

Lancashire County Council

Health Scrutiny Committee

Tuesday, 30th June, 2020 at 10.30 am in Virtual Meeting - Skype

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 4 February 2020	(Pages 1 - 4)
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4.	Lancashire and South Cumbria NHS COVID-19 Response	(Pages 5 - 22)
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5.	Overview and Scrutiny Work Programme 2020/21	(Pages 23 - 42)
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6.	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.

7. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held virtually on Tuesday 15 September 2020 at 10:30am.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 4th February, 2020 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

T Ashton	M Iqbal
J Berry	S C Morris
J Burrows	E Pope
Mrs S Charles	J Shedwick
B Dawson	D Whipp
N Hennessy	

Co-opted members

Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor Steven Holgate, Chorley Borough Council
Councillor David Howarth, (South Ribble Borough Council)
Councillor Viv Willder, (Fylde Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillors Ashton, Berry and Dawson replaced County Councillors Steen, Snape and Fillis respectively, and Councillor Steven Holgate replaced Councillor Margaret France.

1. Apologies

Apologies were received from District Councillors David Borrow (Preston), Tim Dant (Lancaster), Gail Hodson (West Lancashire) and Julie Robinson (Wyre).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

No interests were declared.

3. Minutes of the Meeting Held on 5 November 2019

Resolved: that the minutes of the meeting held on 5 November 2019 be confirmed as an accurate record and signed by the Chair.

4. Healthier Lancashire and South Cumbria Integrated Care System - five year local strategy

The Chair welcomed the following NHS staff to the meeting: Andrew Bennett, Executive Director for Commissioning; Elaine Collier, Head of Finance; Amanda Doyle, ICS Lead; Anthony Gardner, Director of Planning & Performance at Morecambe Bay CCG; Denis Gizzi, Chief Officer for Greater Preston & Chorley and South Ribble CCGs; Neil Greaves, Head of Communications and Engagement; and Julie Higgins, Chief Officer for East Lancashire CCG.

The Committee received a copy of the draft five year local strategy for the Lancashire and South Cumbria Integrated Care System, which covered the challenges that needed to be tackled, how local people would be involved, the three main areas of delivering the strategy and the impact of partnership working.

During discussion, Committee members made the following comments:

- Accountability – clarity was requested around accountability in the new structure. It was clarified that the Integrated Care System Board comprised a mix of executive and non-executive members of the statutory organisations, councillors and officers.
- Privatisation – it was clarified that the reform was not a move to privatisation; the purpose was to move away from competitive contractual processes and work collaboratively with the NHS and other organisations.
- Recruitment and retention of staff – it was noted that there were difficulties recruiting staff in rural areas, coastal areas and areas of deprivation, all of which were encompassed in Lancashire and South Cumbria area. Schemes were in development to enable areas to share staff, for staff to move between areas and to reduce internal competition for jobs. There was also a focus on training and the government planned to increase the number of medical students entering training, although training took many years to come into effect. It was noted that many frontline staff were choosing to retire early or reduce their hours. There was also a desire to decrease the reliance on bank and agency staff.
- Engagement and consultation – engagement events such as surveys, focus groups and workshops had taken place over the past three years in each of the five areas, and engagement was continuing. It was noted that there would be more opportunities for the public to comment on the strategy before it was submitted to NHS England.
- Grass roots community groups – community connectors were being recruited who would connect patients at general practices to community and voluntary sector groups, and there was funding for this in each of the 41 primary care networks.

- Funding deficit – the current deficit figure for 2021 was around £140m. It was noted that the plans were clinically, not financially led; however, the plans aimed to provide the best care possible within available resources, and therefore the long term plan would need to address the deficit, and the five year plan would need to outline how to begin that process.
- Data provision and evidence – it was requested that data and equality impact assessments be made available to allow the public, agencies and others to see clearly the evidence justifying the new strategy. It was clarified that a great deal of data and evidence had been used to build the strategy such as performance against targets, waiting times, clinical data as well as feedback from consultations.

