

Lancashire County Council

Health Scrutiny Committee

Tuesday, 11th December, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

1. Apologies

2. Disclosure of Pecuniary and Non-Pecuniary Interests

Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3. Minutes of the Meeting Held on 6 November 2018 (Pages 1 - 6)

4. Lancashire and South Cumbria Transforming Care Partnership Update (Pages 7 - 42)

5. Report of the Health Scrutiny Steering Group (Pages 43 - 50)

6. Health Scrutiny Committee Work Programme 2018/19 (Pages 51 - 64)

7. 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.

8. Date of Next Meeting

The next scheduled meeting of the Health Scrutiny Committee will be held on Tuesday 5 February 2019 at 10.30am at County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Agenda Item 3

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 6th November, 2018 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

A Ali	E Pope
J Burrows	P Rigby
B Dawson	P Steen
C Edwards	C Towneley
S Holgate	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Borough Council)

Councillor Margaret Brindle, (Burnley Borough Council)

Councillor David Borrow, (Preston City Council)

Councillor Colin Hartley, (Lancaster City Council)

Councillor Bridget Hilton, (Ribble Valley Borough Council)

Councillor Alistair Morwood, (Chorley Borough Council)

Councillor Julie Robinson, (Wyre Borough Council)

Councillor M Tomlinson, (South Ribble Borough Council)

Councillor Viv Willder, (Fylde Borough Council)

County Councillors Azhar Ali, Bernard Dawson and Paul Rigby replaced County Councillors Hasina Khan, Nikki Hennessy and Stuart C Morris respectively.

1. Apologies

Apologies were received from County Councillors Gina Dowding, Margaret Pattison and Councillors Glen Harrison and Gail Hodson.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None were disclosed.

3. Minutes of the Meeting Held on 25 September 2018

Resolved: That the minutes from the meeting held on 25 September 2018 be confirmed as an accurate record and signed by the Chair.

4. Delayed Transfers of Care in Lancashire

The Chair welcomed Sue Lott, Head of Service Adult Social Care (Health); Emma Ince, Interim Director of Transformation and Design, NHS Chorley and South Ribble CCG and NHS Greater Preston CCG; Ailsa Brotherton, Director of Continuous Improvement; and Faith Button, Deputy Director of Operations, Lancashire Teaching Hospitals NHS Foundation Trust.

The report presented described improvements to hospital discharge arrangements and performance during the last year since the Health Scrutiny Committee had met in January 2018. It was noted that last winter was extremely challenging nationally for the NHS, followed by a similarly highly pressured summer period in 2018, due to the heatwave. The health and social care system was heading into the next winter season in a pressured position. However, the focus would remain on reducing delays across all Lancashire hospitals and to achieve good outcomes for Lancashire residents.

The report set out a number of key actions the NHS and the County Council had implemented or were developing since the January meeting of the Committee. Latest data for Lancashire (August 2018) showed that the overall level of Delayed Transfers of Care (DToC) had significantly reduced over the last 12 months, showing a 31.9% decrease overall.

A number of points were raised by members, a summary of which is set out below:

- Concerns were raised by one councillor about the increase in delayed transfers of care across the Trusts from April 2018 to August 2018. It was reported that the increase in delays was in part due to the long heatwave over the summer months. Lancashire Teaching Hospitals had observed this trend and were working to understand the full reasons for the increase in delays to improve system resilience.
- Lancashire Teaching Hospitals were following best practice guidance for supporting patients who were admitted on emergency pathways. Patients would now have an expected date of discharge set within 24 hours of admission. If a patient's clinical condition changed then the discharge date would be reviewed.
- Members welcomed the introduction of the Discharge Charter for Central Lancashire.
- It was highlighted by one councillor that concerns had been raised with them regarding patients being discharged from hospital too soon. Members sought assurance and requested data on the Trust's readmission rates in respect of this point. It was reported that readmission

rates at the Trust were good and that since the introduction of the home first scheme only two patients had been readmitted.

- It was noted that the Trust had signed up to take part in an NHS Improvement ECIST (Emergency Care Intensive Support Team) programme and had specifically asked to be partnered with Wrightington, Wigan and Leigh NHS Foundation Trust. The first visit was planned for 27 November 2018. The Committee was informed that officers would welcome the opportunity to share the learning from this programme at a future meeting of the Health Scrutiny Committee.
- A question was asked on whether there was a specific target that the Trust was aiming for on bed occupancy. The Committee was informed that the standard as set by the Department of Health through NHS England was 3.5% of occupied hospital beds. This was to enable the safe planning for patients with complex needs. Ultimately, the aim was for zero tolerance in delayed transfers of care. It was noted that the target set by the Better Care Fund (BCF) for Lancashire was 101.8 bed days per 100k 18+ population and that this target had been exceeded. However, it was important to note that the right outcomes and experiences for patients remained a priority as well.
- It was recognised that the increase in the Better Care Funding had made a considerable contribution to improve reducing Delayed Transfers of Care Concerns were expressed on what will happen when the funding ceases.
- A point was also made in relation to service redesign, that NHS partners should include borough councils in the process as they also provide a significant contribution to help keep people out of hospital. It was confirmed that NHS partners will be revisiting this work and would take this point forward.
- A request was made for information on how the demographics had changed across Lancashire on matters relating to older people and mental health.
- Clarification was sought on what community equipment adaptations included and whether this related to Disabled Facilities Grants (DFG). It was reported that community equipment adaptations related to smaller adaptations/medical equipment and would not apply to circumstances where someone required a large Disabled Facilities Grant to refit a shower room for instance. It was confirmed a person would not remain in hospital if a large Disabled Facilities Grant such as the example provided was required.
- It was highlighted that some patients had reported to one councillor that they had experienced lengthy discharge delays because they were waiting to receive their medication from the hospital pharmacy. A question was asked on why prescriptions could not be dispensed by a local pharmacy instead of the hospital pharmacy. It was reported that for most patients the pharmacy process was quite complex. Patient safety and governance was paramount and health professionals were required to ensure that patients were given instructions on how to use their medication whilst at hospital. If a patient left the hospital without their medication then they would be at risk. Officers acknowledged the need for improved turnaround times and confirmed that timescales were being tracked. The Trust's discharge

lounge was fully staffed which enabled beds to be freed up for other patients. The hospital pharmacy also operated extended hours.

