

## Health Scrutiny Committee

Meeting to be held on Tuesday, 2 November 2021

Electoral Division affected:  
(All Divisions);

### 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 meetings held on 22 September and 13 October 2021.

#### 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:

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 22 September 2021**

### **Lancashire and South Cumbria Enhanced Acute Stroke Services Business Case**

The Chair welcomed to the meeting the following presenters from the Lancashire and South Cumbria Integrated Stroke and Neurorehabilitation Delivery Network (ISNDN):

- Jack Smith, Programme Director;
- Catherine Curley, Clinical Director;
- Elaine Day, Network Manager;
- Sharon Walkden, Programme Manager; and
- Anthony Gardner, representing NHS Morecambe Bay Clinical Commissioning Group.

The Steering Group considered a report presented by Jack Smith, Programme Director of the Lancashire and South Cumbria ISNDN, which provided an overview of the business case for an Enhanced Network Model of Acute Stroke Care and Rehabilitation in Lancashire and South Cumbria.

During the presentation, the following points were highlighted:

- A number of reviews into Lancashire and South Cumbria acute stroke services had been undertaken between 2018 and 2021, which had shed light on unwarranted variation in stroke services across the region. Different levels of service, care and outcomes were identified across different locations. The business case for the ISNDN aimed to reduce the health inequalities that existed.
- Another key aim of the ISNDN was to increase performance and achieve A-ratings across all Lancashire and South Cumbria stroke services according to the

Sentinel Stroke National Audit Programme (SSNAP). There were a number of short fallings in acute stroke services currently, based on SSNAP ratings.

- Modelling based on population size had been used to identify the optimum number of acute stroke service centres in Lancashire and South Cumbria as three. Current stroke centres had also been reviewed in early 2021 by a panel consisting of 39 stakeholders, which selected the Royal Blackburn Hospital, Royal Preston Hospital and the Blackpool Victoria Hospital as the best three sites for the proposed ISNDN. Services at Furness General Hospital would also be improved.
- The business case set out that acute stroke patients in Lancaster would be directly diverted to the Royal Preston Hospital Comprehensive Stroke Centre for treatment. Patients at Furness General Hospital would also be transferred to Preston, but only following initial triage and treatment. As a result, under the new network there would be more patient transfers.
- There would be a number of benefits to the proposed changes including reduced mortality, an improvement to clinical outcomes, reduced disability after stroke, an improved patient experience, and reduced societal costs both to the NHS and in social care.
- Patients sent to the Royal Preston Hospital Comprehensive Stroke Centre would receive clot busting treatment within 6 hours of their arrival, though only certain patients were suitable for this treatment. The ISNDN would facilitate more thrombolysis and thrombectomy treatment and ensure a greater number of stroke patients were met by specialists.
- The investment plan set out that, within the 2021-22 financial year, a sum of capital would be available to improve ambulatory care services at Blackpool Victoria Hospital. Revenue would also facilitate the expansion of the thrombectomy service at the Royal Preston Hospital. Investment and planned recruitment of stroke triage nurses for the network was to be delayed until April 2022, however.
- The ISNDN had received assurances both through the Integrated Care System's own governance arrangements and from a clinical perspective.

In response to questions, the following information was provided:

- The North West Ambulance Service staff were well trained and accurately identified 70% of strokes. Taking all stroke patients to the Royal Preston Hospital immediately would overwhelm Preston's service, which is why patients would receive initial treatment at their local stroke centre (for example Furness General Hospital) before transfer.
- Clot thrombolysis was currently provided at Royal Preston Hospital Monday - Friday, 8.00 am – 5.00 pm and there were plans to provide thrombectomy

services 7 days a week, between 8.00 am and 6.00 pm (expected from November 2021). These plans were dependant on approval of the hyper acute stroke business case, and recruitment had started for the enhanced thrombectomy service.