Resolved: that the draft Lancashire and South Cumbria Integrated Care System five year local strategy be noted

5. Commissioning Reform in Lancashire and South Cumbria

The Committee received a report on commissioning reform in Lancashire and South Cumbria; a Case for Change document, outlining how commissioning organisations can work to develop local integrated health and care partnerships, and a draft terms of reference for a proposed Commissioning Reform Group, which would oversee the reform work and report to the Joint Committee of Clinical Commissioning Groups (CCGs).

During discussion, the following points were raised:

- It was noted that the reform would help tackle inequalities between areas by setting standards across Lancashire, avoiding duplication and making decisions consistent. It was noted, however, that there would still be a focus on neighbourhoods and much primary, district and social care would continue to be planned and delivered in local areas.
- It was clarified that each of the existing CCG budgets had been published up to 2024, and those allocations would remain with the local areas. The reform proposals would not affect how Local Authorities deployed their resources, but it was intended that all organisations would work in close collaboration.
- It was noted that general practices were expected to report on patient participation groups each year. This was public information and could be found on the CCG websites.

Resolved: That the position on Commissioning Reform in Lancashire and South Cumbria be noted.

6. Our Health Our Care Programme

Resolved: That the Our Health Our Care programme be deferred and presented to a special meeting of the Health Scrutiny Committee on Wednesday 19 February 2020 at 10:30am.

7. Report of the Health Scrutiny Steering Group

The report presented an overview of matters considered by the Health and Scrutiny Steering Group at its meetings held on 20 November 2019 and 18 December 2019.

Resolved: that the report of the Steering Group be received

8. Health Scrutiny Committee 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

A special meeting of the Health Scrutiny Committee would be convened on Wednesday 19 February 2020 at 10:30am to consider the update on the Our Health Our Care programme.

The next ordinary meeting of the Health Scrutiny Committee was scheduled for Tuesday 31 March 2020 at 10.30am at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 30 June 2020

Electoral Division affected: (All Divisions);
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Lancashire and South Cumbria NHS COVID-19 Response

(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

A report detailing the response to the COVID-19 emergency by NHS organisations across Lancashire and South Cumbria is set out at appendix A.

Recommendation

The Health Scrutiny Committee is asked to note the report.

Background and Advice

Dr Amanda Doyle, GP and ICS Lead for Lancashire and South Cumbria and Kevin McGee, Chief Executive East Lancashire Hospitals NHS Trust and Blackpool Teaching Hospitals NHS Foundation Trust, will attend the virtual meeting to introduce the report set out at appendix A.

The Health Scrutiny Committee is asked to note the report.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

The report at appendix A represents the views of the partnership known as the Lancashire and South Cumbria Integrated Care System and are not those of Lancashire County Council.

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		
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N/A		
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Lancashire and South Cumbria NHS COVID-19 Response

