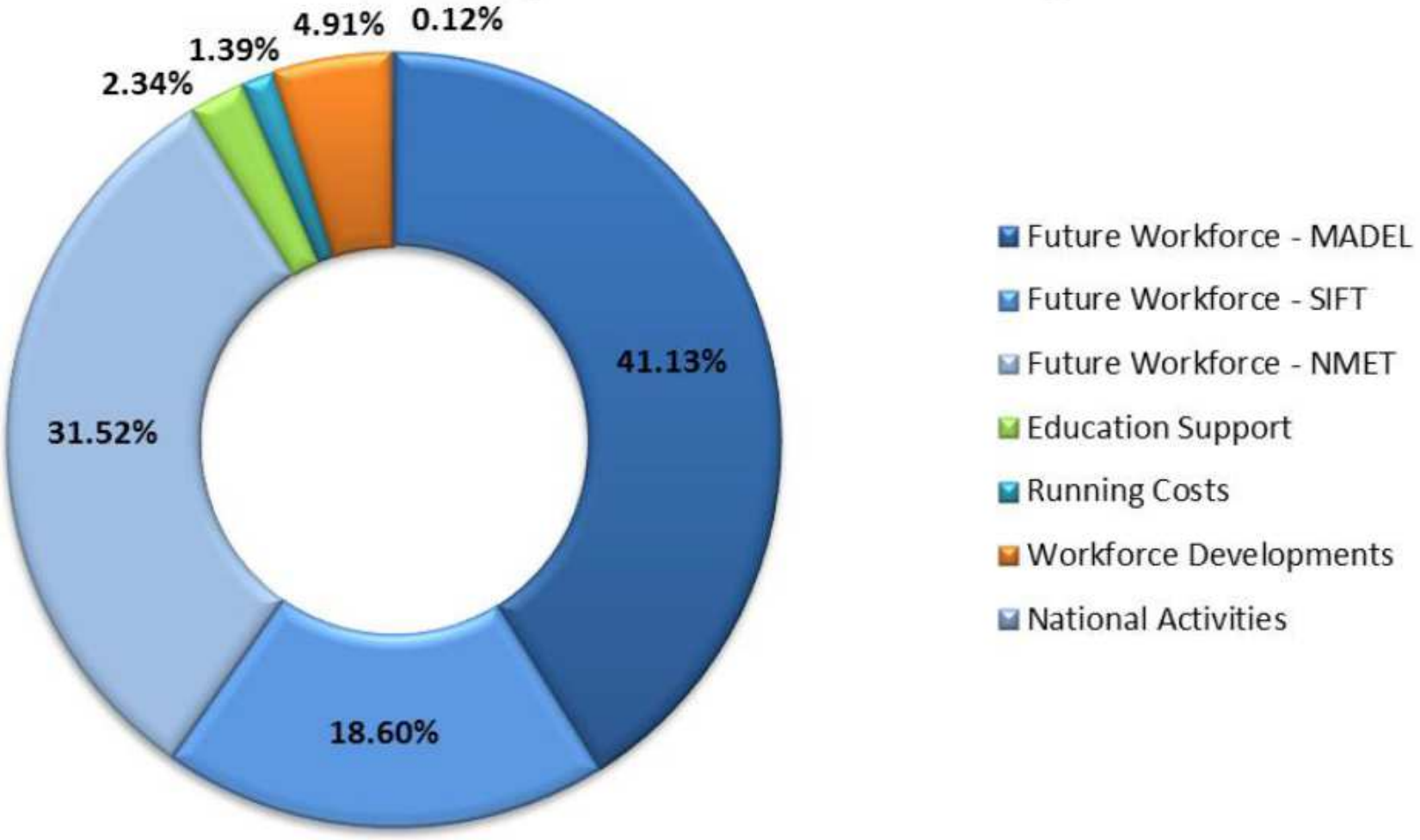
Why? A brief history

Health Education England



- Tightening financial position
- New NHS STP and devolution focus
- Targeting funding to achieve VFM

Analysis of MPET Funding



NW share of national?

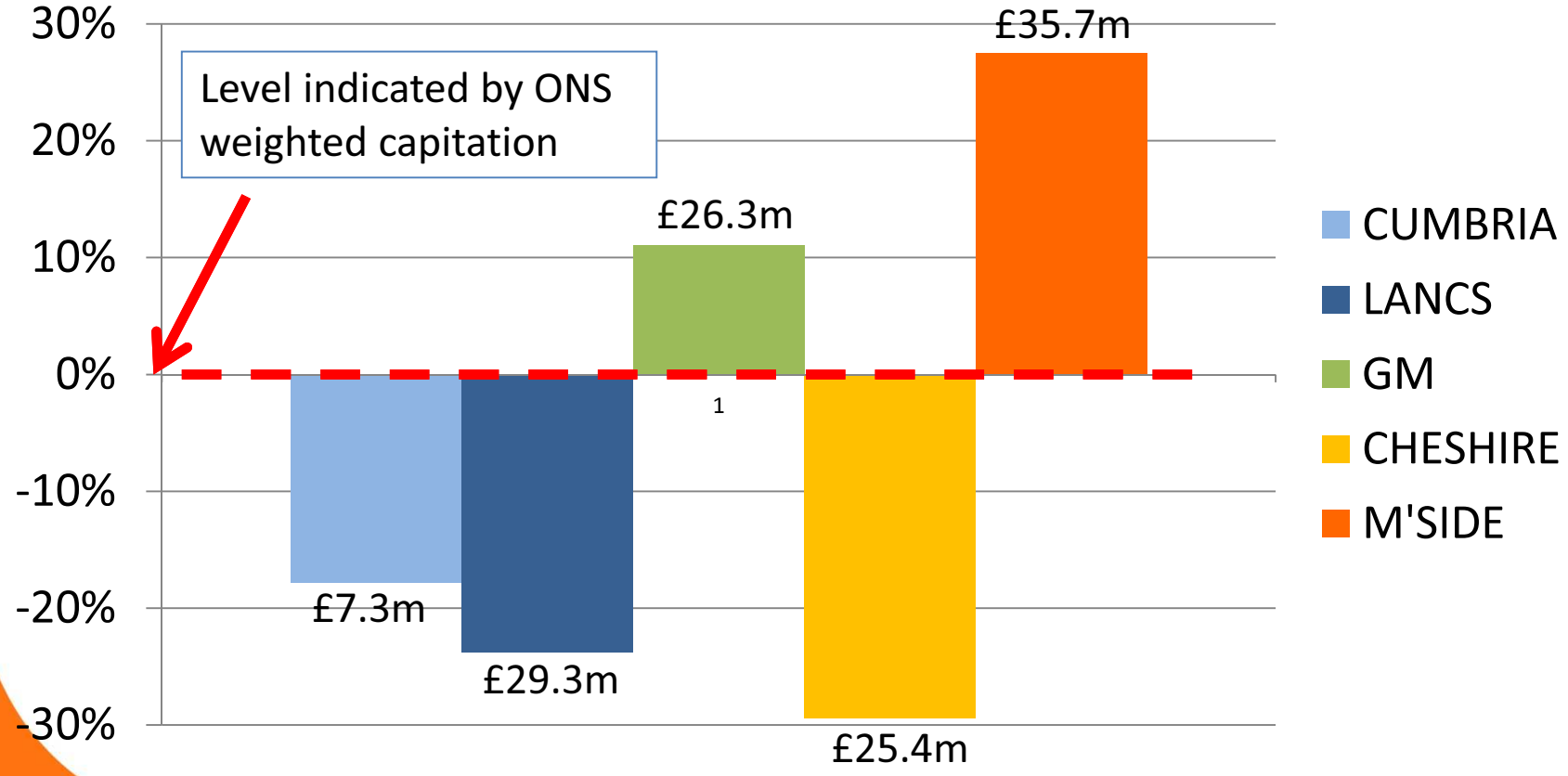
- Below ONS weighted capitation- 13.4% vs 14.5%
- Equates to 1% of national allocation = £44m
- Of which £7m re. PG
- Includes £4m lead employer funding

