

Lancashire County Council

Health Scrutiny Committee

Tuesday, 5th November, 2019 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
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1.	Apologies
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2.	Disclosure of Pecuniary and Non-Pecuniary Interests
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Members are asked to consider any pecuniary and non-pecuniary interests they may have to disclose to the meeting in relation to matters under consideration on the agenda.

3.	Minutes of the Meeting Held on 24 September 2019	(Pages 1 - 8)
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4.	Impact of recruitment of additional Occupational Therapists	(Pages 9 - 18)
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5.	Terms of Reference for the proposed Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)	(Pages 19 - 26)
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6.	Report of the Health Scrutiny Committee Steering Group	(Pages 27 - 30)
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7.	Health Scrutiny Committee Work Programme 2019/20	(Pages 31 - 42)
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8.	Urgent Business
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An item of urgent business may only be considered under this heading where, by reason of special circumstances to be recorded in the minutes, the chair of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the chief executive should be given advance warning of any member's intention to raise a matter under this heading.

9. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday, 3 December 2019 at 10.30am at County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 24th September, 2019 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillors

Mrs S Charles	S C Morris
S Clarke	E Pope
B Dawson	A Schofield
J Eaton	K Snape
J Fillis	D Whipp
M Iqbal	

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Margaret France, (Chorley Council)
Councillor David Howarth, (South Ribble Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Viv Willder, (Fylde Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillors S Clarke, B Dawson, J Eaton, A Schofield replaced County Councillors C Towneley, N Hennessey, P Britcliffe and J Burrows respectively.

1. Apologies

Apologies were received from Councillor B Hilton (Ribble Valley Borough Council) and Councillor G Hodson (West Lancs Borough Council).

2. Constitution: Chair and Deputy Chair; Membership; Terms of Reference of the Health Scrutiny Committee and its Steering Group

Resolved: That:

1. The appointment of County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the committee for the remainder of the 2019/20 municipal year be noted;
2. The new membership of the committee following the County Council's Annual Meeting on 23 May 2019 be noted; and
3. The terms of reference of the committee be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

Councillor Margaret France declared a non-pecuniary interest as a publically elected governor for Lancashire Teaching Hospitals Trusts.

4. Minutes of the Meetings Held on 14 May 2019 and 26 June 2019

Resolved: That the minutes from the meetings held on 14 May 2019 and 26 June 2019 be confirmed as an accurate record and signed by the Chair.

5. Lancashire and South Cumbria Integrated Care System - Update on the five year strategy

The Chair welcomed the following officers from the Healthier Lancashire and South Cumbria Integrated Care System (ICS): Andrew Bennett, Executive Director for Commissioning, Peter Tinson, Chief Operating Officer for Fylde Coast Clinical Commissioning Groups (CCGs) and Neil Greaves, Head of Communication and Engagement.

Andrew Bennett presented a report providing a high-level overview of the partnerships in the Lancashire and South Cumbria Integrated Care System and the progress toward developing a five year strategy in response to the NHS Long Term Plan.

Jenny Hurley, representing Protect Chorley and South Ribble Hospital from Cuts and Privatisation campaign group made deputations to the committee in response to the report. The deputations raised concerns expressed by the campaign group regarding the potential merger of eight Clinical Commissioning Groups (CCGs) to one and requested that detailed plans and the result of a public consultation be presented to a future meeting of the committee.

Mary Whitby, representing Save Ormskirk and Southport Hospital campaign group also made deputations to the committee in response to the report. The deputation requested that the committee rejected the five year plan and merger of the eight CCGs in favour of a public consultation.

Members requested clarification on a number of issues as detailed below:

- Concerns were expressed regarding the wide ranging implications of the plan and lack of specific detail regarding the direction of the strategy and its local impact.

In response NHS colleagues stated that a series of NHS reforms from 2012, had highlighted the requirement for NHS bodies to work closer together. In addition ongoing feedback from patients had described that they received fragmented care. The strategy aimed to form partnerships and working relationships to improve the patient experience.

It was emphasised that the strategy was not designed to centralise services, but to support the planning of healthcare at a neighbourhood level and high level expenditure at a strategic level. It was emphasised that 41 primary care

networks had been successfully established and were engaging with the strategy.

- With regard to the proposed merger of eight Clinical Commissioning Groups (CCGs) into one, members raised the issue of the practicality of addressing constituents' concerns to one single commissioning body for 1.7 million people in the ICS and asked how local accountability could be assured. It was maintained that this was already difficult with the current arrangement. Members also suggested that NHS reforms had frequently changed direction and it would be beneficial for the residents of Lancashire if decision making remained closer to home to allow for the specific priorities for individual areas to be developed.

NHS officers stated that there would be a plan to develop a case for change that was likely to recommend a single CCG, which would support work in the neighbourhoods/primary care networks to engage local people and address individual needs. This process included the submission of a formal request and a consultation to identify and address risks. The case for change had yet to be set out and local voice and representations would have to be answered at this stage. The consultation around CCGs would address at what level specific decisions would be taken and this would depend on the level of impact, i.e. if it was at local level or ICS wide.

- In response to queries raised regarding the democratic deficiency of the NHS decision making process, it was confirmed that there were strong opportunities for councillors to work closely with the neighbourhoods. GPs were already working closely with councillors in some areas and there was an expectation that nationally appointed GPs would lead the board of local partnerships and involve councillors. This collaboration would be designed in to the model.
- In response to comments it was clarified that the ICS was sensitive to the nuanced relationships in the partnerships with voluntary community, faith and social enterprise sector networks and was working on building these collaborations. A leadership group had been developed to include representatives from this sector in partnership meetings to ensure their involvement and so that they can contribute to decisions.
- Members highlighted the recurring problem of a shortage of suitable staff being trained and how this would be addressed to ensure deficits in service provision were diminished, rather than relying on volunteers who provided additional support and should not be a replacement for NHS services.
- In response to a question, Andrew Bennett stated that there were a number inaccuracies in the deputations and clarity regarding these could be provided.
- Members commented that it was clear that the public needed better and more sustainable healthcare and acknowledged that the plans were currently at the strategic level.

It was moved by County Councillor Eddie Pope and seconded by County Councillor Alan Schofield that the published five year strategy be presented to the Health Scrutiny Committee at its next scheduled meeting on 5 November 2019.

The following amendment was proposed by County Councillor John Fillis and seconded by County Councillor David Whipp:

Due to lack of clarity regarding public accountability and the questions/concerns that have not been addressed, the committee was unable to support the five year strategy at the present time until further detail and more information was included. The committee would be prepared to consider future proposals and additions to the plans at its meeting on 5 November 2019.