Lancashire Health Overview & Scrutiny Committee
June 2020

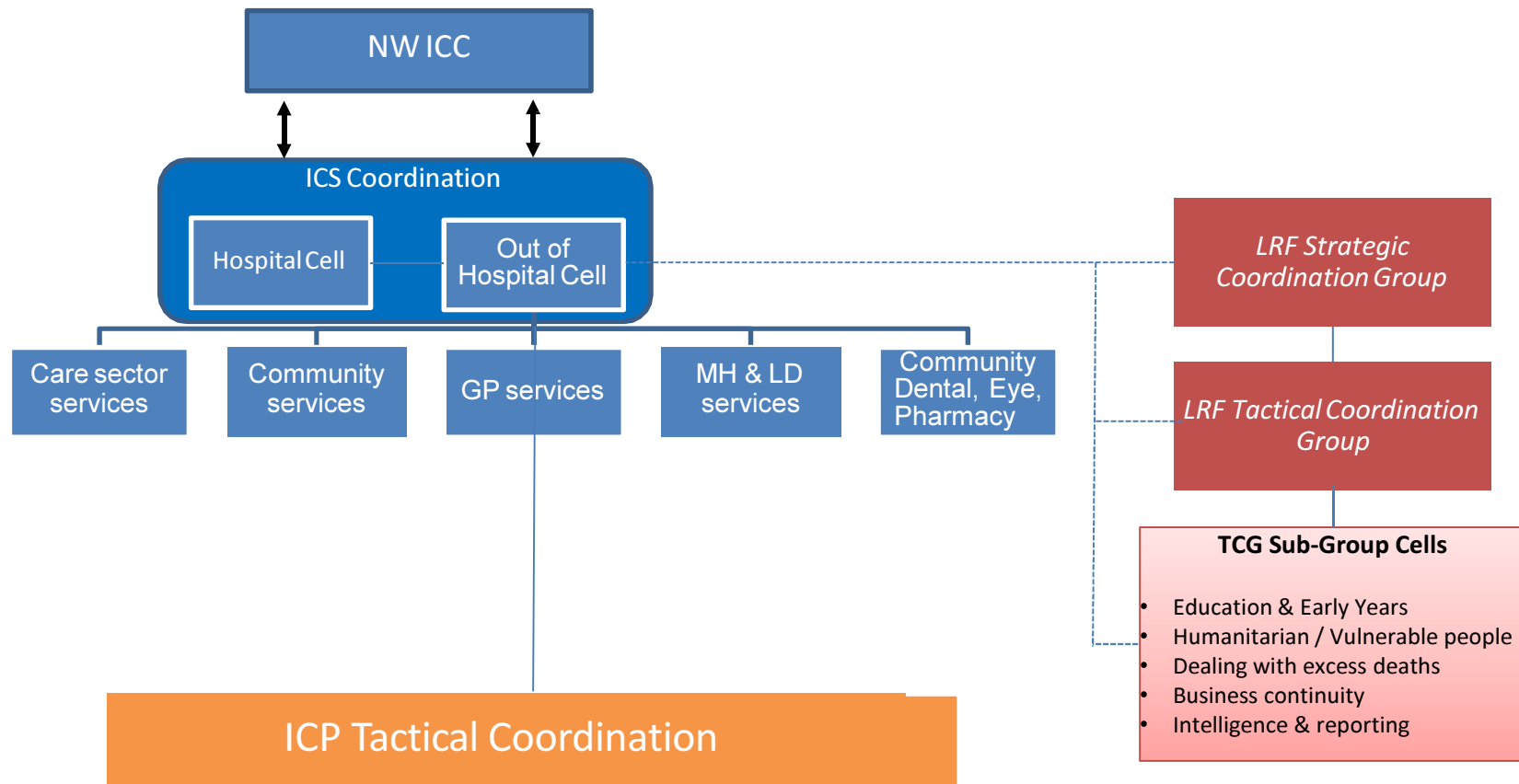
Initial response

Introduction – our response to COVID19 emergency

- Since March 2020, when the UK Government declared a national emergency in response to the current coronavirus (COVID19) pandemic, NHS organisations in Lancashire and South Cumbria have been working within a revised 'command and control' governance structure comprising a hospital cell and an out-of-hospital cell, each reporting to the Lancashire Local Resilience Forum and the NW Regional Incident Control Centre.
- This presentation sets out the detail of those governance arrangements and highlights some of the work of the two cells during the past few weeks.
- At the end of April 2020, Simon Stevens confirmed expectations that the command and control arrangements would remain in place for the rest of 2020/21, but set out national expectations for moving the NHS back towards business as usual following the pandemic, with priorities for action across a number of service areas. At the same time, regional directors set out the four phases of an NHS COVID-19 Restoration and Recovery Plan, asking local systems to start planning for phase two and onwards.
 - Phase 1 - Management of COVID-19 demand and impact.
 - Phase 2 – Restoration (June 2020 to August 2020) - re-establishing essential services in a safe way for patients, staff and the public.
 - Phase 3 – Recovery (August 2020 to March 2021).
 - Phase 4 - A New NHS (April 2021 and beyond).

This presentation also provides a summary of the outputs of the Phase 2 plan.

