

Lancashire County Council

Health Scrutiny Committee

Tuesday, 15th September, 2020 at 10.00 am in Skype Virtual Meeting - Skype

Agenda

Part I (Open to Press and Public)

No.	Item
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1.	Apologies
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2.	Constitution: Chair and Deputy Chair; Membership; Terms of Reference of the Health Scrutiny Committee and its Steering Group	(Pages 1 - 10)
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3.	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.

4.	Minutes of the Meeting Held on 30 June 2020	(Pages 11 - 18)
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5.	NHS 111 First	(Pages 19 - 28)
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6.	Lancashire County Council Adult social care - winter preparations	(Pages 29 - 52)
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7.	Report of the Health Scrutiny Steering Group	(Pages 53 - 58)
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8.	Overview and Scrutiny Work Programme 2020/21	(Pages 59 - 64)
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9.	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.

10. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held virtually on Tuesday 3 November 2020 at 10.30am.

County Hall
Preston

L Sales
Director of Corporate Services

Health Scrutiny Committee

Meeting to be held on Tuesday, 15 September 2020

Electoral Division affected: None;

Constitution: Membership; Chair and Deputy Chair; and Terms of Reference of the Health Scrutiny Committee and its Steering Group (Appendix A refers)

Contact for further information:

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

Executive Summary

This report sets out the constitution, membership, chair and deputy chair and terms of reference (remit) of the Health Scrutiny Committee for the municipal year 2020/21.

Recommendation

The Committee is asked to note:

- i. The appointment of County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the Committee for the remainder of the 2020/21 municipal year;
- ii. The new Membership of the Committee following the County Council's Annual Meeting on 16 July 2020; and
- iii. The Terms of Reference of the Committee.

Background and Advice

i) Constitution and Membership of the Health Scrutiny Committee

The Full Council, at its meeting on 16 July 2020, agreed that the Health Scrutiny Committee shall comprise 12 County Councillors (on the basis of 7 Conservative, 4 Labour and 1 from either the Liberal Democrat or Independent groups) and 12 non-voting co-opted members, with each District Council being invited to nominate a representative.

It was also agreed that County Councillor nominations to serve on the Committee should be submitted to the Director of Corporate Services by the respective Political Groups. Accordingly, the membership of the Committee, as confirmed by the Political Group Secretaries and the 12 Lancashire District Councils, is as follows:

County Councillors (12):

L Beavers	M Iqbal
P Britcliffe	S Morris
J Cooney	E Pope
C Edwards	J Shedwick
N Hennessy	K Snape
A Hosker	D Whipp

Non-voting co-opted members (12):

Burnley Borough Council	- Councillor Tracy Kennedy
Chorley Council	- Councillor Margaret France
Fylde Borough Council	- Councillor Viv Willder
Hyndburn Borough Council	- Councillor Glen Harrison
Lancaster City Council	- Councillor Gina Dowding
Pendle Borough Council	- Councillor Tom Whipp
Preston City Council	- Councillor David Borrow
Ribble Valley Borough Council	- Councillor Bridget Hilton
Rossendale Borough Council	- Councillor Jackie Oakes
South Ribble Borough Council	- Councillor David Haworth
West Lancashire Borough Council	- Councillor Gail Hodson
Wyre Borough Council	- Councillor Julie Robinson

The Full Council also appointed County Councillors Peter Britcliffe and Stuart Morris as Chair and Deputy Chair of the Committee for the remainder of the 2020/21 municipal year.

ii) Health Scrutiny Steering Group

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 as follows:

County Councillors (4):

L Beavers	S Morris
P Britcliffe	E Pope

The Committee's terms of reference (remit) are set out at appendix A.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

There are no risk management implications arising from this item.

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

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

N/A

Part 2 – Article 5 (Overview and Scrutiny)

The council has established the following Overview and Scrutiny Committees:

Committee	Responsibility	Membership
Internal Scrutiny Committee	Review and Scrutinise decisions, actions and work of the Council	12 County Councillors
Education and Children's Services Scrutiny Committee	To review and scrutinise issues around: education services provided by the council including those education functions of a Children's Services authority; and Children and young people's services including the statutory powers of a scrutiny committee as they relate to the NHS.	16 County Councillors, 5 voting co-optees, (comprising three Church representatives and two parent governor representatives) who shall have voting rights in relation to any education functions which are the responsibility of the Executive, and one non-voting co-optee representing the Youth Council.
Health Scrutiny Committee	Statutory responsibility for scrutiny of adult and universal health services	12 County Councillors, plus 12 non-voting co-opted members, nominated by the 12 district councils
External Scrutiny Committee	Review and scrutinise issues, services and activities carried out by external organisations	12 County Councillors

All Overview and Scrutiny Committees have the following Terms of Reference:

1. To review decisions made, or other action taken, in connection with the discharge of any functions which are undertaken by the Cabinet collectively, or in the case of urgent decisions which cannot await a Cabinet meeting by the Leader of the Council (or in his/her absence the Deputy Leader) and the relevant Cabinet Member, or Cabinet committees.
2. To make reports or recommendations to the Full Council, the Cabinet, the Leader, Deputy Leader or other Cabinet Members as necessary or

**(Last updated – 17 July 2020 – Full Council decision 16 July 2020
Owner – Democratic Services)**

Cabinet committees with respect to the discharge of any functions which are undertaken by them or in respect of any functions which are not the responsibility of the Cabinet.

3. To hold general policy reviews and to assist in the development of future policies and strategies (whether requested by the Full Council or the Cabinet, individual Cabinet members, Cabinet committees, or decided by the Committee itself) and, after consulting with any appropriate interested parties, to make recommendations to the Cabinet, individual Cabinet members, Cabinet committees, Full Council or external organisations as appropriate.
4. To consider any matter brought to it following a request by a County Councillor or a Co-optee of the Committee who wishes the issue to be considered.
5. To consider requests for "Call In" in accordance with the Procedural Standing Orders – Overview and Scrutiny Rules at Appendix C – Appendix 3 of the Constitution
6. To request a report by the Cabinet to Full Council where a decision which was not treated as being a key decision has been made and the Overview and Scrutiny Committee is of the opinion that the decision should have been treated as a key decision
7. To request the Internal Scrutiny Committee to establish task groups and other working groups and panels as necessary.
8. To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities
9. To invite to any meeting of the Committee and permit to participate in discussion and debate, but not to vote, any person not a County Councillor whom the Committee considers would assist it in carrying out its functions.
10. To require any Councillor, an Executive Director or a senior officer nominated by him/her to attend any meeting of the Committee to answer questions and discuss issues.

Internal Scrutiny Committee

1. To review and scrutinise all services provided by the authority, unless specifically covered by the Terms of Reference of another Overview and Scrutiny Committee.
2. To consider matters relating to the general effectiveness and development of Overview and Scrutiny in the authority including training for county councillors and co-optees.

**(Last updated – 17 July 2020 – Full Council decision 16 July 2020
Owner – Democratic Services)**

3. To consider requests from the other Overview and Scrutiny Committees on the establishment of task groups, and to establish, task groups, and other working groups and panels as necessary, as well as joint working arrangements with District councils and other neighbouring authorities including joint committees to exercise the statutory function of joint health scrutiny committees under the NHS Act 2006.
4. To determine which Overview and Scrutiny Committee considers a particular matter where this is not clear.
5. To establish arrangements for the scrutiny of member development, and receive reports from the Member Development Working Group.
6. To recommend the Full Council to co-opt on to a Committee persons with appropriate expertise, without voting rights

Education and Children's Services Scrutiny Committee

1. To scrutinise matters relating to education delivered by the authority and other relevant partners.
2. To fulfil all the statutory functions of an Overview and Scrutiny Committee as they relate to education functions of a Children's Services Authority.
3. To scrutinise matters relating to services for Children and Young People delivered by the authority and other relevant partners.