On being put to the vote the amendment was LOST. Whereupon it was;

Resolved: That

The published five year strategy be presented to the Health Scrutiny Committee at its next scheduled meeting on 5 November 2019.

6. Our Health Our Care Programme - Update on the future of acute services in central Lancashire

The Chair welcomed Karen Partington, Chief Executive, Lancashire Teaching Hospitals; Dr Gerry Skailes, Medical Director, Lancashire Teaching Hospitals; Denis Gizzi, Chief Officer, Greater Preston and Chorley and South Ribble CCGs; Helen Curtis, Director of Nursing and Quality for the CCGs, Jayne Mellor, Director of Transformation for the CCGs, Dr. Sumantra Mukerji, Chair of Greater Preston CCG and Jason Pawluk, Our Health Our Care Programme Director, NHS Transformation Unit.

Jason Pawluk presented a report which provided an update from the Our Health Our Care programme on the future of acute services in Central Lancashire. This update described the progress made relating to the formal assurance process required by NHS England with regard to proposals for significant service change (stage 2).

The 13 options for service change for emergency care services for the residents of Chorley and South Ribble and Greater Preston CCGs being considered were distributed and are attached to these minutes.

Jenny Hurley, representing Protect Chorley and South Ribble Hospital from Cuts and Privatisation campaign group made deputations to the committee in response to the report. Jenny stated that the report didn't address downgraded services in other areas of Lancashire and didn't take into account growing populations in the area.

A question was also raised as to why other Hospital Trusts (Blackburn and Wigan) were getting new staff for their A&E departments and Lancashire Teaching Hospitals was not. The deputation requested a full analysis of the impact that a reduction of services would have and full public engagement at all stages of the process.

Members requested clarification on the areas detailed below:

- In response to a question it was confirmed that the first 'do nothing option' would leave services as they were now; the second option would leave services as they were in conjunction with a transformation of the acute services to improve efficiencies and the third option would increase accident and emergency provision at Chorley and South Ribble hospital to the requirements of a type 1 facility.
- Members requested assurance that the Our Health Our Care Programme would assimilate with the Integrated Care System (ICS) five year strategy. It was confirmed that the strategy was a set of proposals coming from the Integrated Care System and not a decision from it. However, the Committee was informed that Clinical Commissioning Groups (CCGs) were GP membership organisations and any constitutional proposals or request for change (including proposals to merge CCGs) would have to be endorsed by members. It was noted that a proposal to merge the two CCGs (Greater Preston and Chorley and South Ribble) in the central Lancashire area had been recently rejected by the respective CCG boards.
- Members asked what work was underway to engage with neighbouring health care services and hospitals, outside the central Lancashire area. It was confirmed that the Our Health Our Care Programme maintained a close working relationship with neighbouring CCGs and hospitals and were keen to work closely with them as with all the statutory consultees. NHS colleagues were aware of the concerns expressed by the chief executive of Wrightington, Wigan and Leigh NHS Hospital Trust regarding the proposals. The proposed engagement timeline would align with the reduction of the range of the 13 options, when it would be easier to describe and understand what the impact on neighbouring services would be.
- In response to a question, Jenny Hurley stated that NHS digital applications had positive points, however she had examples where patients had been advised that a digital application was the only option. Jenny also maintained that GPs use applications that follow an algorithm to give the most inexpensive treatment pathway which didn't necessarily provide the best and most cost effective outcome for the patient.
- Members asked why the options didn't include plans to increase recruitment and training of staff, enhance service levels and improve patient access to GPs to reduce demand on accident and emergency services.

Members emphasised that the options to close accident and emergency at Chorley and South Ribble hospital would see increased pressure on this service at other hospitals in West Lancashire, Blackburn, Wigan and Preston. A reduction or cessation of accident and emergency services in West Lancashire would create a gap in provision from Liverpool to north Preston. Concern was also expressed regarding the widely publicised lack of support

for patients with mental health issues and how they are often reliant on acute services.

NHS colleagues confirmed that there were significant issues regarding staffing and there was not the resources to safely support the current level of provision. The service always strived to recruit to provide the correct workforce level. The aim was to try and work together to provide the optimum number of staff in the right places to ensure the correct pathways for patients. The objective was to provide safe quality care which couldn't be delivered with the current arrangements. It was stressed that this case for change was addressing accident and emergency services, however transformation was taking place across the whole remit of acute provision.

Members asked if the case for change was being considered due to lack of resources and investment in the NHS. It was clarified that difficulties in recruitment and retaining staff required the service to think differently about the continuum of care and how it can be provided using the resources more innovatively.

- Members commented that the option of building a new super hospital which had been mooted previously should still be an option. It was explained that the option of a super hospital was being explored but was not included in the 13 options as this couldn't be publically consulted on.
- Members highlighted that the traffic issues in and around the Royal Preston hospital site would need careful consideration, if the Chorley and South Ribble hospital accident and emergency service closed.

Resolved: That

The Health Scrutiny Committee at its meeting scheduled on 3 December 2019, receive analysis on:

1. Staffing requirements for all options;
2. Impact on neighbouring Trusts as well as the Royal Preston Hospital site;
3. Mental Health service provision for all options;
4. Financial information on all the options.

7. Report of the Health Scrutiny Steering Group

The report presented provided an overview of matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 14 May 2019, 11 July 2019 and 11 September 2019.

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

8. Health Scrutiny Work Programme 2019/20

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

Resolved that the report be noted.

9. Urgent Business

There were no items of urgent business.

10. Date of Next Meeting and Future Meetings

The next meeting of the Health Scrutiny Committee will be held on Tuesday 5 November 2019 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, 5 November 2019

Electoral Division affected: (All Divisions);
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Impact of recruitment of additional Occupational Therapists

(Appendix A - Equipment Categorisations, Activity and Spend)

Contact for further information:

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Executive Summary

At the Health Scrutiny Committee Steering Group on 17 April 2019, the chair received a report relating to Learning from Complaints in Adult Social Care, and heard about the improvements in Occupational Therapy waiting times. The committee requested a more detailed report on how this has been achieved.

This report details the development of the Occupational Therapy service within Adult Social Care at Lancashire County Council, and demonstrates the improvements seen in timeliness of assessments and the increase in Disabled Facilities Grants recommendations over recent years. The report also demonstrates the positive benefits of Occupational Therapy in adult social care, and innovation possibilities for the future.