Initial governance arrangements for Covid19 emergency: March-June 2020



ICS leadership, programmes and resources

- Prior to the Regional Director's letter of the 23 March to formally establish Hospital and out of Hospital Cells in each ICS, the ICS had already moved and offered resources to support the need for a system lead effort to support Covid19 response
- ICS programmes were put on hold at natural breakpoints
- Senior leadership resources were allocated across all functions
- A natural rhythm of meetings emerged to ensure coordination of effort and response
- Strong links into the Regional Incident Command Structures, clinical and managerial
- Strong links into the Local Resilience Forum, Lancashire and across to Cumbria
- Regular communications out from Cells to NHS ICC structures, Providers, CCGs and LAs
- Effective administration and support team underpinning the work of both cells, utilising existing teams and networks such as Cancer Alliance, Critical Care and Trauma Network

Hospital Cell overview

Key areas of focus for the cell initially included:

Critical Care expansion and overall bed capacity and resilience- Critical care escalation measures have proved adequate to deal with demand for ventilated beds

PPE supply and delivery- PPE and supply arrangements have been led from the cell and have consistently enabled the NHS to meet requirements

Development and implementation of mutual aid- A system of mutual support across trusts has enabled greater flexibility in meeting operational demands and faster learning in the adoption of developments

Continuation of urgent surgery including cancer- On-going treatment of clinically prioritised patients, especially those with cancer has been maintained. Partnerships with the Independent Sector to utilise that capacity has been a key enabler.

Testing for Covid 19- The development of a testing programme in conjunction with key partners, including the LRF and the implementation of Infection Protection Control (IPC) measures to contain Covid transmission have been critical

Out of Hospital Cell priorities

Key areas of focus for the cell initially included:

- **Testing and PPE provision-** Work with partner agencies, including the LRF, to ensure access to staff testing across all services, including social care, and to ensuring access to PPE by securing sources and clarifying supply routes
- **Creating and monitoring capacity in community settings-** including close work with LAs to agree care home resilience and escalation plans and to ensure consistent capacity data collection and to establish networks across community providers and agreeing standardised discharge pathways
- **Hospital discharge into the community-** Work with hospital cell and partner agencies on rapid discharge to ensure a reduction in bed occupancy on preparation for the anticipated surge in demand initially.
- **Support for our communities-** supporting the work of the LRF surrounding vulnerable people, including the homeless and those shielding, business continuity and intelligence & reporting cells
- **Mental health-** work across all providers to deliver all age crisis 24/7 response; establishment of Mental Health urgent care centres

Phase 2 capacity planning

Phase 2 planning & the move to phase 3

Following the initial pandemic response the national requirement has been for ICSs to provide capacity plans to NHSEI regional teams following the issuing of planning guidance.

The initial capacity plan submission for phase 2 focused on planning for the continued impact of COVID on services, for example due to IPC guidance and staff absence, and the establishing the impact the initial response had had on our services. This identified that we will continue to operate with constrained capacity for some time to come.

Following the submission of the initial phase 2 capacity plans additional information was sought from NHSEI's regional team ahead of the phase 3 planning round. Topics included:

- Critical care capacity
- Community capacity/rehabilitation beds
- The use of the Independent Sector capacity
- Waiting lists
- Reintroduction of screening and diagnostics for cancer
- Mental Health
- Workforce
- Capital expenditure for COVID secure capacity

Development of our whole system capacity plan

We recognise the need now to shift rapidly to the development of a whole system model where we actively manage demand along pathways across different care settings during a time of constrained capacity. We have been working with Trust medical directors, directors of operations, GPs and others from the hospital and out-of-hospital cells to test our thinking about how we start to develop that whole system model.

To take this work forward, we held a clinical workshop on the 11 June to target a small number of whole system pathways that we can amend to help us manage the demands of COVID and non-COVID care going into the autumn and winter. Attendance at this workshop included representation from Local Authority Social Care teams.

Our clinicians acknowledged the restrained capacity in our system that our model predicts, such that we will not be able to manage ongoing demand for COVID care whilst responding to an increase in non elective demand AND bringing back significant levels of elective care.

