

## Lancashire County Council

### Health Scrutiny Committee

Monday, 24th July, 2017 at 10.30 am in Committee Room 'A' - The Tudor Room,  
County Hall, Preston

#### Agenda

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

No.	Item	
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|----|--|-------------------|
| 1. | <b>Apologies</b>   |                   |
| 2. | <b>Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group</b>  | (Pages 1 - 10)    |
| 3. | <b>Disclosure of Pecuniary and Non-Pecuniary Interests</b><br><br>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. |                   |
| 4. | <b>Minutes of the Meeting Held on 28 February 2017</b>   | (Pages 11 - 20)   |
| 5. | <b>Lancashire Teaching Hospitals Foundation Trust - Recruitment and Retention and the mobilisation of Chorley and South Ribble Hospital Emergency Department and Urgent Care Centre</b>  | (Pages 21 - 36)   |
| 6. | <b>Lancashire and South Cumbria Sustainability and Transformation Partnership - Update on the work of the Local Workforce Action Board (LWAB)</b>  | (Pages 37 - 38)   |
| 7. | <b>Scrutiny Inquiry Event - "Sustainability and Transformation Plans (STP) - Workforce", 9 March 2017</b>  | (Pages 39 - 106)  |
| 8. | <b>Report of the Health Scrutiny Committee Steering Group</b>  | (Pages 107 - 110) |
| 9. | <b>Work Plan 2017/18</b>   | (Pages 111 - 128) |

## **10. 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.

## **11. Date of Next Meeting and Future Meetings**

The next meeting of the Health Scrutiny Committee will be held on Tuesday 19 September 2017 at 10.30am at County Hall, Preston.

Future meetings of the Committee for 2017/18 municipal year are as follows:

- 31 October
- 12 December
- 23 January 2018
- 5 March
- 17 April

All meetings will commence at 10:30am.

I Young  
Director of Governance,  
Finance and Public Services

County Hall  
Preston

## Health Scrutiny Committee

Meeting to be held on Monday, 24 July 2017

Electoral Division affected: None
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### **Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group**

(Appendix A refers)

Contact for further information:

Gary Halsall, 01772 536989, Legal and Democratic Services

[gary.halsall@lancashire.gov.uk](mailto:gary.halsall@lancashire.gov.uk)

#### **Executive Summary**

This report sets out the constitution, membership, chair and deputy chair and terms of reference of the Health Scrutiny Committee for the municipal year 2017/18.

#### **Recommendation**

The Committee is asked to note:

- i. The appointment of County Councillors Peter Britcliffe and Jenny Purcell as Chair and Deputy Chair of the Committee for the remainder of the 2017/18 municipal year;
- ii. the new Membership of the Committee following the County Council's Annual Meeting on 25 May 2017; and
- iii. the Terms of Reference of the Committee

#### **Background**

##### **i) Constitution and Membership of the Health Scrutiny Committee**

The Full Council, at its meeting on 25 May 2017, agreed that the Health Scrutiny Committee shall comprise 12 County Councillors (on the basis of 7 Conservative, 4 Labour and 1 Independent) and 12 non-voting co-opted members, with each District Council being invited to nominate a representative.

It was also agreed that County Councillor nominations to serve on the Committee should be submitted to the Director of Governance, Finance and Public Services by the respective Political Groups. Accordingly, the membership of the Committee, as confirmed by the Political Group Secretaries and the 12 Lancashire District Councils, is as follows:

### **County Councillors (12):**

L Beavers	M Iqbal
P Britcliffe	M Pattison
J Burrows	E Pope
L Collinge	J Purcell
G Dowding	P Steen
C Edwards	S Turner

### **Non-voting co-opted members (12):**

Burnley Borough Council	-	Councillor Tony Harrison
Chorley Borough Council	-	Councillor Hasina Khan
Fylde Borough Council	-	Councillor Shirley Green
Hyndburn Borough Council	-	Councillor Glen Harrison
Lancaster City Council	-	Councillor Colin Hartley
Pendle Borough Council	-	Councillor Wayne Blackburn
Preston City Council	-	Councillor Roy Leeming
Ribble Valley Borough Council	-	Councillor Bridget Hilton
Rossendale Borough Council	-	Councillor Barbara Ashworth
South Ribble Borough Council	-	Councillor Matthew Tomlinson
West Lancashire District Council	-	Councillor Gail Hodson
Wyre Borough Council	-	Councillor Julie Robinson

The Full Council also appointed County Councillors Peter Britcliffe and Jenny Purcell as Chair and Deputy Chair of the Committee for the remainder of the 2017/18 municipal year.

#### **ii) Terms of Reference**

New Terms of Reference for all the Scrutiny Committees were approved under the County Council's urgent business procedure on 20 June 2017 and are set out at Appendix A to this report for information. The Committee will note that paragraphs one to 10 on the first two pages of the appendix apply to all Scrutiny Committees, with the subsequent paragraphs under each sub-heading relating to each Committee.

#### **iii) Health Scrutiny Steering Group**

The Committee has a Steering Group which meets on a monthly basis. The main purpose of the Steering Group is to help manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services. It is not a formal decision making body and reports its activities and any aspect of its work to the full Committee for consideration and agreement.

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 as follows:

### **County Councillors (4):**

P Britcliffe  
G Dowding

L Collinge  
J Purcell

### **Consultations**

N/A.

### **Risk Management**

There are no risk management implications arising from this item.

### **Local Government (Access to Information) Act 1985**

#### **List of Background Papers**

Paper	Date	Contact/Directorate/Ext
Agenda and minutes of the meeting of Full Council	25 May 2017	Dave Gorman, Legal and Democratic Services 01772 534261
Constitutional Amendments	20 June 2017	Chris Mather, Legal and Democratic Services 01772 533559

Reason for inclusion in Part II, if appropriate

N/A.



**Part 2 – Article 5 (Overview and Scrutiny)**

The council has established the following Overview and Scrutiny Committees:

<b>Committee</b>	<b>Responsibility</b>	<b>Membership</b>
Internal Scrutiny Committee	Review and Scrutinise decisions, actions and work of the Council	12 County Councillors
Health Scrutiny Committee	Statutory responsibility for scrutiny of adult and universal health services	12 County Councillors, plus 12 non-voting co-opted members, nominated by the 12 district councils
Children’s Services Scrutiny Committee	Review and scrutinise children and young people's services including the statutory powers of a scrutiny committee as they relate to the NHS.	12 County Councillors, one non-voting co-opted youth council representative, and five non-voting district council members with one member being nominated by each Children's Partnership Board
Education Scrutiny Committee	Review and scrutinise issues around education services provided by the council including those education functions of a Children's Services authority.	16 County Councillors and 5 co-optees, (comprising three Church representatives and two parent governor representatives) who shall have voting rights in relation to any education functions which are the responsibility of the Executive
External Scrutiny Committee	Review and scrutinise issues, services and activities carried out by external organisations	12 County Councillors

**All Overview and Scrutiny Committees have the following Terms of Reference:**

1. To review decisions made, or other action taken, in connection with the discharge of any functions which are undertaken by the Cabinet collectively, or in the case of urgent decisions which cannot await a Cabinet meeting by the Leader of the Council (or in his/her absence the Deputy Leader) and the relevant Cabinet Member, or Cabinet committees.

2. To make reports or recommendations to the Full Council, the Cabinet, the Leader, Deputy Leader or other Cabinet Members as necessary or Cabinet committees with respect to the discharge of any functions which are undertaken by them or in respect of any functions which are not the responsibility of the Cabinet.
3. To hold general policy reviews and to assist in the development of future policies and strategies (whether requested by the Full Council or the Cabinet, individual Cabinet members, Cabinet committees, or decided by the Committee itself) and, after consulting with any appropriate interested parties, to make recommendations to the Cabinet, individual Cabinet members, Cabinet committees, Full Council or external organisations as appropriate.
4. To consider any matter brought to it following a request by a County Councillor or a Co-optee of the Committee who wishes the issue to be considered.
5. To consider requests for "Call In" in accordance with the Procedural Standing Orders – Overview and Scrutiny Rules at Appendix C – Appendix 3 of the Constitution
6. To request a report by the Cabinet to Full Council where a decision which was not treated as being a key decision has been made and the Overview and Scrutiny Committee is of the opinion that the decision should have been treated as a key decision
7. To request the Internal Scrutiny Committee to establish task groups and other working groups and panels as necessary.
8. To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities
9. To invite to any meeting of the Committee and permit to participate in discussion and debate, but not to vote, any person not a County Councillor whom the Committee considers would assist it in carrying out its functions.
10. To require any Councillor, an Executive Director or a senior officer nominated by him/her to attend any meeting of the Committee to answer questions and discuss issues.

### **Internal Scrutiny Committee**

1. To review and scrutinise all services provided by the authority, unless specifically covered by the Terms of Reference of another Overview and Scrutiny Committee.



2. To consider matters relating to the general effectiveness and development of Overview and Scrutiny in the authority including training for county councillors and co-optees.
3. To consider requests from the other Overview and Scrutiny Committees on the establishment of task groups, and to establish, task groups, and other working groups and panels as necessary, as well as joint working arrangements with District councils and other neighbouring authorities including joint committees to exercise the statutory function of joint health scrutiny committees under the NHS Act 2006.
4. To determine which Overview and Scrutiny Committee considers a particular matter where this is not clear.
5. To establish arrangements for the scrutiny of member development, and receive reports from the Member Development Working Group.
6. To recommend the Full Council to co-opt on to a Committee persons with appropriate expertise, without voting rights

### **Children's Services Scrutiny Committee**

1. To scrutinise matters relating to services for Children and Young People delivered by the authority and other relevant partners.

*The following provisions relating to scrutiny of health and social care relate to services for children and young people:*

2. To review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate,
3. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
4. The review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate
5. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
6. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.

7. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
8. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999.
9. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
10. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter
11. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
12. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.

### **Education Scrutiny Committee**

1. To scrutinise matters relating to education delivered by the authority and other relevant partners.
2. To fulfil all the statutory functions of an Overview and Scrutiny Committee as they relate to education functions of a Children's Services Authority.

### **Health Scrutiny Committee**

1. To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
2. In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
3. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
4. In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.

5. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
6. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.
7. To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
8. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
9. To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.
10. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
11. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
12. To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
13. To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

## **External Scrutiny Committee**

1. To review and scrutinise issues, services or activities carried out by external organisations including public bodies, the voluntary and private sectors, partnerships and traded services which affect Lancashire or its inhabitants, and to make recommendations to the Full Council, Cabinet, Cabinet Members, Cabinet committees or external organisations as appropriate.
2. To review and scrutinise the operation of the Crime and Disorder Reduction Partnership in Lancashire in accordance with the Police and Justice Act 2006 and make reports and recommendations to the responsible bodies as appropriate

3. In connection with 2. above, to require an officer or employee of any of the responsible bodies to attend before the Committee to answer questions
4. To co-opt additional members in accordance with the Police and Justice Act 2006 if required, and to determine whether those co-opted members should be voting or non-voting
5. To review and scrutinise the exercise by risk management authorities of flood risk management functions or coastal erosion risk management functions which may affect the local authority's area

# Agenda Item 4

## Lancashire County Council

### Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday, 28th February, 2017 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston**

#### **Present:**

County Councillor Steven Holgate (Chair)

#### **County Councillors**

M Brindle	M Iqbal
L Beavers	Y Motala
Mrs F Craig-Wilson	M Otter
A Cullens	N Penney
G Dowding	D T Smith
N Hennessy	D Stansfield

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

Councillor Barbara Ashworth, (Rossendale Borough Council)  
Councillor Wayne Blackburn, (Pendle Borough Council)  
Councillor Colin Hartley, (Lancaster City Council)  
Councillor Bridget Hilton, (Ribble Valley Borough Council)  
Councillor G Hodson, (West Lancashire Borough Council)  
Councillor Hasina Khan, (Chorley Borough Council)  
Councillor Roy Leeming, (Preston City Council)  
Councillor M J Titherington, (South Ribble Borough Council)

#### **1. Apologies**

Apologies for absence were presented on behalf of District Councillors Julie Robinson (Wyre Borough Council) and Shirley Green (Fylde Borough Council).

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

There were no declarations of interest at this time.

#### **3. Minutes of the Meeting Held on 10th January 2017**

**Resolved:** Minutes from the meeting held on 10 January 2017 be confirmed and signed by the Chair.

#### **4. Lancashire Teaching Hospitals Trust - update on the revised Chorley Hospital Emergency Department and Urgent Care Centre Provision**

Jan Ledward gave a presentation on both the Urgent Care Centre at the Royal Preston Hospital site and the mobilisation of the Integrated Urgent Care Services at Chorley and Preston Hospitals.

It was reported that the Greater Preston and Chorley and South Ribble Clinical Commissioning Groups (CCGs) along with Lancashire Teaching Hospitals Trust had submitted a joint bid in August 2015, to the National Urgent and Emergency Care Fund (NUECF) for some capital in order to redevelop the Royal Preston Hospital's Emergency Department and Urgent Care Centre as the current facilities were unsatisfactory and unable to accommodate the amount of activity going through the departments.

A joint bid was also submitted for primary care capital through the Estates Technology and Transformation Fund (ETTF) as the development work would also consist of a primary care front-end to the overall A&E department. As this was considered to be a unique submission, NHS England's Project Assessment Unit (PAU) had reported that there was no formal route to release the monies to the CCGs. It was hoped that this particular issue would be resolved when the CCGs met with NHS England during the week commencing 27 February 2017.

With regard to the NUECF, the Committee was informed that the funding 'envelope' for the North had reduced to £12m and that £3m would be ring-fenced for each region within the North. However, in January 2017, NHS England had advised that due to timing issues, they were unable to administer the NUECF funding as they felt the new facilities would not have been completed by the end of the current financial year. The funding was then withdrawn and all CCGs were required to submit another bid in the next financial year (2017/18).

Members of the Committee were invited to comment and raise questions on the Urgent Care Centre at the Royal Preston Hospital site and a summary of the discussion is set out below:

- Concerns were expressed in relation to the bid for funding through the NUECF had been deferred to the next financial year in conjunction with recruitment issues faced by the Trust and the current working environment. It was reported that there was no guarantee the funding would be agreed for the 2017/18 year.
- A question was asked in relation to the purpose of the proposed primary care front-end. It was confirmed that the facility would provide a range of services not only to identify and intervene those presenting at the Emergency /Urgent Care Centre departments who had a primary care need but to also support the overall A&E department in treating and discharging patients.
- It was suggested that NHS England be invited to attend a future meeting of the Committee.

An update on the mobilisation of the Integrated Urgent Care Services at Chorley and Preston Hospitals was then provided.

It was reported that there were four elements to the contract awarded to GTD Healthcare. Phase one commenced on 23 November 2016 and saw the roll out of a GP out of hours service; Deep Vein Thrombosis (DVT) service across both Preston and Chorley Hospital sites; and a Pathway Alternative to Transfer Service (PATS) to support the North West Ambulance Service and reducing the number of transfers to hospital. Phase two was the mobilisation of the 24/7 Integrated Urgent Care Centres co-located with Emergency Departments at Chorley and Preston Hospitals which commenced on 18 January 2017.

With regard to phase one, it was reported that whilst performance had not been met in all areas, data from January 2017 demonstrated that improvements were being made and the CCGs were working with GTD Healthcare to continue to improve performance. The Integrated Urgent Care Centres had positively contributed to the waiting times against the four hour standard with an average of 77% in December 2016 increasing to an average of 86% since services started in January 2017.

It was reported that at the Preston site, since January 2017, an average of between 50 and 60% of patients were deflected away from the Emergency Department. The Chorley site had seen between 60 and 70% deflection which freed up A&E staff in treating those who required emergency care.

The Committee was informed that since the re-opening of the Chorley Hospital Emergency Department, Wigan, Wrightington and Leigh Hospitals had seen an almost 50% reduction in the number of daily attendances and admissions from all PR post codes from the Chorley area.

Members of the Committee were invited to comment and raise questions on the mobilisation of the Integrated Urgent Care Services at Chorley and Preston Hospitals and a summary of the discussion is set out below:

- A question was asked regarding the reduction in the ambulance 'shuttle' service between Chorley and Preston Hospital sites. Members were informed that when the A&E department at Chorley Hospital closed, additional ambulances were procured. However, they weren't just for patients to be transferred from Chorley Hospital to Preston Hospital. The additional ambulances also addressed the need to transfer patients from the Medical Assessment Unit at Preston, when it closed to Chorley Hospital. These additional ambulances had been reviewed since April 2016 and had reduced over time as and when services had replaced what had been reduced. The CCGs continued to monitor the additional ambulances. It was their view that since the A&E department had re-opened there was sufficient capacity for the existing ambulance service to commit to any transfers needed. The CCGs were continuing to work with the Trust in re-instating the Medical Assessment Unit at Preston Hospital.
- Concern was expressed that GP out of hours shifts were not being filled at the Chorley site and therefore transferred over to Preston Hospital. It was

reported that some shifts had not been covered due to unfortunate events. It was acknowledged that some shifts were not covered as some agency staff hadn't turned in to work. The Committee was reassured that GTD Healthcare had reviewed staffing levels at both sites to ensure sufficient cover was provided. It was noted that the service was a combined service across both sites which enabled GTD Healthcare to move staff between sites in accordance with demand without affecting appropriate levels of cover for either site.