Recommendation

Health Scrutiny Committee is asked to note the report and the improvements seen in the performance of the Lancashire County Council Occupational Therapy Service.

Background and Advice

Occupational Therapists take a whole-person approach to both mental and physical health and wellbeing of people, enabling individuals to live as independently as possible. This includes working with people to use new or better techniques for the task they need to undertake and/or by adapting their home environment through the provision of equipment or adaptations.

In 2014, there were 20 full time equivalent Occupational Therapist posts across County within Adult Social Care, following the transfer of the moving and handling and equipment and adaptations services back into the Council. The existing waiting lists for assessments had also been transferred into the county council from the NHS, and work was undertaken to start to reduce these with varying degrees of success; the challenges in part, due to staff capacity.

Within the Passport to Independence transformation programme in Adult Social Care, the redesign of the Reablement service put Occupational Therapy at the heart of its leadership in 2016. At the same time, the new Improved Better Care Fund monies offered the opportunity to enhance the overall Occupational Therapy establishment to better match demand. The number of Occupational Therapists was increased from 20 to 40 full time equivalent posts within Adult Social Care. 10 Occupational Therapists posts were sited in Reablement, and 30 in the Community Occupational Therapy service.

Although this report touches on the Reablement service, in the main it concentrates on the remit of the work within the community Occupational Therapy service.

In addition to the Occupational Therapists in post across Adult Social Care, the decision was made some years ago to expand the number of staff who could assess for and commission community equipment. Using a Trusted Assessment and competency based framework, all Social Care Support Officers have been trained to assess for more straightforward less complex equipment items (ie mostly items contained in the 'Retail Model' (see Appendix A for explanation) such as grab rails and raised toilet seats), and give people a 'prescription' which they can use at any number of local retailers, usually specific mobility retailers, but also a number of pharmacies across the County.

Community Occupational Therapy Service

Through Passport to Independence, dedicated Occupational Therapy leadership was created in the form of a County Occupational Therapy Manager; this was important for the profile of the service, and in ensuring that the professional registration and continuing professional development requirements of the service are met alongside a lead for Occupational Therapy practice and performance.

The improvements in the practice and processes the teams operate to, are evident in the performance now seen from the service. High quality outcomes remain a key priority, and this is borne out in the 2018/19 feedback data relating to the service of 25 complaints and 195 compliments, a ratio of almost 1:8.

Following the approval of the use of the Improved Better Care Fund to create more Occupational Therapy posts, recruitment initially proved a challenge. It took some considerable time to see tangible improvements in recruiting to vacant posts. A lot of work has been undertaken to showcase Lancashire as a good place for Occupational Therapists to work, and to make the adverts more attractive to increase the interest in posts. Some of the actions undertaken include:

- A Lancashire County Council OT talking about her experience of working in Lancashire and why prospective applicants should apply
- Increased and more effective use of social media to advertise OT posts
- Attendance at recruitment fairs
- Closer links with local Universities to reach undergraduates to showcase Lancashire as an employer

- Working towards supporting a small number of adult social care staff on the Occupational Therapy Degree through the use of the Apprenticeship Levy

The recruitment campaign has proved successful, with all posts now recruited to and a 'business as usual' staff turnover rate.

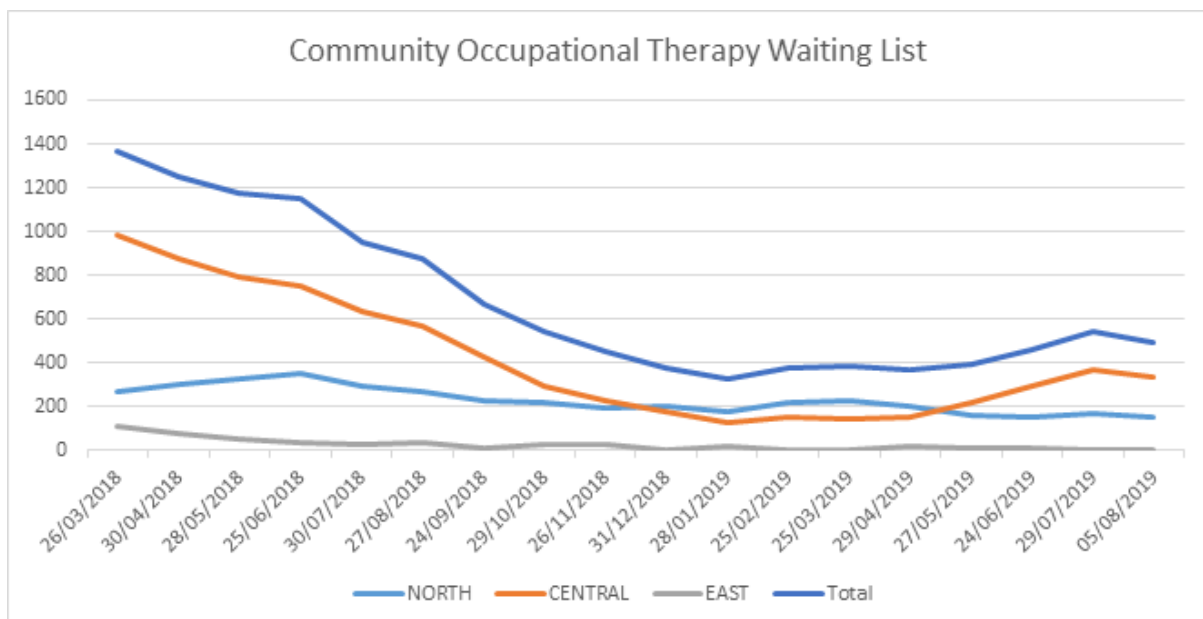
The service is also now starting to take Occupational Therapy students for the first time, further enhancing the opportunities for prospective applicants of the future to see Lancashire County Council as a place they want to work.

The overall number of Occupational Therapists within Adult Social Care has recently increased again through the addition of some permanent and temporary posts to create the Single Handed Care Team (see further information about this service under the New Initiatives and Possibilities section below), and also through a redesign of the Reablement Service, taking the current number of OTs to 49.

Timeliness of Occupational Therapy Assessment

Although initiatives had occurred to improve the Occupational Therapy waiting times in the past, the lack of leadership and practitioner capacity within social care for the Occupational Therapists prior to 2017/18, meant that short term improvements were rarely sustained.

The following graph shows the significant improvement in timeliness of assessment from March 2018 onwards, with the number of people awaiting assessment across County standing at 1363 at March 2018 and, through the focussed work undertaken, reducing to 497 as at 5th August 2019. This work is continuing with the aim of the service reaching their 'business as usual' target to see everyone within 28 days of being referred.