The following provisions relating to scrutiny of health and social care relate to services for children and young people:

4. To review and scrutinise any matter relating to the planning, provision and operation of the health service in the area and make reports and recommendations to NHS bodies as appropriate.
5. 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.
6. To review and scrutinise any local services planned or provided by other agencies which contribute towards the health improvement and the reduction of health inequalities in Lancashire and to make recommendations to those agencies, as appropriate.
7. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body.

**(Last updated – 17 July 2020 – Full Council decision 16 July 2020
Owner – Democratic Services)**

8. 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.
9. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
10. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under Section 31 of the Health Act 1999.
11. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
12. 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.
13. To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and nonexecutive directors of local NHS bodies to appear before the Committee to give evidence.
14. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.

Health Scrutiny Committee

1. To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
2. 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
3. In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
4. 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.
5. To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
6. To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

**(Last updated – 17 July 2020 – Full Council decision 16 July 2020
Owner – Democratic Services)**

7. To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
8. To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
9. 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.
10. 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.
11. To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
12. To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
13. 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.

External Scrutiny Committee

1. To review and scrutinise issues, services or activities carried out by external organisations including public bodies, the voluntary and private sectors, partnerships and traded services which affect Lancashire or its inhabitants, and to make recommendations to the Full Council, Cabinet, Cabinet Members, Cabinet committees or external organisations as appropriate.
2. To review and scrutinise the operation of the Crime and Disorder Reduction Partnership in Lancashire in accordance with the Police and Justice Act 2006 and make reports and recommendations to the responsible bodies as appropriate
3. In connection with 2. above, to require an officer or employee of any of the responsible bodies to attend before the Committee to answer questions
4. To co-opt additional members in accordance with the Police and Justice Act 2006 if required, and to determine whether those co-opted members should be voting or non-voting

**(Last updated – 17 July 2020 – Full Council decision 16 July 2020
Owner – Democratic Services)**

5. To review and scrutinise the exercise by risk management authorities of flood risk management functions or coastal erosion risk management functions which may affect the local authority's area

Lancashire County Council

Health Scrutiny Committee

Minutes of the meeting held on Tuesday, 30th June, 2020 at 10.30 am by means of a virtual meeting.

Present:

County Councillor Peter Britcliffe (Chair)

County Councillors

J Burrows	S C Morris
Mrs S Charles	E Pope
B Dawson	J Shedwick
J Fillis	P Steen
N Hennessy	D Whipp
M Iqbal	

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Gina Dowding, (Lancaster City Council)
Councillor Margaret France, (Chorley Council)
Councillor Bridget Hilton, (Ribble Valley Borough Council)
Councillor G Hodson, (West Lancashire Borough Council)
Councillor David Howarth, (South Ribble Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillor B Dawson replaced County Councillor K Snape for this meeting only.

1. Apologies

Apologies were received from District Councillors Julie Robinson (Wyre) and Tracy Kennedy (Burnley).

2. Disclosure of Pecuniary and Non-Pecuniary Interests

None.

3. Minutes of the Meeting Held on 4 February 2020

Resolved: That the minutes from the meetings held on be confirmed as an accurate record.

4. Lancashire and South Cumbria NHS COVID-19 Response

The Chair welcomed Dr Amanda Doyle, GP and Integrated Care Strategy lead for Lancashire and South Cumbria and Kevin McGee, Chief Executive for East Lancashire Hospitals Trust and Blackpool Teaching Hospitals NHS Foundation Trust. A report was presented regarding the local NHS response to the Covid 19 pandemic.

The following points were highlighted:

- There had been a national and local change of governance arrangements, following the declaration of a level four healthcare incident by NHS England. This resulted in NHS England taking control of all healthcare resource. A local governance structure was put in place to oversee local implementation.
- Phase one was the initial emergency response, involving planning for and managing the impact and subsequent increased demand. The actions at this stage included stepping down non-essential work. The governance arrangements were divided into two cells - hospital and out of hospital, both of which included a range of leaders who worked closely with the Local Resilience Forum (LRF) to effectively manage decision making. Some programme work regarding system development, transformation and commissioning reform had been adjourned in order to focus on the incident.
- The hospital cell co-ordinated the work of the main hospital sites across Lancashire to support the initial surge of Covid patients, concentrating on increasing capacity for critical care and beds. The considerable numbers that had been initially forecasted for critical care were not realised. The additional requirements for personal protective equipment (PPE) had been met through mutual support across the cells and working collectively as a system.
- The initial phase required moving staff to support the most urgent areas and this necessitated some temporary service changes to ensure service quality and the deployment of staff to the most urgent areas such as respiratory care and A&E. This included the temporary closure of Chorley A&E, the birth unit at Blackburn and the minor injuries unit at Blackpool. These clinical decisions had to be made quickly and the decisions were communicated widely with stakeholders and the public, emphasising that they were temporary measures required to respond to the crisis. Any permanent change would follow the statutory guidance and fulfil the required engagement process. Other changes included significant visiting restrictions, following national guidance to support infection control. The cell continued to work closely with LRF and other bodies to ensure changes to public services were publicised. This way of working enabled new best practice to be established in terms of sharing data between organisations in a controlled way, which facilitated improved communication and action.

- The work was now moving toward restoration of services and taking learning points from good practice joint working to develop future practice. There had been a significant reduction in Covid 19 patients across Lancashire, however the hospitals were prepared in terms of capacity for any future surges in cases. Planning for winter was in progress alongside focusing on cancer and diagnostic activity. It was noted that restoration work would be implemented in a planned and considered way to take into account the need for staff to rest and recuperate prior to winter to support their ongoing resilience.
- A campaign was underway to emphasise the message that hospitals were safe to increase referral levels and to ensure the public could be confident coming into hospitals.
- The out of hospital cell had concentrated on the redeployment of staff into areas of priority; PPE provision, testing staff and patients and antibody testing for staff. The cell had also worked closely with the care sector in terms of resilience, training, infection control and escalation plans to increase care home capacity to support hospital discharge for Covid patients who often had long term reablement needs. Work was ongoing with social care providers to expedite the discharge process for those waiting for packages of care, which had significantly reduced hospital occupancy. In addition those shielding had been offered food and routine healthcare at home. The mental health cell had provided a rapid crisis response to eliminate A&E presentation by establishing 24/7 urgent treatment centres. The mental health impact of the pandemic on the wider community and staff had been recognised and invested in, including the psychological effects of coping with trauma. An on-line mental health resilience hub had been developed and had been widely accessed.
- Phase two planning allowed continued response to the crisis and preparation for subsequent surges; alongside increasing referrals, urgent diagnostics, encouraging those with serious conditions to return to typical healthcare settings for treatment and routine elective work. A significant amount of capital expenditure had been required to support the response and ongoing plan. Extra capacity was required for infection control processes, rehabilitation, critical care, screening, diagnostics and reducing the back log. This ongoing requirement for additional workforce was at a time of increased sickness absence and when staff were exhausted. The service reintroduction plan recognised the need to look at health system capacity and a model of healthcare that moved pathways away from critical settings to support infection control. This included a rapid increase in the use of technology, such as video consultations to allow access to services for disease management. All five trusts in the Lancashire and South Cumbria Integrated Care System (ICS) now offered virtual outpatient appointments ('attend anywhere'). In addition remote monitoring at home and in care homes had been implemented, such as the use of oxygen monitoring equipment. The benefits of this would be ongoing, including reducing travel times and providing quicker responses and reviews.

- Vital next steps included monitoring and evaluation of processes and plans as well as ongoing communication with the public. A second wave of infections were anticipated later this year and preparation was required to protect and risk assess those groups who were more vulnerable to having a severe reaction to Covid. These included Black Asian Minority Ethnic (BAME) communities, the elderly and deprived households with pre-existing poor health. This would include promoting how they help themselves, for example controlling diabetes and managing weight. In addition focus would continue on working with the LRF, particularly supporting resilience throughout winter in the care sector and maintaining the beneficial services, processes and new ways of working that were implemented to manage the pandemic.

