

# **Lancashire County Council**

## **Health Scrutiny Committee**

**Tuesday, 17th April, 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 5 March 2018</b>	<b>(Pages 1 - 6)</b>
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<b>4.</b>	<b>Sustainability and Transformation Partnership (STP) - Update</b>	<b>(Pages 7 - 20)</b>
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<b>5.</b>	<b>Report of the Health Scrutiny Steering Group</b>	<b>(Pages 21 - 24)</b>
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<b>6.</b>	<b>Health Scrutiny Committee Work Plan 2017/18</b>	<b>(Pages 25 - 34)</b>
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<b>7.</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>8.</b>	<b>Date of Next Meeting</b>
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The next meeting of the Health Scrutiny Committee will be held on Tuesday 3 July 2018 at 10.30am, County Hall, Preston.

County Hall  
Preston

L Sales  
Director of Corporate Services

## **Lancashire County Council**

### **Health Scrutiny Committee**

**Minutes of the Meeting held on Monday, 5th March, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Peter Britcliffe (Chair)

#### **County Councillors**

L Beavers	S C Morris
J Burrows	M Pattison
G Dowding	E Pope
S Holgate	A Schofield
M Iqbal	P Steen

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

Councillor Barbara Ashworth, (Rossendale Borough Council)  
Councillor Colin Hartley, (Lancaster City Council)  
Councillor G Hodson, (West Lancashire Borough Council)  
Councillor Hasina Khan, (Chorley Borough Council)

The Health Scrutiny Committee noted the appointment of County Councillor Stuart Morris as Deputy Chair of the Committee.

The Committee was informed that County Councillor Lizzi Collinge had temporarily vacated her seat due to maternity related health reasons and would return later in the year. Her seat would be temporarily filled by County Councillor Steven Holgate.

County Councillor Alan Schofield replaced County Councillor Charles Edwards for this meeting.

#### **1. Apologies**

Apologies were received from Councillors Wayne Blackburn, Bridget Hilton and Julie Robinson.

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

None were disclosed.

### **3. Minutes of the Meeting Held on 23 January 2018**

**Resolved:** That the minutes from the meeting held on 23 January 2018 be confirmed as an accurate record and signed by the Chair.

### **4. Health Education England**

The Chair welcomed Jane Mamelock and Calum Pallister from Health Education England (HEE) to the meeting. The report presented set out responses to the Health Scrutiny's requests for information on:

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.

It was reported that inequity of funding was more of a result than a cause whereby funding followed NHS activity. If recruitment and training increased in an area then money to support the increase would follow. There were three main areas of resources for training:

- Under-graduate doctors
- Post-graduate doctors
- Non-medical

It was explained that by comparison Lancashire did not have the educational establishments that Manchester and Liverpool had. However, the government had committed to expand the number of places available for training. It was reported that the criteria to obtain additional places suited those areas that were difficult to recruit to and could therefore lead to increased opportunities in areas such as Lancashire.

The Committee was informed that Health Education England (HEE) working with NHS England was investing in recruitment in primary care in difficult to recruit areas. A targeted enhanced recruitment scheme had been launched.

Members enquired about the work being done to attract medical students back to Lancashire who had left to train abroad. The Committee was informed that there were supporting housing and supporting schooling packages in place as well as NHS bursary incentives for students. In addition to this Health Education England had implemented the 'Earn, Learn and Return Scheme' to help fill staffing shortages.

Recruitment and retention was a key issue and the Committee asked what the attrition rate was for under-graduates. It was reported there was a strong under-graduate infrastructure in place and that the attrition rate was low at under-graduate level which implied that the right trainees were being recruited onto programme and that the training and education met expectations. It was pointed

out that percentage wise the attrition rate was small. It was reported that the Higher Education Funding Council for England (HEFCE) was responsible for this information. The Committee requested details of attrition rates for Lancashire.

On funding for under-graduate medical placements, Health Education England made sure the full rates were paid and all the money received went out to the placements. Health Education England was looking at the whole under-graduate training programme to ensure there was no surplus.

Members were informed that dental recruitment in the North was successful as resources were linked to the six dental schools in the North supporting a high quality of dental care.

Regarding Occupational Therapy and Physiotherapy, it was reported that Health Education England was no longer responsible for commissioning the numbers that went into training for these areas and individuals no longer received bursaries. Health Education England would continue to be responsible for ensuring the NHS had the workforce it needed. However, it could not unduly influence the market on education training.