- On effective triage services and the continuity of staff providing the service, it was reported that the CCGs were working with the Trust's clinicians to ensure that the pathways put in place were appropriate and reviewed and that contingencies were in place in respect of any absences. Whilst recognising that there were teething problems to be addressed, the CCGs were satisfied with the provider. It was also reported that GTD Healthcare had been successful in recruiting GPs and nurses to the service and reducing their reliance on agency staff.
- In response to questions on bed blocking and patients waiting on trolleys it was acknowledged that the whole system was under significant pressure and represented a daily challenge in managing the flow. However, ensuring that patients moved through the system effectively had been the focus of the CCGs attention throughout the winter.
- One member asked about the affect the closure of the A&E department at Chorley had on Lancaster Infirmary and whether there was any detail about the number of people from the PR post codes utilising Lancaster Infirmary. The Committee was informed that whilst they did not have the full facts with them, they were aware that only a very small number of people from the PR post codes had travelled to Lancaster.
- A query was raised as to whether any work had been carried out to alleviate confusion over when to use emergency services. It was reported that work had been carried out with the CCGs Patient Voice Committee to look into existing information that's available to the public as well as updating the directories that the 111 service use to help them identify the correct pathways to services in the area. In addition to this, relevant websites, information leaflets and posters were continually revised to ensure that they were up to date.

Prof. Mark Pugh and Suzanne Hargreaves gave a presentation detailing the progress and impact on activity and performance on the revised Chorley Hospital Emergency Department and Urgent Care Centre provision.

It was reported that a 12 hour Emergency Department was mobilised on 18 January 2017 as planned. Whilst it was a 12 hour service, there was a requirement to open and staff the department until 10pm each evening. The department was staffed by a mixture of Consultant, middle and junior grade doctors, nurse practitioners and nursing staff.

The Committee recalled that the Trust temporarily closed the department back in April 2016, on the grounds of patient safety as there were insufficient numbers of doctors available to manage both Preston and Chorley Emergency Departments



despite recruitment efforts. It was reported that both sites required 14 middle grade positions. The position back in April 2016 was that there were effectively five doctors to manage the two sites. However, the current position was that there had been some improvement with staffing with additional permanent members of staff. Whilst there were now effectively 8.8 doctors available across both sites, the Trust was still dependent on locum s to fill gaps in the rotas.

The Committee was informed that the workforce remained vulnerable. In January alone, it was reported that there were 45 cancelled locum shifts with less than 24 hours' notice. It was noted that as locums were not on permanent contracts they could give short notice of cancellations of shifts. Consultants and middle grade doctors were therefore undertaking additional sessions to cover the Chorley site which had now placed a risk on the Preston site. Gaps were also emerging within the junior doctor rota and that by May 2017, it was envisaged the gap would increase to 10 junior doctors out of the 21 required. Representations had been made to Health Education North Wes to work with the Trust on this issue. However, the Trust was informed that there were gaps across the country in recruiting junior doctors.

The Committee noted that the Urgent Care Centre only dealt with those patients who self-presented, whereas the ambulance cases would go straight through to the Emergency Department and therefore bypass the triage system. With regard to the Preston site it was reported that approximately 50% of people self-presenting had their needs met by the Urgent Care Centre. Whereas at the Chorley site, the Trust was seeing more people having their needs being met by the Urgent Care Centre by comparison.

The Committee also noted that ambulance arrivals equated to around 100 per day across both sites. However, figures showed that whilst that figure remained constant, there was an increase in the number of people being conveyed by ambulance to the Chorley site which confirmed that NWAS (North West Ambulance Service) was conveying people appropriately to the respective sites.

The Committee was informed that the main cause of delays at the front of hospitals was not solely as a result of the overwhelming numbers of attendances at A&E departments but as a result of the overall health and social care system. As a result, the four hour non-admit performance figures since April 2016 had declined. In addition to this it was estimated that around 10% of the Trust's operating bed base was occupied by people who were fit for discharge but were unable to move to a suitable venue for their ongoing care needs such as waiting to be admitted to another hospital; for community care; for social care package/assessment, for equipment or waiting for residential/nursing home beds.

It was reported that the way in which the Trust managed increase in delays and reduction in discharges was to increase the number of beds available by escalating into areas such as assessment units and day case areas. In such instances the Trust was reliant on agency/locum staff to support. However, this then affected routine and elective (planned) surgery.

The Committee was informed that the Trust was working on a number of initiatives to improve this situation, including the development of the Local Delivery Plan – 'Our Health, Our Care' and the Sustainability and Transformation Plan (STP); participating in the NHS Improvement's Action on A&E programme and gathering intelligence from patients.

Recruitment of medical staff remained an on-going risk not just to the Trust but nationally. It was reported that national agency spend on locums for the previous year was £3bn with £600m of that spent on A&E doctors alone. Capacity within the Trust was stretched. However, assurance was conveyed that the most vulnerable of patients would receive absolute priority.

In summarising, work was ongoing across the health economy to improve patient flow and alleviate A&E pressures. The Trust was committed to better inform the Health Scrutiny Committee of its challenges and plans and that lessons had been taken forward as part of the 'Our Health, Our Care' Local Delivery Plan and the Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria.

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

- A question was asked in relation to GTD Healthcare's lack of kitemark status approved through the Care Quality Commission and the affect this had on the North West Ambulance Service to convey patients to the Urgent Care Centre at Chorley hospital after 8pm. It was reported that prior to GTD Healthcare taking on this service, this was not an issue for the Trust. However, it had been confirmed at 8am on the morning of this meeting that Chorley had received its kitemark status therefore resolving this issue.
- In response to a question on the financial impact of employing locums, it was confirmed that this was causing a financial risk and was an issue that the Trust's Board were aware of. It was noted that the Trust selected their locums very carefully.
- One member queried the figures in relation to the number of patients deflected from Urgent Care Centre provision back to the Emergency Department at both sites and whether there was a connection between Chorley's limited opening hours by comparison to Preston's 24 hour provision and patients being moved on to the Preston site from Chorley when its Emergency Department was closed. The Committee was informed that the difference in performance figures was down to the 'case mix' and usage from the surrounding areas of the two sites which therefore reflected in the figures provided.
- Concern was expressed over the national figures for increased A&E attendances and whether NHS England had evaluated the reasons for the marked increase. It was reported that people below the age of 29 predominantly used A&E departments irrespective of what their need was. The Trust was also seeing a big increase in the over 85 population being brought by ambulance. The Committee noted that there were campaigns on A&E usage such as the 'Choose Well' campaign.

- A question was asked on whether the co-location of Emergency Departments and Urgent Care Centres was the solution to reducing A&E attendances or whether education was the solution to the matter. The Committee was informed that the Royal College of Medicine had researched models throughout the country on this issue and arrived at the conclusion that providers had to give people what they wanted rather than what they needed and advocated models where full provision was offered at the front door through a single point of access. It was confirmed that this model would be used for the 'Our Care, Our Health' Local Delivery Plan.
- In response to concerns around recruitment, it was reported that the Trust was working with Health Education North West. The Trust currently had around 300 medical students in training at both sites. Concerns were also expressed in relation to Brexit and the uncertainty of long term contracts and career development paths for those professionals currently employed in the NHS from abroad.

The Chair thanked officers and members for their contribution.

**Resolved:** That;

- i. The updates provided on the revised Chorley Hospital Emergency Department and Urgent Care Centre provision be noted;
- ii. NHS England be invited to attend a future meeting of the Health Scrutiny Committee to report on the Royal Preston Hospital Urgent Care Centre Bid.

## **5. Healthwatch Lancashire - Annual Review**

Sheralee Turner-Birchall provided the Committee with a presentation on the work Healthwatch Lancashire had carried out since April 2016. Healthwatch consisted of 12 (9.8 full time equivalent) posts supported by a team of 55 volunteers undertaking 184 different activities. It was explained that the programme of work included a variety of statutory responsibilities and additional tasks such as Enter and View visits, Patient Engagement Days, community engagement through Care Circles and Pop Ups, mystery shopping, gathering of case studies, campaigns and projects. In addition Healthwatch also undertook commissioned work whilst maintaining impartiality by adhering to their statutory responsibilities. Furthermore, it was confirmed that Healthwatch took ownership of their reports and did not sensor any of the information presented.

All of Healthwatch's activities were supported by online activities including social media networks, e-bulletins, quarterly newsletters and the annual report. It was reported that around six thousand people had signed up to receive information from Healthwatch.

The Committee was informed that Healthwatch was undertaking a programme of work in understanding the complexity of Lancashire Care Foundation Trust's role for Mental Health and the delivery of other community services. In addition to this Healthwatch was near to completion on a piece of work relating to pharmacies. It was noted that people perceived the pharmacy as a shop or business rather than an alternative provider to primary care on certain matters.

A piece of work was also undertaken during recent GP Patient Engagement Days in relation to accessing services online, such as medical records. The Committee was informed that Healthwatch had identified from the majority of people they had spoken to expressed a reluctance to access such services online.

It was highlighted that Healthwatch was not a complaints or advocacy service and whilst people still approached Healthwatch to lodge complaints, intelligence would be gathered and used accordingly. Assurance was given that where there was a duty of care or safeguarding issue then Healthwatch would alert the relevant body to act. Otherwise individuals would be signposted to the appropriate service.

As of 1 January 2017, Healthwatch Lancashire had taken over the Healthwatch Blackpool contract.

In summarising, the Committee was informed that Healthwatch needed to ensure it was helping the system to make significant improvements accordingly. However, they had no power to direct an organisation to action Healthwatch's findings. Though Healthwatch could refer matters to the Health Scrutiny Committee to act upon.

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

- Members commended Healthwatch on the work they had done with the Healthier Lancashire and South Cumbria team in drafting a public facing version of the Sustainability and Transformation Plan (STP).
- On developing the work programme for 2017/18, it was reported that Healthwatch was a conduit for the public voice and would be guided through public engagement on this but would also work with all the Local Delivery Plan (LDP) areas in Lancashire on the STP's workstreams.
- Healthwatch had assigned a member of staff to work with Lancaster Universities Health Hub to interrogate their intelligence and determine what improvements had been made as a direct result of Healthwatch's programme of work and the service user voice.
- It was confirmed that a project on learning difficulties would feature on Healthwatch's work programme for 2017/18.
- A question was raised in relation to accessing GP appointments. It was confirmed that a piece of work on this was yet to be signed off. However, it was acknowledged that people did not wish to speak about their condition in a public arena when speaking with a GP receptionist at the surgery.
- Clarification was sought regarding Healthwatch's statutory responsibilities on contracts that had been awarded to private companies to provide services on behalf of the NHS. It was confirmed that this issue would be a consideration for Healthwatch as the conduit for the public voice.

The Chair thanked officers and members for their contribution.

**Resolved:** That the Healthwatch Lancashire Annual Review presentation be noted.

## **6. Health and Wellbeing Board - Annual Review**

**Resolved:** That the Health and Wellbeing Board – Annual Review presentation be deferred until the next scheduled meeting of the Health Scrutiny Committee on 11 April 2017.

## **7. Report of the Health Scrutiny Committee Steering Group**

It was reported that a review of how information from the Health Scrutiny Committee's Steering Group was provided to this Committee had been undertaken in consultation with the Chair and Deputy Chair of this Committee. It was proposed that all future agendas and minutes published for the Steering Group be issued to the full membership of the Health Scrutiny Committee by automated email. Each email would contain a link to the specific agenda and minutes on the County Council's website. The Committee noted that that Steering Group meetings were not held in public and that each County Councillor would be required to use their standard County Council login credentials issued to them. However, for all Co-opted members their login credential would be their district council email address or preferred email address they had registered with the County Council in becoming a Co-opted member of this Committee. A temporary password would be issued to all Co-opted Members through separate correspondence from Democratic Services.

The Committee also noted that the work plan, presented to this Committee at each meeting already provided a brief outline on the activities of the Steering Group.

**Resolved:** That the proposed mechanism to receive all future agenda and minutes of the Health Scrutiny Committee Steering Group be received by email be accepted.

## **8. Health Scrutiny Committee Work Plan 2016/17**

The work plan for both the Health Scrutiny Committee and its Steering Group, including current Task Group reviews was presented to the Committee for information. The Committee noted that the Health and Wellbeing Board – Annual Review item would be deferred to the next scheduled meeting of the Committee on 11th April 2017.

**Resolved:** That subject to the above change to the work plan, the report be noted.

## **9. Urgent Business**

There were no items of urgent business.

## **10. Date of Next Meeting**

The next meeting of the Health Scrutiny Committee will be held on Tuesday 11 April 2017 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

I Young  
Director of Governance, Finance  
and Public Services

County Hall  
Preston

## Health Scrutiny Committee

Meeting to be held on Monday, 24 July 2017

Electoral Division affected:  
Chorley Central; Chorley North; Chorley Rural East; Chorley Rural West; Chorley South; Clayton with Whittle; Euxton, Buckshaw & Astley; Hoghton with Wheelton; Leyland Central; Leyland South; Lostock Hall & Bamber Bridge; Moss Side & Farington; Penwortham East & Walton-le-Dale; Penwortham West; Preston Central East; Preston Central West; Preston City; Preston East; Preston North; Preston Rural; Preston South East; Preston South West; Preston West; South Ribble East; South Ribble West;

### **Lancashire Teaching Hospitals Foundation Trust - Recruitment and Retention and the mobilisation of Chorley and South Ribble Hospital Emergency Department and Urgent Care Centre**

(Appendices A and B refer)

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)

#### **Executive Summary**

Prof. Mark Pugh, Medical Director from the Lancashire Teaching Hospitals Foundation Trust will provide the Committee with an update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre and the issues faced with recruitment and retention.

#### **Recommendation**

The Health Scrutiny Committee is asked to:

- i. Receive and note the update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre; and

- |  |
|--|
| ii. Determine if a further update is required and to assign that update to the Health Scrutiny Committee Steering Group. |
|--|

## **Background and Advice**

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

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

This culminated in the production of the Scrutiny report, "Emergency Care Crisis – Chorley" which was presented to the Health Scrutiny Committee at its meeting on 20 September 2016. A response to the Scrutiny report was presented to the Committee by the Trust at its meeting on 22 November 2016. A copy of the Trust's response is set out at Appendix A.

For information of the Committee, the meeting held on the 24 May 2016, involved the scrutiny on external factors that affect recruitment processes and heard from NHS Improvement, NHS Employers, Medacs Healthcare and Health Education North West who expressed their concerns and explained their roles and responsibilities. An extract of the minutes of that meeting is set out at Appendix B.

On the 18 January 2017, it was confirmed that the Emergency Department at Chorley and South Ribble Hospital would re-open on an 8am-8pm basis. In addition to this, new 24hr, seven day a week urgent care centres had also opened at Chorley and Preston Hospitals. A&E departments at Chorley and South Ribble and Preston Hospitals are separate entities and are now referred to as Emergency Department and Urgent Care Centres.

A Scrutiny Inquiry Day on the subject of workforce was held on 9<sup>th</sup> March 2017 and the report from that event is included with the agenda papers for this meeting (item 7). At this event Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust and the Senior Responsible Officer for Leadership and Organisational Development within the Lancashire and South Cumbria STP gave a presentation which provided the context to challenges relating to a health and social care workforce. A copy of that presentation is also included with the agenda papers on pages 51 to 69.

The Health Scrutiny Committee is asked to: receive and note the update on the mobilisation of Chorley and South Ribble Hospital's Emergency Department and Urgent Care Centre; and determine if a further update is required and to assign that update to the Health Scrutiny Committee Steering Group. The Steering Group can



always escalate the matter back to the full Committee should the need arise in the future.

### **Consultations**

N/A

### **Implications:**

This item has the following implications, as indicated:

### **Risk management**

This report has no significant risk management implications.