Our pathway review needs to reduce significantly the demand for bed-based care during time of constrained capacity, identifying entire high volume, low risk system pathways where we can transfer resources and models of care between settings.

Temporary service changes, communicating with the public and digital innovation

Decisions, Management & Assurance

Temporary Service Changes

- Decisions on temporary changes to service provision have been made across NHS organisations adhering to national guidance and legislation.
- Clear focus for communications has been to ensure members of the public and patients understand any changes to services and local care provision.
- Oversight and assurance of the changes has been co-ordinated across the organisations at a Lancashire & South Cumbria level, and managed through the Hospital and Out of Hospital Cells.
- Service changes which have been made are temporary. Full engagement and consultation in line with legislation would be required in order to make any of these changes permanent.

Communicating with public and patients

Informing local people about NHS services

- Clear priority in responding to the pandemic to keep patients informed about any local changes to services and guidance to follow when accessing services
- Multi-agency approach to informing communities through the LRF structures has seen greater collaborative working across the Local Authorities, Police, NHS, Public Health England, Fire Service and other partners than has ever been seen before.
- Across Lancashire and South Cumbria there has been co-ordination across NHS organisations for a national Help Us Help You campaign to encourage patients and members of the public to use services focused on areas such as Cancer, Mental Health, Stroke, Cardiac, Paediatrics, vaccinations and Children and Young People's Mental Health services.
- A priority on mental health has seen a multi-agency approach to sharing information across all NHS and LRF partner agency channels about where local people can access support and pro-active marketing campaign to encourage people to use the Lancashire and South Cumbria NHS Foundation Trust Wellbeing and Mental Health Helpline which has been set up.

Digital innovation

Use of technology has been accelerated in response to COVID

- **Every general practice in Lancashire and South Cumbria can offer patients video consultations:** Most GP practices in Lancashire and South Cumbria are now doing video consultations with patients and all have the technology to offer them in the future. The number of video appointments has risen each month since the social distancing guidelines. Across Lancashire and South Cumbria, this has grown from 168 in February to 3,988 in March and up to 11,410 in April.
- **Hospitals have worked together to implement virtual appointments:** The five Hospital Trusts across Lancashire and South Cumbria have worked in collaboration to deploy video consultations. To the end of May this had resulted in more than 4,400 virtual clinics, totalling more than 1,300 hours. These have also been used to allow family members and carers to join in appointments without needing to travel to hospital.

Next Steps

- Assurance and management of the temporary service changes remains a key priority for the NHS and will continue for the duration of the pandemic. These processes will be refined to keep up to date with relevant guidance and legislation.
- Communication, engagement and transparency with the public will continue with a focus on engaging with local people to understand the impact of COVID and reaching into BAME and vulnerable communities.
- Maintain engagement and communications with key stakeholders regarding any proposed changes as we continue to move towards restoration and recovery – including LRFs, Scrutiny Committees, MPs, Councillors, patient and public groups.
- There is a need to increase delivery of routine healthcare and prioritise clinical pathways to ensure the system is fit for purpose ahead of winter.
- The benefits experienced by both LAs and the NHS due to improved discharge pathways to be conserved.
- Ongoing support will be provided to ensure the resilience of the care sector.



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Health Scrutiny Committee

Meeting to be held on 30 June 2020

Electoral Division affected: (All Divisions);
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Overview and Scrutiny Work Programme 2020/21

(Appendices 'A' and 'B' refer)

Contact for further information:

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

Executive Summary

A single combined work programme for all of the Lancashire County Council scrutiny committees is currently being formulated. A draft copy of the work programme is set out at appendix A.

The topics included were identified at a work planning workshop for members of the Internal Scrutiny Committee held on 29 May 2020.