In considering the recommendation, an amendment was proposed by County Councillor Steve Holgate and seconded by County Councillor Azhar Ali:

"That the considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted, but that the performance deteriorated since April 2018 up until August 2018."

On being put to the vote the amendment was lost.

An amendment to the recommendation was proposed by County Councillor Peter Britcliffe and seconded by County Councillor Cosima Towneley:

"That;

1. The considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted.
2. The staff of the County council and in the NHS whose commitment and contributions to this improvement had been so significant be commended.
3. A further update on Delayed Transfers of Care be scheduled in 12 months' time for the Health Scrutiny Committee.

In considering the third point, there was a consensus from the Committee that an additional update on Delayed Transfers of Care be provided in 6 months' time to the Steering Group. On being put to the vote the amendment was carried. Whereupon it was;

Resolved: That;

1. The considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted.
2. The staff of the County council and in the NHS whose commitment and contributions to this improvement had been so significant be commended.
3. A further update on Delayed Transfers of Care be scheduled in 6 months' time for the Health Scrutiny Steering Group and in 12 months' time for the Health Scrutiny Committee.

5. Report of the Health Scrutiny Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee

The report gave an overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 19 September 2018 and the Joint Cumbria and Lancashire Health Scrutiny Committee at its planning meeting held on 28 September 2018.

Resolved: That the report of Health Scrutiny Steering Group and the Joint Cumbria and Lancashire Health Scrutiny Committee be noted.

6. Health Scrutiny Committee Work Programme 2018/19

The Work Programmes for both the Health Scrutiny Committee and its Steering Group were presented to the Committee.

Resolved: That the report be noted.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 11 December 2018 at 10.30am in Cabinet Room C – The Duke of Lancaster Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 11 December 2018

Electoral Division affected:
(All Divisions);

Lancashire and South Cumbria Transforming Care Partnership Update

(Appendix 'A' refers)

Contact for further information:

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

Executive Summary

Rachel Snow-Miller, Senior Responsible Officer (SRO) for the Lancashire and South Cumbria Transforming Care Partnership (TCP), will attend the meeting to provide an update on the work of the partnership. A copy of the presentation to be delivered at the meeting is set out at Appendix 'A'.

Recommendation

The Health Scrutiny Committee is asked to note the performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR).

Background and Advice

The Health Scrutiny Committee received reports on the Transforming Care agenda for people with a learning disability and/or autism at meetings held on [26 January](#) and [20 September 2016](#).

The report presented at the meeting held on the 26 January 2016, provided the background to the Transforming Care agenda, along with an update of progress on the work of Transforming Care Partnership (TCP) for Lancashire in response to the recommendations of the [Bubb Report \(Winterbourne View – Time for Change, November 2014\)](#).

A further report and presentation on the proposed redesign of learning disability services in the North West was presented to the Health Scrutiny Committee on 20 September 2016. The presentation detailed the engagement process with stakeholders on the proposal for moving the learning disabilities service from Calderstones (England's last stand alone NHS learning disability hospital, now referred to as Mersey Care Whalley) based on the '[homes not hospitals](#)' principle. At that time it was reported that NHS England's consultation document was near completion.

NHS England ran a consultation from 1 December 2016, to 23 February 2017, on how low and medium secure services for people with a learning disability and/or autism should be provided across the North West. The proposals put forward in the consultation aimed to ensure that people with a learning disability and/or autism would:

- have greater choice in their pathway of care with equal and fair access to services;
- be able to live in a community setting;
- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs;
- receive proactive healthcare to maintain health and wellbeing, and;
- have access to acute assessment services/inpatient provision when needed.

On 28 March 2017, NHS England announced the outcome of the consultation which would see the closure of the Mersey Care Whalley site (Calderstones). Plans were then finalised setting out how local NHS and social care leaders in the region would deliver the reforms as set out in [Building the right support](#), a widely-supported cross-government plan.

Rachel Snow-Miller, Senior Responsible Officer (SRO) for the Lancashire and South Cumbria Transforming Care Partnership, will attend the meeting to provide an update on the work of the partnership. A copy of the presentation is set out at **Appendix 'A'**.

The Health Scrutiny Committee is asked to note the performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR).

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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N/A

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



Healthier Lancashire & South Cumbria

Lancashire and South Cumbria
Transforming Care Partnership

Health Overview Scrutiny Committee



- Transforming Care Programme Aims
- Lancashire and South Cumbria Progress Summary
- Lancashire and South Cumbria Prevalence
- Inpatient Position:
 - Discharge Progress
 - Admission Avoidance
- Community Model Development including CCG commissioned beds
- Physical Health
- Resettlement and Housing
- Quality Improvement and Personalisation
- Future State

- The Transforming Care programme aims to improve the lives of children, young people and adults with a learning disability and/or autism
- The programme has three key aims:
 - To improve quality of care for people with a learning disability and/or autism
 - To improve quality of life for people with a learning disability and/or autism
 - To improve community teams capacity to be able to manage more challenging behaviours and so reducing admissions.