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

Paper	Date	Contact/Tel
Health Scrutiny Committee agenda and minutes	<a href="#">28 February 2017</a>	Gary Halsall, Democratic Services, 01772 536989
	<a href="#">22 November 2016</a>	
	<a href="#">20 September 2016</a>	
	<a href="#">14 June 2016</a>	
	<a href="#">24 May 2016</a>	
	<a href="#">26 April 2016</a>	

Reason for inclusion in Part II, if appropriate

N/A



## Response to Lancashire Health Scrutiny Committee in relation to its report and recommendations on the temporary closure of Chorley accident and emergency department

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1. **Recommendation:** The Trust should provide the Committee with a transparent, sustainable, realistic and achievable plan for the provision of services at Chorley by 22 November 2016.

**Response:** The Trust is fully committed to reinstating the emergency department at Chorley and we are working towards reopening on a limited hours' basis (12 hours a day) on 18 January 2017 when the new 24/7 integrated urgent care centre opens. Having the emergency department reopened at the same time as the opening of the new 24-hour urgent care service, integrating the two services, will provide additional resilience. This is an opportunity to enable the service to reopen without compromising patient safety. It has been agreed that it would not be practical or safe to reopen the department before this date, as it would require both additional staff and existing staff to work excessive hours, and would compromise the major trauma centre at Royal Preston Hospital. Furthermore, the independent review, jointly commissioned by NHS England and NHS Improvement, concluded that it is not feasible to reopen the department on a 24-hour-a-day basis.

We have developed a mobilisation plan for reinstating the limited hours' emergency department, which contains realistic, milestones for increasing the service provision at Chorley and details:

- Our focused recruitment plan to secure additional staff
- The changes we are making to improve medical patient flow
- The risks to mobilisation, particularly from a staffing perspective
- The inter-dependencies with the new provider of the urgent care service's mobilisation plan
- The estates limitations (whilst there has been significant investment to develop an urgent care centre at Chorley, there has been no capital investment on the Royal Preston site, which could impact on both the urgent care service mobilisation and the emergency department mobilisation plan)

Our mobilisation plan is monitored and reviewed on a bi-weekly basis by the System Resilience Group. The System Resilience Group will also be

reviewing the impact of the new 24-7 urgent care service on other services, including the emergency department and GP practices.

- 2. Recommendation:** The Trust should provide the Committee with detailed information on how they are addressing their inability to meet the 4 hour target for A&E attendance at Royal Preston Hospital.

**Response:** Like many hospitals across Lancashire and nationally, the pressures on emergency services is an on-going challenge. Despite the best efforts of hard working staff, nationally hospital accident and emergency department performance is currently the worst it has ever been. In the first three months of this year only four of the 138 large A&E departments saw the required 95% of patients in four hours. One in 10 patients had to wait more than four hours, the highest level at this time of year since 2003/4.

The Trust works hard, both internally on its patient flow systems and externally with the wider health and care system, to ensure that patients receive timely and appropriate care and treatment. The Trust's aim is to ensure that all patients are seen, treated or discharged within four hours and we are committed to the national A&E improvement programme supported by NHS Improvement and NHS England. The Trust, however, has to prioritise seeing those patients that require urgent treatment for serious or life threatening conditions, and at times, this can create delays for those people who are less seriously ill.

The CCGs can provide an overview of the 4-hour target over specific timescales on request. Additionally, the Trust is working closely with the CCGs and a new provider to mobilise a new 24/7 urgent care service at both hospital sites, which should help reduce the pressures on Royal Preston Hospital, as it would allow A&E staff to be freed up to focus on the most acute and most life threatening cases, and enable the more minor cases to be treated in a timely way. (See response 8.)

- 3. Recommendation:** The Clinical Commissioning Group to provide the Committee with evidence that it is supporting the Trust to explore all methods to recruit and retain staff.

**Response:** The local System Resilience Group (SRG) is chaired by the CCGs' Chief Officer Jan Ledward. The Group's work and discussions to support the Trust in the re-opening of the A&E at Chorley and South Ribble Hospital is fully documented on the Group's meeting minutes, which are published and publicly available on the CCGs' website.

In addition, the CCGs have been leading and administering a weekly project group meeting, the membership of which encompasses representatives from organisations across the health and care economy, including the Trust. The aim of the project group was to manage operational activity with a view to re-opening the A&E department at Chorley and South Ribble Hospital. This

remit has now been subsumed into a new time-limited version of the SRG, while the existing project has evolved to look at all A&E delivery for the whole of central Lancashire.

In relation to clinical recruitment specifically, there is of course a limit to what the CCGs can do to help with provider recruitment and the organisation's own retention levels, however, they are satisfied that the Trust has explored all of the options available to them.

Since before the current issue arose, the Trust undertook a proactive, comprehensive recruitment drive, both nationally and internationally. Job roles were revised to make them more attractive to potential candidates and a recruitment premia was introduced for emergency medicine doctors.

Recruitment processes were also improved to enhance the speed in which CVs received were considered, and to also speed up the process for arranging interviews and finalising job offers.

Vacancies are advertised on websites, via social media, and at the request of local stakeholders, in the national press. Also at the request of local stakeholders, 'off framework' recruitment agencies were used, but neither that nor the national press adverts produced any suitable leads.

Since April this year more than 150 CVs have been reviewed and 12 job offers have been made, although to date those applicants have declined the offers.

4. **Recommendation:** NHS England should undertake a review of the national issues identified within this report, namely:
  - a) The discrepancy between substantive and locum pay
  - b) The need for clear guidance relating to the application and/or removal of the agency cap
  - c) The number of emergency medicine trainee places

**Response:** We are unable to comment on this.

5. **Recommendation:** In the light of the failure of the Trust to communicate in a timely and effective manner with the public and their representatives in this case, NHS commissioners be asked to demonstrate how they will effectively engage and involve local residents in future service design.

**Response:** Whilst the Trust had escalated staffing concerns to NHS Improvement, NHS England and the System Resilience Group since June 2015, it is recognised that there was very little notice given to the public before the A&E department at Chorley and South Ribble Hospital was temporarily closed due to safety concerns.

However, since taking the decision to temporarily downgrade the emergency department, we have been actively engaging with all of our stakeholders through weekly stakeholder meetings and written briefings, and members of the public are encouraged to provide comments or feedback through our engagement portal, which is being hosted by the CCGs and can be found at [www.chorleysouthribbleccg.nhs.uk](http://www.chorleysouthribbleccg.nhs.uk) and [www.greaterprestonccg.nhs.uk](http://www.greaterprestonccg.nhs.uk).

A revised communications and engagement plan specifically for the temporary changes to the A&E department at Chorley has been put in place, to support communications while it is closed, and also communications in the lead up to its re-opening.

The health economy is also committed to ensuring that Health Overview and Scrutiny is given an early oversight should there be any early warning signs or indicators for similar pressures to affect other services, so that conversations can take place much earlier with local residents and stakeholders.

On a wider and longer term timescale, the central Lancashire transformation programme, Our Health Our Care is beginning, and between November 2016 and March 2017 there will be lots of opportunities for members of the public, staff and stakeholder organisations to get involved in service redesign, which will include how hospital services might be arranged in the future, including the longer term future for emergency and urgent care provision. The programme involves all local health and care organisations, and will be fully collaborative. Our Health Our Care will be the central Lancashire delivery element of the Lancashire STP, as central Lancashire's Local Delivery Plan (LDP).

6. **Recommendation:** The System Resilience Group should develop a plan that identifies the lessons learnt from this situation, in particular how communication and resource planning is managed. It should then be shared with wider NHS and social partners and stakeholders.

**Response:** Following the outcome of the review undertaken by NHS Improvement and NHS England, the CCGs will assess the review and see if any further reviews to inform lessons learnt are appropriate. (I.e. to see if there are any gaps in this area that have not been covered by this clinical review.) Any additional review work would need to take place with the agreement of the CCGs' Governing Bodies. If this does take place, the aim would be to provide positive learnings for the entire health and care economy. Outcomes would, of course, be reported publicly and fed into system planning for all organisations.

7. **Recommendation:** That the developing crisis in Emergency Care is given the required priority in the development of the Lancashire and South Cumbria Sustainability and Transformation Plan, and a plan for Emergency Care across Lancashire is developed as a key priority, and that the Lancashire

Health and Wellbeing Board are asked to take responsibility for the implementation and monitoring of this priority.

**Response:** Urgent care is a work stream and priority within the STP, which is now publicly available.

8. **Recommendation:** The Trust should make every effort to increase the Urgent Care Centre opening hours on the Chorley site to 6am – midnight as additional staff are appointed.

**Response:** The interim urgent care measures at Chorley and South Ribble Hospital (8am to 8pm) are in place to provide cover while the temporary closure of the A&E department is in place at the site.

Last year the local Clinical Commissioning Groups ran a tender process for a new 24/7 integrated urgent care service. The new urgent care provider will bring extra staff to the system, which gives more opportunity to reinstate the emergency department, and the urgent care centre will see a number of patients who would have previously attended the emergency department. Lancashire Teaching Hospitals will be recruiting extra nurses and consultants and our consultants have agreed to work extra shifts to help reinstate the service.

The Trust is therefore focusing on reopening the emergency department on a limited hours' basis (12 hours a day) on 18 January 2017 when the new 24/7 integrated urgent care centre opens. It is intended that the new urgent care service will be co-located to the emergency department. The emergency department will continue to treat injuries and more serious conditions that the new urgent care service cannot treat so we still expect to see a significant number of patients.

It is not practical or safe to reopen the department on a 6am – midnight basis, as it would require both additional staff and existing staff to work excessive hours, and would compromise the major trauma centre at Preston. Delivering a safe and sustainable service is our main priority and it is an unacceptable risk to patient safety to attempt to provide a service that is not staffed sufficiently by the necessary doctors. At the moment there is no plan to reinstate the emergency department 24-hours-a-day. The independent review commissioned by NHS Improvement and NHS England published in September recognises that reinstating the emergency department 24 hours a day is not currently realistic.

9. **Recommendation:** The Trust should actively seek best practice from other Trusts regarding staffing on A&E Departments.

**Response:** The Trust does this on a regular basis, but this was also the basis for formally requesting the review to take place, as led by NHS England and NHS Improvement. The Trust is always open to looking at new ways of

working and best practice, and will continue to welcome this input from other organisations and advisors.

With respect to the Trust's adherence to the agency cap as compared to other trusts, on 11 March 2016 the Trust formally wrote to Jim Mackey (NHS Improvement) to raise concerns about the inconsistent implementation of the cap nationally; in particular, the impact the lack of consistency has on an organisation's ability to recruit and retain doctors when other organisations are paying higher rates and there is no agency cap in other parts of the UK.

On 14 March 2016 Jim Mackey confirmed the importance of continuing to implement the cap. Despite this, on 16 March the Trust Board took the decision to not implement the cap for emergency medicine doctors on patient safety grounds; however this did not yield any further CVs.

10. **Recommendation:** For the future, a more open approach to the design and delivery changes to the local health economy needs to take place, working with wider public services through the Lancashire Health and Wellbeing Board to make our hospitals more sustainable and better able to serve the needs of residents.

**Response:** This will be fully incorporated into the Our Health Our Care central Lancashire transformation programme. All of the health and care organisations within the central Lancashire economy are committed to fully engaging with the public and wider stakeholders about any planned service change, however, it is important to note that the temporary change to the A&E department at Chorley was necessitated by a culmination of unpredictable events. This difficult decision was taken to keep patients safe. (See response 5.)



**Extract of the minutes of the Health Scrutiny Committee meeting held on 24 May 2016**

"At the Health Scrutiny Committee meeting on the 26 April 2016 held to discuss the temporary closure of the Emergency Department at Chorley Hospital, it had been agreed that further scrutiny of the key issues should take place and it in particular that the challenges around recruitment would be discussed in further detail.

The Chair welcomed the following speakers to the meeting to contribute to the discussion:

Professor Jacky Hayden, Dean of Postgraduate Medical Studies, Health Education North West

Lindsay Hoyle, MP for Chorley

Mick Whitley, Managing Director UK, Medacs Healthcare

Kelly Lyon, Medacs Healthcare

Helen Kelly, Medacs Healthcare

Paul Chandler, Acting Regional Director, NHS Improvement

Gaynor Hales, Regional Nurse Director, NHS Improvement

Professor Jacky Hayden, Dean of Postgraduate Medical Studies, provided information to the Committee from Health Education North West.

Members were advised that Health Education North West was responsible for the training of around 7,500 doctors which took them from their graduation from medical school to their appointment as a consultant or general practitioner. This involved ensuring they have access to the specific curriculum according to their specialism.

It was reported that the number of higher trainee posts across the North West included seven for Lancashire Teaching Hospitals Trust, all based at Royal Preston, four in East Lancashire, two in Morecambe Bay and three in Blackpool. It was felt that Lancashire Teaching Hospitals had been allocated a sufficient number of higher trainee posts.

It was confirmed that Chorley Hospital did not currently meet the criteria set by the Royal College of Emergency Medicine and the General Medical Council to be a training site for trainees in emergency medicine. It was particularly noted that the Chorley site, unlike Royal Preston, did not offer intensive care, trauma or paediatric services, and that these areas of specialism were closely linked with emergency medicine and would generally need to be present on site for a hospital to be recognised as an appropriate location for full training of those higher level trainees.

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

- In response to a question around the recognition for higher training at Chorley Hospital, it was confirmed that Lancashire Teaching Hospitals would need to initiate the assessment through a case submission for Chorley Hospital to become a recognised training site which meets the criteria required. As

Chorley Hospital had no urgent trauma, ICU and paediatric services currently, members were advised that it was unlikely to be an appropriate training site.

- The demand was not sufficient for the training places currently approved for emergency medicine so there was no case to increase the number of places allocated for Lancashire Teaching Hospitals.
- Members were informed that surveys were conducted annually by the Deanery with a 99.8% response rate and included yearly or bi-yearly visits to sites. The Trust would then respond to any issues identified.
- Exit interviews were completed for trainees in emergency medicine and any issues were reported back. It was suggested that the information from the Trust's response to the Deanery visits and to exit interview data could be obtained by the committee if required.

Lindsay Hoyle, MP for Chorley, spoke to the Committee on the issue, and in particular his involvement and activities with a range of individuals and organisations, including meetings with the Secretary of State, other Lancashire MPs, NHS Improvement and the Chief Executive of Lancashire Teaching Hospitals Trust to further understand the issues which led to the temporary closure of Chorley A&E.

Among the issues identified by Mr Hoyle were:

- Concerns over the Teaching Hospitals Trust's communication and engagement with staff, local people and key stakeholders, particularly prior to the temporary closure.
- The impact on neighbouring hospital A&E Departments.
- The impact on the NW Ambulance Service, including the reliance on private ambulances.
- Recruitment arrangements in place at the Trust, and why recruitment problems were not replicated at other local trusts.
- The need to have an agreed and publicly stated plan to re-open. It was understood that a date in August had been identified as a possible date for reopening, but that no date had been formally agreed or announced.

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

- It was reported that to assist with meeting the August reopening deadline, a specialist recruitment company was being commissioned.
- It was identified that there was a need to understand current timescales around wait times at neighbouring A&E departments.
- It was questioned as to whether the timing of removal of the agency cap was sufficient enough to enable effective response to growing concerns around staffing. In addition, it was felt that the Trust did not react in a timely manner to the recruitment needs.

Mr Hoyle confirmed that he was willing to share information with the committee, and the Chair resolved he would formally write to Mr Hoyle with this request.

Mick Whitley, Managing Director, Medacs Healthcare, gave a presentation to members on the background to the services provided and the timelines leading up to the temporary closure of Chorley Hospital A&E.

Members were advised that Medacs Healthcare provided specialist staffing and included services such as conducting pre-employment checks, training, referencing and criminal conviction checks.

In relation to international recruitment of doctors, it was reported that there were only a limited number of countries that have training programmes consistent with UK requirements which then limits recruitment into the country. In addition, benefits for doctors working in countries such as US, Canada and Australia outweigh the benefits in the UK so there was very little recruitment from these countries.

There were indications that outside of Lancashire, different approaches were employed to navigate around the limitations of the agency cap which impacted on the ability to recruit locums in Lancashire.

The timelines outlined in the presentation given indicated the rising difficulties in recruiting to vacant posts through the phased introduction of the agency cap which led to the decision to first delay the phase 3 implementation and then to remove the agency cap in March 2016.

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

- It was confirmed that Medacs were still working to recruit to the vacant posts and CVs were being reviewed.
- Medacs were reported to have around 200 clients overall in the NHS – nearest comparator is Blackpool Teaching Hospital but also supply to Bolton, Lancaster and Wigan.
- There were challenges to recruiting to Chorley A&E, due to the lack of trauma and intensive care units at the site, which made it less attractive to specialists in emergency care.
- It was reported that a fundamental problem was that the vacancy rates had not reduced in the last six months across the UK.
- In general, there was concern over the reliance of the NHS on locums, but it was agreed that, there was a need to ensure that the focus was not lost on the quality of all doctors, locum or permanent.
- Members were advised that to move forward from this situation there was a need to ensure the filling of the training posts, to effectively manage agency spend and Lancashire to build on its reputation and range of opportunities as a place to work.