Funding within NW

NHS
Health Education England

- Based on ONS **weighted capitation**
- **92%** (£614m of £667m) of budget analysed
- Includes **HEE NE funding** for PG activity in Cumbria

Total funding variance

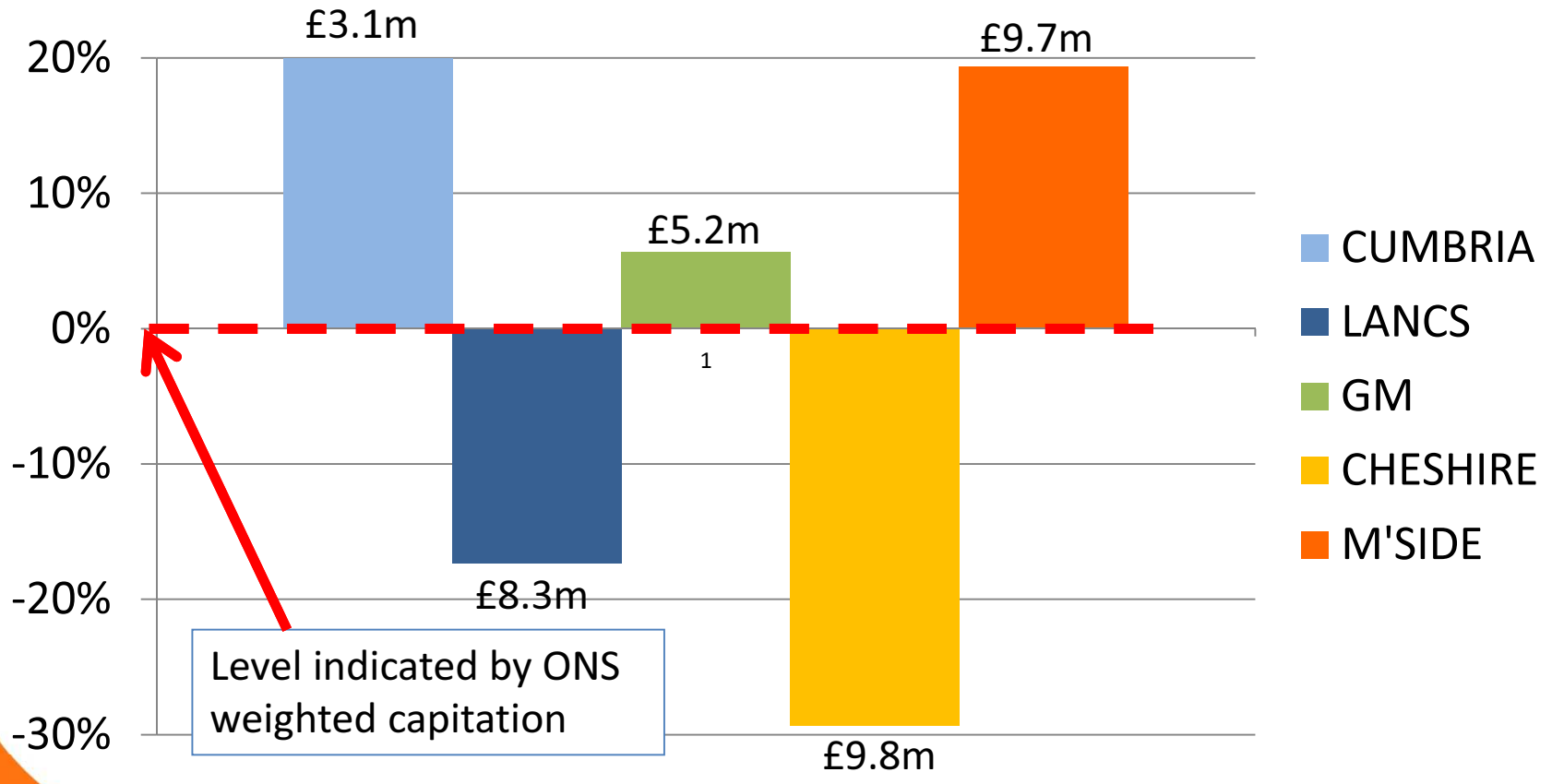


Commentary

NHS
Health Education England

- £614m total funding
- Wide variation from weighted capitation
- Need to break this down to components
- Different funding drivers (& distribution) apply to each