It was reported that the numbers coming through training were satisfactory. However some concern was expressed on where people went after their training had been completed. In terms of nursing, the new bursary system had led to a reduction in mature students coming through. Members enquired if universities had anything in place to attract mature students. An alternative range of work programmes for nurses were being looked at nationally. It was the fundamental responsibility of the employers to work closely with their local Higher Education Institutions (HEI) to be clear about what jobs they could offer.

**Resolved:** That the Health Scrutiny Steering Group be asked to identify any further recommendations following the discussion from this meeting.

## **5. Life Expectancy and Health in All Policies**

The Chair welcomed Aidan Kirkpatrick, Public Health Consultant; and Andrea Smith, Public Health Specialist, to the meeting.

The report presented outlined 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 had increased in line with the national trend. Across Lancashire the rate of these increases appeared to be slowing down and there was variation in life expectancy between the wards in the districts.

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

There were more specific areas that Public Health and Wellbeing Team was 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 included areas where elected members could provide influence at a district level to embed locally and work to remove barriers. The team was actively engaging people at the highest strategic level to influence plans. The team was also working with local planners at district level.

The Committee was informed that a wide range of factors affected life expectancy. There was no scientific breakdown that would give analysis at a localised level. There was always a variation year to year statistically in life expectancy. Members were therefore advised that it was best to look over a two to three year period to see what the impact of environmental factors had on life expectancy.

On current Lancashire and South Cumbria (STP) Level activity, whilst members supported the action to improve health inequalities and population health measures across Lancashire as set out at points (a) – (f) in the report; it was proposed and seconded that the reference to Integrated Care Partnerships be removed from point a). The amendment was put to the vote and was lost.

In considering points a) to f) further it was felt that an additional point (g) should be included: 'Expect the work of Health Inequalities to focus on wards with the lowest life expectancy.'

On the priorities of the Health and Wellbeing Board, the Committee was informed that there were a range of priorities which formed part of the Health and Wellbeing Strategy. Members requested a copy of the Strategy.

In considering the report it was felt that further advice be sought from Public Health Specialist on how a Health in All Policies approach can be effectively embedded on spatial planning and the economic determinant. Whereupon it was;

**Resolved:** That;

1. The report be noted;
2. Further advice be sought from the Public Health Specialist on how Health in All Policies can be effectively embedded on spatial planning and the economic determinant; and
3. The Committee supports the action to improve health inequalities and population health measures across Lancashire as set out in points (a) to (f) as set out on page 43 of the agenda and to include a further point – point (g) "To focus on those wards where need is greatest"

## **6. Report of the Health Scrutiny Steering Group**

The report provided an overview of the matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 7 February 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.

It was suggested that the matter of child poverty and health in the Morecambe area be considered by the Health Scrutiny Steering Group.

**Resolved:** That;

1. The report be noted; and
2. A briefing note on child poverty and health in the Morecambe area be provided to the Health Scrutiny Steering Group.

## **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 Tuesday 17 April at 10:30am in Cabinet Room 'C' (the Duke of Lancaster Room), at County Hall, Preston

L Sales  
Director of Corporate Services

County Hall  
Preston





## Health Scrutiny Committee

Meeting to be held on Tuesday, 17 April 2018

Electoral Division affected:  
(All Divisions);

## Sustainability and Transformation Partnership (STP) - Update

(Appendix A refers)

Contact for further information:

Gary Halsall, Tel: (01772) 536989, Senior Democratic Services Officer (Overview and Scrutiny), [gary.halsall@lancashire.gov.uk](mailto:gary.halsall@lancashire.gov.uk); and

Neil Greaves, Healthier Lancashire and South Cumbria

### Executive Summary

The presentation set out at appendix A provides an update from the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP) including progress of working to become an Integrated Care System (ICS) and the development of a strategic framework for delivery of activity. The presentation details progress, activity and milestones for 2018/19.

### Recommendation

The Health Scrutiny Committee is asked to note the report and support progress that has been made to date.

### Background and Advice

The Health Scrutiny Committee at its meeting on 19 September 2017, was informed that a refresh of the Sustainability and Transformation Partnership would commence in approximately two months' time. The presentation set out at appendix A details progress, activity and milestones for 2018/19.