Paul Chandler, Acting Regional Director and Gaynor Hales, Regional Nurse Director, NHS Improvement, provided the members with background information to the introduction of the agency cap and how this contributed to the recruitment issues at Chorley Hospital.

It was reported to the Committee that the total spend for all agency staff had risen by 25% each year in the last three years up to the introduction of the cap and the rate of increase was rising.

Monitor (now part of NHS Improvement) was tasked by the Secretary of State to identify a way to reduce agency costs. A consultation took place with providers and at that time over 90% agreed to the proposed implementation of the agency cap to reduce the cost of agency staff. The longer term aim of this agency cap implementation was to reverse the trend of junior doctors becoming locums by reducing the financial benefits.

The agency cap was then implemented through a phased approach. In the initial phase in November 2015, no junior doctor locum could be paid more than 250% above the equivalent hourly rate. This was then reduced to 200% in February and then to 155% in April.

It was reported that the figures for October – February indicated an initial £290m saving (£60m per month) with a potential annual saving of £800m.

A further survey conducted confirmed that 76% of providers agreed that the agency costs had reduced and as at the 1<sup>st</sup> April, 71% of providers were in agreement to implement the final reduced rate. Further indications overall had shown that actual usage of agency staff had reduced and better systems were in place for vacancy management.

Members were informed that concerns were raised that there would be ways around the agency cap to attract locums. It was reported that NHS Improvement had taken action when made aware of any situations where this has occurred. It was confirmed that NHS Improvement was aware of these gaps in the system around the agency cap and currently unable to monitor this as effectively as they would like. It was confirmed that Lancashire Teaching Hospitals Trust was one of the few Trusts in the country that had not breached the cap at any point since its introduction.

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

- Committee members raised concerns around the notice period for locums. It was agreed that this was an uncontrolled market and agency cap was implemented to assist with this.
- It was confirmed that providers have a cap on what they can spend per year on agency staff.
- It was agreed that there was a need to look at total actual expenditure on staffing through collection of meaningful data to give indication if the agency cap is being mis-managed. In addition, in the future, it was reported that agency fees would also be capped.
- Members were assured that NHS Improvement were working more with the Trust and the local Clinical Commissioning Group's (CCG) to support service provision on an ongoing basis.

**Resolved:** The Committee:

- i. Notes the contributions of the presenters.
- ii. Seek data on the impact to the neighbouring A&E departments.
- iii. Seek an update from North West Ambulance Service on the impact to their services and the role of the additional ambulance support from the private provider.
- iv. To invite members from the CCG to attend the next meeting of the Health Scrutiny Committee.
- v. Ask the Chair to obtain the evidence referred to in the presentation from Lindsay Hoyle MP."



## Health Scrutiny Committee

Meeting to be held on Monday, 24 July 2017

Electoral Division affected:  
(All Divisions);

## Lancashire and South Cumbria Sustainability and Transformation Partnership - Update on the work of the Local Workforce Action Board (LWAB)

Contact for further information:

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

gary.halsall@lancashire.gov.uk

### Executive Summary

Heather Tierney-Moore, Chief Executive and Damian Gallagher from Lancashire Care Foundation Trust who are both Senior Responsible Officers (SRO) within the Sustainability and Transformation Partnership (STP) Governance Structure will provide the Committee with an update on the work of the Local Workforce Action Board (LWAB).

### Recommendation

The Health Scrutiny Committee is asked to:

- i. Receive and note the update on the work of the Board; and
- ii. Identify actions where the Committee can add value to the work of the Local Workforce Action Board.

### Background and Advice

The Local Workforce Action Board (LWAB) forms a part of the overall Governance Structure for the Lancashire and South Cumbria Sustainability and Transformation Partnership (STP).

A Scrutiny Inquiry Day on the subject of workforce was held on 9<sup>th</sup> March 2017 and the report from that event is included with the agenda papers for this meeting (item 7). At this event Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust and the Senior Responsible Officer for Leadership and Organisational Development within the Lancashire and South Cumbria STP gave a presentation which provided the context to challenges relating to a health and social care workforce. A copy of that presentation is also included with the agenda papers on pages 51 to 69.

The Senior Responsible Officers presenting have been asked to provide an update in relation to the work of the Board highlighting what progress, outcomes and actions

have been determined and whether any strategies or policies have been devised (or currently being developed) arising from decisions taken by the Board.

At a recent public meeting of the Joint Committee of Clinical Commissioning Groups (JCCCG), it was highlighted that there were "over 40 various workforce programmes ranging from retention and recruitment to grow your own and developing new roles".

The Health Scrutiny Committee is asked to receive and note the update on the work of the Board and identify actions where the Committee can add value to the work of the Local Workforce Action Board.

### **Consultations**

N/A

### **Implications:**

This item has the following implications, as indicated:

### **Risk management**

This report has no significant risk management 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



## Health Scrutiny Committee

Meeting to be held on Monday, 24 July 2017

Electoral Division affected:  
(All Divisions);

## Scrutiny Inquiry Event - "Sustainability and Transformation Plans (STP) - Workforce", 9 March 2017

(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 former Chair of the Health Scrutiny Committee, County Councillor Steve Holgate will present the report of the Scrutiny Inquiry Event – "STP Workforce" which was held on 9 March 2017 to the Committee and is set out at Appendix A.

### Recommendation

The Health Scrutiny Committee is asked to:

- i. Ascertain how it can influence and add value to address the challenges relating to the provision of workforce initiatives and projects for the delivery of sustainable, effective health and social care services; and
- ii. Determine how it should respond to the actions as identified in the Scrutiny Inquiry report on pages 72 and 74.

### Background and Advice

The former Chair of the Health Scrutiny Committee, County Councillor Steve Holgate will present the report of the Scrutiny Inquiry Event – "STP Workforce" which was held on 9 March 2017 to the Committee. A copy of the report is set out at Appendix A.

"The aim of the workforce Scrutiny Inquiry event was to deepen elected members knowledge and understanding of the current and future challenges, explore options and identify where they could 'add value' to solution design. The challenges of the geography of Lancashire and South Cumbria combined with a diverse population and a myriad of organisations who either delivered or sign posted health and social care services within the public, private and third sector required an innovative approach.

In November 2016, Healthier Lancashire and South Cumbria team published its STP to help make people in the area healthier, to enhance care quality across the region and to put health and care services on a sustainable footing.

The STP reaffirms the need for health and care organisations to work together to transform services and the way people use and access them... The Committee therefore recognised an opportunity to maximise its influence by creating a mechanism to act as an enabler to bring together key stakeholders to address the challenges relating to the provision of workforce initiatives and projects and ensure that democratic accountability was built into the overall new models of care design and development."

The Scrutiny Inquiry report at Appendix A contains a number of key learning points and shared commitments. Some actions for the Health Scrutiny Committee were also identified in the notes from the group sessions under topics of 'New models of care involving Third sector and technology' and 'Primary Care – how you might do a 'Millom' in Preston'. Numerous references to the STP and the Local Workforce Action Board (LWAB) are also contained within the notes from the group sessions.

Members are therefore asked to ascertain how they feel the Committee can influence and add value to address the challenges relating to the provision of workforce initiatives and projects for the delivery of sustainable, effective health and social care services. The Committee is also asked to determine how it should respond to the actions as identified in the Scrutiny Inquiry report on pages 72 and 74.

(On the 31<sup>st</sup> March 2017, NHS England launched its Next Steps on the NHS Five Year Forward View which introduced Sustainability and Transformation Partnerships (STP). The Scrutiny Inquiry event report at Appendix A was produced prior to this and was in reference to the STP as a Plan.

NHS England has created a 'Understanding NHS jargon' webpage and is available here: <https://www.england.nhs.uk/participation/resources/involvejargon/> )

## **Consultations**

N/A

## **Implications:**

This item has the following implications, as indicated:

## **Risk management**

This report has no significant risk management 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



# STP workforce event

9 March 2017 – County Hall, Preston

## **Background**

How we're making a difference

The development of the Sustainable Transformation Plans (STP) within Lancashire has been part of the work plan of the Health Scrutiny Committee since April 2015 and the ongoing relationship with STP officers has evolved through the implementation of a range of scrutiny methods to inform and involve the members of the Committee. This has included member briefings, formal attendance at Committee, informal meetings with smaller groups of councillors and continual updates on progress and milestones, which have included:

- creation of the initial governance structure
- establishment of a programme team
- Sustainability Assessment Forecast
- Case for Change
- Alignment of Plans
- Development of LDPs

As part of that relationship the Committee have been able to share their views and comments to robustly challenge the 'direction of travel' and contribute to how the Programme should be developed further and this includes a commitment to the formal role of the Committee within the overall STP governance structure.

Although the STP footprint covers three top tier council areas in part and another in part, all partners have come together to engage in meaningful dialogue. It is clear from attendance at regional and national events that the approach taken in Lancashire has led to a far greater role for elected members than elsewhere. Councillors on the committee understand the STP, and have had excellent access to key NHS staff. NHS staff have been open and forthcoming, and have recognised the benefits that have arisen from the increased understanding of a range of members, as well as from the democratic challenge that has been presented to them.

Time has consciously been set aside by the Committee to deal with these long term strategic issues. Too often, scrutiny gets bogged down in the "here and now", especially at a time when in Lancashire and elsewhere the NHS and Adult Social Care have been under pressure and serious strains have shown in the system. Lancashire HOSC has engaged early and often, and have a solid base from which to play a full part in the STPs development.

During the continuous scrutiny of the STP the Committee recognised an opportunity to maximise their influence by creating a mechanism to act as an enabler to bring together key stakeholders to address the challenges relating to the provision of

workforce initiatives and projects and ensure that democratic accountability is built into the overall new models of care design and development.

The most recent activity planned was a half day Scrutiny Inquiry event to bring stakeholders and elected members together to discuss the 'cross-cutting' issue of workforce in the delivery of sustainable, effective health and social care services.

This decision was welcomed and supported by the STP Programme team and the Council's management team as an innovative approach to bringing together councillors and officers with the aim of seeking a strategic solution in a transparent and inclusive manner with the ultimate aim of improving the overall health and social care provision for the residents of Lancashire and South Cumbria.

All the individual work streams within the STP and Local Delivery Plans (LDP) are dependent on a multi-skilled and flexible workforce that meets the needs of the population. Those work streams are:

- Prevention;
- Primary Care Transformation;
- Regulated Care Sector;
- Urgent and Emergency Care;
- Acute and Specialised;
- Children and Young People Mental Health;
- Learning Disabilities; and
- Mental Health Transformation

The organisations invited to the workforce event were:

- County Councillors
- District councillors
- Heads of Service – Lancashire County Council
- Clinical Commissioning Groups
- Acute Trusts
- Ambulance Trust
- Health Education North West
- Registered Care Home Managers
- Unions
- NHS England
- STP Programme Team

## **Introduction**

On the day delegates received a presentation from Heather Tierney-Moore, Chief Executive of Lancashire Care NHS Foundation Trust and the Senior Responsible Officer for Leadership and Organisational Development within the Lancashire & South Cumbria STP.

The presentation provided crucial context to the challenges relating to a health and social care workforce and identified a number of themes that are being worked through as part of the ongoing development of the STP and Local Delivery Plans.

To deliver the aspirations of the STP requires the health and social care workforce to work in an integrated and synergised way via the new and existing models of care and across integrated and transformed pathways. A number of key factors need to be determined to achieve this such as:-

- Understanding the current and future workforce challenges
- How to recruit and retain a highly skilled workforce and their family
- Understanding the supply of the current and new workforce including what roles are required
- Understanding the impact of the Comprehensive Spending Review on Health Education Funding

Statistical information shared raised several factors in relation to gaps, shortages and vacancies which included:-

- The historical gap in funding that translates into gaps in recruitment – both within the health and the social care sectors
- Impact on the number of trainees across specialities
- Capacity issues of under-graduates trainees entering programmes
- Access to further workforce development
- Heavy reliance on bank, agency, locum and good will of existing workforce
- Gaps across specialities such as emergency care, psychiatry, acute medical and GPs

Additionally, other key themes emerged that require innovative solutions to be developed across the STP:

- Current workforce demographics – age, sickness, turnover and location
- Rotation and learning opportunities
- Time taken to recruit and support available to staff
- Unknown impact of Brexit
- Royal Colleges and GMC influence
- Adverse media stories – Chorley and Morecambe Bay
- Pressures in the system and achievement of targets
- Financial stability

The presentation concluded by identifying a number of opportunities:-

- Apprenticeship Levy
- Maximising every recruitment opportunity
- Learning from New Models of Care
- Enabling a flexible workforce
- Retaining and rewarding the workforce
- Getting fair share of extra medical trainees

Following on from the presentation delegates separated into one of the following six thematic groups

There will be 6 workshop groups in total looking at the following areas:

<b>Table</b>	<b>Topic</b>	<b>Facilitators</b>
1	Public sector wide opportunities	Louise Giles Mark Wardman
2	New models of care involving Third sector and technology	Peter Tinson
3	Primary Care – how you might do a 'Millom' in Preston	Karen Kyle Gertie Nicphilib David Wilkinson
4	Care home and domiciliary care sustainability	Jackie Hanson Adele Thornburn
5	Pan public sector Apprenticeship levy opportunities	Karen Swindley
6	Attracting high end professionals into Lancashire/South Cumbria	Mike Burgess

Some brief questions were provided to facilitate the group discussions

### **Challenges & Opportunities**

- What are the issues relating to the challenges locally and what could work including, if relevant, examples of what best practice (either within Lancashire or elsewhere).
- What would the ideal workforce solution look like
  - What is achievable?
  - How do we make the most of what we've got?

### **From Here to There**

- How do we get from where we are to where we want to be?
- What actions need to be identified
  - For the STP/LDP officers
  - For the Health Scrutiny Committee (in terms of where they can add value/influence)



## Key Learning Points:-

### Public sector wide opportunities

- No focus on early intervention – different perceptions
- Perverse commissioning
- Flexible employment required – reduction in agency spend
- Look at function, not form
- Multi skilled workforce locality based

### New models of care involving Third sector and technology

- Risk of losing specialism/knowledge depending on model/skill set
- Uncoordinated approach to telecare, telehealth, assistive technology, mainstream technology and apps
- Duplication across some services –
  - MDT v Social Care
- A joint corporate agreement about the approach and governance
- An agreed dataset for evaluating benefits – health and social care

### Primary Care – how you might do a 'Millom' in Preston

- Differential pay scales in GP practices
- Forum to bring Primary Care together to understand issues
- Patient records – sharing access Health and social care
- What are the high level things that will work anywhere?

### Care home and domiciliary care sustainability

- Vulnerability - Significant number of small independent care homes, and many domiciliary providers have less than 10 employees. Clear link between Leadership, quality and staff retention
- Make them an integral part of the community
- Incentivise nursing homes to deliver nursing care to residential care clients
- Value the skills and experiences of staff
- Improve positive image and media about the sector

### Pan public sector Apprenticeship levy opportunities

- Maximising the use of the levy for new and existing staff
- Development of new apprentice programmes as new roles are developed across the system and across organisations
- Need to understand the model of service delivery to identify staff development needs
- Use apprenticeships to develop new roles quickly across the system
- Levy payers being providers to maximise the return on the levy

### Attracting high end professionals into Lancashire/South Cumbria

- Focus on Recruitment and Retention within the economy and ensure we have processes in place to – nurture, 'spot' talent, and ensure we recruit and retain.
- Maximise the opportunities and local links and ties with our fantastic education and health and care organisations – e.g. UCLAN, Lancaster, Royal Preston Infirmary, Lancashire Teaching Trust, East Lancashire, HEI's Uni's

- Need to develop the L&SC 'Brand' – we can then use this to attract professionals/families to the professional jobs within the economy via one accessible website that includes information about schools, leisure, housing, opportunities, networks, place, assets and more.
- Enhancing the “Core skills passport” for foundation trainees but all other health and care professionals would be a good step in the right direction to enable people to stay and develop within the economy.
- Succession Planning and talent management are key

### **Shared commitments**

The aim of the workforce Scrutiny Inquiry event was to deepen elected members knowledge and understanding of the current and future challenges, explore options and identify where they can 'add value' to solution design. The challenges of the geography of Lancashire and South Cumbria combined with a diverse population and a myriad of organisations who either commission, deliver or sign post health and social care services within the public, private and third sector require an innovative approach.

Following the discussion within the thematic groups a number of shared commitments were suggested as a way forward.