Recommendation

The Health Scrutiny Committee is asked to:

- i. Suggest any additional topics for potential inclusion on the work programme
- ii. Delegate to the Scrutiny Officers the development and delivery of this programme, identifying appropriate methods of scrutiny, in consultation with the Chairs.
- iii. Temporarily suspend the current Health Scrutiny Committee work programme (2019/20) and for this to be kept under review

Background and Advice

As a result of the Covid 19 pandemic, a decision was taken in March to suspend all council committee meetings including scrutiny until further notice. Following the introduction of new regulations and guidance on remote council meetings in April, it was confirmed that the scrutiny function would resume and that a remote work planning session for scrutiny as a whole be arranged for members of the Internal Scrutiny Committee (as the parent scrutiny committee) to receive an update on the journey so far and plans for recovery.

The Covid 19 pandemic has required members and officers to work differently and the wider context has also meant that priorities have changed or shifted in emphasis. However, scrutiny committees have an important role in reviewing how Lancashire

County Council prepared for, and responded to, the Covid 19 pandemic and how the county council aims to recover and assist people and businesses across Lancashire. Therefore a single combined work programme for the foreseeable future and for all scrutiny committees is currently being formulated. A draft copy of the programme is set out at appendix A.

The work programme is a work in progress document. The topics included were identified at a work planning workshop for members of the Internal Scrutiny Committee held on 29 May 2020 and from discussions with all scrutiny chairs and deputy chairs.

A copy of the work programme for 2019/20 is set out at appendix B.

Considerations for Scrutiny Topics

Having a positive vision of what scrutiny might achieve may help to understand how it could work differently. Agreeing topics for inclusion in the work programme is about focusing and directing limited resources to maximise scrutiny's effectiveness:

- National issues will inevitably be subject to enquiries / scrutiny at a national level. ***Consider what you can influence locally.***
- Health, social care and education teams have limited resources to support O&S and non-critical work. ***How can scrutiny support those services without unnecessary extra burdens?***
- Decisions have been made in partnership through the LRF. ***How can you best look at partnership working?***
- Decisions and activities were taken to deal with an unprecedented situation. ***What general lessons can be learned from unique circumstances?***
- Recovery will not be "back to normal". ***Can scrutiny shape the future of the county council / Lancashire?***

In addition to this, and as a tool to narrow the focus further, the following questions could be applied:

- How can scrutiny add value?
- What will have the biggest impact?
- What is the overall aim?

Consultations

NA

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		
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Reason for inclusion in Part II, if appropriate

NA

Overview and Scrutiny Work Programme 2020-2021

Month	Children's Services	Education	External	Health	Internal
June				1. Update from the ICS on NHS Cells for Lancashire and digital and engagement with local people. 2. Temporary changes to clinical services across the ICS during the COVID-19 pandemic	
July	Joint committee meeting on the impact of Covid 19 on children and young people in Lancashire - lessons learnt and recovery		Flooding		1. RIPA annual report 2. The impact of Covid 19 on county council services Highways – challenges faced following pandemic and resuming 'normal' work programmes
September	Protecting vulnerable/valuable children through the pandemic and lessons learnt			Supporting the social care sector including domiciliary care workers	Covid 19 – what comes next? Including building pan-Lancashire working and Democratic involvement in resilience forums and maintaining democratic leadership during a crisis
October	Impact of the pandemic on child poverty and plans in place around recovery		1. LEP – response to the pandemic – economic recovery plan incorporating 'green' principles		

Appendix A

			2. Impact of pandemic on road safety and lessons learnt		
November		Impact on education and an update on return to schools			Scrutiny of the Council's response to the Government's call for local councils to invest in street safety
December	Impact of the pandemic on children and young people's mental health – plans in place to support and an update on CAMHS				
Topics carried over from previous work programmes not yet scheduled	Participation strategy update 0-19 Healthy Child programme Road safety Independent children's homes Family safeguarding model Getting to Good plan update	SEND inspection outcome NEET Child poverty – pupil premium and effects on education Lancashire Breaktime SEN equipment in schools School transport Maintained nurseries update Parking at schools EY strategy and school improvement model update	Lancashire energy strategy Review of Community Safety Partnerships and governance arrangements Greater Lancashire plan LCC Carbon Plan/Internal Energy and Water Management Policy Universal credit	Housing with Care and Support Strategy 2018-2025 Urgent Mental Health Pathway Transforming Care (Calderstones) Social Prescribing Cessation of the Lancashire Wellbeing Service Tackling period poverty Delayed transfers of care Stroke Programme Vascular, head and neck Suicide prevention in Lancs Review of Primary Care Networks and Neighbourhoods Transforming hospital services and care for people	Local Government Funding and Income Generation Task Group Update on Reducing Single Use Plastics in Lancashire