NHS England's system change to improve health and care has continued to evolve with the introduction of Integrated Care Systems (ICS) - where NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

In addition to this, commissioners and providers across the five Local Delivery Partnership (LDP) areas within Lancashire and South Cumbria will now become known as Integrated Care Partnerships (ICP). Each Integrated Care Partnership will have their own neighbourhood level systems based on local populations of between 20,000 and 50,000 people. In some areas these systems are referred to as either Primary Care Networks, Integrated Care Communities or neighbourhoods. The

Sustainability and Transformation Partnership is working towards a common language across Lancashire and South Cumbria.

The Health Scrutiny Committee is asked to note the report and support progress that has been made to date.

### **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



Healthier  
**Lancashire &  
South Cumbria**



## Lancashire & South Cumbria STP update

Lancashire Health Overview and Scrutiny  
Committee  
17<sup>th</sup> April 2018



Healthier  
**Lancashire &  
South Cumbria**

# What we will cover...

- **Our challenges** across Lancashire and South Cumbria
- **Integrated care system approach**
- **Strategic framework** - the levels where activity will take place
- **Portfolios** - our priorities
- **Deliverables** for 2018/19

## Recap on the challenges across Lancashire and South Cumbria:

- Financial shortfalls due to increased demand for services - £159m deficit for health in 2018/19 on £3.2bn budget
- Poor health throughout our region
- Lack of joined-up care
- An ageing population with complex needs
- Problems recruiting and retaining staff
- Increased need for mental-health support

Lancashire and South Cumbria is working to become a shadow integrated care system

Made up of **five** Integrated Care Partnerships

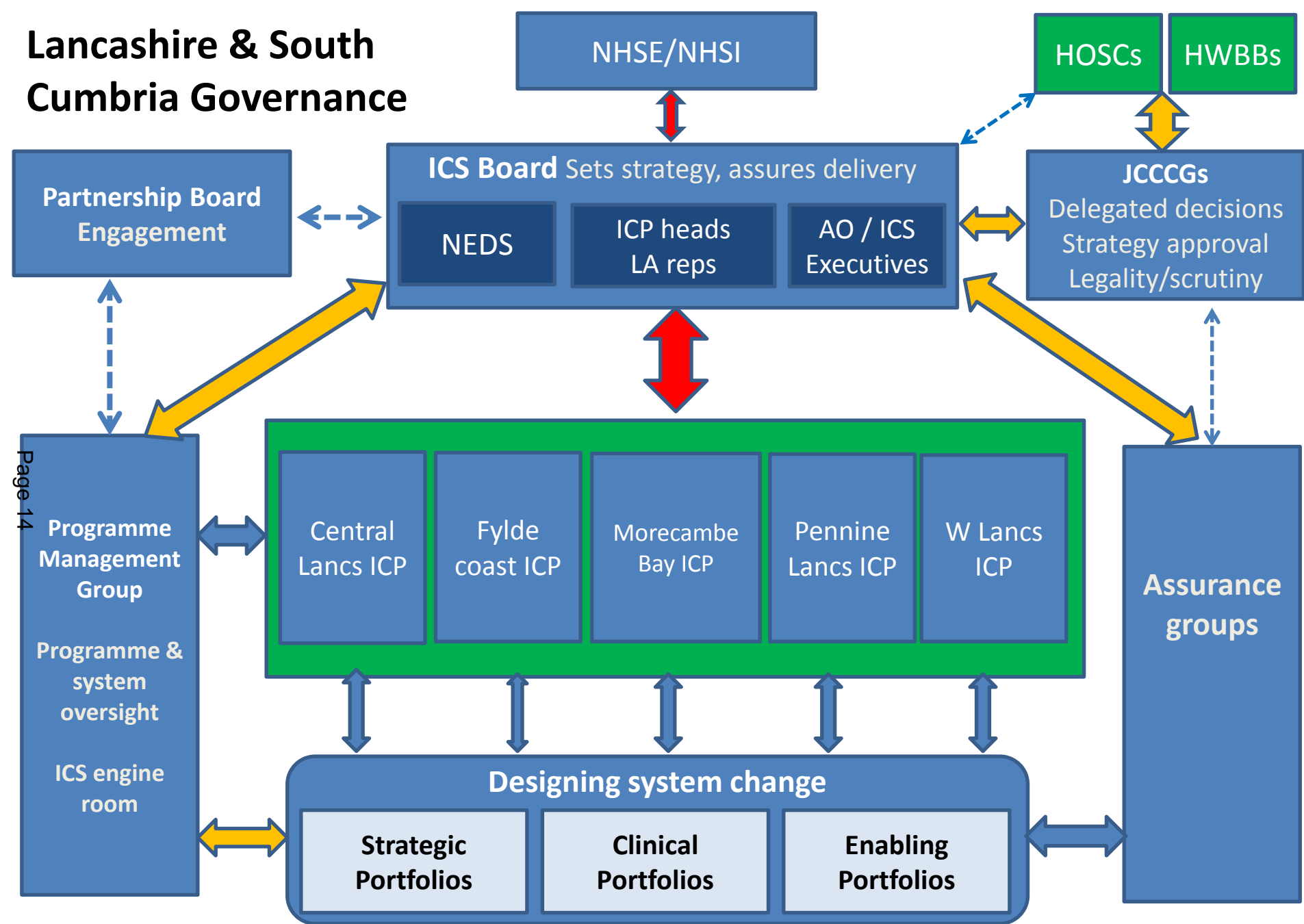
A strategic framework has been developed to coordinate activity across the whole system