- i. Ensure communication across all sectors takes place to facilitate a greater understanding of the workforce opportunities and challenges
- ii. Have an oversight of the 5 Local delivery Plans to identify any inconsistencies
- iii. Share best practice and experiences
- iv. Be clear about spheres of influence – consider how partners can complement and collaborate with each other
- v. Promote the benefits of integrated health and social care – improve the 'caring' profile through good media practices
- vi. Tackle governance issues
- vii. Ensure the vision is truly sustainable and flexible for the future
- viii. Maximise all opportunities across all sectors to develop multi sector opportunities for recruitment at all levels
- ix. Make the best use of existing skills and pathways
- x. Consider how incentives could be utilised

## Conclusion

Over 50 delegates attended and took part in the event which concluded with networking opportunities for officers and councillors. Feedback was sought and comments included:-

"Group sessions were interesting"

*County Councillor*

"Great overview of workforce challenges"

*Officer*

"Ideas and actions were enthusiastically generated"

*Officer*

"Thought provoking....I'm glad I attended"

*District Councillor*

A number of appendices are attached for further information

- Copy of presentation by Heather Tierney-Moore
- Full notes from the group sessions
- List of attendees
- Programme for the day
- High end workforce framework
- Presentation from Mike Burgess (HENW)



# **L&SC STP Workforce Overview**

## **Scrutiny Event**

**9<sup>th</sup> March 2017**

**Heather Tierney-Moore**

CEO Lancashire Care NHS Foundation Trust  
SRO for Leadership and OD for the L&SC STP



# Context

- STP requires significant change in health and care workforce
- Understand current and future challenges
- Recruitment and retention
- Supply and development
- Funding changes
- NHS, Primary Care, Local Authority, Third Sector, Independent

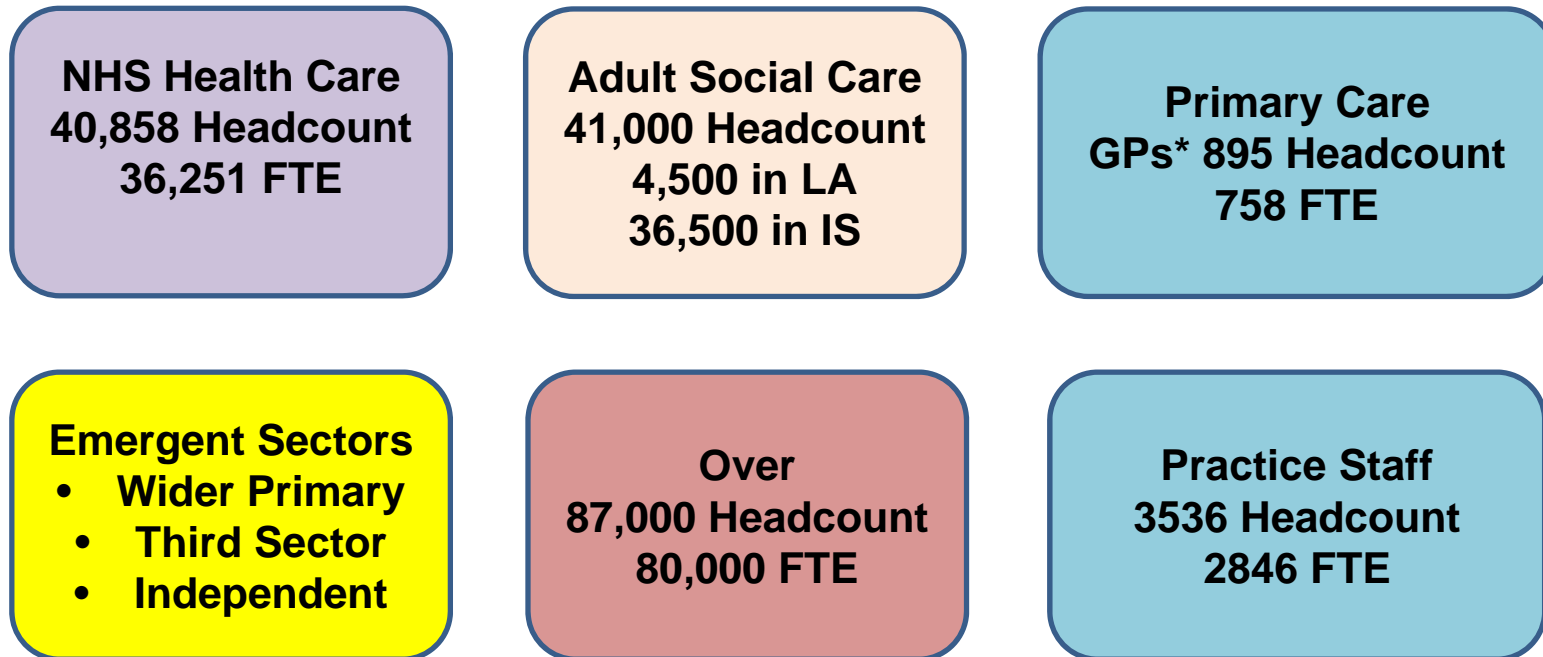
# Specific Themes

- Current size and shape of the workforce
- Specific L&SC Challenges (Historical, current and future)
- Workforce Demographic Profiling Challenges
- Factors influencing recruitment and retention
- Opportunities
- L&SC workforce priorities



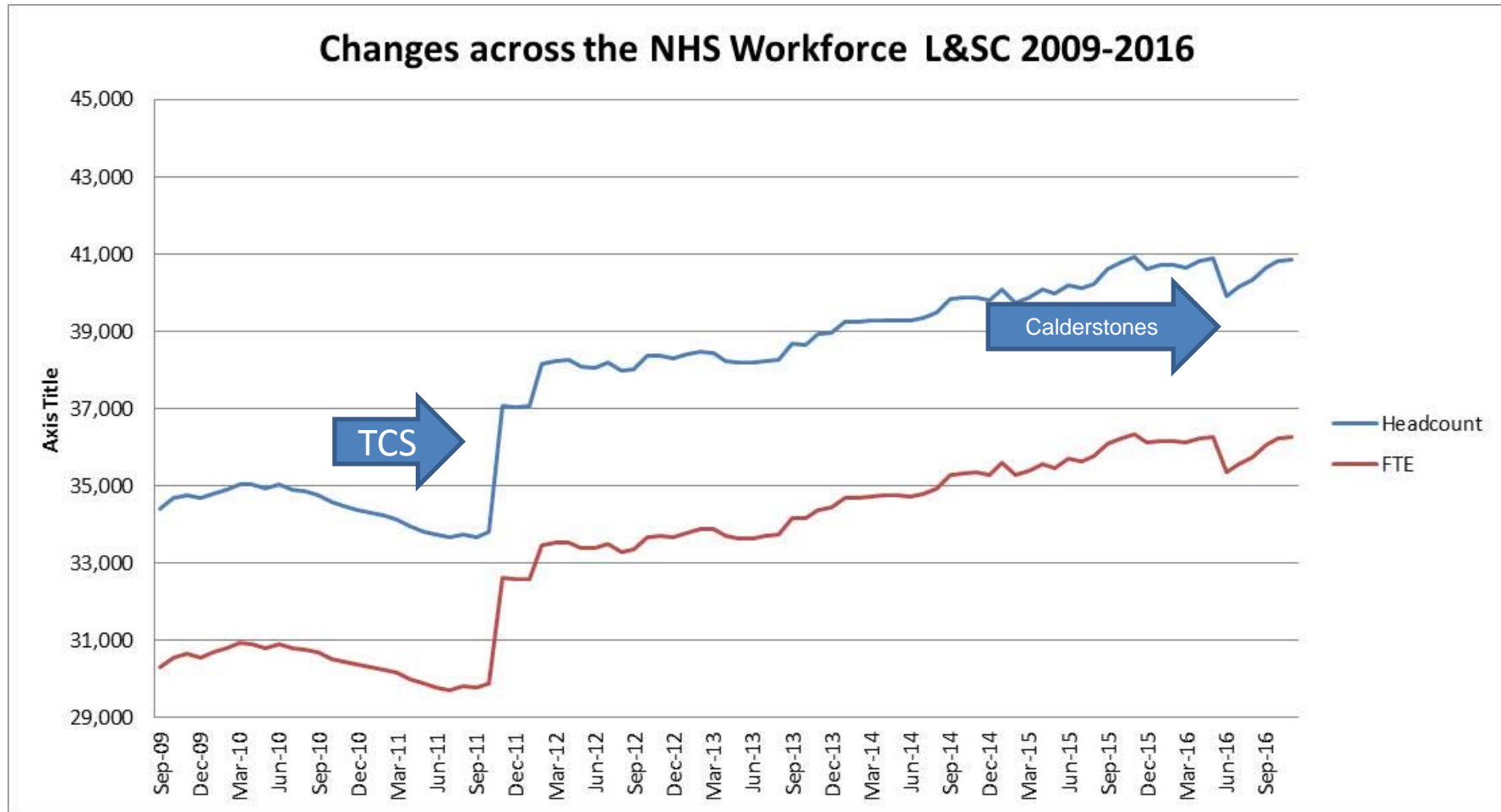
# Workforce across the L&SC STP

## Size and shape of L&SC workforce





# Changes across the NHS Workforce



# Gaps, shortages and vacancies

- Historical patterns – link to finance
- Trainee numbers
- Capacity for training
- Recruitment of newly qualified
- CPD
- Lack of headroom

# Gaps, shortages and vacancies

## NHS Healthcare

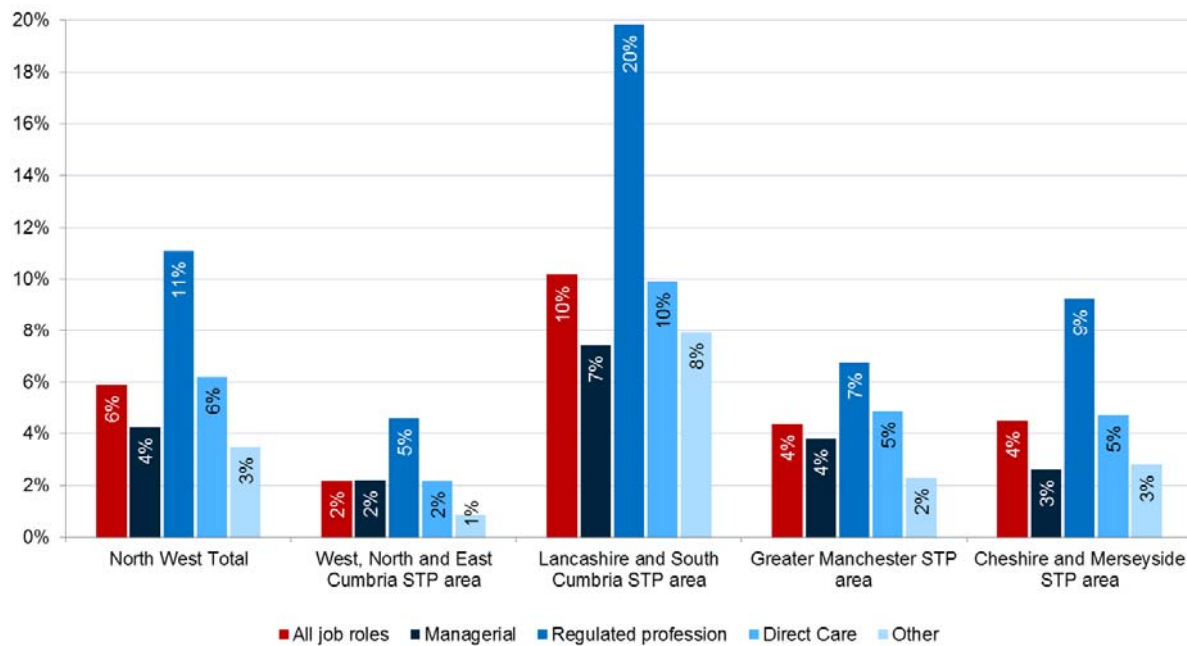
- Current vacancies
- NWAS have 200 FTE paramedic vacancies (6%)

	<b>L&amp;SC</b>
<b>All Non-Medical</b>	<b>4.8%</b>
Clinical	4.3%
Registered Nursing, Midwifery and Health visiting staff	6.8%
School Nursing	3.4%
Qualified Scientific, Therapeutic and Technical Staff	2.8%
Clinical Psychology	2.5%
Non-Clinical	7.3%
<b>Medical &amp; Dental</b>	<b>18.8%</b>

# Gaps, shortages and vacancies

## Adult Social Care

Graph represents the scale of the vacancy challenge compared to other areas within the North West



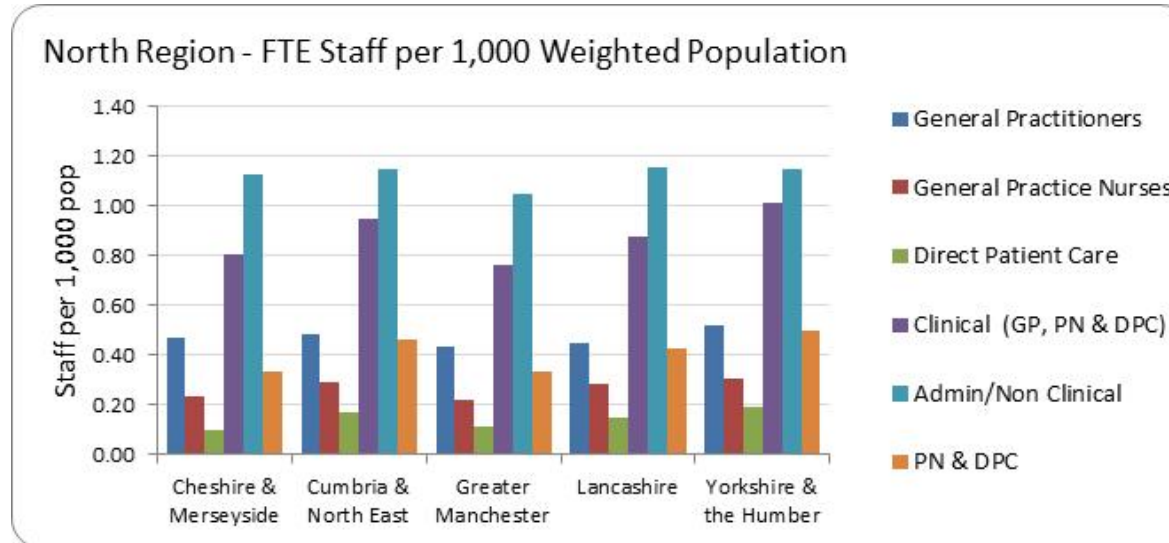
# Gaps, shortages and vacancies

## Primary Care (General Practice and Wider)

- High vacancies across some sectors
- Struggle to attract trainees even with incentives
- Practices closing due to retirements, ill health or unable to cope with demand. Evidence around vacancies in practice nursing, managers and staff
- Difficulties recruiting in some areas
- Practices federating towards ICC for survival

# Workforce

## Primary Care (General Practice and Wider)



North Region STPs - GMP FTE Ranking to September 2016	Current % of Workforce
Greater Manchester	15.4%
Cheshire & Merseyside	14.8%
West Yorkshire	14.4%
Lancashire & South Cumbria	9.0%
South Yorkshire & Bassetlaw	8.7%
Northumberland, Tyne & Wear	8.7%
DD&T, Hambleton, Richmondshire & Whitby	7.6%
Coast, Humber & Vale	7.6%
West, North & East Cumbria	2.1%

# Workforce Demographics

- Age profile, gender – similar to national
- Sickiness and absence – higher
- Turnover – high in some groups
- Locations - need to shift

# Factors influencing recruitment in L&SC

**Outcomes of  
the deep  
dives into  
recruitment  
and retention**

- New recruitment supervision, support and engagement
- Rotation opportunities
- Geography and facilities available
- Access to services
- Learning
- Psychology of recruitment and choice
- Gaps on hard wards and clinical areas
- High proportions of agency and IR staff



# Factors influencing recruitment in L&SC

**Policies  
Revalidation  
Pensions  
Bureaucracy  
Indemnity  
Contracts  
Brexit**

- Time taken to recruit
- Availability of job ready workforce
- Opportunities to develop skills and capability
- Impact on pension earnings / retirement ages
- Impact via contracts and indemnity insurance
- Unknown impact of Brexit on current capacity and future capacity
- PESTLE factors
- Royal Colleges and GMC influence
- Training Status

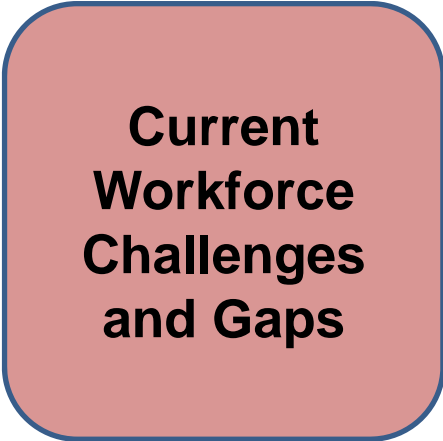
# Factors influencing recruitment in L&SC