NM funding variance

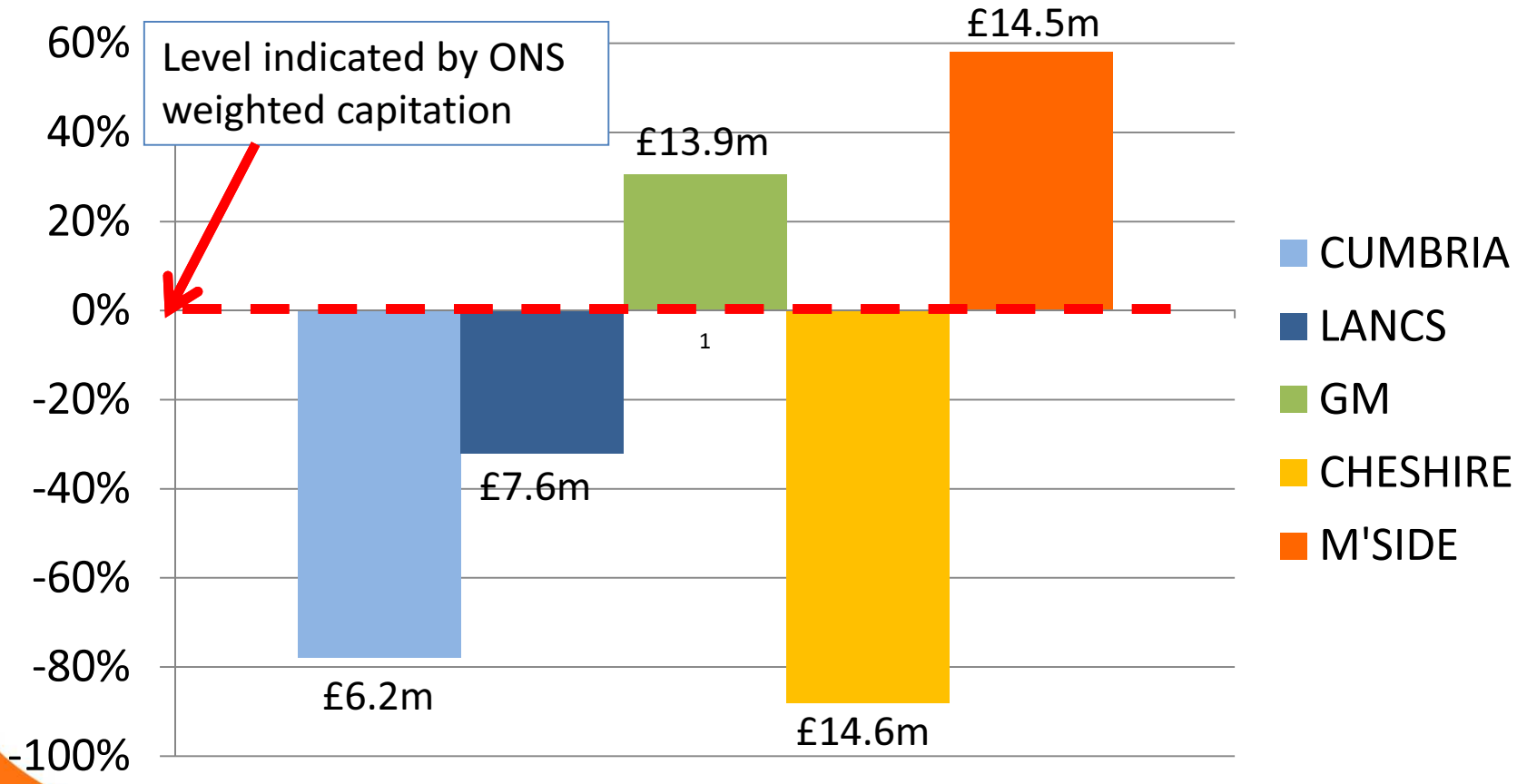


Commentary

Health Education England

- £238m/39% of total funding
- Splits: 25% tuition, 10% bursary, 3% placement fee
- Only placement fee (£19m) will remain post CSR changes
- Cumbria and Cheshire significant outliers
- HEE inviting views on future NM placement funding

UG funding variance

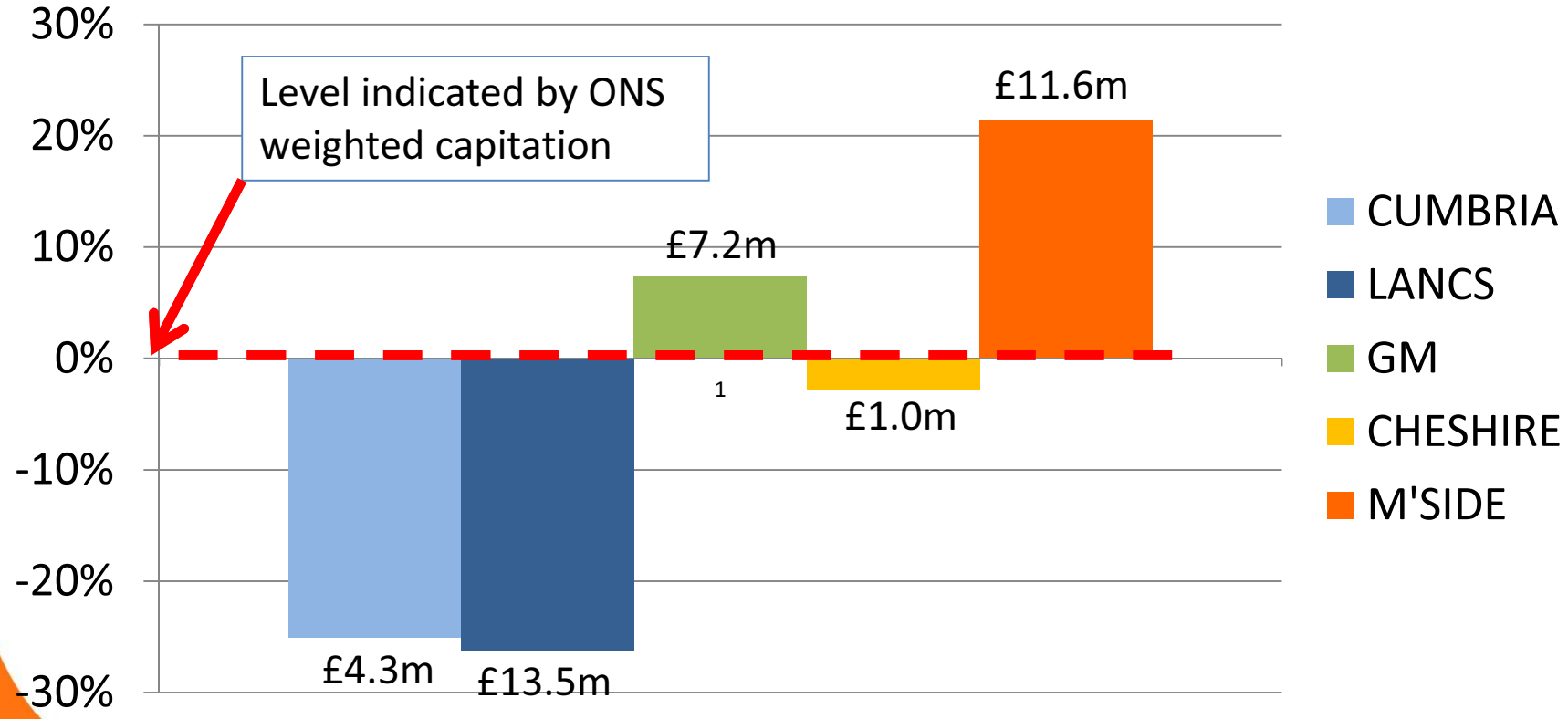


Commentary

Health Education England

- £119m funding = 19% of total
- No direct connection to service, but relationship to quality and economic position of trust
- Activity allocation determined by medical schools
- Should be driven by quality + facilities + recruitment + learners
- HEE considering how this could change to improve PG recruitment patterns

PG funding variance



Commentary

- £257m = 42% of total funding
- Mersey and GM above WC, at cost of C&L
- C&L has high non-HEE funded posts
- An issue since PG affects service. Compounded since recruitment also worst in C&L.
- Should we offer recruitment premia?
- Trainee preferences, training facilities, etc are also factors

Questions

- How relates to service (funding)?
- Educational capacity?
- Recruitment priorities?
- Do we aim for WC equity?
- What can be changed?

Actions?

Health Education England

- Consider these metrics in future decisions
- Feed into STP & LWAB plans/decisions
- Share nationally with HEE
- Evaluate adjusting funding to address workforce risks
- Consider focus on recruitment
- Feedback to HEE re non-medical tariff

Basis of calculation

NHS
Health Education England

- Benchmark by ONS weighted capitation
- Based on location of trusts and HEIs
- Bursaries allocated to HEI location
- UG on basis of medical school

Specifics

- Morecambe Bay has been mapped to Lancashire
- Edgehill University mapped to Merseyside
- Wrightington, Wigan & Leigh - to G. Manchester
- N. Cumbria PG activity and funding included (paid by HEE NE)

L&C LWAB

Health Education England

For discussion:

- Analysis of current funding
- Understanding the drivers of funding
- What does this mean for L&C?
- Opportunities - for workforce and STP planning?