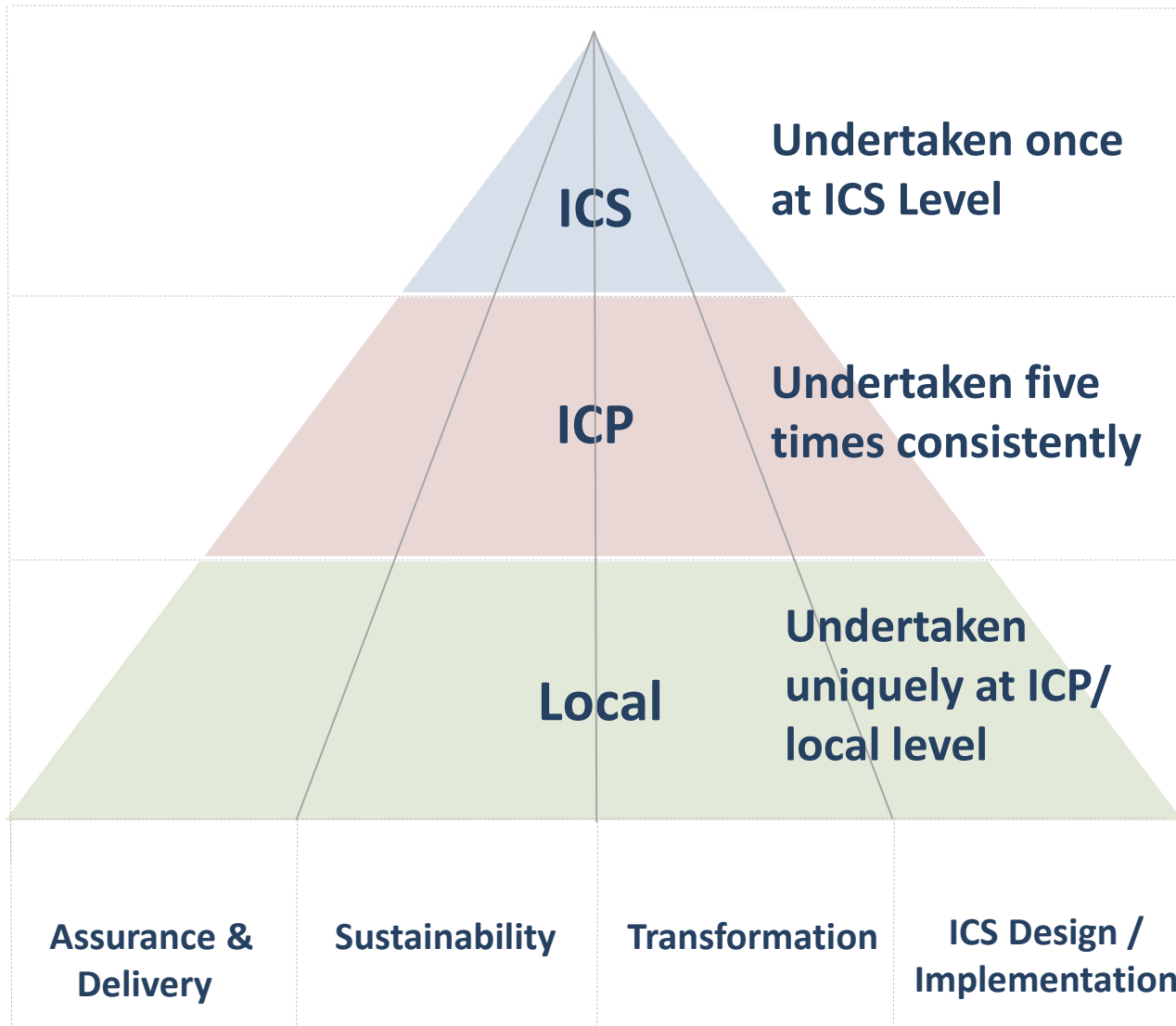
Significant progress in governing and assuring the whole system has included establishing:

- A Shadow ICS Board including Chairs from each of the four Health and Wellbeing Boards
- A Joint Committee of CCGs with powers delegated from constituent CCGs to make legally binding decisions
- A Partnership Board, comprising senior representatives from a wide range of statutory and third sector organisations, primary care and Healthwatch
- A Social Partnership Forum bringing together trade unions, NHS Employers and staff-side representatives
- All GP surgeries working in Primary Care Networks (neighbourhoods of populations between 20k to 50k)

# Lancashire & South Cumbria Governance

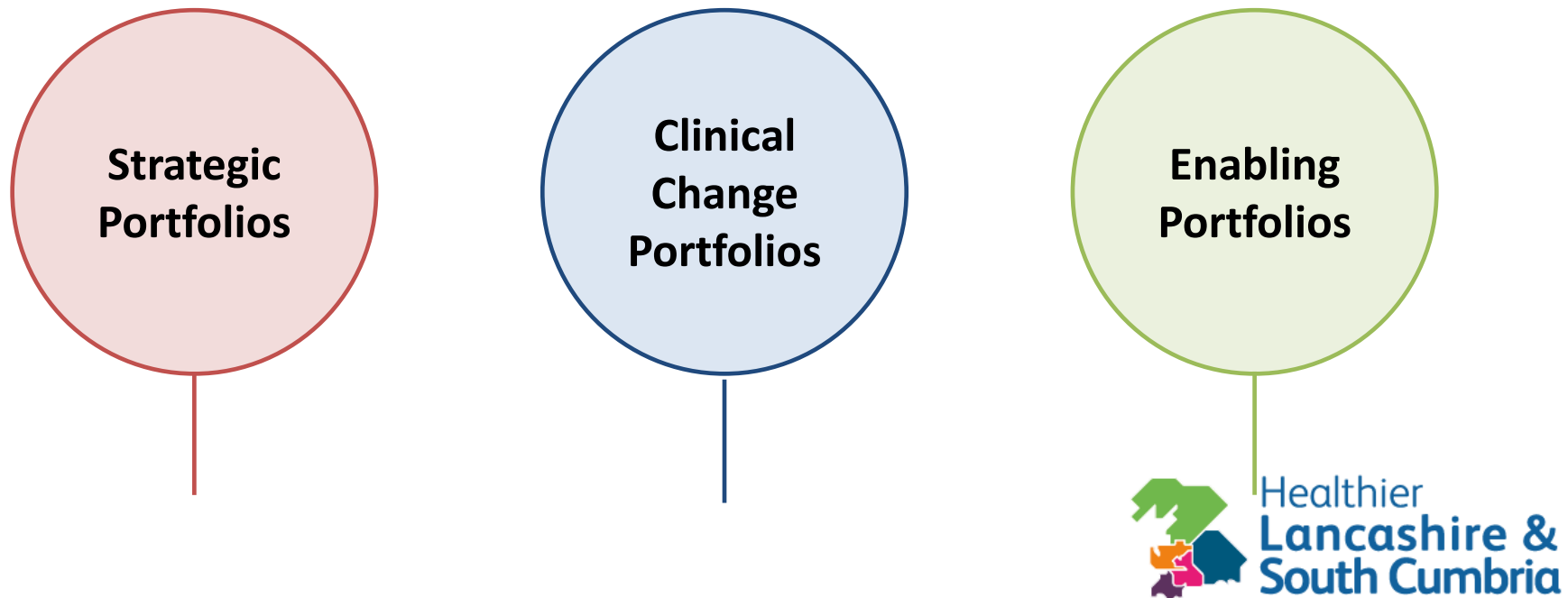


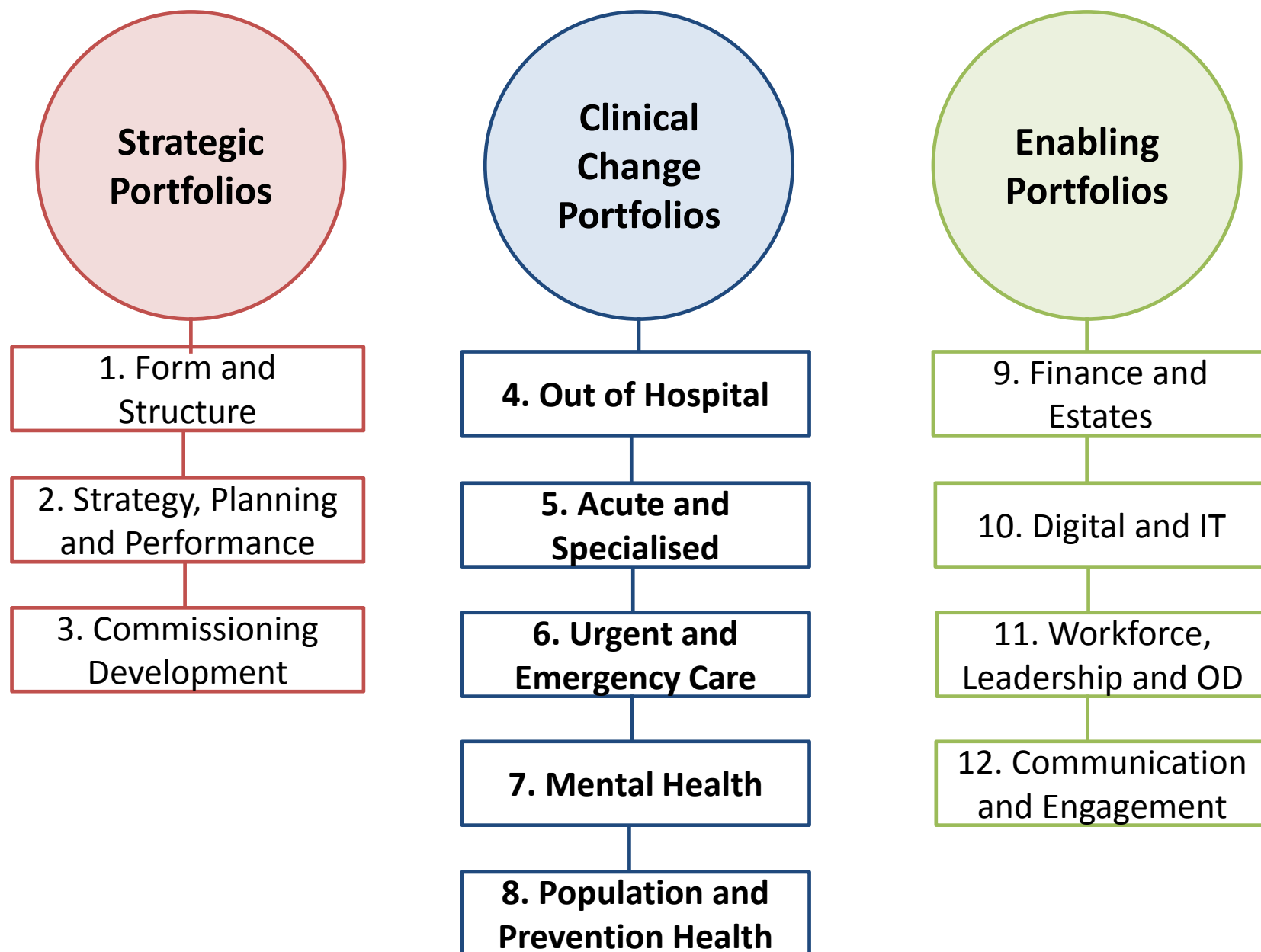




The diagram identifies the 3 strategic levels and shadow ICS Board responsibility