- Transforming Care builds on *Valuing People* and *Valuing People Now*, all of which focus on rights, independence, choice and inclusion for people with a learning disability and/or autism and a continued reduced reliance on institutional care
- The programme aims to close long-stay hospitals and develop and enhance services to support people with a learning disability and/or autism to be given the right support at home in the community
- Lancashire and South Cumbria plan to reduce the number of inpatients in both secure and non-secure beds by 60% by March 2019 (based on April 2016 inpatient numbers). (107 reduced to 43)

Lancashire and South Cumbria TCP Progress

- The Lancashire and South Cumbria Programme has made considerable progress in achieving the national aims as set out in *Building the Right Support* (BRS) and the *National Service Model* and has maintained high fidelity to the principles and guidance set out in these documents
- The TCP has also retained a clear focus on ensuring the wider aims of Transforming Care are delivered for our population
- Working with service users to ensure true co-production, the programme has:
 - Worked hard to expedite safe discharges, understand delays and explore reasons for admissions
 - Developed 2 new models of community provision
 - Developed and enhanced housing and resettlement solutions including procurement processes
 - Explored areas of good practice

Population Estimates		Lancashire (1.6m pop*)
Whole population (Children and Adults)	Overall population with a learning disability (mid range of 2-3%)	40,000
	Population with autism	17,600
	Population with autism and a learning disability (mid range of 44% - 52% of autism numbers)	8,500
	Population known to LD Services (18.6% of 40,000)	7,440
Adult population	Adult population with a learning disability	32,200
	Adult population with autism	14,200
	Adult population with autism and a learning disability (mid range of 44% - 52% of autism numbers)	6,800
	Adults with LD and/ or autism who display challenging behaviour (between 450 – 650 adults per 1 million population)	880
Children and Young People only	Population with a learning disability	7,800
	Population with autism	3,400
	Population with autism and a learning disability (mid range of 44% - 52% of autism numbers)	1,650
	Population known to LD Services (18.6% of 7,800)	1,450
	Population of children and young people with LD and/ or autism who display challenging behaviours (around 750 per 1 million population)	1,200

*The Lancashire a population is estimated at around 1.6m, of which roughly 312k are children (19.5%)

Inpatient Progress: Legacy Patients

- In 2016/17 L&SC TCP was set a final trajectory of having no more than **58** patients in hospital beds from a base line of **107**. (61 patients in Specialised Commissioning Beds and 46 patients in CCG commissioned beds)
- Patients in specialised commissioning beds are usually subject to court proceedings / part of the criminal justice system, this is because hospital is more therapeutic to their needs than a prison environment.
- From this original cohort of **107**, the TCP has achieved a discharge for **56** patients (33 CCG 23 Spec Comm), leaving a legacy cohort of **51**. All remaining 2016 inpatients have a discharge plan and discharge dates identified. One of these will take place after March 2020
- Of the 56 people discharged, only 4 have been readmitted (7%) for any period of time
- This is a major achievement for the TCP and we remain on plan with the discharge of the original cohort of patients

Impatient Progress: Current Position

- The current inpatient position is 96 against a final trajectory of 58
- Despite a steady discharge rate, a number of people have been admitted to hospital (both secure and non-secure beds). In a number of cases there are people who have been identified as having autism once they are already in a mental health or physical health ward. These people then become subject to the transforming care programme.
- The TCP has taken a number of actions:
 - Explored discharge delays
 - Explored admission themes
 - Undertaken a full audit of procurement plans and timescales
 - Held provider workshops with social care and housing providers to consider ways to accelerate resettlement time lines
 - Explored good practice and innovation across the region

Inpatient Progress: Discharge Delay Themes

- The TCP has undertaken a full review of all delayed discharges and has an in-depth understanding including patient level detail and consistent themes. A thematic review of discharge delays has identified:
 - Acuity and complexity of need
 - Data sharing challenges to support effective discharge
 - Parole Board delays, CoP, DOLS (unique cases e.g. Booking.com)
 - Challenges with CQC engagement and registration/re-registration
 - Deterioration in individual's presentation
 - Gap in fully developed community services to support discharges
 - Protracted procurement process via LCC Flexible Framework
 - Care providers sourced but no accommodation
 - In active treatment
 - Fidelity to BRS has led the TCP into the development of supported living rather than residential care options

- There are 25 people who originally had indicative discharge dates before 31 March 2019 who will now not be discharged by that date. This is due to a range of reasons:
 - Concurrent Prison Sentence (IPP)
 - Court of Protection proceedings
 - Professional Challenge regarding discharge package
 - Mental Capacity Assessment
 - Procurement of Property
 - Clinical Presentation
 - Requires transfer to secure environment

Inpatient Progress: Discharge Delay Actions

- To improve/accelerate the discharge progress, a number of actions have been implemented These include:
 - mapping exercise to determine all housing vacancies/voids in the system
 - mapping exercise of all residential care availability
 - market stimulation exercise / identify gaps in the provider market
 - re-engage with other councils regarding the use of the flexible agreement
 - ensure 100% of inpatients have an ISPs/Pen portraits and that these are more person centred
 - ensure district council and housing providers are aware of housing needs
 - hold regular accelerated discharge calls to co-produce and seek collaborative solutions to accelerate discharge and enhance patient experience
 - Introduce a of Single Point of Access across secure provision in the NW supporting a consistent approach to admissions

- Additional funding has been granted which has enabled the TCP to provide additional social work capacity
- Additional social work resource has been recruited by all 4 Local Authorities as a dedicated resource to release capacity within the programme's discharge coordination team
- The additional social workers also means that every service user now has a named discharge lead/coordinator

- All admissions are reviewed at the TCP's clinically led Safe and Sustainable Care meeting to determine whether or not they were appropriate
- Of 23 admissions, 22 have been reviewed to date.
 - 16 were deemed as appropriate
 - 2 were inappropriate
 - 4 were appropriate but could have been prevented had enhanced community provision have been in place.