In response to questions from members, the following information was clarified:

- The Lancashire and South Cumbria ICS had managed the mortality rates and spread of infection well, the latter meaning that a large proportion of the population had not come into contact with Covid. No area was immune to local spikes of infection, particularly considering the impact of lock down fatigue, causing people to dissent. The greatest concern lay in areas that attracted high numbers of visitors, such as Lytham and Blackpool. This would be planned for by protecting the vulnerable by enforcing and emphasising the importance of social distancing rules. Systems were also in place to respond to any infection surges, including critical care capacity, at short notice.
- Early hospital discharge of untested patients to social care settings had been a national issue in the early stages of the pandemic due to limited testing capacity, however Lancashire had managed well in this respect. Levels of testing was no longer an issue and all discharges were expedited with the appropriate level of testing.
- In terms of sharing data, a single cell co-ordinated data and information to inform cohesive local planning. Comprehensive data sharing agreements were in place to support the pooling and analysis of statistics. The challenge was from extrapolating test data from the two separate testing routes. Access to pillar one NHS test results had been rapid and easy to direct. However pillar two national mass testing, commissioned by the Ministry of Housing, Communities and Local Government's (from for example, drive through sites) hadn't been accessible locally until very recently. Having access to national test data would significantly aid planning.
- The private sector had been utilised for NHS patients to increase overall capacity to allow 'green' sites that were Covid free. This would continue to 31 March 2021 to address the backlog of necessary elective work. Beyond that, work was planned to make sections of NHS hospitals 'green' to segregate Covid cases to restore general activity.

- Members asked if the resources were available for building resilience in preparation for a second spike of the pandemic, specifically targeting identified vulnerable groups.

It was emphasised that prevention in its entirety and improving overall health outcomes, was a long term process. However in terms of the current situation, secondary prevention was targeted at those who were high risk or had a condition, concentrating on reducing complications and managing the risk. For example working closely with those with diabetes, heart disease, chronic obstructive pulmonary disease (COPD) or asthma to control their condition and to ensure their treatment, prevention measures and medication were correct. The resources were available but the challenge was making sure high risk groups accessed routine chronic disease management and healthcare to ensure their condition was optimised in preparation for winter. The majority of this work could be done remotely.

- The mortality rate was significantly increased for those with both types 1 and 2 diabetics compared to non-diabetics, however the risk was greater for type 1 diabetics.
- Members asked for more information regarding methods of communication and engagement with disproportionately affected communities.

It was explained that this would be carried out jointly with the LRF, via the 'warning and informing' cell, who were addressing how best to target groups at greatest risk. Work had been undertaken across the Pennine Lancashire Integrated Care Partnership (ICP) with BAME groups, via a range of media (schools and places of worship) to help people understand their increased risk due to community factors and how to address this.

Temporary accommodation had been sourced for the homeless and health issues had been targeted. In addition hospitals had used a range of different ways to communicate to their local communities, such as using websites, social media and local media to target groups and listen to ideas of how to improve.

It was requested that the specific methods of communication be disseminated outside of the meeting via the clerk. A member of a targeted high risk group highlighted that they had not received any information as had been described. It was suggested that methods of communication could be widened to include chief executives of district and county councils to brief their elected members.

It was noted that the NHS did report actions taken to the LRF, which did include council representation.

- Members highlighted the complex needs of those living with dementia, in terms of physical and mental health and how isolation could impact on this.

It was clarified that dementia wasn't initially included as a clinical medical condition that required shielding. However locally, GPs had included them as they recognised the importance for those with complex physical conditions to understand how they could access support and remember how to protect against infection. In addition the withdrawal of contact (necessary due to infection control measures put into place at care homes and day centres) could cause the condition to deteriorate. In response to this support had been provided to those who were isolated in the community by working with carers' support organisations and by offering routine healthcare services at home. It was acknowledged that it was a complex challenge that would need to be addressed for some time.

It was confirmed that the out of hospital cell were planning a consistent offer with sufficient capacity for vulnerable groups in light of the way access to support had changed. This would include social support, access to medication, issuing of flu jabs and monitoring of health conditions. However it was a challenge and all circumstances couldn't be fully mitigated. Members commented that the strategy to protect vulnerable groups including dementia sufferers and their carers to prepare for another surge in cases needed to be communicated very clearly, as residents of Lancashire had expressed concerns and were unaware of how they would be protected and supported going forward.

- It was confirmed that borough district councils were also part of the LRF and so were aware of all the actions and responses to the pandemic.

Resolved: That the report as presented be noted.

5. Overview and Scrutiny Work Programme 2020/21

A draft copy of a combined work programme for all of the Lancashire County Council scrutiny committees was presented to the committee, alongside the committee work programme for 2019/20. Members were asked to discuss potential topics for addition on to the programme, including those that had been deferred from 2019/20.

Members made the following comments:

- The item for Health Scrutiny Committee: 'supporting the social care sector including domiciliary care workers' would benefit from more precise wording and detail to ensure robust scrutiny and positive critical challenge. Members wanted more clarity regarding whether the item was referencing how health services were working together with the social care sector to boost the quality of support.

It was confirmed that the development of the items was a member led process and it was a committee decision as to how the review be conducted.

- In these uncertain times it would be beneficial if the combined work programme be flexible for the inclusion of any urgent items that may arise. In addition it was requested that there be an opportunity for members of the Health Scrutiny Committee to provide input to Scrutiny Officers alongside Scrutiny Chairs when developing the programme and identifying appropriate methods of scrutiny.
- Concern was expressed that there were outstanding items from the last meeting and that the topic of NHS estate adequately supporting neighbourhood working was not on the combined plan
- Additional questions and suggested topics for potential inclusion in the work programme regarding social care and test and trace would be shared with the Scrutiny Officer outside of the meeting.

Resolved: That

- i. The development and delivery of the combined Scrutiny Committee Work Programme and identification of appropriate methods of scrutiny, be delegated to the Scrutiny Officers in consultation with the Scrutiny Chairs and input from any member.
- ii. The current Health Scrutiny Committee work programme (2019/20) be temporarily suspended and for this to be kept under review.

6. Urgent Business

There were no items of urgent business.

7. Date of Next Meeting

The next meeting of the Health Scrutiny Committee will be held on Tuesday 15 September 2020 at 10.30am by means of a virtual meeting.

L Sales
Director of Corporate Services

County Hall
Preston

Health Scrutiny Committee

Meeting to be held on Tuesday, 15 September 2020

Electoral Division affected: (All Divisions);
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NHS 111 First

(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 presentation on the new national NHS 111 First programme currently being implemented across the North West.

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 Jackie Bell, Head of Service 111, North West Ambulance Service NHS Trust, will attend the virtual meeting to deliver the presentation set out at appendix A.

NHS 111 First is part of a national integrated programme to improve outcomes and experience of urgent and emergency care. The programme is currently being implemented across the North West on a phased approach starting with two 'first mover' sites, at Blackpool Teaching Hospitals NHS Foundation Trust from 25 August 2020 and Warrington and Halton Hospitals NHS Trust from 8 September 2020.

The programme will be more widely introduced across the region through the autumn with a view to being fully in place by 1 December 2020, in line with the national rollout.