Where a referral is categorised as a high priority, the Occupational Therapy service is now able to see people on average within 7 days.

In order to achieve the performance seen so far around the reduction in waiting times and in the number of people awaiting assessment, a robust action plan was produced in 2018 which set out a new screening process to be followed, data cleansing of the waiting lists, recruitment to new posts and initially some additional overtime hours for defined numbers of assessments.

The implementation of the action plan saw a rapid reduction in people waiting for an assessment, plus a significant change in the timeliness of assessments.

Approximately 300 people each month are referred for an Occupational Therapy assessment, with 80% of people now being seen within 28 days (Quarter 1, 2019/20) as compared to only 65% of people being seen within 28 days in the same period in 2018/19. The service continues to work hard to achieve all people being seen with this timescale as a business as usual Key Performance Indicator.

Community Equipment Activity and Spend

The provision of equipment to support people to live as independently as possible, is one possible outcome of both an Occupational Therapy assessment, and of a Social Care Support Officer assessment. Occupational Therapists and Physiotherapists working for the NHS also provide community equipment following their assessments.

Community Equipment provision is broadly split into three categories in Lancashire:

- Simple items of equipment that are available for general purchase, and not provided by Health or Social Care as an outcome of an assessment, such as shoe horns, or long handled grabbers.
- 'Retail Model' equipment that is provided via a prescription (and is also available for general purchase) following an assessment by Occupational Therapists, Social Care Support Officers or Physiotherapists
- Complex equipment that is provided on a 'loan' basis to people following assessment by an Occupational Therapist or Physiotherapist. The equipment is provided via an organisation called [MedEquip](#) who have the contract across health and social care for Lancashire

Minor adaptations are small scale (with a cost of less than £1000) adaptations to peoples' home environment that enable them to move around and outside their home as independently as they can. These small scale adaptations fall within the remit of the Local Authority to provide, with adaptations including things such as additional bannister rails, or small ramps to replace steps.

Detailed information on community equipment and minor adaptations activity and spend is contained in **Appendix A**.

Disabled Facilities Grant

The Disabled Facilities Grant is a means tested grant to install adaptations such as ramps, wet rooms or other changes to the person's home environment to enable disabled adults to live as independently as possible. (Disabled Facilities Grant is also available to children, but this report concentrates on adults aged 18 and above).

The Disabled Facilities Grant is allocated each year to Lancashire County Council as the upper tier authority. It is then passported directly through to the District Councils in line with their nationally defined individual allocations. The Grant allocation has increased considerably in the last 3 years, meaning that more people are now able to benefit each year from adaptations to their home, enabling them to live more independently and safely.

The process for accessing a Disabled Facilities Grant is via an Occupational Therapist assessment, who will make a recommendation to the District Council for a Disabled Facilities Grant adaptation to take place. The District Council will undertake the financial means test, and if eligible, schedule the works in with the individual.

Some years ago, due to the limited staffing capacity within the Occupational Therapy service, lower numbers of recommendations were being made for Disabled Facilities Grant adaptations, and some District Councils reported that they were struggling to spend their allocation across the year. Due to the longer wait times for an assessment from an Occupational Therapist, people were therefore waiting much longer than would be wanted for an adaptation to take place. This also led to increased numbers of complaints.

As the Occupational Therapy service has worked through the waiting list and is now in a much better performing position, it can be seen in the table below that the numbers of Disabled Facilities Grant recommendations sent to the Districts each year has improved significantly, moving from just 812 in 2014/15 to 2814 in 2018/19.

The volume of 1376 Disabled Facilities Grant adaptations recommended so far in 2019/20 already surpasses the full year total of 2014/15 and is only slightly short of the full year volume for 2015/16.

It is likely that we will see a flattening out of referral numbers from this year onwards, as the high number in 2018/19 reflects the work undertaken on the waiting list, so includes higher numbers of people from the backlog of assessments. As the improvement work around timely assessments continues, such significant waiting lists will no longer be in place.

Referral Numbers for Disabled Facilities Grants

	Central (Preston, Chorley, South Ribble, West Lancs)	East (Burnley, Pendle, Rossendale, Hyndburn & Ribble Valley)	North (Lancaster, Morecambe, Fylde, Wyre)	Area Not Recorded	Total DFG referrals
2014/2015	262	334	196	20	812
2015/2016	518	590	510	37	1655
2016/2017	720	570	531	53	1874
2017/2018	758	678	742	51	2229
2018/2019	1299	768	687	60	2814
2019/2020 (to 15/10/19)	470	423	481	2	1376

The higher numbers of referrals from the LCC OTs have contributed to significant increases in the actual numbers of DFGs completed by the Lancashire district councils, as shown in the table below:

Disabled Facilities Grants completed

Lancashire 12 Districts	Number of DFGs Completed
2016/17	1711
2017/18	2117
2018/19	2608

Some of the District Councils have accumulated carry forwards in their Disabled Facilities Grant monies, which offers opportunities for flexibilities in application of the Grant. In addition, social care capital schemes have been identified in two of the districts, which are being considered for support.

New Initiatives and Possibilities

There are many new initiatives in place both within adult social care and in collaboration with the District Councils to broaden access to Disabled Facilities Grant within the regulations, reduce hand-offs between services, avoid delays and increase peoples' independence and choice. These include:

- Within the Lancashire County Council Moving with Dignity project the Single Handed Care Team have now commenced, undertaking assessments with people who are identified for more than one carer per visit, with a view to reducing the number of carers through innovative use of the latest equipment and most up to date moving and handling techniques. This was one of the Service Challenge proposals from Adults. Enabling people to become more independent this also releases care capacity back into the market alongside being a more cost effective way of delivering care and support.
- To support the more timely recommendation of Disabled Facilities Grant to the District Councils, new 'direct referral' procedures are being trialled around some standard adaptations such as wet rooms, whereby an Occupational Therapy assessment is not needed if a Social Care Support Officer has undertaken a recent assessment and all the relevant information is included. These are sent directly through to the Districts, who contact an Occupational Therapist if there are any issues.
- District Councils and Lancashire County Council's Occupational Therapy services have agreed a joint Disabled Facilities Grant prioritisation criteria with the emphasis on reducing acute hospital admissions and facilitating timely discharge

- District Councils have agreed to the expansion of provision of Disabled Facilities Grant items, resulting in a consistent set of equipment and items that are provided across the County. For example ceiling track hoists and wash dry toilets are now provided via Disabled Facilities Grants across all districts, representing a cost saving to Social Care and could help to facilitate initiatives such as Single Handed Care
- In keeping with current good practice guidance, wider use of Disabled Facilities Grant discretionary grants has been discussed and promoted through the county Disabled Facilities Grant group. Eight districts now have discretionary grants, these are required to address local need and typically remove means testing for low value grants plus the raising of the upper limit above £30,000 for high value grants, in circumstances where it is necessary. This helps people get the support they need more quickly and reduces cost pressures on other parts of the system. In addition, fewer people drop out of the system for financial reasons.
- An event is being planned in the near future bringing together Lancashire County Council, District Councils and other partners, to look at best practice and innovation in the use of the Disabled Facilities Grants elsewhere and explore the possibilities and benefits for the people of Lancashire.

