Lancashire County Council

Health Scrutiny Committee

Tuesday, 15th December, 2020 at 10.30 am in Cabinet Room 'C' - The Duke of Lancaster Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.   Item

1.   Apologies

2.   Disclosure of Pecuniary and Non-Pecuniary Interests

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 3 November 2020   (Pages 1 - 6)

4.   NHS Test & Trace and Mass Testing   (Pages 7 - 16)

5.   Overview and Scrutiny Work Programme 2020/21   (Pages 17 - 22)

6.   Urgent Business

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 2 February 2021 at 10.30am at County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire
County
Council

Lancashire County Council

Health Scrutiny Committee

Minutes of the Meeting held on Tuesday, 3rd November, 2020 at 10.30 am in Skype Virtual Meeting - Skype

Present:

County Councillor Stuart C Morris (Chair)

County Councillors

L Beavers	M Iqbal MBE
J Burrows	E Pope
C Edwards	J Shedwick
N Hennessy	K Snape
A Hosker	D Whipp

Co-opted members

Councillor David Borrow, (Preston City Council)
Councillor Paul Campbell, Burnley Borough 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 Jayne Nixon, (Fylde Borough Council)
Councillor Jackie Oakes, (Rossendale Borough Council)
Councillor Julie Robinson, (Wyre Borough Council)
Councillor Tom Whipp, (Pendle Borough Council)

County Councillor Joan Burrows replaced County Councillor Joe Cooney permanently on the committee.

Councillor Jayne Nixon replaced Councillor Viv Willder from Fylde Borough Council permanently on the committee.

Councillor Paul Campbell replaced Councillor Lian Pate from Burnley Borough Council permanently on the committee.

County Councillor Julia Berry attended the meeting under Standing Order D13 (1).

1. Apologies

Apologies were received from County Councillor Peter Britcliffe.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillor Eddie Pope declared a non-pecuniary interest in Item 5 as he was Lancashire County Council's Champion for Mental Health.

3. Minutes of the Meeting Held on 15 September 2020

Resolved: That the minutes from the meeting held on 15 September 2020, be confirmed as an accurate record.

4. LCC Adult Social Care Winter Plan

The Chair welcomed County Councillor Graham Gooch, Cabinet Member for Adult Services; and Sue Lott, Head of Community North and Health and Prisons, to the meeting.

The report presented provided details of the Lancashire County Council Adult Social Care Winter Plan for 2020-21, and the additional capacity that would be mobilised to meet the anticipated demand. The winter plan would be considered by Cabinet when it met on 5 November 2020.

It was explained that for the last 5 years, adult social care had developed a winter plan that set out the challenges of winter and the response to it. The plan sat alongside and contributed to the mandatory NHS plans produced by each Integrated Care Partnership (ICP). This year was anticipated to be a 'winter like no other' in terms of the multiple challenges that health and social care could face and planning was therefore driven by a number of potential areas of pressure. This year adult social care had been allocated £5.5m from the Better Care Fund to ensure risks were managed, people were supported to be safe and well and wherever possible to be supported in their own homes.

The plan set out what adult social care needed to do in response to winter. This included:

- Service capacity enhancements.
- Additional staffing capacity.
- Continued support to care homes.
- Designated care settings.
- Resilience and escalation.

In terms of next steps adult social care would continue to work collaboratively with the NHS and other organisations regarding implementation of winter plans and resilience across the winter period and would continue to support the sufficiency and stability of the care market, as part of the winter and Covid-19

response planning. Recruitment campaigns were underway to ensure additional capacity would be in place. The team was also working with the care sector, including the Care Quality Commission (CQC) and local NHS partners in relation to identifying Designated Settings. The team would also monitor the implementation, progress and effectiveness of the winter plan through the Lancashire County Council Adult Social Care Winter Board.

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

- Adult social care was focused on supporting people to remain at home as much as possible, rather than access a hospital bed or care home unnecessarily.
- It was acknowledged that identifying designated settings was a challenge for the sector and this was understandably so given the challenge around admitting people with Covid19. A policy for designated settings was currently being developed in order to avoid what happened in the first wave of the pandemic. There were a number of stringent regulations to meet in order to become a designated setting. It was highlighted that for a number of care homes across the county their environment did not provide sufficient space to zone Covid19 residents (including those with dementia and learning disabilities) from all other residents and therefore couldn't apply to become a designated setting. For those who were able to meet those environmental regulations and were interested in becoming a designated setting, the county council was working closely with them on infection, prevent and control measures and participating in enhanced CQC inspections. The NHS was looking to create an additional 250-300 beds with some of those beds being in the care home sector (Covid negative beds).
- It was recognised that care homes would continue to experience outbreaks over the winter period and would close to admissions for periods of time. A number of measures were in place to co-ordinate activity across the county and to ensure that care homes would be supported.
- On maintaining staffing levels and keeping the system running, the county council made daily phone calls with most care homes to check how they were managing, what issues they had that day, what their staffing levels were and whether they had sufficient PPE. A Lancashire Temporary Staffing Agency had been set up during the first wave. A number of staff had been retained and the service would continue throughout the winter period to support care homes with staffing pressures.
- Regarding insurance for care homes, the committee was informed that the Cabinet Member for Adult Services had written to Government requesting indemnity for care homes. One care home had reported that their insurance premium had risen by 500%.
- On the movement of agency staff from one care home to another, it was explained that the county council was working closely with care homes and agency staff in order to minimise the movement between homes. Support was also provided through the Infection Control Fund to help