**Climate  
Culture  
Reputation  
Demand**

- Media reporting of the NHS in the area around Morecambe and Chorley
- CQC ratings
- NHSE / NHSI ratings
- Pressure in the system
- Financial stability
- Achievements of targets
- Occupational Choice
- Status of the post

# Factors influencing recruitment in L&SC



**Current  
Workforce  
Challenges  
and Gaps**

- Intensity in some areas
- Clinical fragility of some services
- Vacancies and gaps
- Services run on agency, locum and bank
- No head room for personal development
- Burn out
- Proximity to areas of expertise

# Factors influencing recruitment in L&SC

**Geographical  
versus  
Generational  
Future  
Workforce  
Report**

- Location of services to City and motorway
- Generational demands on location
- Access to R&D
- Access to Innovation
- Access to Digital Technology
- Portfolio careers
- Housing and Schools

# Factors influencing recruitment in L&SC

**Core Offer from  
the L&SC  
Economy  
Opportunities**

- What is the brand that recruits are joining in the economy?
- What do they intrinsically and extrinsically get?
- What support packages are available
- What development packages are available
- How can they move around rapidly across sectors

# Local workforce priorities



# Workforce Opportunities

- Workforce opportunities
- Apprenticeship Levy
- Streamlining Programme
- Recruiting and retaining highly skilled
- Learning from new models
- Fair share 1500 new medical undergraduates
- New Simulation Centre and Innovation Campus





Table	Topic	Facilitators
1	Public sector wide opportunities	Louise Giles Mark Wardman
<p>Issues</p> <ul style="list-style-type: none"> <li>• Computer says no</li> <li>• Disempowering people</li> <li>• No focus on early intervention – different perceptions</li> <li>• Communication across all agencies</li> <li>• Information sharing/IG</li> <li>• Procurement – silos, not joined up</li> <li>• Multiple conversations – people passed between services</li> <li>• Silo working – across health and social care</li> <li>• Criteria – not flexible</li> <li>• Not joined up</li> <li>• Voluntary sector – not integrated</li> <li>• Not focused on outcomes/more inputs</li> <li>• Too many meetings</li> <li>• Lack of decision making</li> <li>• Public services not working together</li> <li>• Perverse commissioning</li> </ul> <p>Solutions</p> <ul style="list-style-type: none"> <li>• Multi skilled workforce locality based</li> <li>• Training – links with Uni and colleges</li> <li>• Role of unions</li> <li>• Apprenticeships to create dual role</li> <li>• Look at function, not form</li> <li>• Assessment process/one assessment</li> <li>• Central access point – care co-ordination track patients – one system across the public sector</li> <li>• Education – how do we link in</li> <li>• Engagement with grass roots staff</li> <li>• Flexible employment – reduction in agency spend</li> <li>• Community hub</li> <li>• Taking risks</li> </ul>		

Table	Topic	Facilitators
2	<b>New models of care involving Third sector and technology</b>	<b>Peter Tinson</b>
<p>Challenges</p> <ul style="list-style-type: none"> <li>• Different models across the county – clarity on local authority position in STP and Vanguard</li> <li>• Risk of losing specialism/knowledge depending on model/skill set</li> <li>• Duplication across some services – <ul style="list-style-type: none"> <li>○ MDT v Social Care</li> <li>○ Legislation/Care Act</li> </ul> </li> <li>• Responsible organisation</li> <li>• Governance – delegated responsibility</li> <li>• Started co-ordinating – not delivery</li> <li>• Uncoordinated approach to telecare, telehealth, assistive technology, mainstream technology and apps</li> </ul> <p>How do we get where we want to be</p> <ul style="list-style-type: none"> <li>• A joint corporate agreement about the approach and governance</li> <li>• An agreed dataset for evaluating benefits – health and social care</li> <li>• Evaluation reports for projects that have been happening for longer</li> <li>• Recognition of staff responsibilities and professional standards of respective professions KPIs</li> </ul> <p>Actions for the Health Scrutiny Committee</p> <ul style="list-style-type: none"> <li>• Kept in the loop</li> <li>• An oversight of all the different LDPs and any disparity</li> <li>• What is the impact on workers, what is their feedback</li> </ul>		

Table	Topic	Facilitators
3	Primary Care – how you might do a 'Millom' in Preston	Karen Kyle Gertie Nicphilib David Wilkinson

#### Challenges

- What authority/power do we have to change?
- Challenge in Preston – where are the homogenous communities?
- Differential pay scales in GP practices
- Robbing Peter to pay Paul
- 70% of practices in Preston are single handed GPs
- Local price setting for medics/locum pay
- GP federation opportunities?
- Unintended consequences – Blackpool GPs get incentive payments of £20K
- Chronic undersupply of workforce?
- Engagement of communities who do not or cannot engage?
- Forum to bring Primary Care together to understand issues

#### From Here to There

- What are the high level things that will work anywhere?
- How do we share best practice?
- Public engagement – what is an STP?. What does it matter to me?
- Sort out the governance – ie, Paramedics undertaking injections in Secondary Care
- Patients having multiple blood tests because the system will not recognise each other's results – ie GP/Secondary Care
- Information systems talking to each other
- Patient records – sharing access Health and social care

#### What actions for the STP/LDP officers?

- How could we form a Preston Health Action Group?
- Get the 'influencers' round the table –ie GPs?
- Peer support – from areas that have done it to share experiences /benefits
- To create a network
  - Clinical
  - Communities
- If you identify a problem, pick up the phone
- Use links in the community to get them on board, understand the issues and be part of the solution.
- Be the champion for your community
- Find a way of engaging disparate communities – how do we find a way in.

#### What do officers need to do?

- Engaging communities – identify champions. Eg given: young Eastern European population – who do not engage through normal communications

- Can we identify champions via their employment – ie 50 people working for NWAS
- Find creative ways
- Have an open, honest, transparent conversation with our public/communities
- What if
  - What if all our GPs retire?
  - What if we cannot recruit paramedics?
  - What if our trainee doctors do not get funding in L&SC?

What actions for the Health Scrutiny Committee?

- Where can they influence?
- Role for the H&WB partnership
- To assist single GP practices to come together and support
- Selling the benefits of collaboration
- Mandate bringing GPs together to collectively review the primary care services
- Talk to GPs we are already engaged with to use their influence with others
- Open/honest communications with the public
- Education – clear, simple messages
- Member education for scrutiny committee

Table	Topic	Facilitators
4	<b>Care home and domiciliary care sustainability</b>	<b>Jackie Hanson Adele Thornburn</b>
<ul style="list-style-type: none"> <li>• Reputational balance within health and care sector</li> <li>• Being part of NHS family</li> <li>• Improving communication</li> </ul> <p>Challenges:-</p> <ul style="list-style-type: none"> <li>• Vulnerability - Significant number of small providers with less than 10 employees</li> <li>• Perceived negativity by partner organisations and general public</li> <li>• Difficult to recruit and retain</li> <li>• High turnover of managers</li> <li>• Clear link between Leadership, quality and staff retention</li> <li>• Losing nursing homes because of difficulties in above and access to education, professional peer support, revalidation etc.</li> <li>• Issues particular to domiciliary providers: <ul style="list-style-type: none"> <li>○ Very small businesses</li> <li>○ Staffing logistics problematic</li> <li>○ Issues re lone working &amp; Staff safety</li> <li>○ Monitoring quality</li> <li>○ Customer choice re staff, “fit” –in their own home</li> </ul> </li> <li>• Need to promote good media practice</li> <li>• Technology –</li> <li>• Peer support</li> <li>• Exit interviews, why are people leaving, where are they going?</li> <li>• Image/Kudos/Pride</li> <li>• Improve 'caring' profile</li> <li>• Graduate trainees – grow your own</li> <li>• Prince's Trust placements in care sector (Pendle)</li> <li>• School work experience placements</li> <li>• Borough Councils link in with local Dementia Champions</li> <li>• 'Adopting' a care home by local schools</li> <li>• Care homes excess space – how to make most of this</li> <li>• Incentivise nursing homes to deliver nursing care to residential care clients</li> <li>• Governance issues – how do we tackle this locally particularly D/N – nursing home interface</li> <li>• Engage the public – need to take the public with us on our development</li> </ul> <p>From Here to There</p> <ul style="list-style-type: none"> <li>• Supportive neighbourhood teams. Ownership – shared outcome measures</li> <li>• Key message for success from Kings fund:- <ul style="list-style-type: none"> <li>○ Develop relational working with professionals –GP, district nursing and others</li> <li>○ Education and training for care staff</li> <li>○ Leadership development</li> <li>○ Planning development needs to consider impact on public services –</li> </ul> </li> </ul>		

to support and increase staff and facilities to meet needs

- Public awareness of STP development
- Community involvement integral
- Buy Facebook advertising to support and share good news stories
- Local media – share personal stories
- Use more 'My Home Life'
- Open Day events
- Shared experience – linked to school Opening the doors of care homes to make more community focused
- Integral part of the community
- Links with other community activities
- Joined up commissioning to deliver individual-centred care
- Make most effective use of workforce
- Reduce duplication
- Develop collaborative mutually beneficial partnerships
- Overcome governance and contracting issues around delegation of care across organisations
- Enhance carer's skills
- Joint education
- Sharing experiences and peer support
- Valuing skills and experiences
- Ambassadors to champion the care sector in other sectors – frailty consultants, lead GPSI, councillors etc.
- NHS involved/consulted in large planning applications – re impact on local services.

Table	Topic	Facilitators
5	Pan public sector Apprenticeship levy opportunities	Karen Swindley
<p>Workforce</p> <ul style="list-style-type: none"> <li>• System care co-ordination</li> <li>• Awareness of services</li> <li>• Succession planning and CPD</li> <li>• Multi-skilling – MECC</li> <li>• New roles – dual roles, apprenticeship levy</li> <li>• Competency assessment – wildcard skills, skills passports</li> <li>• TUPE and contract letting</li> <li>• Money – profit and non-profit</li> <li>• Maximising the use of the levy for new and existing staff</li> <li>• Development of new apprentice programmes as new roles are developed across the system and across organisations</li> <li>• Need to understand the model of service delivery to identify staff development needs</li> <li>• Use apprenticeships to develop new roles quickly across the system</li> <li>• Levy payers being providers to maximise the return on the levy</li> <li>•</li> </ul> <p>Vision</p> <ul style="list-style-type: none"> <li>• Sustainable</li> <li>• Look at the whole person – person centred</li> <li>• Joined up and integrated</li> <li>• Bottom up approach</li> <li>• Skills audit</li> <li>• Workforce engagement/trade union role involvement</li> <li>• Be effective</li> <li>• Collective joined up vision across public sector and plan</li> <li>• We will not always get it right</li> <li>• Need a list of providers across all public sectors</li> </ul>		

Table	Topic	Facilitators
6	<b>Attracting high end professionals into Lancashire/South Cumbria</b>	<b>Mike Burgess</b>
<ul style="list-style-type: none"> <li>• We need to really focus on Recruitment and Retention within the economy and ensure we have processes in place to – nurture, 'spot' talent, and ensure we recruit and retain and perhaps we can do this via an L&amp;SC workforce academy? / Collaborative. It might be useful to take the learning from the pending GM collaborative – see vision at the end of these notes.</li> <li>• Reintroduce NHS bursaries and tuition fees across L&amp;SC (Discussion around that this should be driven and supported locally by L&amp;SC STP) – Use a commercial partner approach where students “sign up” to a legally binding agreement, they receive the fees and bursary award in a staged manner – they work / stay / live in the local area and lay down roots then we can retain folk. There is scope to achieve this via the L&amp;SC STP / LWAB and may be pilot it in the first instance.</li> <li>• Maximise the opportunities and local links and ties with our fantastic education and health and care organisations – e.g. UCLAN, Lancaster Royal Preston Infirmary, Lancaster Teaching Trust, East Lancashire HEI's Uni's</li> <li>• What is the STP / LWAB 'offer' to employees in health and care how can this be cross organisational, cross footprint, cross sector and what Incentives? – locally based are there to recruit, retain and grow the high end professional workforce but also allow succession planning and the implementation of talent management</li> <li>• Why is the L&amp;SC economy not attracting the numbers and calibre of medical students to join training posts in general practice and some other medical specialities? We need to rapidly address the reasons with the HEIs / system, we need to support the system to recruit, retain, stay, grow, bring families and encourage portfolio careers. We need to ensure the practices get continuous training places for sustainability and that enhanced training practices grow and develop and work with the medical schools to achieve this.</li> <li>• Greater Manchester have a new multi-sector website for advertising “high end jobs”! coupled with a Leadership Challenge Group to ensure consistency and that</li> <li>• We need to develop the L&amp;SC 'Brand' – we can then use this to attract professionals/families to the professional jobs within the economy via one accessible website that includes information about schools, leisure, housing, opportunities, networks, place, assets and more.</li> <li>• CCGs should be encouraging knowledge network federated practices – with joint posts for GP trainees and newly qualified GPs to give Portfolio opportunities (2 day job + 3 day job) working in practice and the CCG to give the broad church of experience. Evidence shows that this is excellent for retaining newly qualified GPs.</li> <li>• Re-introduce the “Hospital Alumni” – people who have the empathy and can offer the continuity of health and care in and out of hospitals</li> </ul>		



- Maximise the opportunities that can come from Value based recruitment. HEIs utilise the process for recruiting both undergraduate and postgraduate professionals onto programmes.
- Enhancing the “Core skills passport” for foundation trainees but all other health and care professionals would be a good step in the right direction to enable people to stay and develop within the economy.

On a wider note – we need to continue the system discussions around hospital / primary care around contracts, payment, remuneration, pensions, terms and conditions, indemnity, legislation, registration, business risks and opportunities to find some equity. New employment models may be a solution.

- Actions – job swap clinicians – via the STP / LWAB
- Set up a “Job/careers website” – across LCC / Local / NHS / CCGs with some STP/Scrutiny to ensure quality covering
  - Jobs
  - Location
  - Education
  - Leisure
  - Links/network
  - 'one' workforce
  - Live
- Succession Planning and talent management are key – we should be doing the GM 100 leadership across L&SC with the NWLA / NW employers to develop the leaders in the L&S brand / vision / to attract, retain and grow people and families in the patch.
- Training and development opportunities
- Chances to go outside of normal practice and try something different / new / enhancing / developmental
- Health and Care need to work together to offer portfolio opportunities across providers
- The LMC need to back the proposals for primary care and support
- Develop the recruit, retain and grow Framework for L&SC for high end professionals via the LCC, NHS, NWLA, HEIs
- Learning/Training around the professions in schools and the new pending simulation centre at Chorley
- We need to find the Marketing Unique Selling Point (USP) for Influencing Economies to act.
- We can use the Communications and Engagement (ICE) vehicle from the Lancashire and South Cumbria Change Programme – now hosted by the local CSU around Involvement, Communication and Engagement. We can focus attention around the issues of:
  - Branding for the L&SC brand
  - Generational issues for x, y, millennial, baby boomers
  - Schools – need to be engaged to develop and feed into the professional workforce and advertise the career opportunities – there are over 300 different roles within the NHS and more across care and wider sectors/
  - Housing – where are the best places to live?
  - Links to journals, networks, sign posts
  - Issues/hooks

- Neil Greaves – L&SC communications as outlined above

Focus in on other policies

Return to practice / Return to the economy

Working longer review – NHS Employers about working longer but not necessarily the same job

People skills – in place based settings and maximising local assets.

Social care – what more can it offer?