- Thrombolysis was currently available at all acute stroke centres, however a thrombectomy could only be carried out at specialist neurosurgical centres due to the need for specialist equipment, staff and recovery units. Making thrombectomies available at multiple stroke centres would spread staff and patients, which in turn was likely to reduce the competency and efficiency of the service.
- The air ambulance service often transferred patients from South Cumbria to other sites including Preston, which would continue to happen under the ISNDN.
- A 2025 target was for 10% of stroke patients to receive a thrombectomy. Currently, only 2% of stroke patients received a thrombectomy which was due, in part, to the limited availability of thrombectomy services on weekdays only, but also due to late presenters and people who woke up in the morning not knowing what time they had a stroke. The enhanced service and improved technologies to identify stroke patients would result in an increase in numbers.
- There were also targets for thrombolysis. Currently, 8-10% of stroke patients received thrombolysis. The aim was to treat 12.5% of patients by 2022, and by 2025 this would be increased to 15% of patients. Deep dives were ongoing at every stroke centre currently to identify the factors limiting the number of stroke patients receiving thrombolysis.
- The potential strains on the ambulance service under the ISNDN were undeniable, so a business case had been developed for additional ambulances and staff. It would be necessary to establish robust criteria for the transfer of patients to ensure ambulances do not move patients inappropriately. Rather than paramedics, some patients would also be relocated by Patient Transfer Service (PTS) staff.
- The ISNDN would result in increased travel times for some patients and carers. Work was ongoing with current patients and carers to identify their needs within the new service. So far, the areas of concern raised were about parking, directions, local facilities, having key contact information to hand, and knowledge of timings for treatment/care.
- Work with the Stroke Association was important, particularly in the build up to World Stroke Day, to raise awareness about the need to receive urgent care after a stroke. Many patients did not receive treatment within 48 hours of their stroke because they did not visit a hospital in time; this issue was particularly prevalent amongst rural patients and farmers and Asian communities.

- The information on stroke figures, and the number of stroke mimics, had not been recently updated. In areas with poorer demographics and higher proportions of ethnic minority groups, such as Blackpool and East Lancashire, there tended to be higher numbers of stroke mimics. A number of different diagnoses, including migraines and infections, could cause stroke mimics. An ongoing audit would provide up-to-date figures in due course.
- The ISNDN business plan was phased and ran alongside a phased workforce plan. Discussions with local universities and the Allied Health Professions (AHPs) had been key to respond to workforce risks. Speech and language courses (starting at UCLan, for example), Occupational Therapy apprenticeships, and Assistant Practitioner courses specialising in stroke treatment would produce results in 2-3 years' time and offered a regional solution. Recruitment for the community teams was going well.
- A similar update had been presented to Blackpool Council and Blackburn with Darwen Borough Council. Neither authority had raised concerns about the need for public consultation, and both had requested a further update in 6-9 months' time.

The Chair thanked the officers in attendance for their presentation and responses to the Steering Group's questions.

The Steering Group noted that the ISNDN was likely to result in substantial variation to services for Lancashire's residents, however it was important to consider the view of Cumbria County Council before a decision was reached.

**Resolved:** That

- i) Information about the view of Cumbria County Council's Health Scrutiny Committee on the Integrated Stroke and Neurorehabilitation Delivery Network be provided at the next meeting of the Health Scrutiny Steering Group; and
- ii) NHS officers be asked to provide another update to the Health Scrutiny Steering Group on the Integrated Stroke and Neurorehabilitation Delivery Network in 6-9 months' time, when progress had been made.

### **New Hospitals Programme update**

The Chair welcomed to the meeting the following presenters from the New Hospitals Programme:

- Jerry Hawker, Executive Director; and
- Rebecca Malin, Programme Director.

The Steering Group considered a report which provided an update on the latest position of the New Hospitals Programme in Lancashire and South Cumbria.

In response to questions, the following information was provided:

- The investment into local hospitals was intended for the Royal Preston Hospital, the Royal Lancaster Infirmary, and some for Furness General Hospital. The estate of Chorley and South Ribble Hospital was not in a bad condition so, although some services may be reviewed, the hospital site itself would not be significantly changed.
- The longlist of possible solutions for hospital facilities, as set out in the report, reflected the programme's ambition, however the total capital investment that would be provided by government was still being negotiated. Whichever option was selected from the longlist would need to be agreed with government and possible within the capital provided. An agreement on capital would be reached by 2024 and progress was expected within the next 6 months, which would allow a clearer business case to be formulated.
- The population sizes of Morecambe Bay, South Cumbria and Central Lancashire warranted investment in local hospital services. One option was to facilitate networking across different hospitals, which would allow specialists to move between the 5 sites. This would also respond to the general unwillingness to work at the Royal Preston Hospital and the Royal Lancaster Infirmary, due to their working environments.