- Admission trends include:
 - Primary Mental Health need requiring inpatient admission
 - Grief and loss or other trauma triggering change in behaviours
 - Care Provider unable to manage behaviours that challenge
 - Ministry Of Justice conditions breached resulting in recall to hospital
 - Prison transfers
 - Diagnosis of autism once already in a hospital setting

What are C(E)TRs?

- Care, (Education) and Treatment Reviews (CTRs/CETRs) are for people whose behaviour is seen as challenging and/or for people with a mental health condition living in the community and in learning disability and mental health hospitals
- Inpatient CTRs help to improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They can reduce the amount of time people spend in hospital and help to resolve problems which can keep people in hospital longer than necessary.
- Community CTRs are undertaken prior to an inpatient admission. Local evidence shows that 83% admissions are avoided when a community CTR is undertaken. L&SC have, on average 7.5 admissions per quarter. CYP have achieved low admission rates due to an increase in pre-admission CETR

- To fully understand and reduce inappropriate admissions, a number of actions are being implemented before January 2019:
 - Development of individual crisis plans for all relevant patients
 - Increase resource into CTR/CETRs
 - Ensure wide use and training of the clinically developed Dynamic Support Register tool. This will include new admissions where people were previously unknown to health services and reasons for admission
 - Develop provider/commissioner case management /assurance calls (all-age).

- L&SC CTR/CETR achievement based on the latest regional data:
 - 5/9 of adults admitted received a pre admission CTR (56%)
 - 35/37 of adults in a non secure inpatient bed had received a repeat 6 monthly CTR (94%)
 - 29/35 of adults in secure beds received a 12 month CTR (83%)
 - There has been 1 CAMHS admission into inpatient services in the last quarter. This person was unknown to services prior to admission and so could not have a CETR.
 - The TCP recognises that it can improve the percentage CTRs/ CETRs completed and plans are in place to achieve this and we strive to achieve 100% of CTRs

- The TCP has developed 2 new models of community provision:
 - Specialist Support Team (SST) – Provided by Mersey Care Foundation Trust
 - Community Learning Disability and Autism Teams (CLDT) – Provided Cumbria Partnership, Lancashire Care Foundation Trust, Blackpool Teaching Hospitals

Community Service Developments: Specialist Support Team

- The Specialist Support Team Service are fully operational.
- The Core Functions are:
 - Admission Prevention and Gatekeeping
 - Facilitate Discharge of forensic patients and those with behaviours which challenge
 - Intensive support including 'wrap around' and out of hours On-Call emergency response
 - Timely specialist forensic community assessments and interventions including therapies
 - Training and consultation to targeted teams and services
- The service has a current caseload of 116
- The lead commissioner, ELCCG will now implement a monitoring schedule to assess impact which will be reviewed by the TCP's Strategic Commissioners group.

Community Service Developments: Community Learning Disability and Autism Teams

- The Integrated Community Learning Disability Team (CLDT) is an all-age service
- The aims and objectives of the CLDT service are aligned to the nationally developed TCP outcomes and will support mainstream health and social care services in the provision of reasonable adjustments through education liaison and networking to enable people with a Learning Disability and/or Autism and their family and carers to be supported to live a meaningful life
- The service provides targeted health and social care support in the community for people when it is identified that they have eligible assessed needs and will ensure their safeguarding needs are met

Community Service Development: CCG Commissioned Inpatient Provision

- L&SC TCP approached the North West Learning Disability & Autism Operational Delivery Network to support with the development of the bed model to ensure an optimum model is delivered that is based on clinical best practice and in line with national requirements
- A plan is now in place to secure 14 Assessment and Treatment and 10 Rehabilitation beds with opportunity to flex between these inline with patient need
- Beds are likely to be available from late 2021
- A Capital Business Case completed as part of wave 4 to support build/renovations required
- Scoping of suitable premises and options appraisal is complete
- An OBC is underway which is being developed in partnership with providers and commissioners
- Commissioners are also progressing an Expression of Interest to test market interest, capability and timescales for delivery of an interim solution



- Overall achievement for completion of AHCs for L&SC in 2017/18 was 50.57% against a target of 75%.
- Although this is an 11.5% improvement on attainment in 16/17 the TCP is aware this needs to improve further
- Performance has been raised with CCGs who now more aware of their position. A practice break down has been provided to CCGs and performance reporting is in place by GP practice.
- The best performing CCG was West Lancashire with 64.44%
- The CCG furthest away from the target was Blackpool with 42.45%. Blackpool has a robust recovery plan in place.

- In a bid to support improvement, consideration of ‘Lab in a Bag’ is currently underway which utilises a Point Of Care Testing approach (Chorley pilot)
- Blackpool are interested in testing this concept which will enable everyone open to community services to have a health check closer to home.
- Based on an effective approach in Bradford, the TCP is considering working with advocates and Partnership Boards to promote the uptake of AHCs in GP practices – we will seek support from our local authority partners with this

- The Learning Disabilities Mortality Review (LeDeR) Programme is aimed at making improvements to the lives of people with learning disabilities. Reviews are being carried out with a view to improve the standard and quality of care
- Within L&SC:
 - 14 Reviews have been completed
 - 35 Reviews are in progress
 - 75 Reviews are pending allocation
- To increase the number undertaken the programme has been awarded funding for fixed term admin and Reviewers to complete the back log
- An additional resource has been recruited in the short term and an additional 0.2 wte capacity has built into TCP's Programme Support Officer Role to administer the LEDER programme including information gathering and administrative support to the reviewers
- A LeDeR Recovery plan has been developed