Use HEI's linkages

- Local bursaries and incentives for L&SC STP/LDP/HEE – 5C
- Skills and competency pathways
- Prevention and integration
- Red Cross – practical skills to access E&T – maximise different opportunities in other third sectors and act as gateways for widening participation across social mobilisation factors. Economies of scale working as one and the sum of the synergistic parts
- Innovative – Apprenticeships – Higher (HEE/STP)

<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
Barbara Ashworth	Councillor	Rossendale
Lorraine Beavers	Councillor	LCC
Damian Gallagher	Officer	LCFT
Gary Halsall	Officer	LCC
Jackie Hanson	Officer	ELCCG
Heather Tierney-Moore	Officer	LCFT
Nikki Hennessy	Councillor	LCC
Yousuf Motala	Councillor	LCC
Stasia Osiowy	Officer	LCC
Mike Burgess	Officer	HENW
Emma Harrison	Officer	LTHT
John Caine	Officer	WLCCG
Sue Pryn	Councillor	LCC
Cynthia Dereli	Councillor	LCC
Jenny Martin	Officer	Unison
Bill Winlow	Councillor	LCC
Louise Giles	Officer	LTHT
Gina Dowding	Councillor	LCC
Peter Tinson	Officer	FWCCG
Alison Taylor	Officer	FWCCG
David Rigby	Officer	NWAS
David Wilkinson	Officer	UHMBT
Karen Kyle	Officer	UHMBT
Gertie Nicphilib	Officer	UHMBT
Lizzie Collinge	Councillor	LCC
Wendy Broadley	Officer	LCC
Garth Harbison	Officer	LCC
Roy Leeming	Councillor	Preston
Mick Titherington	Councillor	South Ribble
Gill Milward	Officer	LCC
David Smith	Councillor	LCC
Nigel Sanderson	Officer	LCC
Margaret Brindle	Councillor	LCC
Steve Holgate	Councillor	LCC
Lucy Atkinson	Officer	STP team
Gill Reynolds	Officer	Care Home
Charlotte Hammond	Officer	LCC
Wayne Blackburn	Councillor	Pendle
Matthew Tomlinson	Councillor	LCC
Mark Wardman	Officer	LCFT
Karen Swindley	Officer	LTHT
Adele Thornburn	Officer	ELCCG
Jane Cass	Officer	NHSE
Kevin Moynes	Officer	ELHT
Carl Crompton	Councillor	LCC
Liz Wilde	Officer	LCC
Anne Cheetham	Councillor	LCC
Mike Kirby	Officer	LCC
Sue Proctor	Officer	LCC
Sarah Seed	Officer	LCC



**Scrutiny Inquiry Event – Sustainability & Transformation Plans (STP)**  
**workforce**  
**Thursday 9 March**  
**Cabinet Room A & Assembly Hall, County Hall, Preston.**

<b>Agenda</b>		
9.30 – 9.45	Coffee & registration	All (Assembly Hall)
9.45 – 10.00	Introduction by the Chair of the Health Scrutiny Committee <ul style="list-style-type: none"> <li>• Purpose of the event</li> <li>• Method of engagement</li> </ul>	CC Steve Holgate (Cabinet Room A)
10.00 – 10.45	Scene setting explanation of the national and local challenges relating to recruiting and maintaining skilled and flexible workforce	Heather Tierney-Moore, Chief Executive of Lancashire Care Foundation Trust (Cabinet Room A)
10.45 – 11.30	Workshop 1 – Challenges & Opportunities	All (Assembly Hall, Tables 1-6)
<b>Coffee break – Assembly Hall</b>		
11.45 – 12.30	Workshop 2 – From Here to There	All (Assembly Hall, Tables 1-6)
12.30 – 12.45	Next steps – how feedback will be provided	Wendy Broadley (Cabinet Room A)
<b>Networking lunch – Assembly Hall</b>		

There will be 6 workshop groups in total looking at the following areas:

<b>Table</b>	<b>Topic</b>	<b>Facilitators</b>
1	Public sector wide opportunities	Louise Giles Mark Wardman
2	New models of care involving Third sector and technology	Peter Tinson
3	Primary Care – how you might do a 'Millom' in Preston	Karen Kyle Gertie Nicphilib David Wilkinson
4	Care home and domiciliary care sustainability	Jackie Hanson Jane Brennan
5	Pan public sector Apprenticeship levy opportunities	Karen Swindley
6	Attracting high end professionals into Lancashire/South Cumbria	Mike Burgess

## **Objectives of the event**

The aim of the workforce Scrutiny Inquiry event is to deepen elected members knowledge and understanding of the current and future challenges, explore options and identify where they can 'add value' to solution design. The challenges of the geography of Lancashire and South Cumbria combined with a diverse population and a myriad of organisations who either deliver or sign post health and social care services within the public, private and third sector require an innovative approach.

In November 2016, Healthier Lancashire & South Cumbria published its plan to help make people in the area healthier, to enhance care quality across the region and to put health and care services on a sustainable footing.

The Sustainability and Transformation Plan (STP) reaffirms the need for health and care organisations to work together to transform services and the way people use and access them.

The STP is made up of Local Development Plans (LDPs) across five areas

- Our Health, Our Care – Central Lancashire
- Building for the Future – West Lancashire
- Together, a healthier future – Pennine Lancashire
- Your Care, Our Priority – Fylde Coast
- Better Care Together – Bay Health Partners

Working together to transform services, the Healthier Lancashire and South Cumbria programme will:

- Tackle life expectancy inequality; improving the area's health by making it easier to get expert advice, access free healthy-living and support schemes.
- Improve the way that care is planned and delivered in the region in a more person-centred and coordinated way; bringing help closer to people's homes and using technology to empower and improve the quality of care people receive.
- Relieve the financial pressures on our local NHS by doing things more efficiently; such as avoiding duplication, waste and providing the most clinically effective interventions at the most appropriate time, place and way.
- Encourage and support people to take their health more seriously and assume greater responsibility for their own good health.
- Develop robust integrated care services across Lancashire and South Cumbria that are based in local communities and reduce the over reliance on acute hospital-based services.
- Create a multi-skilled, flexible and responsive workforce with great development prospects.
- Enhance the role of the third sector to support mainstream services
- Establish joint system leadership across Lancashire's entire health and social care environment.

### **Workshop 1 (10:45 – 11:30) - Challenges & Opportunities**

- What are the issues relating to the challenges locally and what could work including, if relevant, examples of what best practice (either within Lancashire or elsewhere).
- What would the ideal workforce solution look like
  - What is achievable?
  - How do we make the most of what we've got?

### **Workshop 2 (11:45 – 12:30) – From Here to There**

- How do we get from where we are to where we want to be?
- What actions need to be identified
  - For the STP/LDP officers
  - For the Health Scrutiny Committee (in terms of where they can add value/influence)






## L&SC Scrutiny Event

9<sup>th</sup> March 2017

Discussion topic – “Attracting the high end workforce”

Working in collaboration, with connectivity and synergy across the sectors to attract and recruit the “high end workforce” and retain their family and wider and networks.

<b>Recruitment and Retention Challenges</b>	<p>The L&amp;SC LWAB and focus on the four priority areas</p> <p>GP recruitment and retention - incentivising</p> <p>GP FYFV Initiatives</p> <p>Health and Social Care joint opportunities (Blackpool and others)</p> <p>Executive Head hunting / Coaching / Mentoring</p> <p>Other Career Opportunities for spouses / partners and families</p> <p>Seamless transition between employers – reduce red-tape and bureaucracy</p> <p>Exploratory opportunities – what can L&amp;SC offer as workforce experience, secondment, try before you buy / re-locate / executive success stories</p> <p>Portfolio Careers (Future workforce report and the what trainees / newly qualified professionals wants)</p> <p>One contract, one check, one DBS, one Occupation Health, one induction and one skills and competency passport to work across L&amp;SC Sectors</p> <p>Key sectors – what opportunities are available in finance, technology, genomics, enterprise, innovation, BAE systems sector and where are they advertised for ease of reference?</p> <p>Creating the “Made in Lancashire and South Cumbria” brand for high-end professionals</p> <p>IPSOS survey for Future Workforce – details the psychographics (attitudes, interests and opinions), informed learning and appreciative enquiry of the existing professional workforce and why they chose L&amp;SC and their career path</p>
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	<p>Maximising the 1500 extra medical student opportunities with the local HEIs and HEFCE funding</p> <p>Underpinning the ethos - We do not recruit a person, we recruit and retain a family for generations</p> <p>Using technology – web apps / phone apps / device apps / intuitive and easy to navigate that market the area</p> <p>Transformation opportunities (STAR Tool)          New roles – Physician Associates, Medical Assistants, Nursing Associates and Health Care Navigators          Enhanced Training Practices and Hubs</p> 
<p><b>Tourism and Leisure Challenges</b></p>	<ul style="list-style-type: none"> <li>• Attractions and wider environments</li> <li>• Visit Lancashire website</li> <li>• Leisure opportunities</li> <li>• Sports opportunities</li> <li>• Adrenaline opportunities</li> <li>• History</li> <li>• Tourism</li> <li>• Events</li> <li>• Heritage</li> <li>• Culture</li> <li>• Programmes</li> <li>• Communities</li> <li>• Assets</li> <li>• Rural, Coastal, Historical and Metropolitan</li> <li>• Quirkiness</li> </ul>
<p><b>Housing</b></p>	<ul style="list-style-type: none"> <li>• High end housing</li> <li>• Spectrum of housing that is available</li> </ul>

	<ul style="list-style-type: none"> <li>• Investment opportunities</li> <li>• Motorways and access</li> <li>• Accessibility to other geographies</li> <li>• Brochures / Easy signposting</li> <li>• Up and coming areas</li> <li>• Lifestyles enrichment communities</li> <li>• Creating the web resource / packs for anyone coming to the L&amp;SC in search of high-end professional employment</li> <li>• Support available</li> <li>• Access to fast-track mortgages</li> </ul>
<p><b>Education and Schools and facilities</b></p>	<ul style="list-style-type: none"> <li>• High end schools – Grammar / Academies / Comprehensive</li> <li>• Fee paying / non-fee paying</li> <li>• Ofsted ratings</li> <li>• Facilities available</li> <li>• How to get places at the school / priority lists / postcodes / feeder schools</li> <li>• Catchment areas</li> <li>• HEI / FEI opportunities</li> <li>• Apprenticeships</li> <li>• Vocational Learning</li> <li>• School engagement</li> <li>• LTTT simulation Centre</li> <li>• Excellent reputation of UCLAN and Lancaster Universities and their pioneering approach to innovation</li> </ul>
<p><b>Credibility / reputation of the wider system</b></p>	<ul style="list-style-type: none"> <li>• Carter top trusts</li> <li>• CQC / NHSI ratings</li> <li>• Financial ratings</li> <li>• Council reputations</li> <li>• Unique Selling Points</li> <li>• Board reports / views of Governors / Public Committees</li> <li>• City / Rural</li> <li>• Coastal</li> <li>• Digital Test Bed</li> <li>• Job Opportunities</li> <li>• Success</li> <li>• New builds – the Harbour, East Lancs, Blackpool, and Preston.</li> <li>• Cutting edge – robotic technology at East Lancashire Trust</li> <li>• Enabling new roles through culture, OD, Leadership, Behaviour, Values</li> <li>• Gateway to the Pennines / Lakes / Ribble Valley / Tolkien Trails, Towers, National Trust etc.</li> <li>• Excellent education and training opportunities</li> <li>• High quality medical and dental education led by a highly</li> </ul>

	<p>respected PGMDE Dean</p> <ul style="list-style-type: none"> <li>• Excellent reputation of NHS provider CEs, CCGs Accountable Officers, ADASS Directors and other senior officials across the L&amp;SC geography</li> </ul>
<b>Best Place to Work</b>	<ul style="list-style-type: none"> <li>• Targeting the generations</li> <li>• Competing with other Metropolitan economies – why train, live and work in L&amp;SC?</li> <li>• Sharing the rewards – intrinsic and extrinsic</li> <li>• Shining beacons / exemplars</li> <li>• Benefits realisation</li> </ul>
<b>Widening Access</b>	<ul style="list-style-type: none"> <li>• Simulation Centre at Chorley</li> <li>• Health Innovation Campus at Lancaster</li> <li>• UCLAN</li> <li>• BLIC</li> <li>• PA Apprenticeship / L&amp;SC apprenticeship strategy</li> <li>• Nurse training and opportunities</li> <li>• Grow your own workforce</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• Vanguard sites</li> <li>• Pioneer sites</li> <li>• Success Regime - learning</li> <li>• R&amp;D</li> <li>• Technological innovation</li> <li>• Digital Test Bed</li> <li>• Audit and Research</li> <li>• Access to networks – AHSN, Innovation, AQUA, NWLA, NHS Employers, LGA, LMC and more.</li> <li>• Access to think tanks and solutions</li> <li>• Sphere of influence</li> <li>• Potential devolution area</li> </ul>

## Theory

### Marketing



Businesses can improve their ability to attract, retain and improve productivity by applying the following five-step PRIDE process:

- P - Provide a Positive Working Environment
- R - Recognize, Reward and Reinforce the Right Behaviour
- I - Involve and Engage
- D - Develop Skills and Potential
- E - Evaluate and Measure

**Talent Management Strategies**  
**Professional people psychographics**  
**Occupational and geographical choice**



# L&SC STP Workforce Overview Scrutiny Event

9<sup>th</sup> March 2017

Mike Burgess

Head of Workforce  
Strategy and  
Planning



# Context

## Attracting high end professionals into Lancashire/South Cumbria

- **Workshop 1 (10:45 – 11:30) - Challenges & Opportunities**

What are the issues relating to the challenges locally and what could work including, if relevant, examples of what best practice (either within Lancashire or elsewhere).

- What would the ideal workforce solution look like
  - What is achievable?
  - How do we make the most of what we've got?



# Context

- **Workshop 2 (11:45 – 12:30) – From Here to There**
- How do we get from where we are to where we want to be?
- What actions need to be identified
  - For the STP/LDP officers
  - For the Health Scrutiny Committee (in terms of where they can add value/influence)

# Specific themes

- What challenges L&SC face
- What choices do we need to make?
- What realistic outcomes could we achieve if we act together



# Challenges

## Attracting high end professionals

**Recruitment and Retention**

**Opportunities and Future Proofing**

**Credibility and Reputation**

**Wider Sectors**

**Benefits Realisation**

**Widening Access and Grow your Own**

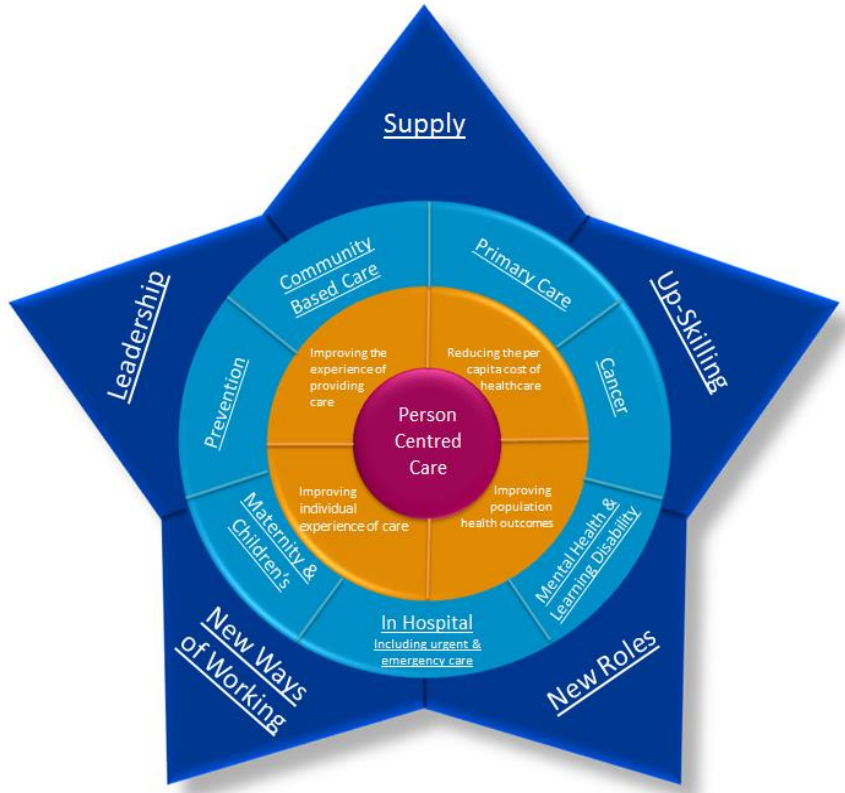
## Recruitment and Retention

- The L&SC LWAB and focus on the four priority areas
- GP recruitment and retention - incentivising
- GP FYFV Initiatives - wider
- Health and Social Care joint opportunities (Blackpool and others)
- Executive Head hunting / Coaching / Mentoring
- Other Career Opportunities for spouses / partners and families
- Seamless transition between employers – reduce red-tape and bureaucracy
- Exploratory opportunities – what can L&SC offer as workforce experience, secondment, try before you buy / re-locate / executive success stories
- Portfolio Careers (Future workforce report and the what trainees / newly qualified professionals wants)
- One contract, one check, one DBS, one Occupation Health, one induction and one skills and competency passport to work across L&SC Sectors
- Key sectors – what opportunities are available in finance, technology, genomics, enterprise, innovation, BAE systems sector and where are they advertised for ease of reference?
- Joint appointment and economy appointments