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 the North West Ambulance Service NHS Trust 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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NHS England and NHS Improvement

Appendix 'A'



North West
Ambulance Service
NHS Trust



THINK NHS 111 FIRST PROGRAMME North West Update

Delivered by Dr Amanda Doyle, Blackpool Clinical Commissioning Group and Jackie Bell, Head of Service 111, North West Ambulance Service NHS Trust

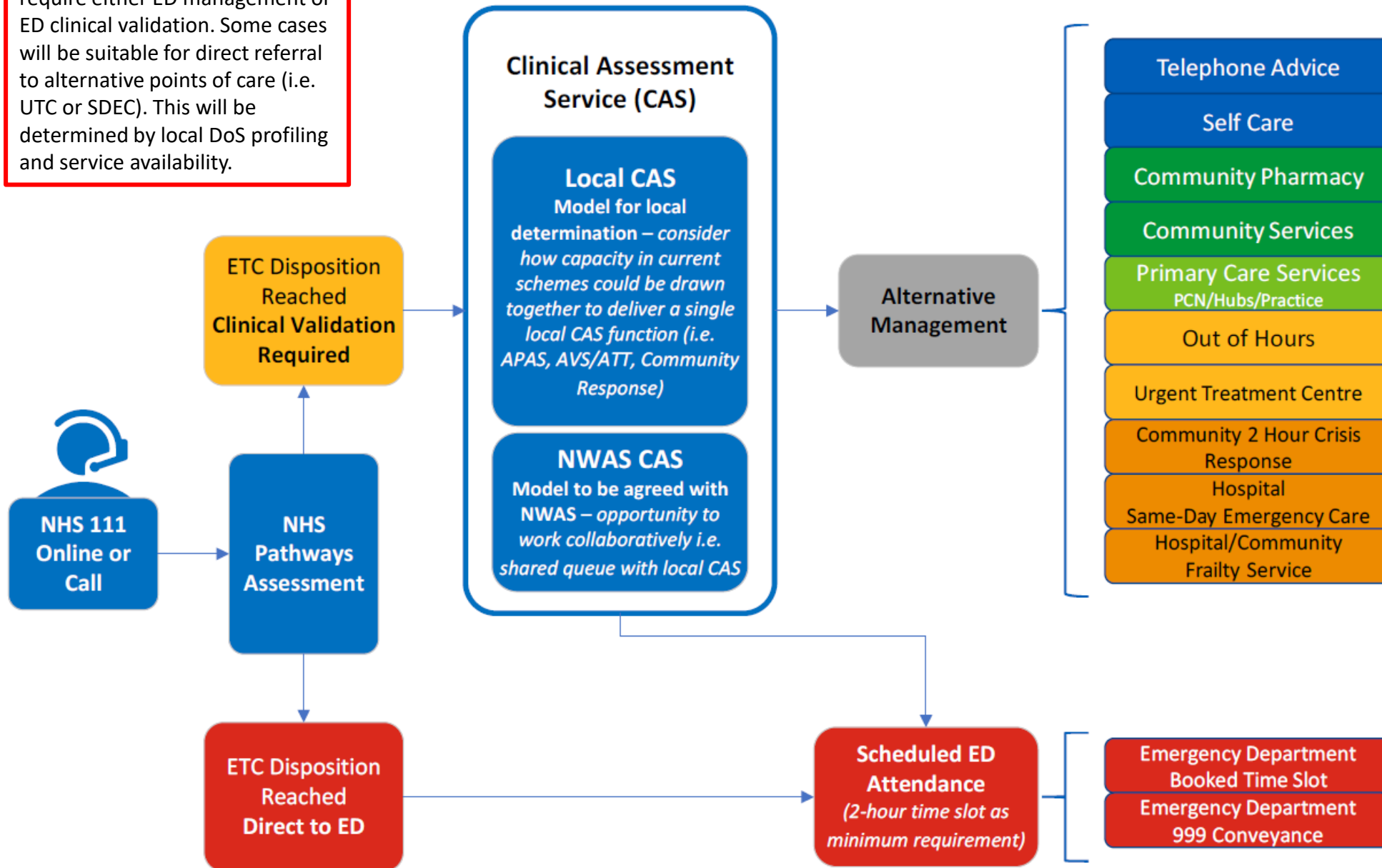
WHAT IS NHS 111 FIRST?

NHS 111 First is a development of the current regional NHS 111 service and local remote triage and assessment services to offer patients a different approach to the way they access and receive healthcare. The model;

- Asks patients thinking about attending an emergency department to **contact NHS 111 First by telephone or online**.
- Encourages people to **access remote assessment first, before attending any services**, supporting social distancing and reducing ED crowding and the risk of nosocomial infection.
- Enables patients requiring ED management to be **booked into an ED time slot**, improving patient experience and the flow of patients into ED, reducing crowding the waiting area and supporting social distancing.
- Enables patients appropriate for alternative management to be **booked into a time slot wherever possible**.
- **Makes best use of technology** to enable direct referrals and support remote consultations.
- **Improves clinical outcomes** by increasing the volume of patients with an 'Emergency Treatment Centre' disposition that are clinically validated by Clinical Assessment Service (CAS).
- **Aligns with the Integrated Urgent Care ambition** through the development of local Clinical Assessment Services offering patients access to clinicians, both experienced generalists and specialists (such as Dental Nurses, Mental Health Nurses and Palliative Care Nurses).

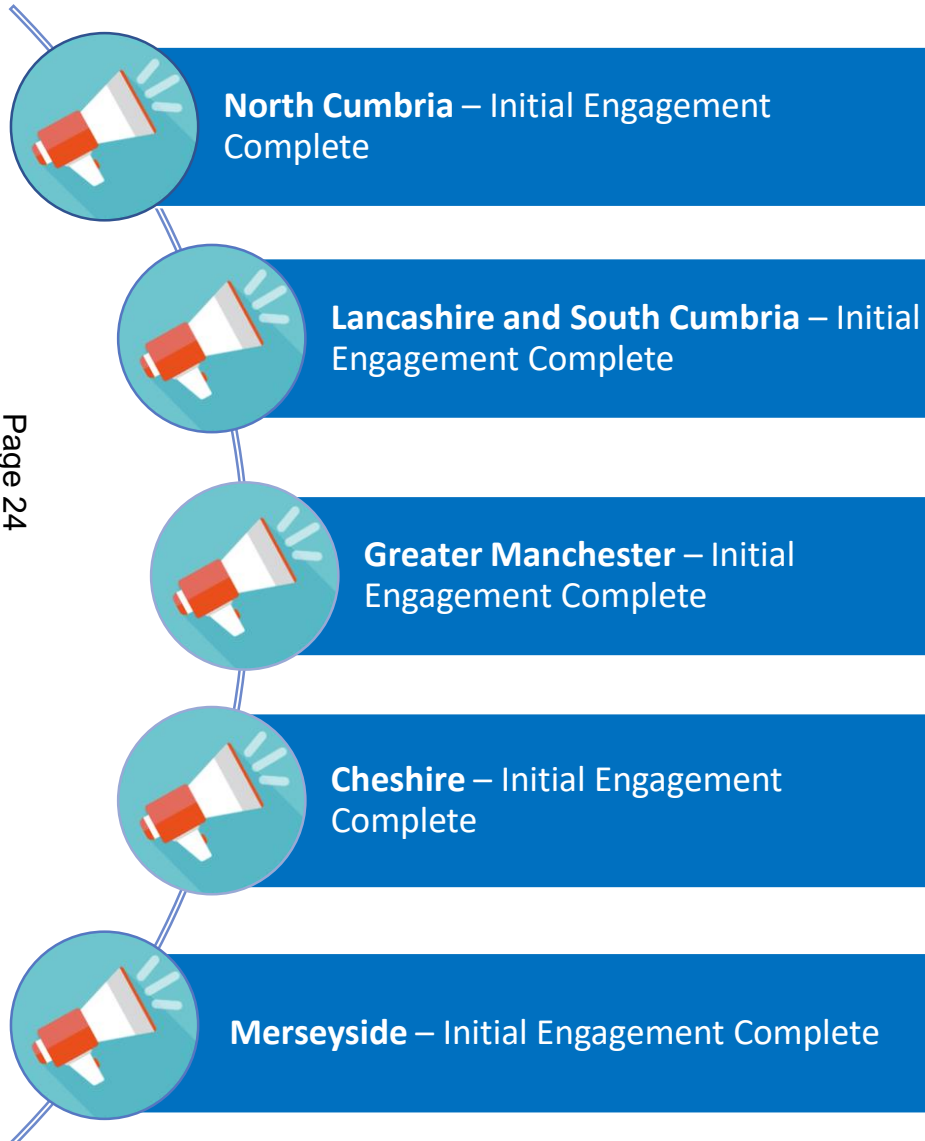
NHS 111 FIRST PATIENT PATHWAY

N.B. not all ETC dispositions will require either ED management or ED clinical validation. Some cases will be suitable for direct referral to alternative points of care (i.e. UTC or SDEC). This will be determined by local DoS profiling and service availability.