L&C: Analysis of funding

Health Education England

Funding groups	£m	Recipient	Status
Medical and Dental SIFT	17.8	NHS	Ongoing
Secondary Care Training Posts (inc Foundation)	36.7	NHS (placement and salary)	Ongoing
General Practice Specialty Training Posts	9.7	GP (placement and salaries	Ongoing
Dental Foundation Trainee Posts & Travel	2.3	NHS	Ongoing
Lead Employer	0.6	2 trusts on behalf of NHS	to 17/18
Hospital Non Contract, Education Centre Support	0.3	NHS	Ongoing
Public Health	0.9	Loction of Training Post	Ongoing
Physician Associates	0.3	NHS/HEI	Ongoing
Postgraduate	50.8		
Nursing and AHP Tuition	28.7	HEI	CSR
Nursing and AHP Salary Replacement	6.8	NHS	CSR
Non Medical Placement Tariff	4.4	NHS / Non NHS	Consultation
Professions Complimentary to Dentistry	0.0	HEI	CSR
Student Bursaries	19.0	Individual students	CSR
Post Qualification	4.1	NHS	CSR
Non Medical	63.0		
Workforce development	5.9	Various, nominal allocation	TBC

L&C: drivers

Health Education England

- Largely national payment mechanisms and tariffs
- Almost all ongoing funding goes to NHS/providers as determined by national rates/mechanisms
- Funds: activity (salaries) and placement infrastructure
- Quality requirements - HEE Quality Framework, GMC/RCs, HEE Mandate

L&C: What does this mean?

- L&C receive £36m lower than the indicative WC
- Cumbria 78%/£6.2m under WC for UG medical (L=26%)
- Cumbria's position will worsen with end of ed commissioning
- c.25% PG funding deficit for L&C - similar to level of trust funded posts
- Workforce development funding likely to be minimal/contingent in 17/18

L&C: Opportunities

- Additional 1500 undergraduates
- Agree local funding mechanisms/ pooling
- Re-allocation of activity
- Mix of activity
- Trust funded places

Health Scrutiny Committee (Lancashire County Council)

Health Education England (North West) Brief

1. **Supplementary matter**

The Committee at its last meeting on 23 January 2018, considered a report on Delayed Transfers of Care. During discussions there was a query around what work is being undertaken by Health Education England to increase the number of trained Occupational Therapists and Physiotherapists?

2. **Physiotherapy & Occupational Therapy**

The reforms announced in the Comprehensive Spending Review (CSR) in 2015 have led to significant changes in the way health education funding is provided, from 1 August 2017;

- Most new students in England on nursing, midwifery and AHP pre-registration courses who previously had access to NHS bursaries will instead have access to the standard student support package of tuition fee loans and support for living costs.
- The cap on the number of University places will cease with an ambition of an additional 10,000 students by 2020/21 – this has been increased by a further 5000 nursing places
- Release of £1.2b from HEE to the Treasury by 2020/21 with flat cash for the CSR period for other HEE budgets

Under the healthcare higher education reforms HEE will continue to be responsible for ensuring the NHS has the workforce it needs and will use its ongoing investment in clinical placements to ensure not only that the NHS has the right geographical and professional range of graduates but that only the best are recruited to care for NHS patients.

3. **Recruitment to Programmes September 2017**

The first cohorts recruitment to the new funding model were in September 2017. Overall recruitment in the North was healthy with the majority of programme matching or exceeding the numbers in September 2016.

	North Planned	North Additional*	North Total
Physiotherapy	525	+143	668
Occupational Therapy	472	+53	525

'North Planned' shows rollover commissions from 2016/17 and 'North Additional' is recruitment over and above that previously funded through HEE. For Lancashire & South Cumbria the data shows an increase of 7 in Physiotherapy for commission (actual increase of 5 because of over-recruitment in 2016). For Occupational Therapy there was a decrease 8, this was primarily in the part time programme and reflects a general decrease across all part time programmes not Occupational Therapy in particular. The data does not include overseas students or students on programmes not previously commissioned by HEE.

	Sept 16	**Sept 17**
Occupational Therapy- University of Cumbria	58 UG	57 UG
	15 PT UG	8 PT UG (15 commissioned)
	27 PG	27 PG
Physiotherapy- UCLAN	26 UG (24 commissioned)	31 UG

Numbers of applicants to Physiotherapy remains strong and Universities are reporting good levels of conversions to starters; this is reflected nationally. Occupational Therapy is still showing growth albeit not at the same level as Physiotherapy and there are some geographical variations with metropolitan universities tending to recruit higher numbers. It should be noted that this is the first year following the higher education funding reforms so the longer term impact is less clear. In addition there is anecdotal evidence that the profile of students is changing with less mature applicants.

4. HEE support for new supply

While HEE is no longer responsible for the commissioning and funding of pre-registration Occupational Therapists and Physiotherapists programmes it remains responsible for clinical placements. HEE allocates placement tariff for eligible non-medical pre-registration programmes in line with DH Tariff Guidance. Funding is available for the number of students commissioned in 2016/17 and an additional funding for up to 15000 additional students has been made available over the next three years. This funding can be used for nursing or AHP students accessing placements under the existing guidance.

Other initiatives which can impact on the supply of Occupational Therapists and Physiotherapists supported by HEE in L&SC include:

- Careers Hubs – supporting two careers hubs in L&SC with the aim to engage communities, schools and colleges on health and care careers
- Advanced Clinical Practitioners – increasing numbers of ACPs for nursing and AHPs
- Apprenticeship Trailblazers – working with employers to develop standards for higher apprenticeships for pre-registration Occupational Therapy and Physiotherapy routes
- Return to Practice – promoting and supporting return to practice for clinical staff
- Workforce Strategies – as well as a draft health and care workforce strategy (see below), HEE is leading workforce strategies for primary care, urgent care, cancer and mental health and working closely with the STP/LWAB on development and implementation of plans

Additional information from David Marsden, CPWD AHP Network

Occupational Therapy and Physiotherapy Workforce Supply Risks in Lancashire

National Perspective

Occupational Therapy: In terms of the total number of occupational therapy registrants we can see a pattern of strong growth in supply. The overall increase on the HCPC register between 2004 and 2014 was 11,937 (49.3%). However of this growth 10,306 was in employers other than the English NHS, a growth of 131.8% versus 1,631 in the English NHS, growth of 10.0%. This disparity has actually increased in the past five years with total growth of 6,006 (19.9%) being split 5,702 (45.9%) in other employers and only 304 (1.7%) in the English NHS. The NHS occupational therapy workforce increased from 15,222FTE in March 2010 to 15,503FTE as at March 2015, an increase of 282FTE (1.9%). Over the same

period the increase in all registrants was 13.4%, again indicating that the NHS may not be accessing its proportionate share of available supply. Forecasts indicate that by 2020 the available workforce to the NHS will have increased by between 3,307 and 6,253 WTEs; with the differing scenarios reflecting uncertainty about the destination of leavers and the source of joiners, but are actual observed movements from and into NHS employment. Within a system in which the workforce is growing by between 4,000 and 6,000 every five years, then this demand as well as the requirements of other sectors would appear to be achievable. There is clear indication that current levels of training can sustain growth in supply, although there appears to be a real challenge in ensuring the NHS accesses its proportionate share of this supply.