Conclusion

It can be seen that there has been significant improvement in the performance of the Occupational Therapy service in terms of more timely assessments, improved wait times, and in people getting more timely access to both community equipment and Disabled Facilities Grant adaptations that make a difference to their independence and quality of life. This is a result of a combination of factors:

- significant investment to increase the number of qualified Occupational Therapists employed by the council
- increased leadership capacity within the Occupational Therapy service
- improvements in productivity and business processes
- increased Disabled Facilities Grant allocations from central government
- improvements in partnership working with district councils, private sector equipment providers and the NHS

The work underway to grip and achieve the performance improvement so far will continue, ensuring that people are seen in a timely way, and high quality outcomes are realised for people that support their optimum independence, choice and control.

Occupational Therapists have a key role in adult social care, in maximising peoples' independence and reducing their need for other formal support, and further opportunities to focus their skills in the right place during peoples' contact with social care will continue to be explored.

In addition, there is also potential for wider innovation and collaborative work with District Councils and other partners to explore the possibilities around the use of Disabled Facilities Grants to further benefit the people of Lancashire.

Consultations

N/A

Implications:

N/A

Risk management

There are no key risks to outline for noting

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

Paper	Date	Contact/Tel
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None		
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Reason for inclusion in Part II, if appropriate

N/A

Appendix A – Equipment Categorisations, Activity and Spend

The provision of equipment to support people to live as independently as possible, is one possible outcome of both an Occupational Therapy assessment, and of a Social Care Support Officer assessment. Occupational Therapists and Physiotherapists working for the NHS also provide community equipment following their assessments.

Community Equipment provision is broadly split into three categories in Lancashire:

- Simple items of equipment that are available for general purchase, and not provided by Health or Social Care as an outcome of an assessment
- 'Retail Model' equipment that is provided via a prescription (and is also available for general purchase) following an assessment by Occupational Therapists, Social Care Support Officers or Physiotherapists
- Complex equipment that is provided on a 'loan' basis to people following assessment by an Occupational Therapist or Physiotherapist. The equipment is provided via an organisation called MedEquip who have the contract across health and social care for Lancashire.

Retail Model Equipment

The Retail Model has been operating in Lancashire for nearly 10 years, and sees a large amount of activity which gives service users more choice and flexibility around the equipment recommended to them. There is a defined list of equipment that is agreed across health and social care and which follows the national model.

Following assessment, the individual receives a prescription which can be redeemed via a number of participating retailers across Lancashire. They have the option to receive the standard equipment specification funded by either Lancashire County Council or the NHS (dependent upon the item) or if they wish they can pay a 'top up' amount on top of the value of the prescription to buy the same piece of equipment but a model that more suits their own lifestyle and home environment.

The average annual spend by Lancashire County Council for social care community equipment contained within the Retail Model is approximately £2.03m. The high volume items tend to be items such as perching stools, raised toilet seats, commodes and toilet frames, and grab rails.

Complex Community Equipment

Many larger items of community equipment such as hoists, specialist chairs or beds are loaned to service users across Lancashire for as long as they need them. Once items are no longer required, they are returned to MedEquip, specially cleaned, decontaminated and refurbished as appropriate and loaned to the next person assessed as requiring this type of equipment.

These items of equipment, used to support people with more complex moving and handling needs are assessed for by Occupational Therapists and Physiotherapists, with all items categorised with regard to whether they are funded by the NHS or social care.

Lancashire County Council currently spends around £1.3m per year on complex equipment to support people to live as independently as possible, and to ensure that they are moved and handled in a way that is safe and least restrictive.

Minor Adaptations

Minor adaptations are small scale adaptations to peoples' home environment that enable them to move around and outside their home as independently as they can.

For example, external rails outside peoples' doors, or additional bannister rails to support people to climb the stairs without the assistance of a carer (or to make it safer if the person is being assisted), or small ramps to replace steps would fall into this category.

Minor adaptations are adaptations under £1000, that fall into the remit of Adult Social Care rather than larger adaptations which would fall into the scope of the Disabled Facilities Grant, which is administered by the District Councils.

Currently Home Improvement Agencies deliver this element of our statutory work across all the district areas. The 2018/19 spend on minor adaptations was £1.025m rising from £956,369 in 2017/18, with the highest volume adaptation being internal rails.

A recent piece of innovation work has been undertaken with the Home Improvement Agencies to enable them to undertake a 'trusted assessment' where they are visiting people either as part of their home improvement work or for a commissioned minor adaptation. If during the visit they identify that an additional piece of equipment is required within a defined list, they are able to issue and fit this which avoids the need for these cases to be referred into the Occupational Therapy service for further assessment, thereby reducing delays for the customer.

The county's Disabled Facilities Grant group has defined the thresholds where minor adaptations stop and Disabled Facilities Grants start. This has not only resulted in a more consistent approach across the county and clear compliance with the Care Act, but reduces OT and OT manager time in processing 'exceptions' cases.

Health Scrutiny Committee

Meeting to be held on Tuesday, 5 November 2019

Electoral Division affected: (All Divisions);
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Terms of Reference for the proposed Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)

(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

This report sets out the terms of reference for the proposed Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System which was developed by the Health Scrutiny Steering Group in collaboration with all upper tier local authorities within the Lancashire and South Cumbria area.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the terms of reference for the proposed Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System.
2. Agree to receive the minutes of the meetings of the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System.

Background and Advice

The Health Scrutiny Committee at its meeting held on 5 February 2019, agreed in principal to the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS). In addition the Committee requested its Steering Group to develop and finalise the terms of reference for the proposed joint committee in collaboration with the other relevant local authorities namely Blackburn with Darwen Council, Blackpool Council and Cumbria County Council.