- Patient contacts 111 and is assessed using NHS Pathways
- If an 'Emergency Treatment Centre' (ETC) outcome is reached the DoS will be interrogated
- Cases that require direct ED management will be booked into a time-slot by the NHS 111 Call Handler and information about the patient will be sent to the relevant ED
- Cases requiring clinical validation will be electronically referred to the CAS (based on DoS profiling)
- A CAS clinician will contact the patient to complete clinical validation
- Cases which change following validation will either be given self-care advice or be booked/directed to alternate points of care
- Cases which remain unchanged will be booked into an ED time-slot by the clinician and information about the patient will be sent to the relevant ED

PROGRESS



The NW NHS 111 First implementation team have now **completed initial engagement with all North West systems.**

The first two NW sites are now live following soft launches;
Blackpool Teaching Hospitals NHS-FT live from 25/08
Warrington And Halton Teaching Hospitals NHS-FT live from 08/09

The third NW-wide national assurance template was collated and returned to the national team on 07/09. These will be updated fortnightly to track progress.

Project groups have been established in most local systems; remaining systems are being contacted and offered support to progress.

A workstream update has been developed and will be presented fortnightly to the NHS 111 First Operational Delivery Group. These updates will be shared with STP/ICS SRO's for onward distribution to local delivery teams to update on regional progress.

A NHS 111 First implementation toolkit (including a Communication & engagement toolkit) has been developed and shared with local project teams to support remaining sites.

NHS 111 First ED data packs have been produced and shared with local systems.

NEXT STEPS



Monitoring and evaluation of early mover sites; daily calls to review performance, flag delivery risks and any clinical or staffing concerns. Feedback from CAS and ED staff has been positive with a steady increase in booked appointments from NHS 111. Appointment allocation and patient arrival process has been working well.



NWAS continued recruitment, training and deployment of health adviser and clinician capacity; NW roll-out plan aligned to capacity with regular updates against plan.



Phase 1 – Early Movers – ‘live’; Blackpool and Warrington live with ongoing evaluation

Phase 2 – Fast Followers – ‘implementation’; project team in place and implementation underway against agreed project plan

Phase 3 – Remaining Sites – ‘planning’; project established; planning and modelling underway



Digital solutions being agreed; several options have been identified by the Digital Workstream group for Trusts to adopt. Awaiting final confirmation from all Trusts.



Confirming arrangements for local CAS provision; local project groups are modelling the clinical capacity required to validate NHS 111 ‘Emergency Treatment Centre’ dispositions and arrangements for the electronic transfer of these cases.



Completion of local DoS review; ensure that NHS 111 ‘Emergency Treatment Centre’ outcomes are mapped effectively and that patients are directed to the most appropriate service to meet their needs (i.e. Urgent Care/CAS referral or ED by appointment)

COMMUNICATIONS AND ENGAGEMENT

A North West NHS 111 First communications plan is in place developed by the regional communications and engagement sub-group co-chaired by NWAS and NHSEI. This group has established links into wider national groups and 'early mover' sites to provide information and resources to local communication and engagement teams to support planning and deployment.

A NHS 111 First communications toolkit is now available to support localities in initially briefing staff and stakeholders with further iterations planned to inform the public about the new national NHS 111 First programme. The toolkit will be regularly updated and shared as new content becomes available.

'Do once' communications approach. Regional communications toolkit to include:

- Template comms plan
- Written briefing statements
- FAQs
- National interim creative material (posters/leaflets/social media/ads) for localising

National and regional NHS 111 First marketing campaigns planned as part of the winter access campaign from early December.

QUESTIONS AND DISCUSSION

Contact Us:

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Blackpool Clinical Commissioning Group

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**Head of Service 111, North West Ambulance
Service NHS Trust**



Health Scrutiny Committee

Meeting to be held on Tuesday, 15 September 2020

Electoral Division affected:
All Divisions

Lancashire County Council Adult social care - winter preparations

(Appendix A refers)

Contact for further information:

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Executive Summary

The report provides details of:

- Support to adult social care providers during the COVID-19 pandemic; and
- The Adult Social Care Winter Plan.

Recommendation

The Health Scrutiny Committee is asked to:

1. Note the report.
2. Support the ongoing work of Adult Social Care in supporting providers during the COVID-19 pandemic and in continuing to develop the Adult Social Care Winter Plan to ensure that the Authority continues to meet its statutory duties under the Care Act (2014).

Background and Advice

The presentation set out at appendix A, provides an update to the committee on:

- Support to adult social care providers during the COVID-19 pandemic; and
- The Adult Social Care Winter Plan.

Adult social care provider representatives from extra care, residential care, domiciliary and supported living services will be in attendance at the Committee meeting to share their feedback and participate in any discussion.

COVID-19 Support to Providers

During the COVID-19 pandemic, the Authority has supported the adult social care provider market through a multi-faceted response. This has included:

- Guidance re: relatives and friends visiting care homes and supported living settings
- Financial Assistance Programme for COVID-related expenditure
- Provider Engagement and Communication Strategy
- Infection Prevention and Control/Outbreak Management Support
- Support with testing
- Lancashire Temporary Staffing Agency
- Personal Protective Equipment (PPE) Supply

The COVID-response is ongoing as we head towards Winter and it is acknowledged that the ongoing pandemic, along with the annual seasonal challenges means that the adult social care market continues to operate under challenging circumstances.

Adult Social Care Winter Plan

This year, the Adult Social Care plan has been required to take account not just of typical winter pressures, but also the added challenges that are still evident across the social care sector from the first wave of the COVID-19 pandemic, alongside ensuring readiness for a second wave or further spikes. In addition, the NHS is working hard to restore services that were paused during the pandemic, such as orthopaedic operations, which will bring greater demand to social care. Ensuring the stability of the care market and sufficiency of care remains of paramount importance and is a critical part of this winter plan.

The Plan sets out the actions adult social care will take across winter and the additional services that will be put in place to support more people to return directly home from hospital when they no longer need to be there, or to remain in their own home and avoid an unnecessary hospital admission. It also sets out how risks will be managed and the contingencies that will be in place during times of enhanced pressure.

The Adult Social Care Winter Plan sits alongside and is interdependent with, local NHS winter plans at both an Integrated Care Partnership and an Integrated Care System level.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Financial

The funding implications of the Winter Plan will be considered by Cabinet in due course.

Legal

The Authority has a statutory duty under the Care Act (2014) to facilitate a diverse, sustainable, high quality adult social care market and to manage provider failure locally. The ongoing COVID-response alongside the development of the Adult Social Care Winter Plan supports the Authority to fulfil this duty, however, the Authority must be mindful that there are a number of legal issues, including state aid and procurement, that must be given due consideration when seeking to provide any form of support to providers.

Local Government (Access to Information) Act 1985

List of Background Papers

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

N/A

Lancashire County Council Adult Social Care: COVID-19 support to providers and Winter preparations

Health Scrutiny Committee

15th September

Overview

- In summary, this report provides details of:
 - Support to adult social care providers during the COVID-19 pandemic
 - The Adult Social Care Winter Plan
- The Committee is asked to note the content of this presentation report and the accompanying covering note

Report Content

- Adult Social Care Officers have been asked to share information and updates with the Committee on the following areas:
- COVID-19 support to providers:
 - Relatives Visiting
 - Support from the Council
 - Provider Engagement
 - Infection Prevention and Control/Outbreak Management
 - Testing
 - Staffing
 - PPE Supply – Recovery /Future
 - Test and Trace

Report Content (cont)

- Flu immunisation
- Winter Planning
- Feedback from adult social care providers (provider reps from extra care, residential care, domiciliary and supported living services will be in attendance at the Committee meeting)

Relatives Visiting

- Lancashire County Council (LCC) was quick to respond to Government easing announcements (June 2020) in developing information and guidance for care homes and supported living settings to safely allow visiting.
- The information pack signed off by the Lancashire Resilience Forum (LRF) included a risk assessment, suggested questionnaire for potential visitors and advice on pets and children; positive feedback from providers on the guidance.
- Guidance updated and reissued in response to further changes in lifting of government restrictions, the publication of national guidance re: visiting in care home, published on 22 July and local restrictions being implemented in areas of East Lancashire and Preston
- Providers advised that should districts enter the 'further intervention' category County Council would notify ASAP. Key message to be prepared to restrict visitors when requested to do so by LCC Director of Public Health.
- Interactive webinar delivered to providers at their request, to address issues and queries and share good practice and learning from LCC in-house older adult residential services and adult disability services.
- Further work being undertaken by a COVID-19 task and finish group specifically to co-produce guidance and best practice on how to support people who may struggle to understand or apply Government guidance on keeping safe from COVID-19.
- LCC Communications Team has worked with officers to develop easy ready resources to support families and providers, including a visiting guidance poster and top tips.