During a period of discussion, the Steering Group provided its view on the longlist of possible solutions for hospital facilities as follows:

- A key concern was the potential increase in travel time and reduced access to services for patients in Chorley if the programme resulted in one new hospital situated north of Preston.
- The best option for Lancashire was option 10, to create two new hospitals that would replace the Royal Preston Hospital and the Royal Lancaster Infirmary. It was logical that these new sites should be situated close to the M6.
- It was possible that option 10 would be limited by the capital available and the availability of medical staff to provide specialist services at two sites.
- Any plans to build either one or two new hospitals would result in substantial change to services and would therefore require formal public consultation.
- All options provided in the longlist would change hospital services for the following 20 to 30 years and, as a result, may warrant formal consultation even if hospital services remained at their current sites.

The Steering Group thanked the NHS officers for their willingness to work with the Health Scrutiny Steering Group and Committee and to keep them informed of the programme's progress.

It was agreed that an update to the Steering Group would be provided when officers could report on substantial progress and provide clarity on the capital available, which was likely to be in Spring 2022. However, it was noted that the first phase of shortlisting would be completed by the end of October 2021.

**Resolved:** That a further update would be provided to the Health Scrutiny Steering Group at its meeting on 10 November 2021, depending on the availability of new information.

### **Strengthening health scrutiny arrangements**

The Steering Group considered a report on improving health scrutiny arrangements, including a substantial variation protocol, the appointment of Joint Health Scrutiny Committees, and collaborative working with Healthwatch Lancashire.

#### Substantial Variation

It was recognised that adopting the Centre for Governance and Scrutiny's suggested substantial variation protocol would be straightforward and useful for the committee to utilise until the new Health and Care Act and subsequent Regulations were made. It was also agreed that the handout, presented at Appendix A, would be included in the agendas for future Health Scrutiny Committee meetings to aid members' review of items/topics that could result in substantial variation.

#### Joint Health Scrutiny Committees

Gary Halsall, Senior Democratic Services Officer provided the Steering Group with an update on the establishment of a joint committee with Blackpool Council, Cumbria County Council and Blackburn with Darwen Borough Council for the Lancashire and South Cumbria Integrated Care System (ICS).

It was highlighted that Blackburn's decision not to delegate its power of referral to the Secretary of State to the joint committee may have inadvertently limited Blackburn's influence on the joint committee in relation to those matters that would require the proposed joint committee to move into mandatory mode. The Steering Group agreed that the position of Blackburn with Darwen Borough Council should be clarified to ensure the council had satisfactory representation on all matters.

It was noted that the joint committee for the Lancashire and South Cumbria ICS would limit the need to establish ad hoc joint committees in the future by providing a forum to receive updates as well as take decisions on whether proposals should be referred to the Secretary of State.

The Chair proposed that an informal meeting of the four authorities' Health Scrutiny Committee Chairs be arranged within the coming weeks to reach agreement on a date for the joint committee's first meeting.

#### Collaborative Working with Healthwatch Lancashire

It was noted that David Blacklock, Chief Executive Officer for People First and currently for Healthwatch Lancashire had been unable to attend the meeting.

It was noted that the Request for Tender for the provision of a Healthwatch service in Lancashire service had been released by the county council, with a closing date of 15 October 2021 and a contract start date of 1 April 2022. The contract award date was currently unknown.

It was agreed that the discussion on collaborative working with Healthwatch Lancashire should be deferred until i) a representative from the service could attend and ii) the contract for Healthwatch Lancashire services had been awarded.

#### Additional update

County Councillor Lizzi Collinge informed the Steering Group of the University Hospitals of Morecambe Bay NHS Foundation Trust's recent Care Quality Commission rating of requires improvement and highlighted the importance of robust oversight of the Trust's improvement by scrutiny and whether this should be undertaken by the existing joint committee with Cumbria County Council. The Steering Group was informed that Cumbria County Council administrated this joint committee, and it was suggested that officers should make contact with Cumbria County Council with a view to arranging a meeting to facilitate a review of the Trust's recent CQC rating.