- Based upon the ICS Strategic Framework, and a review of the existing programme structure, **12 refreshed portfolio areas** are being adopted to **design, mobilise** and **lead** the work across the whole system.
- Each portfolio will have **identifiable leadership** and **resource** and will report through the ICS Strategic Framework to the shadow ICS Board.
- The portfolios are set out across three key areas:





## Out of Hospital

- A. Integrated, Primary and Community Care
- B. Children and Young People Health

## Acute and Specialised

- A. Stroke
- B. Head and Neck
- C. Vascular
- D. Urology (cancer and benign)
- E. Paediatric HDU
- F. Diagnostics

## Urgent and Emergency Care

- A. Implementation of nationally mandated schemes across acute, primary, and community care

## Mental Health

- A. Implementation of nationally mandated schemes
- B. Learning Disability national priorities
- C. CAMHs

## Population and Prevention Health

- A. Population health
- B. Health promotion
- C. Community resilience

## Short-term focus (Quarter 1 - 2018/19)

**Communication and Engagement**

**Allocate / Recruit Resources including  
Programme Director**

**Roles and Responsibilities Agreed**

**Implementation Plans**

**Cases for Change / Business Case**

**Embedding Governance**

**Quick Wins**

**Monitoring of financial performance**

**Business Case Methodology &  
Capability**



### **Implementation Readiness**

- Detailed implementation plans in place for all Portfolios
- Business cases / Cases for change
- Financial modelling / savings profile
- Future overall design agreed

## Long-term focus (Quarter 2 - 2018/19 onwards)

### Delivery of strategic transformational plans:

- Clinical transformation
- Commissioner transformation
- Finance
- Human Resources
- Digital

**Benefit tracking & measurement**

**Embedding operating model**

**Monitoring KPIs**

### Programme Readiness

- Standardised methodologies
- PMO methodology in place
- Programme management and governance
- Milestone plans and priorities
- Resourcing
- Initial KPIs in place

Capacity Building / Leadership Development

Programme Management, Communication, Stakeholder Engagement

Change Management including Culture Change

## Health Scrutiny Committee

Meeting to be held on Tuesday, 17 April 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 (Overview and Scrutiny),  
gary.halsall@lancashire.gov.uk

### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 14 March 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 Conservative and Labour 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 14 March 2018:**

#### **Update on the mobilisation of Chorley and South Ribble Hospital Emergency Department and Urgent Care Centre**

Suzanne Hargreaves, Operations Director and Dr David Shakespeare, Divisional Medical Director of Medicine from Lancashire Teaching Hospitals Trust attended the meeting to provide an update on the mobilisation of the Chorley and South Ribble Hospital Emergency Department (ED) and Urgent Care Centre (UCC) since July 2017.

Whilst there remained an aspiration for a 24 hour emergency department service, opening hours had remained the same since January 2017 (Urgent Care Centre – 24 hours seven days a week – Emergency Department open 8am-8pm only).

With regard to filling staff rotas in the urgent care centres across both hospital sites, it was reported that the provider, GTD Healthcare relied on locum doctors to fill the gaps. The Clinical Commissioning Group were monitoring the situation.

On the proposed new Primary Care front-end at the A&E department at the Royal Preston Hospital (RPH) site it was reported that the Trust was ready to commence the work.

The Steering Group requested a copy of the Trust's mobilisation plan for the Chorley and South Ribble Hospital Emergency Department (ED) and Urgent Care Centre (UCC). Whilst a timescale was not stipulated for any further review on this matter yet, the matter of staff rotas and GTD Healthcare was noted as a potential item for further scrutiny.

#### **Sustainability and Transformation Partnerships (STP) and Integrated Care Systems (ICS)**

Neil Greaves from Healthier Lancashire and South Cumbria provided the Steering Group with an update on STP related activity since the team last presented to the Health Scrutiny Committee in September 2017.



It was confirmed that an Accountable Care System was no longer being pursued by the Sustainability and Transformation Partnership. Instead the focus for system change across Lancashire and South Cumbria was the creation of an Integrated Care System - where NHS organisations, in partnership with local councils and others will take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve. The ICS would work on a three tier basis:

1. Lancashire and South Cumbria level;
2. Five Integrated Care Partnerships (ICP - superseding the Local Delivery Plans/Partnerships); and
3. Neighbourhood level.

The plan was to move to an ICS by April 2018. Transformation funding would drive the five ICP areas to integrate care.