A draft terms of reference was developed by the county council and issued to the other local authorities for comments in July 2019. Following this the Chairs and scrutiny support officers of the three other Health Scrutiny functions were invited to attend the Steering Group at its meeting on 16 October 2019, to consider comments raised and to finalise the terms of reference. A copy of the terms of reference is set out at appendix A.

The Committee is asked to note the terms of reference for the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System and agree to receive the minutes of the meetings of the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System.

Next steps

Each council will need to navigate their own governance procedures to formally agree the appointment of the joint committee and its terms of reference. At Lancashire, the request will be presented to the Internal Scrutiny Committee at its meeting scheduled for 15 November 2019. This is in accordance with Part 2 – Article 5 (Overview and Scrutiny) of the county council's constitution. It's hoped that a work programming session for members of the joint committee will be held in the New Year which will help set a timetable of meetings for the remainder of the 2019/20 municipal year and 2020/21.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

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/Tel
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None		
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Reason for inclusion in Part II, if appropriate

N/A

Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)

Terms of reference

1. Title

The Committee to be named the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS).

2. Scope and function

To consider proposed health service changes that will directly affect all four upper tier local authorities within the Lancashire and South Cumbria areas.

To exercise the statutory functions of a health scrutiny committee under the provisions of the National Health Service Act 2006; the Local Government and Public Involvement in Health Act 2007; and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 and to make reports and recommendations to NHS bodies as appropriate in relation to matters which directly affect all four upper tier local authorities within the Lancashire and South Cumbria areas.

The joint committee will establish an annual work plan to determine the specific issues to be addressed for the forthcoming municipal year.

3. Membership

The membership of the joint committee comprises:

- 3 elected voting Members from the Lancashire County Council Health Scrutiny Committee
- 3 elected voting Members from the Cumbria County Council Health Scrutiny Committee
- 3 elected voting Members from the Blackburn with Darwen Borough Council People Overview and Scrutiny Committee
- 3 elected voting Members from the Blackpool Council Adult Social Care and Health Scrutiny Committee

Each local authority to appoint on the basis of two members from the administration and one member from the largest opposition group.

The Joint Committee shall be appointed annually prior to its first meeting in each municipal year.

When selecting individual members to serve on the Joint Committee, each local authority should consider a member's experience, expertise, and interest in health scrutiny; as well as the ability to act impartially, work as part of a group, and the capacity to serve.

4. Substitutes or replacements

Any member of the Joint Committee may be represented at a meeting of the Joint Committee by a substitute or replacement appointed by the appropriate local authority. Local authorities in these circumstances are encouraged to ensure the substitute or replacement member's experience, expertise, and interest in health scrutiny is taken into consideration when appointing either on a temporary or permanent basis; notwithstanding the ability to act impartially, work as part of a group and the capacity to serve. Substitutes will have the same voting rights as the member they replace and count towards the establishment of a quorum.

If any Member ceases to be a Councillor of their local authority or if the local authority notifies of any changes to the membership they shall no longer be a member of the Joint Committee.

5. Chair and Vice Chair

The Chair and the Vice Chair shall be elected by the Joint Committee from among the Committee's voting membership at the first meeting in each municipal year. It is intended that the Chair shall rotate between each local authority for each municipal year. The elected Chair must be a Member of a different local authority to the Vice Chair.

The Chair shall preside at the meetings. In the absence of the Chair, the Vice Chair shall Chair the meeting. In the absence of both the Chair and the Vice Chair, the Joint Committee Members present shall elect a Chair for that meeting from among their number of voting members.

6. Secretary of State Referrals

In the case of contested NHS proposals for substantial service changes or any NHS proposal which the Joint Committee feels has been the subject of inadequate consultation, by majority agreement, the Joint Committee to have delegated authority to directly refer the matter to the relevant Secretary of State.

That in relation to the function described above, any Joint Committee decision on whether or not a referral should be made to the relevant Secretary of State is not required to be approved by the individual Overview and Scrutiny Committees at those local authorities that may be directly affected by the decision.

7. Scrutiny Arrangements

Decisions and recommendations may only be made by the Joint Committee. However task and finish groups may be established if the Joint Committee deem this to be the most appropriate method of scrutiny.

The Joint Committee has the following powers:

- To require the following person/s to attend the Joint Committee to answer questions or supply evidence:
 - a) The Chief Officer (or their representatives) of the Lancashire and South Cumbria Integrated Care System, Partnerships and Neighbourhoods;
 - b) Any relevant Chief Executives (or their representatives) of local NHS bodies;
 - c) The relevant Directors of Public Health, Adult and Children's Social Care from the four Local Authorities within the Integrated Care System area;
 - d) Any relevant Chief Officer of third sector organisations;
- To invite to any meeting of the Joint Committee and permit to participate in discussion and debate, but not to vote, any person not an elected Member appointed to the Joint Committee, whom the Joint Committee considers would assist it in carrying out its functions.
- To co-opt or appoint independent technical advisers as and when necessary and under such terms as the Joint Committee thinks appropriate, persons with appropriate expertise in relevant health matters, without voting rights.
- To invite the Chief Officers (or their representatives) from the four Healthwatch bodies within the Integrated Care System area.
- To request findings and recommendations from any Clinical Senate review relating to a proposal.
- Make reports or recommendations to the relevant health bodies as appropriate.

8. Review of functions, administration arrangements and terms of reference

To review at least annually the functions of, and administration arrangements for meetings of the Joint Committee.

To annually review the Joint Committee's terms of reference.

9. Conduct of Business Meetings

The Clerk to the Joint Committee shall, with the agreement of the Chair and the Vice Chair, arrange meetings of the Joint Committee as and when necessary (discretionary) or for the purposes of responding to consultation by a

Responsible Person (mandatory) in accordance with Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013. An Annual General Meeting will be scheduled each year.

The public are welcome to attend and observe meetings, however, there are no public speaking rights

No meetings of the Joint Committee shall be held during the notice of election period for any elections.

Any scheduled Joint meeting may be cancelled where the Chair and the Vice Chair of the Joint Committee both agree.

Where possible the venue for meetings of the Joint Committee shall be rotated between the local authorities. Secretarial support for the Committee shall be from the local authority from which the Chair of the Joint Committee is a member of.

a) Quorum

The quorum for the Joint Committee shall be five voting members from at least three of the affected upper tier local authorities being present. During any meeting if the chair counts the number of councillors present and declares there is not a quorum present, then the meeting will adjourn immediately. Remaining business will be considered at a time and date fixed by the chair. If a date is not fixed, the remaining business will be considered at the next meeting.

b) Agendas and Items of business

Agendas for meetings of the Joint Committee shall be circulated at least five working days in advance of the meetings and in accordance with the provisions of legislation relating to Access to Information.