Physiotherapy: In terms of the total number of physiotherapy registrants we can see a pattern of strong growth in supply. The overall increase on the HCPC register between 2004 and 2014 was 14,654 (39.6%). However of this growth 10,787 was in employers other than the English NHS, a growth of 60.5% versus 3,867 in the English NHS, growth of 20.2%. This disparity has actually increased in the past five years with total growth of 6,937 (15.5%) being split 5,915 (20.6%) in other employers and only 1,022 (4.6%) in the English NHS.

The NHS physiotherapy workforce has increased from 18775.2FTE in March 2010 to 19560.8FTE as at March 2015, an increase of 785.6 FTE (4.1%). Over the same period the increase in all registrants was 15.5%, again indicating that the NHS may not be accessing its proportionate share of available supply. Forecasts indicate that by 2020 the available workforce to the NHS will have increased by between 302 and 5,172 WTEs; with the differing scenarios reflecting uncertainty about the destination of leavers and the source of joiners, but are actual observed movements from and into NHS employment. NHS provider partners indicate that they require approximately 2,521FTE (12.9%) growth in the physiotherapy workforce by 2020 to address current shortage and meet increased demand. Within a system in which the workforce is growing by between 5,000 and 8,000 every five years, then this demand as well as the requirements of other sectors would appear to be achievable. There is a clear indication that current levels of training can sustain growth in supply, although there appears to be a real challenge in ensuring the NHS accesses its proportionate share of this supply.

Lancashire

Physiotherapy and Occupational Therapy recruitment status

- No difficulty in recruiting to Band 5 posts. Sometimes need to advertise twice to get the right staff.
- Often difficulty recruiting to Band 6 posts, particularly for specialist areas such as:
    - Mental health (both professions)
    - Respiratory (Physiotherapy)
- Difficulty recruiting bank staff so increase pressure when there are vacancies
- Difficult recruiting Physiotherapy locums
- Blackpool have significant recruitment issues and are promoting recruitment in Dubai and Qatar.

Workforce supply issue with other AHPs

- Significant difficulty recruiting experienced Dietitians, Speech and Language therapists
- Senior Radiography staff retention is leading to pressures on services eg LTHFT have lost 1x Band 8a, 1x Band 7 and 3 x Band 6 staff to the PBT centre. No issues recruiting newly qualified staff.

Reasons for recruitment and retention difficulties

- Some staff are leaving at 55 in line with pension entitlement
- Effect of CIPs:
    - affect recruitment speed ie vacancies are held
    - senior & specialist posts are often disestablished which affects career pathways/leadership and in turn recruitment and retention.
- Restructures: 'unsettle' the workforce and affect retention
- AHPs are moving into new roles to help solve system issues

Further comments

- There was a suggestion that Trust haven't promoted AHP careers but are starting to do this.
- One Trust suggested that AHP representation on the LWAB may assist in resolving supply issues early on in the supply pipeline.

Summary

Nationally, there appears to be enough occupational therapists and physiotherapist to meet demand in the NHS, however the supply isn't always reaching the NHS. In Lancashire the picture is varied but there seems to be little problem recruiting junior staff but varying levels of difficulty across Lancashire recruiting senior/experienced staff in occupational/physiotherapy roles. Likewise with SLT, Dietetics and Radiography. All Trust pointed to the effect of restructure, CIP as contributing to the recruitment challenges.

David Marsden
15.2.18

Definitions of abbreviations and acronyms

Abbreviation/acronym	definition
ACP	Advanced Clinical Practitioners
AHP	Allied Health Professional
C&L	Cumbria and Lancashire
CIP	Cost Improvement Programme
CSR	Comprehensive Spending Review
CPWD	Centre for Professional Workforce Development
DH&SC	Department of Health and Social Care
GM	Greater Manchester
GMC	General Medical Council
HCPC Register	Health and Care Professions Council
HEE	Health Education England
HEFCE	Higher Education Funding Council for England
HEI	Higher Education Institution
L&C	Lancashire and South Cumbria
LETB	Local Education and Training Board
LTHFT	Lancashire Teaching Hospitals Foundation Trust
LWAB	Local Workforce Action Board
MADEL	Medical and Dental Education Levy
MPET	Multi-professional Education and Training
NM	Nursing and Midwifery
NMET	Non-medical Education and Training
ONS	Office for National Statistics
PBT Centre	Proton Beam Therapy
PG	Post-graduate
RC	Responsible Clinician
SIFT	Service Increments or Teaching
SLT	Speech and Language Therapy
STP	Sustainability and Transformation Partnership
UG	Under-graduate
VFM	Value for Money
WC	Weighted Capitation

Health Scrutiny Committee
Meeting to be held on Monday, 5 March 2018

Electoral Division affected:
(All Divisions);

Life Expectancy and Health in All Policies
(Appendix 'A' refers)

Contact for further information:
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Executive Summary

This report outlines the most up to date estimated position on life expectancy and healthy life expectancy across Lancashire's districts and in particular its impact at ward level. Between 2005-2007 and 2014-2016 male and female life expectancy in the twelve districts has increased in line with the national trend. Across Lancashire the rate of these increases appears to be slowing down and there is a variation in life expectancy between the wards in the districts.

The report provides an overview of current activity at a Lancashire population level and at district level and how elected member engagement would further support this approach.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the information contained in the report, in particular in respect of healthy life expectancy and the degree of variation in our life expectancy figures across the districts and wards in Lancashire.
2. Formulate recommendations on how to support current Lancashire and South Cumbria (STP) level activity (points a. to f. in the report) to address and improve life expectancy at population level across Lancashire.
3. Formulate recommendations on how to engage with district councils and partners in improving life expectancy and implementing health in all policies at a local level in respect of the social determinants of health, in particular, spatial planning and the economic determinant.

Background and Advice

This report follows on from the Health Scrutiny Committee Workshop and the Prevention Matters session, provided by Public Health and Wellbeing in conjunction with the Local Government Association. Both of these events raised awareness with elected members as to the importance of a Health in All Policies approach to improve life expectancy and the associated health inequalities across Lancashire.