Support to Providers from the Council

- Provider financial assistance scheme established in March. Purpose to support providers with COVID-related additional costs. Scheme continues to run.
- Daily welfare calls via the Care Capacity Tracker Team to establish how settings are coping and to advise on issues/challenges faced. Call content has been changing throughout and will continue to be adapted to flex to the changing requirements of providers and challenges faced during the ongoing pandemic phases e.g. testing, Infection Prevention Control. Data from the calls feeds into dashboards to enable teams to have a clear overview of outbreaks, staffing levels, PPE supplies, etc and uploads data into NECS (a national NHS reporting system) on behalf of providers; this enables them to fulfil reporting requirements for the Government's Infection Control Fund Grant.
- Development of an escalation process and procedure to quickly respond to care providers that need additional wrap around support.
- Bespoke provider failure plan (stress tested successfully via LRF) to respond to COVID-related breakdown in services.
- Advocating for the care sector via the launch of an Adult Social Care Cell as part of the Lancashire Resilience Forum structure, chaired by Louise Taylor, Executive Director of Adult Services and Health and Wellbeing.

Provider Engagement

- Weekly provider webinars via Zoom from mid-March; then changed to fortnightly in July
- Dedicated section of LCC provider portal for all coronavirus related updates
- Providers encouraged to submit questions via portal and the webinars
- FAQs developed and/or answers directly to individual providers.
- Fortnightly newsletters bring together key messages from the webinar and other useful current Covid updates
- Additional theme-specific webinars delivered as requested i.e. Infection Control Fund, safe re-opening of day services, visiting guidance.

Infection Prevention and Control/Outbreak Management

- Information, advice and guidance provided by the County Council's Infection, Prevention and Control Team on notification of an incident or an outbreak.
- Regularly attend provider webinars to share learning and the latest guidance from Department of Health and Social Care and Public Health England.
- IPC Train the Trainer to support NHS England commitment to educate and reinforce IPC messages.
- IPC measures updated in contract monitoring.
- New team in place to manage outbreaks within care settings. Role is to prevent escalation of outbreaks through considering staff movement, use of IPC, auxiliary workforce etc.

Testing

- Challenging as dependant on Clinical Commissioning Groups (CCG) during early stages of the pandemic.
- Development of LCC testing hub to simplify referral pathways.
- Whole Home testing; swabbing support via NHS swabbing teams and Rubicon/St Johns volunteers.
- Continues to prove to be a key area of interest for providers in both accessing testing and interpreting results
- LCC signed up to new outbreak management pathway with Public Health England North West which will also offer whole home test based on a risk assessment.

Staffing

- Lancashire Temporary Staffing Agency (LTSA) established to recruit paid staff to support care homes where additional staff resource was required and could not be met via establishment workforce and agency staff.
- Staff able to undertake a variety of roles within a home, including personal care, admin duties etc.
- Over 150 staff signed up across Lancashire; majority want to pursue a career within the care sector.
- 2 week shadowing placement in a home to ensure that staff are suitable to be deployed.
- Deployed into a home for a maximum 4 week period, at no cost to the provider.
- LTSA staff have supported homes in crisis to ensure safe staffing levels are maintained.
- Future options for the workforce are being considered to support the sector during Winter pressures and a potential second wave of COVID.

PPE Supply - Covid Peak

- Early pandemic PPE supply chain disruption meant that the Authority needed to support PPE access.
- Throughout the pandemic, Lancashire has maintained a supply of PPE to support the demand as required/requested by social care providers; this supply has been made up from LRF resource and LCC purchase.
- Information from Care Capacity Dashboard and consultation with social care providers suggests a stabilisation and reliability of the PPE supply chain.
- Additionally there is now a national PPE Ebay Portal for social care providers, with a phased enrolment of service providers based on size of organisation.
- Request for LCC support to access PPE continues but has reduced.
- LCC have been able to operate a next day delivery (same day in some circumstances)

PPE Supply - Recovery /Future

- LCC intends to continue to support PPE access in emergency situations.
- Providers will be encouraged to access their own PPE, and utilise LCC stock for emergency/urgent provision.
- A level of PPE stock will be maintained based on known supply and demand (3-6 months).
- Financial assistance is available to support additional COVID-related costs, including PPE.
- Longer term financial assistance/incorporation of additional PPE costs into price for care to be considered.

Test and Trace

- COVID-19 Testing:
 - ❖ LRF testing strategy in place: Mobile testing units, community testing stations in Pendle, Hyndburn, Preston and Burnley.
 - ❖ As at 16th August over 5,500 community testing station tests carried out. Positivity rate of community testing varies from 0.86-2.5% across districts.
- Local **positive case contact tracing**: starting with Pendle 25th August, Hyndburn, Preston and Burnley from 2nd Sept. Remaining districts in phased approach.
- National discussions on Pendle, Blackburn with Darwen and Oldham to be allowed to carry out local contact tracing; redesign of national system.

Flu vaccine eligibility: 2020/21 flu season

- all those aged two to eleven (but not twelve years or older) on 31 August 2020
- people aged six months to under 65 years in clinical risk groups
- all pregnant women (including those who become pregnant during flu season)
- people aged 65 years and over (including those becoming 65 years by 31 March 2021)
- people living in long-stay residential care homes or other long-stay care facilities carers
- household contacts of those on the NHS shielded patient list and immunocompromised individuals
- all frontline health and social care workers
- individuals between 50 and 64 years may be offered flu vaccine under the NHS flu vaccination programme following prioritisation of other eligible groups and subject to vaccine supply

Residential care/nursing home residents and staff

- The community pharmacy seasonal influenza advanced service framework will be amended to enable community pharmacies to vaccinate both residential care/nursing home residents and staff in the home setting in a single visit to increase uptake rates.
- GP practices are also able to vaccinate in the residential/care home, residents and staff who are registered with the practice.

Flu immunisation should also be offered to:

- **those living in long-stay residential care homes or other long-stay care facilities** where rapid spread is likely to follow introduction of infection and cause high morbidity and mortality (this does not include prisons, young offender institutions, university halls of residence, or boarding schools unless of primary school age, however, does include people in receipt of social care in prisons; flu plan is devised by NHS Specialist Commissioning)
- **those who are in receipt of a carer's allowance, or those who are the main carer** of an older or disabled person whose welfare may be at risk if the carer falls ill
- **household contacts of patients on the NHS shielded patients list and immunocompromised individuals**, specifically those who expect to share living accommodation on most days over the winter and therefore for whom continuing close contact is unavoidable
- **health and social care staff in direct contact with patients/service users** should be vaccinated as part of an employer's occupational health obligation

Winter Planning - Context

- For the last 5 years, Adult Social Care have developed a Winter plan that sets out the challenges of Winter and the response to it. The plan sits alongside and contributes to the mandatory NHS plans produced by each Integrated Care Partnership.
- This year is anticipated to be a 'Winter like no other' in terms of the multiple challenges that health and social care could face. Our planning has therefore been driven by the following areas of (potential) pressure:
 - Usual Winter pressures
 - Avoidable Care Home admissions
 - NHS Phase 3 Planning & Restoration
 - Mental Health / Safeguarding
 - Resilience of social care workforce
 - Restoration of Continuing Healthcare processes
 - Continuation of existing iBCF / Winter funded posts
 - COVID
 - Market Stability / Sufficiency / Suitability
 - New Discharge to Assess Arrangements
 - Recruitment Timescales
 - Social Care priorities
 - Brexit

Winter Planning - Funding

- For the last 3 years, Adult Social Care has received 'Winter funding' in the form of a ring-fenced grant as part of the Better Care Fund. This year's allocation is not ring-fenced specifically, but fully pooled into the Fund.
- This year, due to the unprecedented challenges across both social and health care, alongside the need to continue to fund some existing critical temporarily funded teams, the financial implications are significant. Planning is not limited just to Winter, but across the next 12 months and therefore costs have been calculated for 6 and 12 months, based on reasonable assumptions:
- As part of the Integrated Care System (ICS), LCC have submitted proposals based on these assumptions to be considered for NHS Winter funding to support the social care capacity required.
- The Winter funding required to ensure risks are managed, people are supported to be safe and well, and wherever possible able to be supported in their own homes, is supported by Corporate Management Team.