- People with a learning disability die up to 20 years younger
- Main causes of death have been:
 - Sepsis
 - Respiratory illnesses including pneumonia
 - Diabetes / Cardiovascular / Lifestyle illnesses
- More people are dying in hospital rather than at home

- Each of the 4 local authorities have varying processes to procure housing and support. Lancashire County Council has developed a flexible agreement which is a pre-approved framework of care providers. LCC has offered the use of the framework to each of the other councils
- The flexible agreement is live for a further 2 years expiring 31 October 2020
- There are 39 providers on the framework. Of these, 18 regularly submit tenders
- LCC:
 - Communicates regularly and meets with the care and housing providers
 - Issues prior notifications of upcoming tenders (care and housing providers)
 - Liaises with District Housing Officers regularly updating on planned services in their locality
 - Met with Lancashire Property Board to seek support for housing options

- A recent event was held to engage with all providers that have been awarded contracts to understand delays post-award from the providers perspective. The main issues included:
 - Time scale too short – each service needs a minimum of 6 months lead in – some providers felt 18 months prior to discharge was more realistic
 - Staffing – quick access to suitably qualified staff to begin the in-reach required
 - New staff lead in at least 6-10 weeks
 - Sourcing suitable housing to satisfy Mental Health Tribunal and Parole Board
 - Void liability
 - ISP/Pen Pictures need to be more person centred and bespoke

- There is a personalisation ICS work stream which is lead by public health
- East Lancashire acts as the Lead Commissioner and is linked in with the ICS PHB Lead (Level 1 demonstrator site) and leads on Personalised Health Budgets on behalf of the ICS
- There are a number of pilots across the locality to expand PHBs including a partnership between ELCCG, Calico Housing, My Life CiC and Alocura CiC. This particular scheme has benefited a number of young adults with LD
- The TCP is actively exploring / investigating the use of PHBs for certain LD/A individuals.



- A Review of every CCG inpatient has been undertaken. Based on the confidence levels and the 12 point plan positions of each, it is expected that there will be 28 CCG inpatients at the end of the Programme. This is 4 over the Programme Trajectory of 24 CCG inpatients.
- The above figure does not include potential new admissions.
- A robust discharge tracker is in place that highlights expected discharges month by month

- LCC commission a service to over 4000 people with a diagnosis of learning disability or autism and will continue to deliver in line with the principles of BRS
- Confirm and Challenge to continue to provide oversight, support co-production and scrutiny
- No new single tenancies in LCC housing options unless this is indicated as required
- Amended / revised housing strategy to take account for the needs of those with LD/A
- Adjustments in services including wider NHS providers

- B/pool H&SC academy making working with people with LD&/A a career of choice
- A Joint Training Partnership is being developed in conjunction with Pathway Associates
- West Lancs and East Lancs Short Breaks are rated outstanding (all the rest are 'good')
- Pathways Associates are delivering a quality of life project
- The ICS has now employed a commissioner for LD&A and the CCGs are working together
- Fewer Out of Area Placements are expected once the 24 new beds are in place

- The TCP has a clear vision of the future:

Service	Summary
24 community beds	To support people who have been detained under the Mental Health Act. Either for assessment and treatment or rehab
10 placements in the community	For a person who cannot safely be supported in their own home while in crisis but who currently does not require or meet criteria for detention under the mental health act
Crisis Support	For people with a Learning Disability and or Autism which will include a clear pathway, identified support and prevention services
Identified care co-ordinators	People do well when they know there is someone to call when things start changing. People will get in touch sooner if they know who to call.
Specialist Support Team	To provide additional specialist support both to the individual and CLDAT with more complex cases
Community Learning Disability Teams.	A robust/enhanced support offer from community LDA services to support mainstream health and social care services in the provision of reasonable adjustments
Community Procurement Options	A robust and transparent procurement option that avoids unnecessary delays and ensures that people get the care and support they need to maintain happy and fulfilled lives in the community.
Planned Short Breaks service	Short breaks service could allow carers to have overnight break from caring responsibilities and or day provision as a way of change of scenery
Physical health	To support and ensure that reasonable adjustments are made to allow access to main stream health care.
CTR Support	A dedicated resource from CSU
Diagnosis and support services	For adults for ASD

- The TCP needs to give further consideration to:
 - Understand and enact LD's place in the 10 year plan
 - Development of a joined up approach and response to Autism between the LAs and the NHS
 - The transition of young people into adult life
 - Delivering LeDeR
 - Improving Annual Health Check uptake

Health Scrutiny Committee

Meeting to be held on Tuesday, 11 December 2018

Electoral Division affected:
(All Divisions);

Report of the Health Scrutiny Steering Group

Contact for further information:

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

Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 21 November 2018.

Recommendation

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

Background and Advice

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups.

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

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

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

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

Meeting held on 21 November 2018:

❖ Vascular Position Statement

Tracy Murray, Senior Programme Lead Vascular and Head & Neck, Healthier Lancashire and South Cumbria Integrated Care System and Sharon Walkden, Project Manager, NHS Midlands and Lancashire Commissioning Support Unit (CSU) attended the meeting to provide the background and drivers for change to improve the quality and access to vascular services and the establishment of a Lancashire and South Cumbria Vascular Programme Board to govern the process.

It was reported that following the development of the Integrated Care Partnerships (ICPs) and the Lancashire and South Cumbria Integrated Care System (ICS), work had taken place within localities and provider organisations to prioritise clinical services that were identified as fragile in terms of sustainability. The Steering Group was informed that fragility was driven by workforce availability, current service models of delivery or capacity demands and vascular services had been identified by the Chief Officers of five Acute Trusts and the wider ICS leadership team as a clinically fragile service.