#### **Resolved:** That

- i) The Centre for Governance and Scrutiny's substantial variation protocol be adopted by the Health Scrutiny Committee and included in the agendas of future committee meetings;
- ii) The current position regarding the appointment of a Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System be noted;
- iii) The Chairs of the Health Scrutiny Committees of Blackpool Council, Blackburn with Darwen Borough Council, and Cumbria County Council be invited to meet informally to discuss the Joint Health Scrutiny Committee for the Lancashire and South Cumbria Integrated Care System; and
- iv) Healthwatch Lancashire be asked to attend a future meeting of the Health Scrutiny Steering Group to discuss collaborative working, following confirmation of the contract holder for its services from April 2022.

#### **Requests received from the local NHS**

The Steering Group reviewed a list of recent requests made by local NHS representatives to attend meetings of the Health Scrutiny Committee or Health Scrutiny Steering Group.

#### Initial Response Service

It was noted that the Initial Response Service was a key area of mental health services and would be of interest to the Health Scrutiny Committee following its recent review of the Mental Health Integrated Community Care Transformation



programme (MHICC). It was agreed that this issue should be discussed initially by the Steering Group and that any substantial issues would be referred to the Health Scrutiny Committee for review if necessary.

#### The Clatterbridge Cancer Centre

It was agreed that the Steering Group would review this topic to gain a better understanding and more information about the local blood cancer proposals.

**Resolved:** That

- i) Scrutiny of the Initial Response Service by the Health Scrutiny Steering Group be presented at the meeting scheduled for 13 October 2021; and
- ii) Scrutiny of the Clatterbridge Cancer Centre by the Health Scrutiny Steering Group be presented at the meeting scheduled for 13 October 2021.

- **Meeting held on 13 October 2021**

#### **Lancashire & South Cumbria NHS Foundation Trust: Initial Response Service**

The Chair welcomed to the meeting Louise Giles from Lancashire and South Cumbria NHS Foundation Trust.

The Steering Group considered a report presented by Louise on the launch of a new Initial Response Service. The following points were highlighted:

- In 2018, the Lancashire and South Cumbria Integrated Care System commissioned a review of the Urgent Care Pathway for mental health which identified challenges, particularly in East Lancashire, and recognised the need for transformation. Time spent to assess data in October 2019 highlighted that there were multiple entry points into the care pathway and that patients frequently bounced around the system, meaning they needed to repeat their story multiple times. In late 2019 and early 2020, workshops held in the Pennine locality identified 'quick wins' to improve services.
- The business case for the proposed Initial Response Service (IRS) was developed in May 2020 and approved trust-wide by March 2021.
- Key elements of the IRS included: a single phone number to access the mental health care pathway, available 24/7; a quick response to patients' requests for help; signposting to other services as needed; the ability to book or reschedule appointments for patients; and integration with street triage and the NHS 111 service.
- NHS Trusts in the North East of England had established a similar service to the IRS, which had been successful.

- The IRS would initially be advertised for 16+ year olds, but with strategies in place for call handlers to respond to young people and children too. Eventually, the IRS would be promoted as the entrance point to mental health care for all ages.
- Call handlers (NHS band 3) were undertaking a 4-week training session. NHS band 6 nurses were also employed and trained to give mental health guidance and to initiate an Immediate Response Team if needed.
- The anticipated benefits of the IRS included: a reduction in harm and serious incidents; patients seeing the right clinician at the right time; a decrease in the number of referrals bounced around the system; improved patient flow; a long-term reduction to the overall cost of mental health crisis lines; a reduction in the number of Section 136 assessments and detentions; and improved working relationships with the police, the North West Ambulance Service and other emergency services.
- A soft launch of the IRS in the Pennine region and in Central and West Lancashire was planned for January 2022, with a formal Go Live date of February 2022. A soft launch of the IRS in the Fylde Coast and The Bay areas was planned for April 2022.
- The team responsible for the design of the IRS included people with lived experiences of mental ill health and mental health care.
- Recruitment for the IRS had been completed in Central and West Lancashire, and in the Pennine area only 3 vacancies remained unfilled, which highlighted the positive interest in the IRS amongst staff.

