

## **Health Scrutiny Committee**

Meeting to be held on Tuesday, 17 April 2018

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

Contact for further information:

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#### **Executive Summary**

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

#### **Recommendation**

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

#### **Background and Advice**

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

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

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

- To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
- To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly;
- To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered.

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

### **Meeting held on 14 March 2018:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **Consultations**

N/A

## **Implications:**

This item has the following implications, as indicated:

## **Risk management**

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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N/A		
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Reason for inclusion in Part II, if appropriate		
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