				in Southport, Formby & West Lancs Disabled Facilities Grants	
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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 4 February 2020	The published five year strategy be presented to the Health Scrutiny Committee at its next scheduled meeting on 5 November 2019.	Deferred
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 4 February 2020	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;	In progress

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Committee					
				4. Financial information on all the options.	
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	That: <ol style="list-style-type: none"> 1. The report be noted. 2. The improvements seen in the performance of the Lancashire County Council Occupational Therapy Service be welcomed. 3. A further report on the differing allocations of Disabled Facilities Grants to district councils in Lancashire with a focus on discretionary grants be 	In progress

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Committee					
				presented to a future meeting.	
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 12 September 2020		
Urgent Mental Health Pathway	Improvement journey of LSCFT	Caroline Donovan, Chief Executive, LSCFT (incl. LCC officers)	31 March 2020		
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	31 March 2020		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/organisations	Proposed Date(s)	Recommendations	Progress
Committee					
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 – to be scheduled

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 (NWAS)	Trust wide rota review	Peter Mulcahy	20 November 2019		
Review of Primary Care Networks and Neighbourhoods	Themed review for 2019/20 - reviewing impact at local level and accessibility of health care services and provision of local facilities (capital and estates strategy – opportunities and constraints)	Peter Tinson, FWCCG and Stephen Gough, NHS England and Dr John Miles, Garstang Medical Practice	18 December 2019		
Review of Primary Care Networks and Neighbourhoods	Themed review for 2019/20	Public Health, LCC	19 February 2020		
Cessation of the Lancashire Wellbeing Service	Exit plan to identify possible mitigating actions for service users	Dr Sakthi Karunanithi, CC Shaun Turner, LCC	19 February 2020		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers	Proposed Date(s)	Recommendations	Progress
Steering Group					
Review of Primary Care Networks and Neighbourhoods	Themed review for 2019/20		11 March 2020		
Health and Wellbeing Hubs – Ormskirk and Skelmersdale	Opportunities for West Lancs CCG to provide core health services to reduce health inequalities and support the local populations	Jackie Moran, Meg Pugh and George Hurst, WLCCG	11 March 2020 (10:30)		
Review of Primary Care Networks and Neighbourhoods	Themed review for 2019/20 Healthier Fleetwood	Dr Mark Spencer, The Mount View Practice and Barbara McKeown, Fylde and Wyre CCG	16 April 2020		
Quality Accounts Preparations for responding to NHS Trusts Quality Accounts	Continued focus on Lancashire and South South Cumbria Foundation Trust and Lancashire Teaching Hospitals Foundation Trust	Oliver Pearson, Healthwatch Lancashire	16 April 2020		
Transforming hospital services and care for	Update on the Trust's key targets	Trish Armstrong-Child, Southport and Ormskirk Hospital Trust	27 May 2020		

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers	Proposed Date(s)	Recommendations	Progress
Steering Group					
people in Southport, Formby & West Lancs					
NHSE – Quality Surveillance Group	Overview and relationships with scrutiny	Sally Napper, NHSE, Lisa Slack, LCC	27 May 2020 (tbc)		
Review of Primary Care Networks and Neighbourhoods	Themed review for 2019/20		27 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:

- 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
- Delayed Transfers of Care - Update on performance (Sue Lott, LCC and Faith Button, Ailsa Brotherton, Lancashire Teaching Hospitals, Emma Ince, GPCCG and CSRCCG) 24 June 2020

Standing items:

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