In response to questions, it was clarified that:

- The IRS business case included a detailed modelling plan to set out the service's capacity. Each practitioner had been allocated 1.5 hours to deal with a patient's call and to write up their notes.
- To monitor performance, live dashboards would be established in the IRS call centres to display incoming and waiting calls. Progress against KPIs, staff morale, feedback from partners, and patient satisfaction would also be monitored. The biggest indicator of the success of street triage would be in the expected reduction in the number of individuals detained under Section 136. A post-implementation review of the IRS would also be carried out in each locality 3 and 6 months after its launch.
- There were currently more than 30 access points to the Urgent Care Pathway for mental health services in Lancashire, which the IRS would replace with a single contact point for each area.
- Following the soft launch, a media campaign would advertise the IRS.

- A key target was for patients to speak with a call handler within 1 minute of calling the service. Having a phone number per locality was intended to prevent a queue forming.
- The shortage of staff, particularly NHS band 6 nurses, and the challenges of recruitment were ongoing risks to the service and the Community Mental Health Transformation programme. Recruitment of call handlers had not been a problem so far and some existing services would transition into the IRS to provide staff. The leadership team received a weekly report on staffing and the potential risks posed to other service areas.
- Funding had been secured for the IRS on a long-term basis.
- The IRS was supported by the planned Community Mental Health Transformation programme, which would address the current gaps in service provision and establish community hubs for mental health. Call handlers would have the ability to make appointments for patients or refer them to specialist services.
- If a patient continued to call the IRS number after their initial assessment, they would be booked an appointment on their third call attempt. Patients with care plans in place already would be identified during their initial call.
- A follow-up process would be established for patients who cancel or do not attend appointments. The IRS would maintain contact with an individual until they attended their first appointment.
- In line with the national target, the maximum length of time a patient would wait for an appointment would be 4 weeks. In urgent situations, the Initial Response Team would be able to respond immediately. Humberside and Westminster, two regions which had already implemented their own mental health transformation programmes, had met the national 4-week target.

The Steering Group thanked Louise for the presentation and information provided.

It was noted that another update on the IRS would be provided to the Steering Group at a later date.

**Resolved:** That the update provided on the launch of the Initial Response Service, as presented, be noted.

### **The Clatterbridge Cancer Centre NHS Foundation Trust: local blood cancer proposal**

The Chair welcomed to the meeting the following presenters:

- Jackie Moran, West Lancashire Clinical Commissioning Group; and
- Lyndsey Shorrocks, Fylde and Wyre Clinical Commissioning Group.

The Steering Group considered a report presented by Jackie on the planned North Mersey Clinical Integration of Haemato-oncology. The following points were highlighted:

- Following the integration of services, patients in West Lancashire with solid tumours would continue to receive care at Southport, so some care was to remain local.
- Due to the increasing complexity of blood cancer services and care, it made sense that haemato-oncology services were delivered from one centre.
- During the Covid-19 pandemic, most blood cancer services had moved temporarily to Clatterbridge Cancer Centre.
- With the help of Healthwatch services in Sefton and Lancashire, engagement with residents and patients had highlighted the support for service integration. Some concerns had been raised about the quality of accommodation at the Clatterbridge Cancer Centre, which had since been resolved.
- Most haemato-oncology beds would be at the Clatterbridge Cancer Centre, but two beds would remain at the Aintree site for patients with other health issues as well as blood cancers. Services would also be delivered to some patients at home.
- Originally, the business case was planned to be cost neutral. However, the Trust now recognised that some capital was required for service integration, though this would not increase costs for the Clinical Commissioning Group.
- If the Steering Group approved of the proposal to integrate local blood cancer services at the Clatterbridge Cancer Centre, the proposal would be reviewed next by a committee of clinical commissioning groups in common for final sign-off. The planned Go Live date was 1 February 2022.