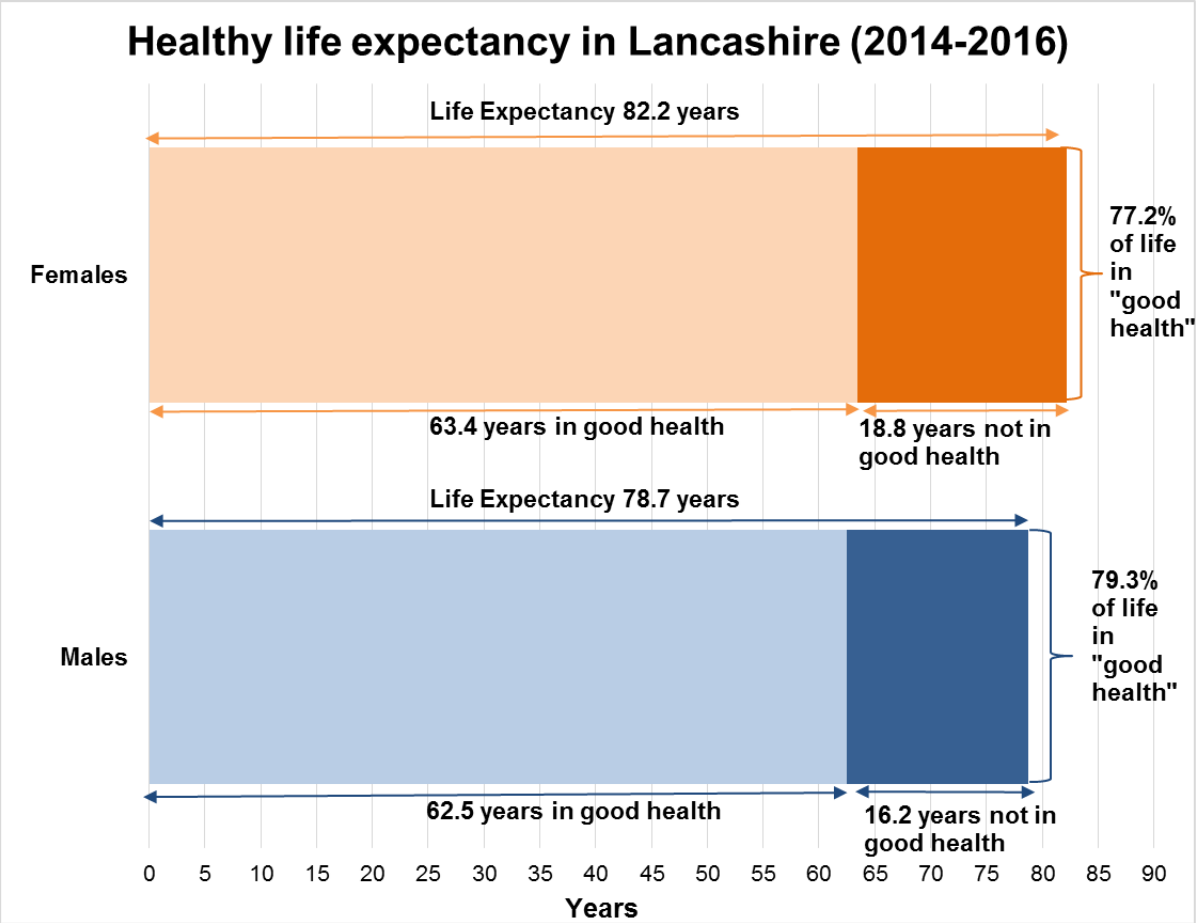
It further outlines the most up to date estimated position on life expectancy and healthy life expectancy across Lancashire's districts and in particular its impact at ward level.

Lancashire County Council

It gives an overview of current activity at a Lancashire population level and at district level and how this could be supported by elected member engagement in the approach.

Life Expectancy and Healthy Life Expectancy:

Figure 1: Life expectancy and Healthy Life Expectancy in Females and Males in Lancashire for the three year period 2014-2016 [Source: ONS]



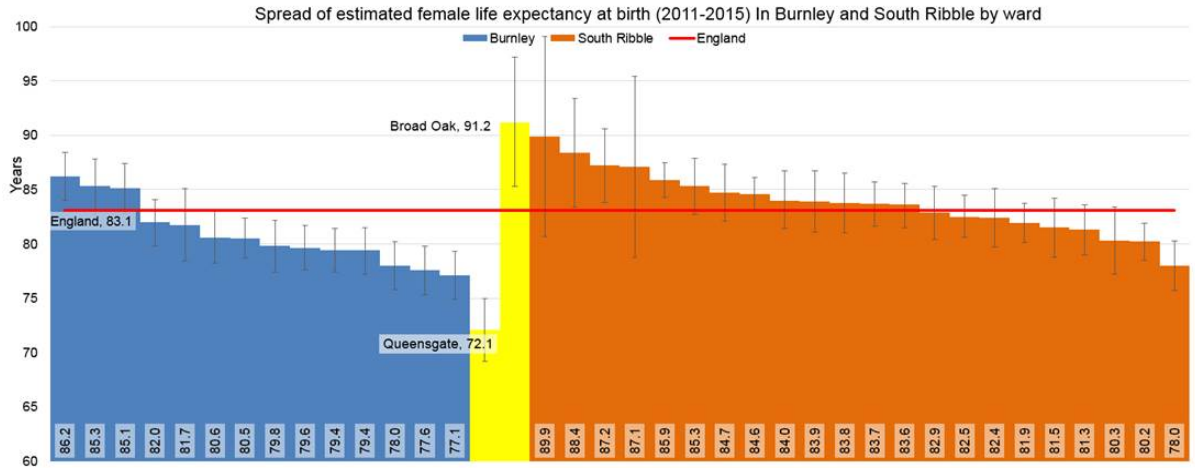
Life expectancy and healthy life expectancy are important summary measures of mortality and morbidity. Life Expectancy is the average number of years a person would expect to live based on contemporary mortality rates. Healthy life expectancy is the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health. In figure 1 above, female life expectancy in Lancashire is shown to be 82.2 years. However, approximately 23% of these 82.2 years are spent 'not in good health'. For a male living in Lancashire, life expectancy is lower, at 78.7 years and again, approximately 21% of those 78.7 years are spent 'not in good health'.

Between 2005-2007 and 2014-2016 male and female life expectancy in the twelve districts that make up Lancashire has increased in line with the national trend. Across Lancashire the rate of these increases appears to be slowing down. This is a trend that is observed nationally and is subject to some debate, slowing down in some parts of the country and, in some cases, even reversing.

There is a degree of variation in our life expectancy figures across the districts. In respect of female life expectancy, eight districts in Lancashire (Burnley, Hyndburn, Pendle, Preston, Lancaster, Rossendale, Chorley and West Lancashire) have a female life expectancy that is significantly lower than England [83.1years]. The Lancashire figure for females is 82.2 years. There is also a variation in male life expectancy across the twelve Lancashire districts with six districts in Lancashire (Burnley, Hyndburn, Pendle, Preston, Lancaster and Rossendale) with a male life expectancy that is significantly lower than England [79.5 years]. The Lancashire figure for males is 78.7 years.

Crucially however, the variation in life expectancy between the wards in each district across Lancashire is even more significant. Female life expectancy ranges from 72.1 years in Queensgate ward in Burnley to 91.2 years in Broad Oak ward in South Ribble. Male life expectancy ranges from 70.8 years in Central ward in Hyndburn to 87.6 years in Buckshaw and Worden ward in South Ribble. This wide variance in life expectancy is displayed in figure 2 below.

Figure 2: Spread of estimated female life expectancy at birth (2011-2015) in Burnley and South Ribble by ward. The data in yellow (noted as Queensgate and Broad Oak) shows the range in variance between wards.