retain staff to work within a single home. Weekly testing of staff in care homes was supporting the infection control plan.

- Care homes were in the process of setting out how residents with dementia and other cognitive impairments could be isolated. Where necessary the county council would fund a number of 1:1 hours to support the care home to provide additional staffing hours, usually from their own staff to support those residents.
- In terms of visiting care homes, the county council had received funding from central government to enable safe visits by relatives to take place. The money could be used for both capital (building facilities) and revenue (staffing) expenditure to enable safe visits.
- Rapid testing was currently being piloted within the Adult Disability Day Services. This would inform the rollout plan for wider testing.
- Regarding the anticipation of a vaccine it was reported that the NHS was currently planning the rollout and the training requirements to deliver it. It was understood that NHS staff and Social Care staff would be prioritised to receive the vaccine.
- On the use of iPads in care homes to facilitate family visits, it was highlighted that these were not necessarily a suitable alternative for this purpose in particular for those people with learning disabilities and other cognitive impairments.
- A suggestion was made that visitors should be subject to the same procedures on testing staff within care homes.

Resolved: That:

1. The report presented be noted.
2. The Health Scrutiny Committee supported the ongoing work of Adult Social Care to ensure vulnerable people who need social care support across the winter period and continuing pandemic, receive the right support at the right time.

5. Update on suicide prevention in Lancashire and South Cumbria

County Councillor Eddie Pope declared a non-pecuniary interest as he was Lancashire County Council's Champion for Mental Health.

The Chair welcomed County Councillor Shaun Turner, Cabinet Member for Health and Wellbeing; Chris Lee, Public Health Specialist – Behaviour Change, Lancashire County Council; and Paul Hopley, Deputy Director ICS Mental Health, Lancashire and South Cumbria Integrated Care System (ICS); to the meeting.

An update on suicide prevention activity across Lancashire and South Cumbria was presented to the committee. The update also provided members with information on actions taken against recommendations previously made by the committee at its meeting in December 2017.

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

- Public Health were currently engaged with a number of district councils across the county to implement the Suicide and Drug Related Deaths Logic Model Action Plan that was initially developed with Rossendale Borough Council. In addition information packs were due to be issued to all district councils to support the Covid19 hubs.
- Lancashire and South Cumbria was one of the first areas in the country to implement a real time surveillance system. The system was viewed as best practice by NHS England and the Royal College of Psychiatry. The system provided access to police data in relation to suspected suicides and facilitated timely support for families. Slide 30 (page 68 in the agenda) was a mock example of the data collected by the system. The data had been used to inform and produce targeted campaigns across the area.
- The Lancashire and South Cumbria Integrated Care System website[1] contained details of support available including an interactive map.
- Lancashire and South Cumbria was also one of the first areas in the country to implement a Suicide Bereavement Service.
- On the work of hospital and mental health trusts in the area, members were informed that suicide prevention training was paused for a month during the pandemic while the offer was converted to online format. It was reported that the training offer was open to anybody not just frontline staff and was provided free of charge. An evaluation of the first year of Lancashire and South Cumbria's suicide prevention training had also been conducted by Liverpool John Moores University[2]. The outcome from this evaluation was positive.
- Work had been commissioned through Public Health around supporting teachers in schools.
- The key message was that mental health and suicide prevention was everybody's business and there had to be a whole system approach to tackle it and build resilience into communities, schools and businesses.
- There was a 24 hour helpline available run by professional staff and volunteers. Crisis Cafes had also been established as an alternative option.
- Members were informed that a psychological resilience hub had been set up for staff to fast track referrals.
- It was felt there was a vital need to establish Covid safe venues for community groups and vulnerable people to meet in a safe environment.
- On whether there was a formal route for district member champions to link in with suicide prevention work, it was explained that there was a pan Lancashire Elected Members Group which district champions and parish councillors could connect with. Contact details would be provided to members following the meeting. It was suggested that suicide prevention training be offered to parish councillors.

[1] https://www.healthierlsc.co.uk/suicide
[2] https://www.ljmu.ac.uk/~/media/phi-reports/pdf/2020-08-evaluation-of-lancashire-and-south-cumbrias-suicide-prevention-training-programmes.pdf

Resolved: That the update on Suicide Prevention in Lancashire and South Cumbria be noted.