In response to questions, the following information was provided:

- Engagement with service users and residents, rather than formal public consultation, had been undertaken.
- Although public transport services to reach Liverpool from areas of West Lancashire were limited, engagement had highlighted that patients were prepared to travel for specialist care for improved outcomes.
- With acute care and complex diagnostics moving to the Clatterbridge Cancer Centre, patients at Clatterbridge were likely to be very unwell. The diagnostic services provided included blood and bone marrow testing.

- As pathology services were being reviewed, local blood testing was being considered. The aim of the local blood cancer proposal was to establish a one-stop-shop for diagnostics. While it made sense for multiple diagnostics to be provided at one centre, it was recognised that increasing patient's travel times for one blood test was not ideal. Officers would gather more information to better understand which diagnostics would be provided at the Clatterbridge Cancer Centre and which could be provided more locally.
- To understand the impact of service changes on residents, patient journey mapping had been carried out. This information would be provided to the Steering Group.

The Steering Group thanked Jackie for the information provided about the proposed changes to blood cancer services.

**Resolved:** That the update provided on the local blood cancer proposal at the Clatterbridge Cancer Centre, as presented, be noted.

### **Lancashire & South Cumbria Pathology Collaboration**

The Steering Group considered a report which set out the clinical concerns raised by consultant pathologists within cellular pathology across Lancashire, received on 20 September 2021.

It was noted that:

- The concerns had been raised by a limited group of consultants and their views could not be assumed to represent all consultant pathologists in Lancashire;
- The consultants' letter had not sufficiently demonstrated the clinical disbenefits of the planned pathology collaboration; and
- The views of consultant pathologists were important and needed to be engaged with properly, but as one of many stakeholder groups.

It was agreed that the concerns raised by the consultants would not change the Health Scrutiny Committee's view on whether the pathology collaboration represented substantial variation to services in Lancashire. It was suggested that the Steering Group could encourage further staff engagement and that, having considered the report, the Chair should write a reply on behalf of the Health Scrutiny function

**Resolved:** That a response to the consultant pathologists in Lancashire be drafted by the Chair on behalf of the Health Scrutiny function.

### **Health Scrutiny Steering Group Briefing Report**

The Steering Group considered a briefing report on recent news and developments relevant to the county council's administrative area and Health Scrutiny function.

It was noted that the Full Council would need to agree to Healthwatch's co-option to the Health Scrutiny Committee, as well as to their possible removal from the committee at a later date. Rather than establishing a formal agreement, the Chief Executive of Healthwatch Lancashire, David Blacklock, could be invited to attend Steering Group and committee meetings as an independent expert and at the Chair's discretion. This arrangement would provide greater flexibility.

It was agreed that the Chair would contact David Blacklock to discuss his routine attendance at Health Scrutiny Committee meetings, and his ad hoc attendance at Steering Group meetings.

It was noted that a first meeting of the North Mersey and West Lancashire Joint Scrutiny Committee, to discuss the reconfiguration of hyper-acute stroke services, had been arranged for Thursday 11 November 2021. A meeting of the Joint Health Scrutiny Committee with Cumbria County Council had also been arranged for Tuesday 9 November 2021 to consider the Care Quality Commission report on the University Hospitals of Morecambe Bay NHS Trust.

It was noted that Cumbria County Council had not considered the proposed Enhanced Network Model of Acute Stroke Services to represent substantial variation to services, thereby agreeing with the views of Blackpool Council and Blackburn with Darwen Borough Council. It was agreed that a report on the Lancashire and South Cumbria Enhanced Network Model of Acute Stroke Services should be considered by the Health Scrutiny Committee to determine whether the proposal represents substantial variation to Lancashire's services.

The Steering Group thanked Gary Halsall, Senior Democratic Services Officer for his work and time to prepare the briefing note and to organise the meeting.

**Resolved:** That

- i) The Health Scrutiny Steering Group briefing report, as presented, be noted;
- ii) Healthwatch Lancashire be invited to attend meetings of the Health Scrutiny Committee routinely and meetings of the Health Scrutiny Steering Group on an ad hoc basis, at the invitation of the Chair; and
- iii) A report on the Lancashire and South Cumbria Enhanced Network Model of Acute Stroke Services Business Case be presented to the Health Scrutiny Committee, at a meeting date to be determined, to establish whether the proposal represents substantial variation to services in Lancashire.

**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:

N/A