## Recruitment and Retention

- Creating the “Made in Lancashire and South Cumbria” brand for high-end professionals
- IPSOS survey for Future Workforce – details the psychographics (attitudes, interests and opinions), informed learning and appreciative enquiry of the existing professional workforce and why they chose L&SC and their career path
- Maximising the 1500 extra medical student opportunities with the local HEIs and HEFCE funding
- Underpinning the ethos - We do not recruit a person, we recruit and retain a family for generations
- Using technology – web apps / phone apps / device apps / intuitive and easy to navigate that market the area
- Transformation opportunities (STAR Tool)
- New roles – Physician Associates, Medical Assistants, Nursing Associates and Health Care Navigators
- Enhanced Training Practices and Hubs
- Combined Authority approach (GMCA)
- Place based recruitment
- Asset approaches
- Leadership
- Access to networks

# STAR TOOL



## Opportunities and Future Proofing

- Vanguard sites, Pioneer sites and Success Regime - learning
- R&D opportunities
- Technological innovation and Digital Test Beds
- Audit and Research
- Access to networks – AHSN, Innovation, AQUA, NWLA, NHS Employers, LGA, LMC and more.
- Access to think tanks and solutions
- Sphere of influence
- Potential devolution area
- Creating an economic power house
- Entrepreneurism
- Development Strategies
- Commercial Partners
- Success, stability, place leadership, becoming global, and future focused

## Credibility and Reputation

- Carter top trusts
- CQC / NHSI ratings
- Financial ratings
- Council reputations
- Unique Selling Points
- Board reports / views of Governors / Public Committees
- City / Rural
- Coastal
- Digital Test Bed



## Credibility and Reputation

- Job Opportunities
- Success
- New builds – the Harbour, East Lancs, Blackpool, and Preston.
- Cutting edge – robotic technology at East Lancashire Trust
- Enabling new roles through culture, OD, Leadership, Behaviour, Values
- Gateway to the Pennines / Lakes / Ribble Valley / Tolkien Trails, Towers, National Trust etc.
- Excellent education and training opportunities
- High quality medical and dental education led by a highly respected PGMDE Dean
- Excellent reputation of NHS provider CEs, CCGs Accountable Officers, ADASS Directors and other senior officials across the L&SC geography

## Wider Sectors

- Tourism and Leisure
- Housing
- Education and Training
- Local Authority Support
- Finance
- Digital
- R&D
- Engineering

## Benefits Realisation

- Targeting the generations
- Competing with other Metropolitan economies – why train, live and work in L&SC?
- Sharing the rewards – intrinsic and extrinsic
- Shining beacons / exemplars

Benefits realisation

Rewards

- Earnings
- Prospects
- Security
- Packages
- Competition

## Widening Access and Grow your Own

- Simulation Centre at Chorley
- Health Innovation Campus at Lancaster
- UCLAN
- BLIC
- PA Apprenticeship / L&SC apprenticeship strategy
- Nurse training and opportunities
- Grow your own workforce

## Health Scrutiny Committee

Meeting to be held on Monday, 24 July 2017

Electoral Divisions affected: None
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### Report of the Health Scrutiny Committee Steering Group

Contact for further information:

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

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#### Executive Summary

Overview of matters presented to the Health Scrutiny Steering Group at its first meeting on 4<sup>th</sup> July 2017.

#### 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 functions of the Steering Group are listed below:

- 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 full Committee, with Health Service Trusts and Clinical Commissioning Groups;
- To make proposals to the full 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 full 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 full Committee for information.

The first meeting of the Steering Group was held on Tuesday 4<sup>th</sup> July 2017 and considered the following matters:

**1. Improving health services in Kirkham and Wesham**

Proposals on moving existing primary care and local health services into a new state-of-the-art health facility. Fylde and Wyre Clinical Commissioning Group (CCG) are currently undertaking a public engagement exercise between 26<sup>th</sup> June and 15<sup>th</sup> September 2017. Further information about the proposals can be viewed on the CCGs website:  
<http://www.fyldeandwyreccg.nhs.uk/derbyroad/>

The Steering Group welcomed the proposals.

**2. Proposed new Primary Care front-end at Royal Preston Hospital's Emergency Department and Urgent Care Centre (A&E) – update on joint bid for capital**

It was reported that the joint bid had been successful and that the scheme would be fully funded. Work is due to commence within the next four weeks with a view to complete by October 2017 in readiness for the winter season.

Steering Group welcomed the outcome of the joint bid and requested that a written update be provided in October.

**3. Single handed GP practices: termination of contract in West Lancashire – update from West Lancashire Clinical Commissioning Group (CCG)**

An update was provided to the Steering Group in relation to the short term 'care taker' contract that had been awarded to take on the Viran Medical Practice list (single handed GP) in Tarleton from 3<sup>rd</sup> July 2017 for 12 months. It was confirmed that the CCG was looking to secure permanent arrangements for the patients and would continue to engage with the public. It was noted that the short term contract offered the potential to extend by a further six months should the need arise.

An overview of single handed practices across Lancashire was also provided. It was noted that there was a requirement for GP practices to work at scale serving between 30 and 50k people through the formation of alliances or federations of GP practices sharing services and resources and opportunities.

Steering Group requested regular written updates from the CCG on securing permanent arrangements for patients registered with the Viran Medical Practice.

**Consultations**

N/A

**Implications:**

This item has the following implications, as indicated:

**Risk management**

This report has no significant risk implications.

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

Paper	Date	Contact/Directorate/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A





## Health Scrutiny Committee

Meeting to be held on Monday, 24 July 2017

Electoral Divisions affected: All
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## Health Scrutiny Committee Work Plan 2017/18

(Appendices A, B, C, D and E refer)

Contact for further information:

Gary Halsall, 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

- i. Note and comment on the report;
- ii. Confirm the topic(s) to be considered at the next scheduled meeting on 19 September 2017; and
- iii. Discuss and identify information required for each topic to be considered at the next scheduled meeting.

### 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. 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.

The Committee is asked to confirm the topic(s) to be considered at the next scheduled meeting on 19 September 2017. The Committee is also asked to make suggestions on the information they would like to receive as part of the report.

In addition, the Committee are requested to note and comment on the work plans included for all other Scrutiny Committees as set out in Appendices B through to E (Children's Services, Education, External Services and Internal).

### **Consultations**

N/A

### **Implications:**

This item has the following implications, as indicated:

### **Risk management**

This report has no significant risk implications.

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

Paper	Date	Contact/Directorate/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Heath 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), NWAS, LTHFT.	Overview of pressures and preparations.

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
12 Dec	Mental Health	Care Professional Board* Mental Health**	LCFT tbc	Focus on i. In-patient provision across Lancashire ii. Community mental health; early intervention and prevention
	Suicide Prevention	Care Professional Board* Mental Health**	tbc	To assess suicide prevention plans
23 Jan 2018	Adult Social Care – and Public Health Budget Proposals	-	Tony Pounder, Dr Sakthi Karunanithi and Neil Kissock	Budget proposals from the following Cabinet Members: <ul style="list-style-type: none"> <li>• Graham Gooch – Adult Services</li> <li>• Vivien Taylor – Health and Wellbeing</li> </ul>
	Delayed Transfers of Care	Care Professional Board*	Tony Pounder, LTHFT	Overview and update on DTOC and discharge policies

Date to C'ttee	Report	STP Governance Meeting Workstream*/Priority area**	Lead Officers (including STP SRO)	Outline reasons for scrutiny/scrutiny method
5 March	Public Health - Life expectancy	Care Professional Board* Prevention**	Dr Sakthi Karunanithi	Overview of Life Expectancy, causes, prevention and self-help work, key service issues, challenges and opportunities
	Learning disabilities (Calderstones)	Care Professional Board* Health and social care**, Mental Health**	Mersey Care NHS Foundation Trust	Update on Specialist Learning Disability Services
17 April	Skin cancer awareness	Care Professional Board* Prevention**	Sofiane Rimouche, LTHFT, Dr Sakthi Karunanithi	Raising awareness, prevention

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

- Data sharing
- Dementia awareness
- Care Home Quality

Heath 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. Our Health, Our Care Local Delivery Plan (LDP)</li> <li>ii. Proposal for a Central Lancashire Mental Health Inpatient Unit</li> </ul>	<ul style="list-style-type: none"> <li>i. Jan Ledward, GPCCG + CSRCCG</li> <li>ii. Steve Winterson, LCFT</li> </ul>	<ul style="list-style-type: none"> <li>i. Updates on progress relating to Solution Design Events and the LDP</li> <li>ii. Overview of proposals</li> </ul>
11 Oct	<ul style="list-style-type: none"> <li>i. VirginCare – Community Health and Urgent Care Services Contract</li> <li>ii. Health and Wellbeing Board (HWB) – Update</li> <li>iii. Update on the completion of the new primary care front-end at Royal Preston Hospital</li> </ul>	<ul style="list-style-type: none"> <li>i. Jackie Moran, WLCCG</li> <li>ii. Sakthi Karunanithi, LCC</li> <li>iii. Stephen Gough and David Armstrong, NHS England – Lancashire</li> </ul>	<ul style="list-style-type: none"> <li>i. Update on contract awarded to private provider</li> <li>ii. Update on HWB Partnerships</li> <li>iii. Update – briefing note/attendance at meeting</li> </ul>
15 Nov	<ul style="list-style-type: none"> <li>i. Adult Social Care and Registered Care Managers Network (RCMN)</li> </ul>	<ul style="list-style-type: none"> <li>i. Tony Pounder, LCC and Paul Simic,</li> </ul>	<ul style="list-style-type: none"> <li>i. To receive updates regarding the Health and Social Care Partnership Steering</li> </ul>

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
		LCA	Group and RCMN meetings
6 Dec	i. Better Care Together	i. Morecambe Bay CCG	i. 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).
10 Jan 2018	i. Quality Accounts for Trusts	i. Steering Group and Healthwatch Lancashire	i. To formulate responses to requests from Trusts on their Quality Accounts
7 Feb			
14 Mar			
11 Apr			
16 May			

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Potential topics for Steering Group:

- 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
- Update from NWAS



## Children's Services Scrutiny Committee – Draft Work Plan 2017/18

Date to Committee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
26 July 2017	Wellbeing, Prevention and Early Help Service (WPEHs) – Overview	Debbie Duffell	Overview of WPEHs offers in particular – the early offer and universal services accessibility - identification of any gaps in provision around the Continuum of Need, CAF, children's centres, partnership and integrated working challenges, CAMHS, MASH
6 September 2017	New SEND Pathway	Brendan Lee	Overview
	Medicine management in schools	Brendan Lee	Reviewing the impact of withdrawing School nurses from special schools
	Ofsted feedback	Amanda Hatton	Following monitoring visit in July
18 October 2017	Homelessness of young people	TBC	District level data – who do we pay? Who do we work with? What's the accommodation offer? And links with CAMHS
	Tracking of Care Leavers	Audrey Swann?	Overview of new process
	Youth Accommodation for LAC	TBC	Care leavers and accommodation issues – what's the offer? Is it up to standard?
	LSCB Annual Report – feedback and issues identified	Jane Booth/Victoria Gibson	To note and provide feedback and to identify any areas for review
6 December 2017	Children in secure accommodation – out of area	Sally Allen/David Hynes	Exit strategies and update on Audit exercise
	Children's social worker	Amanda Hatton/Tracy	Update on the ongoing challenges

Children's Services Scrutiny Committee – Draft Work Plan 2017/18

Date to Committee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
	recruitment and retention challenges (strategy and support)	Poole-Nandy	
	Buildings and accommodation for social workers	Tracy Poole-Nandy	Overcrowding, access to IT equipment and lack of desk space for social workers
31 January 2018	New models of delivery (overspend on children's social care)	Amanda Hatton? Neil Kissock	Overview of New Models of Delivery in response to overspend on Children's Services
	Budget proposals	Neil Kissock	Budget Proposals from Susie Charles – Cabinet Member for Children, Young People and Schools
14 March 2018	Criteria for EHCP and the role of Local Moderating Panels	Brendan Lee	Overview of the criteria and the role of Local Moderating Panels
	EHCP progress update	Brendan Lee	Update on progressing with conversions
11 April 2018	Children's Partnership Boards	Clare Platt	Review of the Boards effectiveness and their future
22 May 2018	tbc		

**Children's Services Scrutiny Committee – Draft Work Plan 2017/18**

**Potential topics for the Committee:**

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Education Scrutiny – Draft Work plan 2017/18

Date to Committee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
26 September 2017	Implementation of the School Places Provision Strategy (Basic Need funding and S106 funding)	Mel Ormesher	Overview and update on basic need funding and the allocation of S106 funding
	Summer Born Policy	Debbie Ormerod	Overview on the Policy and Implementation of deferred/delayed places
	School Admissions Appeals	Angela Esslinger and Debbie Ormerod	Report on the effectiveness of the service for parents and schools
	SEND Transport Policy 2013/14	Brendan Lee	Overview on the policy
28 November 2017	Foundation Stage Standards and level of progress through each Key Stage	Steve Belbin	Tracking progression of pupil attainment through the key stages
	GCSE Performance	Steve Belbin	Data report
	LAC Attainment	tbc	Narrowing the gap of attainment
	Elective Home Education	tbc	Overview report on the service, attainment and take up
27 March 2018	Personal Education Plans	tbc	Overview of the process, how they are being progressed and risk management

Potential topics for the Committee:

- TA to teacher career path initiatives

**Education Scrutiny – Draft Work plan 2017/18**

- Recruitment and retention of teachers (support and strategy)
- School attendance – missing from home and education

## External Services Scrutiny – Work plan 2017/18

Date to C'ttee	Report	Lead Officers	Outline reasons for scrutiny/scrutiny method
25 July 2017	Safer Lancashire – Community Safety Partnerships (CSP)	Clare Platt, Debbie Thompson, Angela Harrison, Robert Ruston	Overview report of CSPs across Lancashire and their priority areas for 2017/18
10 October	Franklaw Event – Drinking Water Inspectorate (DWI)* tbc	Sue Pennison, DWI	Report on the Franklaw Water Treatment Works Summer 2015 water contamination event
16 January 2018	Lancashire Enterprise Partnership (LEP) tbc	Martin Kelly	Report on the LEP
24 April	tbc tbc		

\*= Provisional

**Statutory requirements:**

- Crime and Disorder Partnerships/Community Safety Partnerships
- Flooding (flood risk management functions or coastal erosion risk management functions)

**Potential external organisations/topics for the Committee:**

- United Utilities – capacity of sewers, new housing developments, reservoir capacity and chalk streams

Continued...

**External Services Scrutiny – Work plan 2017/18**

- Electricity North West
- Flooding – Lancashire County Council and Environment Agency
- Arriva/Northern Rail – transforming rail in the north
- Lancashire's Universities
- Third sector – One Lancashire
- Local Member Grants
- Bus services
- Partnerships – BTLS, Road Safety, Resilience Forum
- Fire Authority
- Traded services – Travelcare, school catering, Lancashire Teaching Agency, Outdoor Education
- Business rates – new funding formula and the County Council
- Future of Local Government (Lancashire County Council) by 2020



## Internal Scrutiny Committee Draft Work Plan 2017/18

28.6.17

<b>Date to Committee</b>	<b>Report</b>	<b>Lead Officers</b>	<b>Outline reasons for scrutiny/scrutiny method</b>
<b>21 July 2017</b>	LA funding	Steve Browne	To ascertain the funding streams and mechanisms that the County Council is subject to
	RIPA	Ian Young	Annual report of the Regulation of Investigatory Powers Act 2000 activities
<b>22 September 2017</b>	Statutory and non-statutory services	Steve Browne	To also include what the council currently doesn't do but if it did could potentially save money in the future
	Income generation	Steve Browne	Report on the current and potential income streams of the county council
<b>17 November 2017</b>	TAMP	Mel Ormesher	Update
	Winter gritting	tbc	Preparedness
	Highway verges	tbc	Grass cutting
	Street lighting	tbc	Energy spend

<b>19 January 2018</b>	Council budget	tbc	Budget proposals from the following Cabinet Members: <ul style="list-style-type: none"> <li>• Michael Green – Economic Development &amp; Planning</li> <li>• Keith Iddon – Highways and Transport</li> <li>• Peter Buckley – Community &amp; Cultural Services</li> <li>• Leader &amp; Deputy Leader</li> </ul>
<b>16 March 2018</b>	Civil Contingencies	tbc	Information relating to risk
	Emergency resilience	Alan Wilton	Update on the preparedness of the county council
	Libraries	tbc	Update on the progress of the re-opening of libraries
<b>18 May 2018</b>	Economic Development	tbc	Skills and apprenticeships – gaps post 18
	Household Waste Recycling Centres	tbc	Changes and risks Recycling
<b>Other topics not yet scheduled</b>	Enforcement of planning controls		
	Risk management – risk register		
	Countryside matters		
	Update on planning matters		
	LSAB Annual Report		