

Lancashire County Council

Health Scrutiny Committee

**Minutes of the Meeting held on Tuesday 14th September 2021 at 10.30 am
in Cabinet Room 'A' - The Tudor Room, County Hall, Preston**

Present:

County Councillor David Westley (Chair)

County Councillors

C Haythornthwaite	J Oakes
S Barnes	E Pope
J Burrows	Rigby
L Collinge	K Snape
S Jones	

Co-opted members

Councillor Barbara Ashworth, (Rossendale Council)
Councillor David Borrow, (Preston City Council)
Councillor Gina Dowding, (Lancaster City Council)
Councillor Alex Hilton, (Chorley Borough Council)
Councillor David Howarth, (South Ribble Borough Council)

County Councillor Samara Barnes replaced County Councillor Mohammed Iqbal and Councillor David Borrow replaced Councillor Jennifer Mein at this meeting only.

County Councillor Stuart Morris, County Councillor Lian Pate, Councillor Sue Gregson, and Councillor Jenny Molineux attended the meeting virtually, via Microsoft Teams.

1. Apologies

Apologies were received from Councillor Julie Robinson (Wyre Borough Council) and Councillor Frank Cant (Burnley Borough Council).

It was noted that County Councillor Samara Barnes replaced County Councillor Mohammed Iqbal and Councillor David Borrow replaced Councillor Jennifer Mein at this meeting only.

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

The committee considered a report detailing the chairmanship, membership, and Terms of Reference of the Health Scrutiny Committee and its Steering Group for 2021/22.

Resolved: That

- i) The appointment of County Councillors David Westley and Carole Haythornthwaite as Chair and Deputy Chair of the committee for the remainder of the 2021/22 municipal year be noted;
- ii) That the new membership of the committee, following the county council's Annual Meeting on 27 May 2021, be noted; and
- iii) The Terms of Reference of the committee be noted.

3. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Steve Rigby declared a non-pecuniary interest in relation to Item 8 as Interim Chair of the Healthwatch Lancashire Board, and County Councillor Lizzi Collinge declared that her spouse was employed by NHS England.

4. Minutes of the Meeting Held on 23 March 2021

Resolved: That the minutes of the meeting held on 23 March 2021 be confirmed as an accurate record.

5. Mental Health Integrated Community Care Transformation (MHICC)

Dr David Fearnley, Chief Medical Officer and Chris Oliver, Chief Operating Officer at Lancashire and South Cumbria NHS Foundation Trust presented a report to update the committee on the strategic outline for the Community Mental Health Transformation Programme.

The following points from the report were highlighted:

- The programme was based largely around primary care and the VCFSE sector, with access to care provided at the neighbourhood level of the community model;
- The model was designed with colleagues in line with evidence and best practice and reviewing complaints and incidents;

- By April 2022, each locality would have its own Initial Response Service to provide a single point of access for care and requests for help;
- Leadership and governance of the programme was provided in part by the Community Mental Health Transformation Steering Group, which was co-chaired by the mental health and voluntary sectors;
- Each region had its own Partnership Delivery Group to implement the national framework for mental health transformation at a nuanced, local level in order to address each area's needs; and
- The scale of recruitment necessary for the programme was a key risk to the project, which a specific Workforce Group had been established to address.

In response to questions, the following information was provided:

- The project was deliverable within the resources available, though workforce and recruitment remained a key risk. The programme used a tried and tested model, which was currently operating successfully in Cheshire and Merseyside, and the transformation programme in Lancashire and South Cumbria would coincide well with the expansion and re-design of other service areas.
- To date, there had not been sufficient engagement with service users, but better engagement was planned for current and future stages of the timeline.
- The project would be rolled out incrementally, based on the recommendations of stakeholders in the primary care networks. The potential risk of overwhelming services had been recognised from the start of the project.
- The recruitment process for the project would not be without its challenges and work was being completed to overcome this. A number of measures were hoped to reduce the risk of recruitment problems, including the phased delivery of the Initial Response Services, which in turn would allow for phased recruitment; the support of the VCFSE sector; continuing to deliver some care digitally, which had proved effective during the pandemic; promoting the Trust as an attractive employer and place to work; collaborating with local colleges and universities, such as to encourage trainee nurses to become registered; and investigating opportunities for overseas recruitment.
- The development and commissioning of housing support by the NHS, where vulnerable people and those living with mental health issues did not always receive sufficient support, needed to be further explored by the Trust.

- The promotion and communication of the new service would be led by NHS England. The Lancashire and South Cumbria crisis line was also staffed 24/7, which continued to be promoted at a community level and through social media. It was recognised that the project's communication and engagement strategy was essential to its effective delivery.
- Indicators and measures of success were being built into the programme. Feedback was currently collected through patient surveys and work with Healthwatch Lancashire.
- A key ambition of the project was the involvement of volunteers. The voluntary sector's role in co-chairing the Community Mental Health Transformation Steering Group was intended to ensure representation and a wide range of skills. At this early stage, information was being gathered about how volunteers and agencies wanted to support the programme. The programme model also provided long-term opportunities to improve and support the voluntary sector in return.
- Training on trauma-informed practice would be included in the model to ensure consistent delivery of trauma-informed care by both staff and volunteers. The importance of supporting those providing care in such emotionally challenging contexts was recognised.

The committee recognised that the transformation programme was both needed and welcomed, and it was agreed that a further update to the committee would be beneficial at the time of the programme's launch.

It was noted that county council officers had been invited to attend the meeting to provide information on the council's engagement with, and support of, the programme. As they had been unable to attend, it was proposed to ask officers for a briefing note which could be circulated to committee members. It was noted that information on the level of engagement with district councils would also be useful at a later stage.