Winter Planning - What's In The Plan?

The Winter plan sets out a range of service enhancements and adult social care responses designed to enable more people to return directly home after a stay in hospital, avoid unnecessary hospital or Care Home admissions and have the opportunity to maximise their independence. Plans are in place to support the management of service capacity, to ensure that the right service will be available to people at the time when they need it.

The Plan sets out what we will do in response to Winter including:

- Service capacity enhancements including :
 - Additional Crisis Hours
 - Additional 'Home First' Hours
 - Additional Reablement Hours
 - Additional 'Roving Nights'
 - Shoring Up Intermediate Care Provider Leadership across 7 days
 - Mobile Telecare
 - Home First Hours for people with more complex needs
 - Residential Rehab Referral Management Hub
- Additional Staffing Capacity
- Continued Support to Care Homes – recovery and outbreak management
- Resilience and Escalation

Winter Planning - Next Steps

- Continue to work collaboratively with the NHS and other organisations regarding Winter planning
- Continue to press the case for NHS contribution to social care capacity across the Winter period
- Secure ratification from the NHS locally regarding the proposed funding and application, which includes providing stability for a further 12 months to critical temporary funded social care services/teams
- Continue to support the sufficiency and stability of the care market as part of Winter and COVID response planning
- Work quickly with care providers to recruit and get required additional capacity in place
- Finalise the social care plan once funding commitments are known (also awaiting national social care winter template)
- Share and communicate the Plan

Health Scrutiny Committee

Meeting to be held on Tuesday, 15 September 2020

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 meetings held on 22 June and 15 July 2020.

Recommendation

The Health Scrutiny Committee is asked to:

1. Receive the report of its Steering Group.
2. Agree the establishment of a task and finish group consisting of seven county councillors and the two co-opted members from Chorley Council and South Ribble Council to review the forthcoming proposals from the Our Health Our Care programme on the future of Chorley and South Ribble A&E.

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 June 2020**

Update on the Our Health Our Care programme

Jason Pawluk, Our Health Our Care, Programme Director for the NHS Transformation Unit, presented an update regarding the Our Health Our Care Programme and the impact of measures to manage the Covid-19 pandemic on the planned schedule.

The following points were highlighted and discussed:

- The original paper indicated that a consultation would commence in summer 2020, this had been delayed as a result of the pandemic. The stage 2 gateway assessment process would now not commence until the end of June at the earliest and the normal process would follow thereafter. A statement had been published to ensure that all stakeholders were aware of the current position. The programme could not progress to the next stage until NHS England had completed the statutory gateway assessment process.
- Once approval had been secured from NHS England the programme could move from the options appraisal phase to the public engagement and formal consultation. It was anticipated that this would begin from late autumn, lasting for 14 weeks (to take into account the Christmas period), completing in mid to late January 2021. The consultation responses would then be analysed independently. It was proposed that a separate consultation could then take

place with the committee to review the options in view of the responses and analysis,

- The options could not be reduced until a decision making business case had been developed and considered and approved by the Our Health Our Care Joint Committee, which was likely to be in the next financial year.
- The current programme activities included developing the draft consultation document, promotional material and a social media campaign. These aimed to raise public awareness of the programme and the options, along with the reasons for the need for change and the delay in progressing. In addition, work had taken place with an independent, not for profit organisation (the Consultation Institute) to ensure the consultation strategy would be likely to deliver an effective broad based response from the public.
- The consultation would highlight similarities and differences between the options and ensure the public had sufficient information to facilitate effective feedback to the Our Health Our Care Joint Committee.
- It was highlighted that as well the duty to restore NHS services at a clinically appropriate time, there was also a duty to work toward public consultation. Therefore the consultation would not necessarily be delayed until the emergency measures currently in place to respond to the pandemic had ceased.
- It was clarified that the above timeframe was dependent on factors relating to the pandemic and would be more clearly defined once the gateway assessment process had completed.

Members expressed appreciation for the NHS' work throughout the pandemic in responding to the crisis and the ensuing operational challenges, as well as the positive changes made to work collaboratively across all sectors.

Resolved: That the update regarding the Our Health Our Care Programme, including the anticipated timelines of the public consultation be noted.

Work programming

Gary Halsall, Senior Scrutiny Officer, Democratic Services, presented the 2019/20 Health Scrutiny work programme.

Members reviewed the current work programme and discussed the most effective way to proceed. It was acknowledged that it would be necessary to remain flexible so as to consider which of the outstanding items to progress, as well as to allow time for issues that may arise as a result of the ongoing pandemic.

Options to effectively manage timings of discussions and questions at the Health Scrutiny Committee were discussed, in order to make the best and most constructive use of the presenters' time.

Resolved: That the 2019/20 Health Scrutiny work programme be considered further at the next meeting of the full committee on 30 June 2020.

- **Meeting held on 15 July 2020**

Review of the Health Scrutiny Committee and Steering Group work programmes for 2019/20 and 2020/21

Gary Halsall, Senior Democratic Services Officer presented a report regarding progressing the Health Scrutiny Committee and Steering Group work programmes for 2019/20 and 2020/21.

It was explained the Chair of the health scrutiny function had determined that the Steering Group would take responsibility for reviewing items for inclusion on the Joint Scrutiny Work Programme.

Members reviewed and discussed the Health Scrutiny Committee topics outstanding from 2019/20, listed in the report that had been put on hold due to the pandemic and resulting lockdown.

Members requested that the following outstanding items be prioritised for inclusion:

- Urgent Mental Health Pathway (Lancashire and South Cumbria Foundation Trust)
- Housing with care and support strategy
- Transforming Care (Calderstones)
- Social Prescribing

The clerk agreed to contact the officers concerned with each of these items to establish a realistic timeframe for bringing the items to future meetings of the Health Scrutiny Committee. An update on suicide prevention was also requested. The clerk mentioned that a forthcoming pilot named NHS 111 First was due to be rolled out across the North West. Further details would be provided.

The committee reviewed and discussed the outstanding topics from 2019/20 that were scheduled to be brought to the Health Scrutiny Committee Steering Group.

Whilst some of the work was currently on hold, it was agreed to leave the outstanding Steering Group topics open for inclusion on the agenda as when it was appropriate. In the case of the themed review of Primary Care Networks and Neighbourhoods, the clerk agreed to determine whether this could be resumed in some form as this related to a concern raised at the last Health Scrutiny Committee meeting on 30 June 2020 on the topic of NHS estate adequately supporting neighbourhood working not featuring on the combined plan.

Preparations for the committee meeting scheduled on 15 September 2020

The committee discussed the topic 'supporting the social care sector including domiciliary care workers' scheduled for inclusion at the 15 September 2020 Health Scrutiny Committee meeting. Concerns were raised at the 30 June committee

meeting regarding the lack of detail, which could lead to a dilution of robust scrutiny. In addition, issues were identified at the 30 June meeting that could be considered in conjunction with this topic. Such as, enabling vulnerable groups to access disease management provision and healthcare to prepare for winter and a second peak of Coronavirus. Another concern raised by Health Scrutiny members was in regard to how people with dementia were being supported during the pandemic.