Other than in exceptional circumstances, where agreed by the Chair, the only business to be considered at any meeting will be that which has been notified.

c) Declarations of Interest

Any Member having a non-pecuniary interest must disclose that fact and act accordingly. Those Members declaring a pecuniary interest must leave the room and take no part in the discussion or influence that particular item. Members must give reference to the individual code of conduct of their local authority when declaring an interest.

d) Decisions

The Joint Committee will seek to make decisions and recommendations by consensus whenever possible. In the event of any disagreement, the Chair will seek to resolve any differences.

Where it is not possible to achieve a consensus, voting is by show of hands.

The Chair shall have a second or casting vote.

e) Minutes

The minutes of each Joint meeting shall be submitted for information to the individual Overview and Scrutiny Committees at the respective local authorities.

Health Scrutiny Committee

Meeting to be held on Tuesday, 5 November 2019

Electoral Division affected: (All Divisions);
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Report of the Health Scrutiny Committee Steering Group

Contact for further information:

Debra Jones, Tel: (01772) 537996, Democratic Services Officer,

Debra.jones@lancashire.gov.uk

Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meeting held on 16 October 2019.

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:

The main functions of the Steering Group are listed below:

1. 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
2. To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
3. To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;

4. To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
5. To act as mediator when agreement cannot be reached on NHS service changes by the Committee. The conclusions of any disagreements including referral to Secretary of State will rest with the Committee;
6. 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;
7. To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly.

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 16 October, 2019

❖ Draft Terms of Reference for the appointment of a Joint Health Scrutiny committee for the Lancashire and South Cumbria Integrated Care System (ICS)

Gary Halsall, Senior Democratic Services Officer, presented draft terms of reference for the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS). Comments on the draft had been received from Cumbria County Council and Blackpool Council. The People Overview and Scrutiny Committee for Blackburn with Darwen Council had reviewed the draft but had not submitted comments.

The submitted comments were discussed and the following suggestions were agreed:

Comments from Cumbria County Council's Health Scrutiny Committee:

- Increasing the quorum from three voting members from at least two of the affected upper tier local authorities to five voting members from at least three of the affected upper tier local authorities, would provide more robust scrutiny for the purposes of public accountability.
- It would be more appropriate for the membership of the ICS joint committee to be drawn from the respective Health Scrutiny Committees rather than the Council or County Council and the full individual committee names be included in the terms of reference.
- The calendar of meetings should be proposed and agreed before each authority had set their calendar of meetings for the municipal year.

- A work planning meeting with new joint committee and the ICS would inform the agendas for the forthcoming year.
- All the general comments regarding wording from Cumbria County Council's Legal and Democratic services as presented were accepted.

Comments from Blackpool Council's Health Scrutiny Committee:

- The scope of the committee would be made more specific by the inclusion of the commitment to formalise a work plan and agenda setting within the terms of reference. It was accepted that there would be area specific issues that would be discussed at both ICS and area level. It was confirmed that the terms of reference did not preclude individual Health Scrutiny Committees from exploring issues at a local level. In addition the joint committee would only consider those proposals from the Integrated Care System that would affect all four local authority areas.
- The remaining suggestions for change from Blackpool Council regarding wording and inclusion of members referring to their individual code of conduct of their authority, as listed in the report, were also agreed.

Comments at the meeting from Blackburn with Darwen Council's Health Scrutiny Committee:

- It was agreed that meetings of the ICS joint committee shall not be held during the notice of election period for 'all' elections (rather than just local authority elections).

It was suggested that the appointment of chair be rotated on an annual basis and the relevant council chairing that year should also administer the meetings. All present were in agreement that it was included in the terms of reference that it was intended that each council take turns to chair and administer the meetings.

Cumbria County Council stated that they did not have the staffing capacity to support the administration of the ICS joint committee meetings whilst they also supported the Cumbria and Lancashire Joint Health Scrutiny Committee. It was suggested that when it was Cumbria's year to administer the ICS joint committee, Lancashire County Council could take on the clerking function for the Cumbria and Lancashire Joint Health Scrutiny Committee. County Councillor Claire Driver would discuss this further with Cumbria County Council Democratic Services.

It was agreed that Lancashire County Council chair and administer the first year of meetings.

Resolved: That;

1. The above suggestions as agreed in the body of the minutes be incorporated into the final draft terms of reference for the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS).

2. The final draft would be circulated to the four local authorities for agreement via their respective governance procedures.

❖ **Review of Primary Care Networks and Neighbourhoods across Lancashire (and South Cumbria): scoping**

Gary Halsall, Senior Democratic Services Officer presented a report reiterating the discussions during the work programming exercise undertaken by the Steering Group at its meeting held in May this year, with regard to reviewing the impact of primary care networks/neighbourhoods at local level and the accessibility of healthcare services and the provision of local facilities (capital and estates strategy – opportunities and constraints).

It was suggested that this could be a potential theme for Steering Group to review at each meeting for the remainder of this municipal year. It was acknowledged that the Steering Group would require an initial high level overview from colleagues at the Lancashire and South Cumbria Integrated Care System (ICS), followed by an update by neighbourhood representatives for subsequent meetings. In response to a suggestion it was clarified that primary care included GPs, pharmacists, dentists and opticians.

The Steering Group would establish key lines of enquiry and look to seek views of neighbourhoods reporting successes as well as those experiencing issues.

Resolved: That a themed review of Primary Care Networks and Neighbourhoods across Lancashire and South Cumbria Integrated Care System be included on the work plan for the Steering Group for the upcoming year.