The current vascular service structure was commissioned from 2013 following the Cardiac and Stroke Network Review of vascular services in 2011 – ‘Improving Vascular Services: A Case for Centralisation of Vascular Services in Lancashire and Cumbria’.

The current service is in the main offered by Lancashire Teaching Hospitals NHS Foundation Trust (LTH) and East Lancashire Hospitals NHS Trust (ELHT) who provide vascular inpatient and outpatient services for Lancashire and South Cumbria.

In addition to the central Lancashire area, Lancashire Teaching Hospitals provide vascular services to west Lancashire and south Cumbria areas. Inpatient surgery was carried out at Royal Preston Hospital with outpatient and day case services provided at Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and University Hospitals Morecambe Bay NHS Foundation Trust (UHMB). Whilst East Lancashire Hospitals Trust provide vascular services to East Lancashire, it was noted that they only provide some community based services and did not currently partner with another acute trust.

Since the service was commissioned in 2013, the national programme Getting it Right First Time (GiRFT) had made a number of recommendations and a new draft NHS England (NHSE) Vascular Specification was published in 2017.

Lancashire and South Cumbria providers and commissioners came together in July 2018, to discuss the current service including performance against recommendations and clinical standards. A summary of the issues identified included:

- East Lancashire Hospitals Trust population size did not meet minimum requirements (800k people);
- Treatment waiting times are longer at Lancashire Teaching Hospitals;
- Demand is increasing at Lancashire Teaching Hospitals but is relatively stable at East Lancashire Hospitals Trust; and
- East Lancashire Hospitals Trust was just achieving minimum surgery volumes.

Following this the Lancashire and South Cumbria Vascular Programme Board (VPB) was established to provide assurance and agree and implement a model of care that would make the service safe and sustainable, reduce unwarranted variation in access and service for the population of Lancashire and South Cumbria, and to provide consistency with national guidance and best practice. The first meeting of the Board was held on 25 October 2018, to review membership and a number of initial programme management documents. An independent Chair and Clinical Lead was identified (Arun Pherwani) with membership including the following:

- Patient Representative;
- Acute Trusts (hubs and spokes): Medical Director, Vascular Clinical Director, Interventional Radiologist, Operational Manager, Director of Strategy, Rehabilitation Consultant; Anaesthetist and Clinical Nurse Specialist;
- GP representative;
- North West Ambulance Service (NWAS) representative;
- Commissioners: Specialist and Local;
- ICS: Acute & Specialised Services Programme Director, Senior Programme Lead, Project Manager;
- GiRFT Implementation Manager;
- RightCare North West Lead; and
- Invited attendees as required.

It was reported that equality impact assessments were currently being produced. A number of next steps and agreed actions had been agreed by the Board which included:

- Continued development of programme management documents (Communications and Engagement Strategy, Risk Register and Project Plan);
- Working with organisations including NHS England to improve quality and performance data;
- Developing programme design principles, process and information requirements to arrive at preferred service model option; and

- Developing a long list of service model options and hurdle criteria.

The overall aim of the programme was to agree and implement a model of care that was safe and sustainable, reduced variation in access, improved patient diagnosis and treatment, improved mortality and morbidity and was consistent with national guidance and best practice. It was also stated that there were peripheral benefits to be gained from this programme in relation to services provided by acute trusts on matters such as stroke services.

Members raised a number of comments and questions, a summary of which is provided below:

- On the model of care, a question was asked if there was a vision for how services might be delivered across the two hospital sites for Lancashire Teaching Hospitals. It was confirmed that there was no desire to move patients between different sites.
- Why services in West Lancashire were outside the scope of the programme and would not be included in any service reconfiguration work (i.e. Southport and Ormskirk Hospital NHS Trust, NHS West Lancashire Clinical Commissioning Group and West Lancashire Borough Council). It was explained that patients in West Lancashire would travel to sites belonging to Mersey Care NHS Foundation Trust.
- Whether links would be established with voluntary organisations. It was reported that the equality impact assessments would identify any risks and opportunities for voluntary organisations forming a part of any future model of care.
- Whether a campaign on vascular health would be launched and the possibility of utilising libraries (as community hubs) to roll out such a campaign. It was confirmed that there was no campaign in production. However, it was suggested that the Board could consider the possibility of organising a roadshow to help inform the public.
- On timescales it was stated that whilst there was an assurance process to go through, it was hoped that a preferred model would be agreed in six months' time.
- Any resistance to change? The Steering Group was informed that during the review of vascular services in 2011, concerns were expressed by neighbouring Trusts which had influenced the model of care that was commissioned from 2013 onwards. It was hoped that the work of the Vascular Programme Board would resolve these legacy issues.
- On providing care closer to home, a question was asked on how this might be staffed. It was reported that once the clinical model had been agreed, the Board would consider aspects such as estates and workforce. Assurances were given that the Board would only put a model in place that was achievable and realistic. It was likely that the model of care would identify how best to utilise staff across rotas and the area.
- On training people to enter the vascular profession, it was noted that the length of time it took for someone to complete their education and training was a lengthy process. It was confirmed that people currently going through training would be taken into account in the model of care.

In considering the referral further, the Steering Group felt that this matter was a significant issue and that a progress update on the work of the Board and model of care be presented to a future meeting.

Resolved: That;

1. The establishment of the Lancashire and South Cumbria Vascular Programme Board and the progress to date be noted.
2. An update on the work of the Programme Board and the model of care be presented to the Health Scrutiny Steering Group in six months' time.