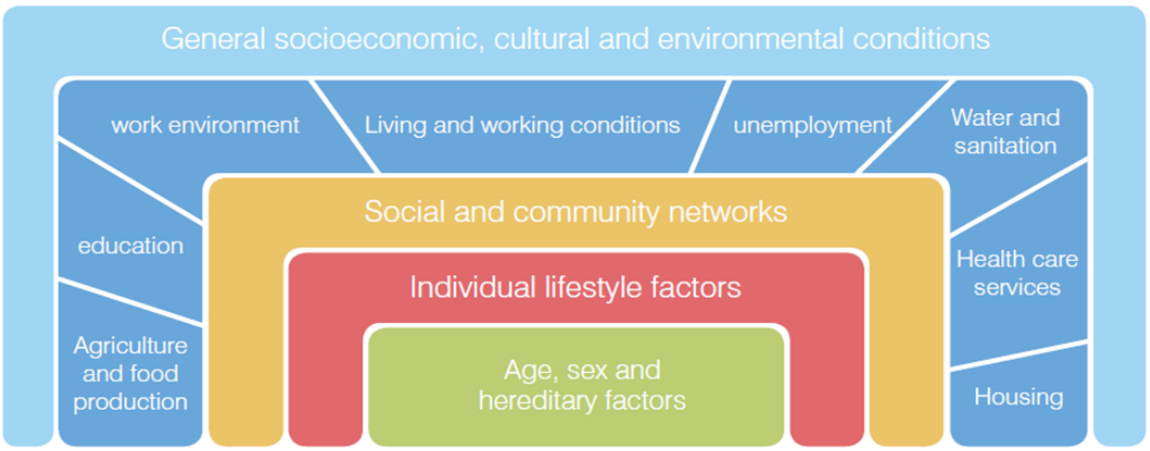
Socio, economic and environmental determinants of health and wellbeing:

This life expectancy information is one of the drivers for the health in all policies approach across Lancashire, underlined by the evidence base of what the social, economic and environmental determinants of health, often referred to as the SEED's of health and wellbeing, are for broader health and wellbeing.

The SEED's of health are the key factors that affect the health and wellbeing of individuals, families and communities, the range of good health promoting factors including the conditions in which residents in Lancashire are born, live and work. They are the root causes of our health. They have a significant impact on inequalities in health and wellbeing and it is here that action is needed to improve our health and wellbeing. Action can be taken on the majority of these determinants, they are modifiable either at an individual or population level. Some determinants are not

modifiable and these include age, sex and hereditary factors. Incorporating health into policy is an effective way of taking action.

Figure 3: The Determinants of Health (1992) Dahlgren and Whitehead



The Determinants of Health (1992) Dahlgren and Whitehead

Evidence has consistently shown that improving health and services contributes to about 25-40% of population health. Improving population health requires action across communities, public, private and VCF sectors, national government. The following figure presents an estimate of the impact that a range of determinants have on health outcomes. It estimates that only 20% of an individual's health can be attributed to 'Clinical Care'. The other determinants of health are categorised as 'behaviours', socio-economic factors' and the 'built environment'.

Figure 4: Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute. Used in US to rank counties by health status

The most effective way to maximise the beneficial impact on the social determinants of health is to take a Health in All Policies approach. This is an organisational approach

to policies that systematically and explicitly takes into account the health implications of the decisions made; targets the key social determinants of health; looks for synergies between health and other core objectives and the work the council does with partners; and tries to avoid causing harm with the aim of improving the health of the population and reducing inequity.

All policies have the potential to impact on the health and wellbeing of individuals, communities and populations. Health in All Policies aims to ensure that decision-makers are informed about the health, equity and sustainability consequences of various policy options during the policy development process. Approaches to improving life expectancy and healthy life expectancy need to give consideration to the social determinants of health. This means people have poor quality of life and are living in poor health and disability, often needing high cost NHS and care services. However, health and wellbeing is not just a social issue. Not only does it have a financial and cost impact on the health and social care system but it also has an impact on the local economy and the productivity of the Lancashire workforce. We also know much of this can be avoided or delayed if we act on the various determinants of population health.

Health inequalities are systematic, avoidable and unjust differences in health and wellbeing between groups of people. Population level interventions that are multifaceted and complementary are most likely to be successful at addressing them.

Current Lancashire and South Cumbria (STP) Level activity:

Members are asked to support action to improve health inequalities and population health measures across Lancashire by:

a. Supporting the Improving Health and Care at Scale [iHAC's] work – a single overarching population health framework that connects actions across our Lancashire and South Cumbria Sustainability Transformation Partnership [STP] which includes five Integrated Care Partnership's [ICPs] to enable improvements in health outcomes. The framework identifies short, medium and longer term priorities to improve population health.
b. Supporting, championing and improving access to equitable, high quality health care is still important to prevent ill health and restore good health when people need it wherever they live in Lancashire.
c. Supporting work multi-sectoral and whole system approaches to reduce the inequity and unwarranted variation in access, quality of care, and the health outcomes across the STP.
d. Supporting and engaging in the development of preventions frameworks at local delivery plan level in the five integrated care systems, to reflect this health in all policies approach.
e. Achieving and sustaining a fully engaged scenario with communities and people mobilised for improving their health and wellbeing.
f. Acknowledging that, with declining resources, that is, the nation Public Health grant, as well as wider local authority resources, that short term demand management initiatives are likely to be prioritised over strategies to address inequalities. Therefore, inequality impact assessment should be

promoted across the public sector to ensure that inequalities are not widened as a result of this short term prioritising.

These actions will also address the priorities set by the Health and Wellbeing Board.

Update on Health in All Policies:

There are more specific areas that Public Health and Wellbeing is developing to embed Health in All Policies and improve the wider determinants including policies on housing, employment, planning and licensing, transport, and advocating for national healthy public policies. These include areas where elected members could provide influence at a district level to embed locally and work to remove barriers. In particular, the Scrutiny Steering Group determined that the following be outlined further:

1. **Spatial Planning:** Elected member support and engagement in the embedding of Public Health Advisory Note advice and guidance into local district spatial planning policy and built environment approaches. Specifically, the recently drafted Fast Food Take-away Advisory Note, the Home for Life-Long Living (Assisted Design) Advisory Note for new housing developments and also, the development of the good place-making healthy high streets advisory note which is currently being drafted and intended for use by colleagues and elected members to mobilise communities.
2. **Economic Determinant:** Elected member support to encourage discussion with local partnerships, for example, the Lancashire Economic Partnership, to raise awareness of the connection of population wellbeing with economic development for inclusive growth, including,
    a. Supporting and promoting interventions in the workplace to improve workplace health and wellbeing, connecting health and productivity of the workforce and how it contributes to sustaining a workforce that can support an improving Lancashire economy, as employment and socio-economic status are the main drivers of social gradients in health.

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
N/A		

Reason for inclusion in Part II, if appropriate

N/A

Lancashire and South Cumbria (STP) Population Health Plan 2018/19

	Priority	Deliverables	Lead
1.	Developing neighbourhood level integrated care systems	Development of place based primary care networks with asset based approaches to mobilise communities, developing community connectors, including promoting heathy lifestyles and social prescribing. Promote joint commissioning of community level initiatives between LAs and CCG Facilitate public sector integration at the neighbourhood level to proactively identify and manage people at risk of health and care crisis Develop JSNAs on neighbourhood intelligence to enable population health approach in each neighbourhood	Mark Spencer Adrian Leather Sakthi Karunanithi Supported by Digital Health workstream, JSNA and BI Teams and LGA's prevention at scale programme. In collaboration with LDP leads
2.	Improving Delayed Transfers of Care	Common approach to collecting and interpreting data on DTOC Standardised adoption of evidence based interventions e.g	Eleanor Garnett-Bentley by linking with NHSE lead, David Bonson and AEDBs. In collaboration with LDP leads