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
None		
Reason for inclusion in Part II, if appropriate		
N/A		

Health Scrutiny Committee

Meeting to be held on Tuesday, 5 November 2019

Electoral Division affected: (All Divisions);
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Health Scrutiny Committee Work Programme 2019/20

(Appendix A refers)

Contact for further information:

Debra Jones, Tel: 01772 537996, Democratic Services Officer,

Debra.Jones@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 2019/20 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 19 June 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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None

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee Work Programme 2019/20

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)	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Committee					
Healthier Lancashire and South Cumbria Integrated Care System - five year local strategy	Feedback on draft five year strategy	Dr Amanda Doyle, Healthier Lancashire and South Cumbria	24 September 2019 and 5 November 2019		
Our Health Our Care Programme	Update on the future of acute services in central Lancashire	Dr Gerry Skailles, Lancashire Teaching Hospitals; Denis Gizzi, Greater Preston and Chorley and South Ribble CCGs and Jason Pawluk, NHS Transformation Unit	24 September and 3 December 2019		
Impact of recruitment of additional Occupational Therapists	Update on the recruitment of additional OTs and impact on waiting times	Tony Pounder, LCC	5 November 2019 (Moved from 3 December)		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Committee					
Urgent Mental Health Pathway	Improvement journey of LSCFT...	Caroline Donovan, Chief Executive, LSCFT (incl. LCC officers)	3 December 2019 (Moved from 5 November)		
Transforming Care (Calderstones)	Model of care for CCG commissioned learning disability beds To receive a written report and action plan on performance against targets for the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR).	Rachel Snow-Miller, Director for Commissioning for All-age Mental Health, Learning Disabilities and Autism, Healthier Lancashire and South Cumbria	4 February 2020		
Housing with Care and Support Strategy 2018-2025	Update on the implementation of the strategy	Cabinet Members S Turner and G Gooch, Louise Taylor, Joanne Reed, Craig Frost, Julie Dockerty, LCC	31 March 2020		
Delayed Transfers of Care (DToC)	Update on performance as a whole system and	Sue Lott, LCC and Faith Button, Ailsa Brotherton, Lancashire	31 March 2020		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Committee					
	preparations for winter 2019/20	Teaching Hospitals, Emma Ince, GPCCG and CSRCCG.			
Social Prescribing	Update on progress with the programme of work	Linda Vernon, Healthier Lancashire and South Cumbria and Michelle Pilling, East Lancs CCG	12 May 2020		
Cessation of the Lancashire Wellbeing Service	Impact of decommissioning the service. Tracking of service users	Dr Sakthi Karunanithi, CC Shaun Turner, LCC	12 May 2020		
Tackling period poverty	To report back on the activities of the Government's joint taskforce on period poverty in the UK	CC Nikki Hennessy (rapporteur)	tbc		

Other topics to be scheduled

- Improved/Better Care Fund – and the transformational impact
- Vascular Service Improvement – New Model of Care for Lancashire and South Cumbria (Joint Committee)
- Pooling health and social care budgets (Joint Committee?)
- Continuing Healthcare Assessments

Health Scrutiny Steering Group work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers	Proposed Date(s)	Recommendations	Progress
Steering Group					
Work programming workshop	workshop on the priorities of the ICS and work programming for 2019/20	CCs S Turner and G Gooch, and Dr Sakthi Karunanithi, LCC (10:30am), Healthier Lancashire and South Cumbria (11:30am) and Oliver Pearson, Healthwatch	19 June 2019	-	-
Delayed Transfers of Care	Progress update and learning from ECIST event.	Sue Lott, LCC Faith Button and Emma Ince, GPCCG and CSRCCG	17 July 2019 (11:15am)	-	-
Head and Neck	Improving quality and access to head and neck services	Tracy Murray, Healthier Lancashire and South Cumbria, and Sharon Walkden, NHS Midlands and Lancashire Commissioning Support Unit (CSU)	17 July 2019 (12noon)	-	-
Our Health Our Care	Update on the future of acute services in central Lancashire	Jason Pawluk, NHS Transformation Unit	17 July 2019 (10:30am)	-	-

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers	Proposed Date(s)	Recommendations	Progress
Steering Group					
Social Prescribing	Council for Voluntary Services across Lancashire	Linda Vernon, Healthier Lancashire and South Cumbria; with Christine Blythe, BPR CVS, Joe Hannett, Community Futures and Lynne Johnstone, LCC	11 September 2019		
Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)	Draft Terms of Reference	Gary Halsall, LCC	11 September 2019		
Stroke Programme	Improvement, and the position on Hyper Acute Stroke Services	Gemma Stanion, Healthier Lancashire and South Cumbria and Elaine Day, NHS England	11 September 2019		
Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System (ICS)	Draft Terms of Reference	Members and scrutiny support officers from Lancashire, Cumbria, Blackburn and Blackpool Councils	16 October 2019		
Suicide Prevention in Lancashire	Progress report/annual update on outcomes set out in the Logic Model	Dr Sakthi Karunanithi/Clare Platt and Chris Lee, LCC	20 November 2019		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers	Proposed Date(s)	Recommendations	Progress
Steering Group					
North West Ambulance Service (NWS)	Trust wide rota review	Peter Mulcahy	20 November 2019		
Review of Primary Care Networks and Neighbourhoods	Themed review for 2019/20	Peter Tinson, FWCCG and Stephen Gough, NHS England	18 December 2019 (tbc)		
Cessation of the Lancashire Wellbeing Service	Exit plan to identify possible mitigating actions for service users (schedule before 31 December 2019)	Dr Sakthi Karunanithi, CC Shaun Turner, LCC	18 December 2019		
Quality Accounts Preparations for responding to NHS Trusts Quality Accounts (incl. early involvement)	Continued focus on Lancashire and South South Cumbria Foundation Trust and Lancashire Teaching Hospitals Foundation Trust	Oliver Pearson, David Blacklock, Sue Stevenson, Healthwatch Lancashire	18 December 2019 and 16 April 2020		
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Sally Napper, NHSE, Lisa Slack, LCC	15 January 2020 (tbc)		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers	Proposed Date(s)	Recommendations	Progress
Steering Group					
			19 February 2020		
			11 March 2020		
			16 April 2020		
Transforming hospital services and care for people in Southport, Formby & West Lancs	Update on the Trust's key targets	Silas Nicholls, Southport and Ormskirk Hospital Trust	? May 2020		
Health in All Policies Briefing note	Embedding spatial planning and economic determinants	Dr Aidan Kirkpatrick and Andrea Smith, LCC	-		Pending

Other topics to be scheduled:

- Neighbourhoods/Primary Care Networks – reviewing impact at local level and accessibility of health care services and provision of local facilities (capital and estates strategy – opportunities and constraints) – theme for steering Group?
- Sexual health – commissioning LSCFT and Young Person's Clinics

- Integrated Care Partnerships (ICP) – Central Lancashire; Fylde Coast; Morecambe Bay; Pennine; West Lancashire
- Chorley A&E, GTD Healthcare and CCGs - performance

Standing items:

- Health and Wellbeing Board update
- Lancashire Safeguarding Boards Annual Report
- Adult Social Care annual update; Winter Plan; and Complaints Annual Report