Resolved: That

- i) The report and next steps of the MHICC Transformation Programme, as presented, be noted;
- ii) Representatives from the Lancashire and South Cumbria NHS Foundation Trust be asked to provide another update to the committee at a later date; and
- iii) County council officers be asked to prepare a briefing note for the committee on the support provided to the MHICC Transformation Programme by the county council to date.

6. Lancashire & South Cumbria Pathology Collaboration Update

Mark Hindle, Managing Director at Lancashire and South Cumbria Pathology Services presented a report to update the committee on the planned formation of a single pathology service for Lancashire and South Cumbria.

The following points were highlighted:

- Although public consultation was not necessary, the project leadership recognised the importance of stakeholder engagement to the new service's success;
- The resilience and efficiency of Lancashire and South Cumbria's pathology service would be improved through collaboration, new infrastructure and the technology facilitated by the project;
- Most of the region's pathology services would be carried out at the new pathology hub in Samlesbury, but urgent testing would continue at hospital sites; and
- The majority of pathology staff would be moved from their current roles to the new pathology hub. To enable this change, all staff and budgets would be combined by the end of the 2021-22 financial year under the new pathology service, in advance of the new hub's opening in Autumn 2023.

In response to questions, the following information was provided:

- With the combined budgets there would be sufficient funding available to the Pathology Collaboration to continue running current pathology services until the opening of the new hub. If more money was required, there were opportunities to retain revenue, bid for capital, and bid for investment from shareholders.
- Approximately 400-550 staff would be relocated to the new hub, and 200-250 staff would remain at hospitals to provide urgent services. The importance of consulting and informing staff of the changes was recognised. Although the views of staff had not been formally surveyed, it was expected that regular information sharing and discussions with consultants would lead to general consensus in favour of the service changes. The potential for difficulty and disruption to staff and work practices was also acknowledged.
- A breakdown of the views of different stakeholders in relation to the changes had not been provided in the report, but more detailed information and analysis could be provided to the committee with a future report and presentation. In summary, GPs were generally unconcerned by the changes

as long as the quality of service was unaffected; some within the pathology services and unions opposed the changes due to significant disruption that would be caused to current working practices.

- Currently, the pathology services did not meet quality targets for transported samples and, as a result, samples frequently had to be retaken. A number of measures would be introduced under the new service to overcome and prevent these problems, such as the use of drones to transport samples across the region, the preparation of samples at GP and hospital sites to reduce the likelihood of deterioration, and the use of refrigerated vans.
- The service changes would facilitate better use of the workforce by bringing staff together to enhance the service, encourage specialisation, and standardise training. No staff would be made redundant as a result of the changes and the NHS terms and conditions of employment would remain in place under the new service, which staff had communicated was important to them.
- The new service would replace the four distinct ICT systems used by current pathology services in Lancashire and South Cumbria with a standardised Laboratory Information Management System (LIMS). The new LIMS would be compatible with other systems used by GPs and hospitals, could be achieved within the existing budget, and would be implemented and in use before the launch of the new pathology hub.
- The NHS was committed to producing a carbon neutral service by 2023. In line with this, the new pathology hub would provide electric car charging points; have solar panels installed on its roof; and all transport vehicles would be electric. Ensuring the hub's construction was carbon neutral had also increased building costs by £2.5m, but this was considered a worthwhile investment.
- The recent blood bottle shortage had been caused by a number of factors, including an international plastic shortage, changes to supply lines following the UK's withdrawal from the European Union, and the impact of the Suez Canal blockage earlier in the year. Accordingly, hospitals and GPs had been directed by Government to reduce their blood taking until 19 September 2021, at which point the measures would be re-evaluated.
- The formation of a single pathology service responded to changes in national policy which had to be implemented. All hospital trusts in Lancashire and South Cumbria were supportive of the changes.

The committee thanked Mark for his presentation. It was recognised that the programme of work would benefit the health economy, whilst achieving best use of resources and improving outcomes for patients.

Resolved: That

- i) The report and timescales involved in the programme of work, as presented, be noted;
- ii) The changes were not considered to cause substantial variation to services for Lancashire's residents; and
- iii) A further report would be received by the Health Scrutiny Steering Group in 12 months' time to provide an update on progress and assurance that the programme of work remained on track.

7. Report of the Health Scrutiny Committee Steering Group

The committee considered the report of the Health Scrutiny Steering Group from its meetings held on 7 and 14 July 2021.

Members of the Steering Group were thanked for their time and commitment.

It was agreed that the possibility of reviewing access to GP appointments as part of the committee's review of the GP workforce shortage (scheduled for the meeting on 2 November 2021) would be discussed by the Steering Group at its next meeting on 22 September 2021.

In response to a question about the New Hospitals Programme, the Chair advised that an update would be provided at a point at which the committee could make a difference. It was noted that the Steering Group would receive an update on the New Hospitals Programme at its next meeting on 22 September 2021, and that County Councillor Collinge was prepared to informally collect the views of committee members ahead of the meeting.

It was noted that access to dentists would also be raised at a future Steering Group meeting.

Resolved: That the report of the Health Scrutiny Steering Group be noted.

8. Work Programme 2021/22

The committee reviewed the Health Scrutiny Work Programme 2021/22 which included topics identified at the committee's work planning workshop held on 29 June 2021 and finalised by the Steering Group and its meetings held on 7 and 14 July 2021.

Resolved: That the Health Scrutiny Work Programme for 2021/22, as presented, be agreed.

9. Urgent Business

None.

10. Date of Next Meeting

It was noted that the next meeting of the Health Scrutiny Committee will be held on Tuesday 2 November at 10.30am, at County Hall, Preston.

The Chair highlighted the value of meeting at 10.00 am, before the meeting start, to discuss potential questions and thanked members for their attendance.

L Sales
Director of Corporate Services

County Hall
Preston