❖ **North West Ambulance Service (NWAS) Care Home Work - Initial response to the Steering Group's recommendation**

Lisa Slack, Head of Service Patient Safety and Safeguarding attended the meeting to present the response to the Steering Group's recommendation which was:

"That, the Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire."

The response was set out at appendix A to the report. It was explained that the triage tool was piloted in 2016 with 22 care homes across the Pennine Lancashire area. Each care home was trained in the use of the triage tool with the aim of increasing staff confidence in appropriately dealing with ill or injured residents. Discussion with East Lancashire Clinical Commissioning Group (CCG) and the North West Ambulance Service (NWAS) Transformation team had anticipated further work, however, the Transformation team were unable to provide ongoing support.

It was noted that the scheme was being progressed in Pennine Lancashire by a Rossendale-based Community Paramedic and a network of NWAS Champions allocated to care homes across Pennine Lancashire. However, the Steering Group was informed that NWAS were unable to demonstrate the sustainability of the current champions model and that the county council would not want to pursue this initiative further.

It was also noted that the proposal from NWAS only made reference to support during initial implementation and that this had been a barrier to further roll out across Pennine Lancashire. In addition to this it was stated that the proposal to train care homes via e-learning and train the trainer approach would be difficult to achieve in a sector with a transient workforce. Notwithstanding this, the Steering Group was informed that an email from the Blackpool Clinical Commissioning Group as lead commissioner stated that the CCG was working closely with NWAS on a number of transformation programmes, via the Strategic Transformation Board and that the programme included the role out of the triage tool. Support from the Steering Group was welcomed.

The Steering Group felt that the triage tool could still form a part of the solution to managing and relieving pressures on the health and social care system and felt that this was an innovative approach. There was a consensus from the members that barriers to the roll out of the triage tool needed to be removed whereupon it was suggested that this matter be pursued by the Steering Group further. Furthermore, it was noted that the written response provided did not include comments from NWS or Blackpool Clinical Commissioning Group.

Members speculated whether the triage tool could be introduced into the NVQ qualification or if training could be shared between organisations. In considering all the information, the Steering Group;

Resolved: That;

1. The formal response be noted.
2. Representatives from the North West Ambulance Service, Blackpool Clinical Commissioning Group and the County Council be invited to attend the next meeting of the Health Scrutiny Steering Group to consider how the triage tool could be progressed and rolled out across Lancashire.

Future meetings of the Steering Group

Future meetings of the Steering Group have been provisionally scheduled for the following dates:

- 16 January 2019;
- 20 February;
- 13 March;
- 17 April; and
- 14 May.

Matters currently planned and scheduled for Steering Group are set out in the appendix to the work programme report further in the agenda.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee

Meeting to be held on Tuesday, 11 December 2018

Electoral Division affected:
(All Divisions);

Health Scrutiny Committee Work Programme 2018/19

(Appendix 'A' refers)

Contact for further information:

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

Executive Summary

The work programme for both the Health Scrutiny Committee and its Steering Group is set out at appendix A.

Recommendation

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

Background and Advice

A statement of the work and potential topics to be undertaken and considered by the Health Scrutiny Committee and its Steering Group for the remainder of the 2018/19 municipal year is set out at appendix A, which includes the dates of all scheduled Committee and Steering Group meetings. The work programme is presented to each meeting for information.

The work programme is a work in progress document. The topics included were identified by the Steering Group at its meeting held on 16 May 2018.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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N/A

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee Work Programme 2018/19

The Health Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session carried out by the Steering Group at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Council's Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Health Scrutiny Committee will:

- To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- 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
- In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
- 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.
- To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
- To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
- 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.
- 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.
- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
- 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.

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Health Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

Health Scrutiny Committee work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Dementia Strategy	Opportunities and challenges	Committee	Dr Z Atcha, LCC	3 July 2018	The report be noted; and The Cabinet Member for Health and Wellbeing be invited to a future scheduled meeting of the Health Scrutiny Committee to present on the development of a housing strategy and the ageing population.	N/A Report scheduled for 2 April 2019
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Committee	Dr Gerry Skales, Lancashire Teaching Hospitals Foundation Trust and Sarah James, Greater Preston and Chorley and South Ribble CCGs	3 July 2018, 25 September and tbc	3 July: The update be noted; Further updates be presented to the Health Scrutiny Committee at its scheduled meetings in September and November 2018 [tbc];	N/A In progress

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					<p>The importance of all partners working together on prevention and early intervention form a part of developing the new models of care for acute services in central Lancashire; and</p> <p>Public information and education be included in the new model of care for acute services in central Lancashire.</p>	<p>Awaiting response</p> <p>Awaiting response</p>
Delayed Transfers of Care (DToC) and Winter 2019/20	Update on performance as a whole system and preparations for winter 2019/20	Committee	Sue Lott, LCC and NHS Trusts/Chairs of A&E Delivery Boards	6 November 2018	<p>The considerable improvement in the reduction of Delayed Transfers of Care across Lancashire over the past year be noted.</p> <p>The staff of the County council and in the NHS whose commitment and contributions to this improvement had been so significant be commended.</p>	<p>-</p> <p>-</p>