	Priority	Deliverables	Lead
		High Impact Changes Evaluation of ongoing schemes	
3.	Improving Stroke Outcomes	Implement standardised stroke pathway from prevention (AF and HTN) to rehab.	Gemma Stanion via Stroke Board
4.	Address variation in diabetes care	Implement national diabetes prevention programme. Support interventions funded via the diabetes transformation funds to address unwarranted variation across the diabetes care pathway and to reduce amputations.	Paul McKenzie, NWSCN via Diabetes steering Group
5.	Reduce suicides	Implement the already agreed STP suicide prevention plan and national transformation funds.	Debbie Nixon Sakthi Karunanithi Via Suicide prevention oversight group and MH work stream

Health Scrutiny Committee
Meeting to be held on Monday, 5 March 2018

Electoral Division affected: (All Divisions);

Report of the Health Scrutiny Steering Group

Contact for further information:
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Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 7 February 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;

Lancashire County Council

- 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 7 February 2018:

Life Expectancy and Health in All Policies

Andrea Smith and Aidan Kirkpatrick provided an updated position on life expectancy and healthy life expectancy across Lancashire's districts. Reference was also made to the Marmot Review into health inequalities in England which proposed an evidence based strategy to address the social determinants of health - the conditions in which people are born, grow, live, work and age and which can lead to health inequalities.

In considering the information presented, members felt there was a need to hear about the next steps for health in all policies (short, medium and long term outcomes). It was also decided that the focus for the report to the Health Scrutiny Committee meeting scheduled on 5 March should be on the built environment and the economy.
It was suggested that consideration be given to the organisation of a workshop for the Committee on this matter. It was also suggested that the report be amended to provide more specific examples of affluent and deprived areas by comparison. A power point presentation was also requested.

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

N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee
Meeting to be held on Monday, 5 March 2018

Electoral Division affected:
(All Divisions);

Health Scrutiny Committee Work Plan 2017/18
(Appendix 'A' refers)

Contact for further information:
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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.

Lancashire County Council

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

Paper	Date	Contact/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A

Appendix 'A'

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)

Updated: 22 February 2018

Appendix 'A'

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: • Graham Gooch – Adult Services • Shaun Turner – Health and Wellbeing
	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 and Healthy Life Expectancy across Lancashire and Health in All Policies
	Inequity of funding for medical under-graduate and post graduate training in Lancashire and South Cumbria	Workforce*	Calum Pallister and Jane Mamelok, Health Education England (North West)	Briefing from Health Education England on the funding formula and recruitment of Occupational Therapists and Physiotherapists.

Updated: 22 February 2018

Appendix 'A'

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
17 April	Skin cancer awareness	Care Professional Board* Prevention**	Sofiane Rimouche, LTHFT	Raising awareness session (on the rising of the Committee meeting?)
	Sustainability and Transformation Partnership (STP) Refresh	-	Dr Amanda Doyle and Neil Greaves, Healthier Lancashire and South Cumbria (and Fylde Coast ACS?)	Update on the STP (refresh) as requested by the Committee at its meeting held on 19 September 2017.

Requested topics to be scheduled:

- Community mental health; early intervention and prevention (Chris Lee, Public Health)
- Suicide Prevention in Lancashire – annual update (December 2018)
- Transforming Care for people with a Learning Disability and/or Autism
- Winter preparations and planning (April/June/July)
- Budget Scrutiny – savings proposals as identified at the 23 January 2018 meeting
- Delayed Transfers of Care (DTOC) as a whole system (June/July)

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

- Immunisations – seasonal influenza (Sakthi Karunanithi, LCC, Jane Cass, NHS England)

Potential topics for the Committee and its Steering Group:

- Data sharing
- Dementia awareness
- Care Home Quality

Updated: 22 February 2018

Appendix 'A'

Health Scrutiny Steering Group – Work plan 2017/18

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
4 July 2017	i. Royal Preston Hospital – bid for new primary care front end at Emergency Department and Urgent Care Centre (A&E) ii. WLCCG – Termination of singe handed GP contract iii. FWCCG – Improving health services in Kirkham and Wesham	i. Stephen Gough and David Armstrong, NHS England – Lancashire ii. Jackie Moran, WLCCG iii. Kate Hurry and Andrew Harrison, FWCCG	i. Unique bid for capital – need to identify appropriate funding stream to expedite and assist with overall A&E function ii. To receive updates on progress – wider concerns around single handed GPs in Lancashire iii. Overview of the proposals – concerns also raised by local councillor
27 Sept	i. Proposal for a Central Lancashire Mental Health Inpatient Unit ii. NHS England – 'Childhood Immunisation Performance Report for Lancashire, and Associated Action Plan	i. Steve Winterson, LCFT ii. Jane Cass, NHS England, Sakthi Karunanithi, Director of Public Health	i. Overview of proposals 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.
11 Oct	i. Health and Wellbeing Board (HWB) – Update ii. Implementation of the Care Act 2014 within secondary mental health services in Lancashire	i. Sakthi Karunanithi, LCC ii. Charlotte Hammond, LCC	i. Update on HWB Partnerships/Lancashire Health and Wellbeing Strategy ii. To receive referral made to scrutiny and to determine how the Steering Group wishes to proceed.

Updated: 22 February 2018

Appendix 'A'

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
15 Nov	i. General service updates on Adult Social Care ii. Suicide Prevention iii. Report on Steering Group's purpose	i. Tony Pounder, LCC ii. Chris Lee, Public Health, LCC iii. Gary Halsall, LCC	i. To receive general service updates and to prepare for January 2018 Committee meeting on DToC ii. Preparations and key lines of enquiry for Committee meeting scheduled 12 December 2017 iii. Advice and options for a revised purpose of the Committee's Steering Group
6 Dec	i. Implementation of the Care Act 2014 within secondary mental health services in Lancashire ii. VirginCare – Community Health and Urgent Care Services Contract iii. Better Care Together; or iv. Together A Healthier Future	i. Charlotte Hammond, LCC, and LCFT ii. Jackie Moran, Karen Tordoff WLCCG and VC iii. Morecambe Bay CCG iv. Mark Youlton, East Lancashire CCG	i. Awaiting responses to a referral made to scrutiny in relation to a Section 75 Agreement ii. Update on contract awarded to private provider 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). iv. Update on the Pennine Lancashire LDP
10 Jan 2018	i. Our Health, Our Care Local Delivery Plan (LDP) – need to move ii. Public Health – Life Expectancy iii. Implementation of the Care Act 2014 within secondary mental health services in Lancashire	i. Denis Gizzi, Mark Pugh and Sarah James GPCCG + CSRCCG ii. Dr Sakthi Karunanithi	i. Outcome of clinical process mapping work from the Solution Design Events and the LDP programme ii. Develop objectives, key lines of enquiry and outcomes

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Appendix 'A'

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. Life Expectancy and Health in All Policies	i. Peter Tinson, Fylde and Wyre CCG ii. Dr Aidan Kirkpatrick and Andrea Smith	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
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. Suzanne Hargreaves and Dr Gerry Skailes, 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 iii. To formulate responses to requests from Trusts on their Quality Accounts; consider potential mechanisms with Healthwatch and Impact Events.

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Appendix 'A'

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
11 Apr	LCC Adult Social Care Winter Plan	Tony Pounder, Sue Lott, LCC	Review the effective/robustness of the 2017 plan
16 May	Work planning for 2018/19		

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)
- Healthy Child Programme Contract – outcome of appeal? – Rachel Tanner

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