In response to questions the following information was clarified:

- The annual Adult Social Care Winter Service Plan could be reviewed in light of any adaptations made to take into account the pandemic. Further detail on this would be sought.
- Members expressed that the 15 September 2020 Health Scrutiny Committee meeting should concentrate on actions regarding winter and second wave preparations in the adult care sector, concentrating on staffing levels, availability of quality personal protective equipment, isolation measures and visiting. It was noted that a recent report¹ had recommended that the following actions were key in preparation for winter: widespread flu vaccinations, increasing the capacity of the test and trace programme, ensuring sufficient supplies of personal protective equipment in hospitals and care homes and creating Covid free areas in hospitals and care homes. It was suggested that representatives from a home care provider and extra care setting be invited to attend the next scheduled meeting of the Health Scrutiny Committee to discuss support provided by the county council.

Substantial variation matter: Our Health Our Care (OHOC) – Chorley A&E/Emergency Department

In terms of the Our Health, Our Care programme, Lancashire Teaching Hospital Trust had indicated that Chorley A&E may re-open in September 2020, following the temporary closure as a result of clinical and operational decisions made by the Trust to best manage the pandemic. Further details on the timeline was awaited, however the Steering Group was advised that public consultation on the long term future of Chorley A&E could commence in October 2020 and the local NHS had previously sought a preference from the Steering Group on the preferred approach for conducting a scrutiny review of the proposals. Establishing a task and finish group to review the proposals was suggested and discussed. Such a group would then report its findings to the Health Scrutiny Committee for evaluation as the power to refer to Secretary of State would remain with the committee. The group would reflect the political composition of the council and it would be beneficial to include a level of joint working with the affected district councils by perhaps including relevant co-opted committee members as a minimum. It was therefore;

Resolved: That

1. The clerk would contact relevant officers regarding their availability for reporting to the Health Scrutiny Committee and its Steering Group.

¹ Preparing for a challenging winter 2020/21 report (14 July 2020 - The Academy of Medical Sciences): <https://acmedsci.ac.uk/file-download/51353957>

2. That an update on winter preparations and how the adult social care sector will be supported going forward be included on the agenda for the Health Scrutiny Committee at its meeting scheduled on 15 September 2020.
3. A report on the Steering Group's preference to establish a task and finish group to review the forthcoming proposals on the future of the accident and emergency department at Chorley and South Ribble Hospital be presented to the Health Scrutiny Committee at its meeting scheduled on 15 September 2020.

The Health Scrutiny Committee is asked to:

1. Receive the report of its Steering Group.
2. Agree the establishment of a task and finish group consisting of seven county councillors and the two co-opted members from Chorley Council and South Ribble Council to review the forthcoming proposals from the Our Health Our Care programme on the future of Chorley and South Ribble A&E.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

N/A

Health Scrutiny Committee

Meeting to be held on 15 September 2020

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

(Appendix 'A' refers)

Contact for further information:

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

Executive Summary

This report provides information on the single combined work programme drafted for all of the Lancashire County Council scrutiny committees. A copy of this 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. Review and agree the work programme items for the committee (as at Appendix A).
- ii. Discuss and identify any potential key questions for upcoming items.
- iii. Consider and agree sources of information including key officers/partners to invite for upcoming items.

Background and Advice

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.

The work programme for this year has been combined with the other scrutiny committees given that the primary focus of the scrutiny work programme as a whole is dedicated to the response to the Covid 19 pandemic.

It is important to note that the work programme needs to be flexible in order to accommodate any urgent items that may arise. In addition, the work programme will form a standing item on the committee meeting agenda for regular review and to ensure it is still fit for purpose.

Key discussion areas (questions)

To further enhance the work programme, members are asked to reflect on key discussion areas or questions they would like to consider for each of the topic areas. This will ensure that the senior officers have a clear focus in order to provide the relevant information.

Information sources

In addition to identifying key discussion areas, members are asked to consider information sources and meeting participation for upcoming scrutiny items. This could include seeking views from service users through:

- individual scrutiny members having conversations with individuals and groups in their own local areas,
- use of the rapporteur function,
- compiling a short list of questions for a response by the relevant service,
- or the use of social media.

Further to this, members are asked to consider who they would like to invite to future meetings to help provide a more holistic picture for scrutiny to understand the challenges and produce meaningful but achievable recommendations.

Members are asked to:

- i. Review and agree the work programme items for the committee (as at Appendix A).
- ii. Discuss and identify any potential key questions for upcoming items.
- iii. Consider and agree sources of information and meeting participation for upcoming items.

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

Scrutiny Committee					
Month		Education and Children's Services	External	Health	Internal
	June			<ul style="list-style-type: none"> Update from the ICS on NHS Cells for Lancashire and digital and engagement with local people. Temporary changes to clinical services across the ICS during the COVID-19 pandemic 	
	July	Response to the COVID 19 pandemic in Lancashire - perceptions of the experiences of children and young people, and headlines from the operation of service during the COVID-19 emergency period.	Strengthening flood risk management and preparedness		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	<ul style="list-style-type: none"> Education: <ul style="list-style-type: none"> - What powers do we have as a county council/what can we do to support schools and parents. - Position update on the wider reopening of schools Schools Causing Concern Task Group report – response to recommendations SEND Ofsted inspection report Review of work programme 		<ul style="list-style-type: none"> Adult social care – winter preparations (Supporting the social care sector including domiciliary care workers) NHS 111 First (tbc) 	Covid 19 – what comes next? Including building pan-Lancashire working and Democratic involvement in resilience forums and maintaining democratic leadership during a crisis

Month	October	Children's Social Care - protecting vulnerable/valuable children – plans in place to manage spikes in referrals	<ul style="list-style-type: none"> • Universal credit • Decarbonisation pathway – Lancashire, Electricity North West (tbc) 		
	November	Education – digital poverty, lesson learned and preparation for 2 nd wave/local lockdowns. Digital aspirational views – turning challenge into opportunity.		Suicide prevention in Lancashire	<p>Speeding Traffic and the lack of enforcement</p> <p>Scrutiny of the Council's response to the Government's call for local councils to invest in street safety</p>
	December	Impact of the pandemic on children and young people's mental health – plans in place to support and an update on CAMHS including managing increase in contacts, anxiety of YP on return to school and availability of more online support		Housing with Care and Support Strategy 2018-2025	
	January	Early Years sector – impact on private providers supporting vulnerable children and families (include update on the EY Strategy and School Improvement Model)	Strengthening flood risk management and preparedness – update on implementing recommendations.		Youth Employment and Skills – impact on youth as one of the hardest hit groups during the pandemic (consideration to be given to which scrutiny committee will be most relevant to consider this topic)
	February	Lancashire schools attainment update report (standing item)			

	March	**Family Safeguarding Model – update on implementation of model in Oct/Nov 2020			
	April	**Health and Medicines in Schools: Progress update on the task group work Childhood immunisation programme 0-19 Healthy Child programme			
Other Topics	Topics from work programmes 2019/20 not scheduled	Participation strategy update Road safety Independent children's homes Getting to Good plan update NEET Child poverty – pupil premium and effects on education Lancashire Breaktime SEN equipment in schools School transport Maintained nurseries update Parking at schools	Lancashire energy strategy Review of Community Safety Partnerships and governance arrangements (2021 tbc) Greater Lancashire plan LCC Carbon Plan/Internal Energy and Water Management Policy LEP – response to the pandemic – economic recovery plan incorporating 'green' principles Impact of pandemic on road safety and lessons learnt	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 Review of Primary Care Networks and Neighbourhoods Transforming hospital services and care for people in Southport, Formby & West Lancs Disabled Facilities Grants	Local Government Funding and Income Generation Task Group Update on Reducing Single Use Plastics in Lancashire

**suggested topics for further discussion