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
					A further update on Delayed Transfers of Care be scheduled in 6 months' time for the Health Scrutiny Steering Group and in 12 months' time for the Health Scrutiny Committee.	Updates scheduled for May '19 Steering Group and Nov '19 Committee
Transforming Care (Calderstones)	Model of care for CCG commissioned learning disability beds	Committee	Rachel Snow-Miller, Director for Commissioning for All-age Mental Health, Learning Disabilities and Autism and Neil Greaves, Healthier Lancashire and South Cumbria	11 December 2018		
Integrated Care System	Delivery of strategic transformational plans - finance	Committee	Gary Raphael, Healthier Lancashire and South Cumbria	5 February 2019		
Housing with Care and Support Strategy 2018-2025		Committee	CC S Turner, Cabinet Member for Health and Wellbeing, CC G Gooch, Cabinet Member for Adult Services, Louise Taylor, Joanne	2 April 2019		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
			Reed/Craig Frost, Sarah McCarthy LCC			
Healthy New Towns – Whyndyke Garden Village, Fylde		Committee	Andrea Smith and Andrew Ascroft, Public Health, LCC	2 April 2019		
Tackling period poverty	Full Council Notice of Motion 8 October 2018 - a report on the issue and how it can best be addressed.	Committee	Dr Sakthi Karunanithi, LCC	14 May 2019		
Lancashire and South Cumbria Stroke Programme	Consultation	Committee	Gemma Stanion, Healthier Lancashire and South Cumbria	tbc		
Obesity in adults		Committee	Dr Sakthi Karunanithi, LCC	tbc		

Future meeting dates:

2019/20 – 2 July 2019; 24 September; 5 November; 10 December; 4 February 2020; 31 March; and 13 May.

Other topics to be scheduled

- Delayed Transfers of Care – update on performance (Sue Lott, LCC, Faith Button, Ailsa Brotherton, LTH and Emma Ince, GPCCG and CSRCCG) – November 2019

Health Scrutiny Steering Group work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Fylde Coast Integrated Care Partnership (ICP)	Update on the work of the partnership	Steering Group	Wendy Swift, Blackpool Teaching Hospitals Foundation Trust and Andrew Harrison, Fylde and Wyre CCG	15 June	The Steering Group agreed that an item on Healthy New Towns and the Whyndyke Garden Village in Fylde be presented to a future meeting of the Health Scrutiny Committee.	
NWAS	Update on new Government reporting standards and NWAS' new Nursing and Residential Home Triage (NaRT) Tool. (Also hospital pharmacy waiting times and delays for NWAS transport)	Steering Group	Peter Mulcahy and Julie Butterworth, NWAS	19 September	<p>The Health Scrutiny Steering Group recommends that;</p> <p>The Cabinet Member for Adult Services, officers from Lancashire County Council, North West Ambulance Service and the lead commissioner at Blackpool Clinical Commissioning Group give consideration to the implementation of the Nursing and Residential Home Triage Tool within all care homes across Lancashire.</p>	Initial update to be presented on 21 November meeting

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Lancashire and South Cumbria Stroke Programme	Overview	Steering Group	Gemma Stanion, Healthier Lancashire and South Cumbria	tbc		
Rosendale Birth Centre	Proposals	Steering Group	Kirsty Hamer and Christine Goodman, East Lancs CCG	tbc		
Vascular Service Improvement	Improving quality and access to Vascular Services	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	21 November (10:30)		
NWAS	Update on recommendations from the Steering Group on the potential roll out of NWAS' new Nursing and Residential Home Triage (NaRT) Tool across Lancashire Care Homes.	Steering Group	Lisa Slack, LCC And Blackpool CCG, NWAS representatives and Cabinet Member for Adult Services	21 November and 16 January 2019		
Quality Accounts	Preparations for responding to NHS Trusts Quality Accounts	Steering Group	Healthwatch Lancashire	16 January 2019		
Secondary Mental Health Services in Lancashire	Update	Steering Group	Charlotte Hammond, LCC	20 February 2019		

Appendix 'A'

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
Childhood immunisations	Progress report (invite to be extended to Chair and Deputy Chair of Children's Services Scrutiny Committee)	Steering Group	Jane Cass?/Tricia Spedding, NHS England, Sakthi Karunanithi, LCC	20 February 2019		
Care For You	Options	Steering Group	Silas Nicholls, Southport and Ormskirk Hospital Trust	13 March 2019		
North West Clinical Senate	Joint working	Steering Group	Prof. Donal O'Donoghue and Caroline Baines	13 March 2019		
Suicide Prevention in Lancashire	Progress report/annual update on outcomes set out in the Logic Model	Steering Group	Dr Sakthi Karunanithi and Chris Lee, LCC	17 April		
Delayed Transfers of Care	Progress update and learning from ECIST event.	Steering Group	Sue Lott, LCC Faith Button, Ailsa Brotherton, LTH and Emma Ince, GPCCG and CSRCCG	14 May 2019		
Vascular Service Improvement	Model of care.	Steering Group	Tracy Murray, Healthier Lancashire and South Cumbria	14 May 2019 (tbc)		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Scrutiny Method	Lead Officers	Proposed Date(s)	Recommendations	Progress
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Steering Group	Sally Napper, NHSE, Lisa Slack, LCC	tbc		
Health in All Policies	Embedding spatial planning and economic determinants	Briefing note (and Steering Group)	Dr Aidan Kirkpatrick and Andrea Smith, LCC	-		
Scrutiny of Budget Proposals 2018/19	<ul style="list-style-type: none"> • Sexual Health • Advocacy Services • Learning, disability and autism: Enablement • Older persons in-house residential services: self-funder fees • Extra sheltered care services 	Briefing note	Neil Kisson/Richard Hothersall, LCC	-		

Future meeting dates: 17 April and 14 May

Other topics to be scheduled:

- Integrated Care Partnerships (ICP) – Central Lancashire; Fylde Coast; Morecambe Bay; Pennine; West Lancashire
- Chorley A&E, GTD Healthcare and CCGs - performance
- NWAS – transformation strategy and future
- Disabled facilities grants and housing associations

Standing items:

- Health and Wellbeing Board update
- Adult Social Care update