A Social Partnership Forum (SPF) had been established bringing together NHS organisations across Lancashire and South Cumbria, trade unions, NHS employers and staff-side representatives for the purpose of highlighting specific workforce issues and ensuring a clear flow of information to and from local employer organisations.

The Healthier Lancashire and South Cumbria team were hoping to release concrete plans by April 2018, on workforce strategy; primary care delivery and redesigning maternity services. A consultation on a new stroke pathway would commence around November 2018.

Healthier Lancashire and South Cumbria are one of eight STPs working with the National Council of Volunteers looking at how to integrate the voluntary sector in supporting the system change at neighbourhood level.

In reviewing the update provided and in preparing for the April committee meeting, the Steering Group requested a report on the relationship and collaborative work between the county council and the STP and for the report to include those plans that would be ready in April.

### **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 Committee

Meeting to be held on Tuesday, 17 April 2018

Electoral Division affected:  
(All Divisions);

## 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.

### 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 and Healthy Life Expectancy across Lancashire and Health in All Policies
	Inequity of funding for medical undergraduate 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.

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
17 April	Sustainability and Transformation Partnership (STP) Update	-	Dr Amanda Doyle, Gary Raphael, Mark Youlton and Neil Greaves, Healthier Lancashire and South Cumbria	Update on the STP 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 (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)

#### Budget Scrutiny

- Sexual Health
- Advocacy Services
- Learning, Disability and Autism: Enablement
- Older Persons In-House Residential Services: Self Funder Fees
- Extra Sheltered Care Services

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

- Immunisations – seasonal influenza (Sakthi Karunanithi, LCC, Jane Cass, NHS England)
- Update on Secondary Mental Health Services in Lancashire (Charlotte Hammond, LCC)

**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 – to be rescheduled</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> </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> </ul>
10 Jan 2018	<ul style="list-style-type: none"> <li>i. Public Health – Life Expectancy</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. Dr Sakthi Karunanithi</li> <li>ii. Charlotte Hammond, LCC, and LCFT</li> </ul>	<ul style="list-style-type: none"> <li>i. Develop objectives, key lines of enquiry and outcomes</li> <li>ii. Awaiting responses to a referral made to scrutiny in relation to a Section 75 Agreement</li> </ul>
7 Feb	<ul style="list-style-type: none"> <li>i. Life Expectancy and Health in All Policies</li> </ul>	<ul style="list-style-type: none"> <li>i. Dr Aidan Kirkpatrick and Andrea Smith</li> </ul>	<ul style="list-style-type: none"> <li>i. Develop objectives, key lines of enquiry and outcomes</li> </ul>
14 Mar	<ul style="list-style-type: none"> <li>i. Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (GTD)</li> </ul>	<ul style="list-style-type: none"> <li>i. Suzanne Hargreaves and Dr</li> </ul>	<ul style="list-style-type: none"> <li>i. Update on the mobilisation of the Emergency Department and recruitment issues</li> </ul>

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
	ii. STP Refresh	Gerry Skailes, LTHFT ii. Neil Greaves, Heathier Lancashire and South Cumbria	ii. Develop objectives, key lines of enquiry and outcomes.
11 Apr	i. LCC Adult Social Care Winter Plan ii. Child poverty and health in Morecambe iii. Health Education England	i. Sue Lott, LCC ii. Dr Sakthi Karunanithi, LCC iii. -	i. Review the effective/robustness of the 2017 plan ii. Findings from Public Health, CCG and GPs in the Lancaster/Morecambe area iii. To identify any further recommendations following the report on the inequity of funding (from 6 March 2018 Committee meeting)
16 May	i. Fylde Coast NHS Vanguard ii. Work planning for 2018/19	i. Dr Tony Naughton and Kate Hurry, Fylde and Wyre CCG ii. -	i. Update on the Integrated Care Partnership (ICP) for the Fylde Coast area. ii. -

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

- Chorley Hospital Emergency Department mobilisation and Urgent Care Centre Performance (Chorley and South Ribble CCG and GTD Healthcare)
- 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, LCC)
- Health in All Policies – Embedding spatial planning and economic determinants (from 6 March 2018 Committee meeting)

**Potential topics for Steering Group:**

- NWAS - Update on Government reporting standards – Peter Mulcahy, and NWAS transformation Strategy and NWAS future – Mark Newton
- 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