6.   Report of the Health Scrutiny Committee Steering Group

A report was presented on matters considered by the Health Scrutiny Steering Group at its meeting held on 14 October 2020.

Resolved: That the report of the Health Scrutiny Steering Group, as presented, be received.

7.   Overview and Scrutiny Work Programme 2020/21

The report presented provided information on the single combined work programme for all of the Lancashire County Council scrutiny committees.

It was suggested that all members of the committee should contact the Health Scrutiny Steering Group with any topics they felt should be included in the work programme.

Resolved: That the items listed for the Health Scrutiny Committee on the single combined work programme be agreed.

8.   Urgent Business

There were no items of Urgent Business.

9.   Date of Next Meeting

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

L Sales
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County Hall
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Health Scrutiny Committee
Meeting to be held on Tuesday, 15 December 2020

Electoral Division affected:
(All Divisions);

NHS Test & Trace and Mass Testing
(Appendix 'A' refers)

Contact for further information:
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Executive Summary

The purpose of the report is to update the Health Scrutiny Committee in relation to NHS Test and Trace, local enhanced contact tracing and community asymptomatic mass testing.

Recommendation

The Health Scrutiny Committee is asked to note the update report on national NHS Test & Trace enhancements, progress with local enhanced contact tracing (positive case completion) and community mass asymptomatic testing.

Background and Advice

On 23rd November 2020 the Government published the COVID Winter Plan - https://www.gov.uk/government/publications/covid-19-winter-plan that provides a route map out of the COVID pandemic within a 3-6 months' timeframe. The increase in testing capacity has been supplemented by work to improve contact tracing. In the last week of reported figures (19 to 25 November) 116,324 people were transferred to the contact tracing system, 84.9% of those were reached and asked to provide information about their contacts and 72.5% of those contacts whose details were provided responded to notifications asking them to self-isolate. The Lancashire data for NHS Test & Trace 28th May – 25th November 2020 shows performance is 86% of people transferred to contact tracing and 58% contacts identified who were not managed by local health protection teams.

The community testing programme will offer Local Authorities in tier 3 areas the opportunity to participate in a six week testing surge using Lateral Flow Tests. This will enable Local Authorities to offer tests to the general population as well as targeting high-risk workplaces and industries, hard-to-reach communities and schools in a coordinated effort to drive prevalence down.

A detailed report on NHS Test and Trace, local enhanced contact tracing and community (mass asymptomatic) testing is set out at appendix A.

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Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

NHS Test and Trace has shown variable national and regional performance since operations commenced end May 2020. Recent national enhancements to Contact Tracing and Advice Service (CTAS) and digital journey improvements will lead to an improved customer experience for residents contacted including their household contacts. District led local enhanced contact tracing is generally well received by local residents to supplement the national system. Effective and regular communications are in place from the Lancashire Resilience Forum and district Communication leads to residents on the support that is available for NHS Test & Trace through self-isolation or discretionary payments and access to local community hub support.

Government funding will be available for community testing using lateral flow tests for the 6 week surge period and a pan Lancashire proposition has been submitted to Department for Health and Social Care including resource requirements.

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

Paper   Date   Contact/Tel

None

Reason for inclusion in Part II, if appropriate

N/A

NHS Test & Trace, Local Enhanced Contact Tracing and Community (Mass Asymptomatic) Testing

1. Purpose of report

The purpose of the report is to update the Committee in relation to NHS Test and Trace, local enhanced contact tracing and community (mass asymptomatic) testing.

2. Introduction

On 23rd November 2020 the Government published the COVID Winter Plan - https://www.gov.uk/government/publications/covid-19-winter-plan that provides a route map out of the COVID pandemic within a 3-6 months' timeframe.

The national situation is that testing capacity for those with COVID-19 symptoms has increased almost five-fold in six months, from 100,000 a day at the end of April to 500,000 a day by the end of October, with plans to go even further by the end of the year. Altogether, over 37 million tests have been conducted[1], opened over 680 test sites, reducing the median distance travelled for a test to 2.4 miles[2]. The increase in testing capacity has been supplemented by work to improve contact tracing. In the last week of reported figures (19 to 25 November) 116,324 people were transferred to the contact tracing system, 84.9% of those were reached and asked to provide information about their contacts and 72.5% of those contacts whose details were provided responded to notifications asking them to self-isolate[3]. Work to improve contact tracing continues, including the roll-out of tracing partnerships with Local Authorities (LA) to ensure a greater proportion of people who have tested positive are reached, help provide the support they and their families need to self-isolate successfully and more quickly, and identify and reach any contacts they have had outside their immediate household. In addition, the NHS COVID-19 app has been downloaded 20 million times, and this is supporting the contact tracing effort, including through use of the QR code check-in capability.

3. NHS Test and Trace

The flowchart below illustrates how people move through NHS Test & Trace:
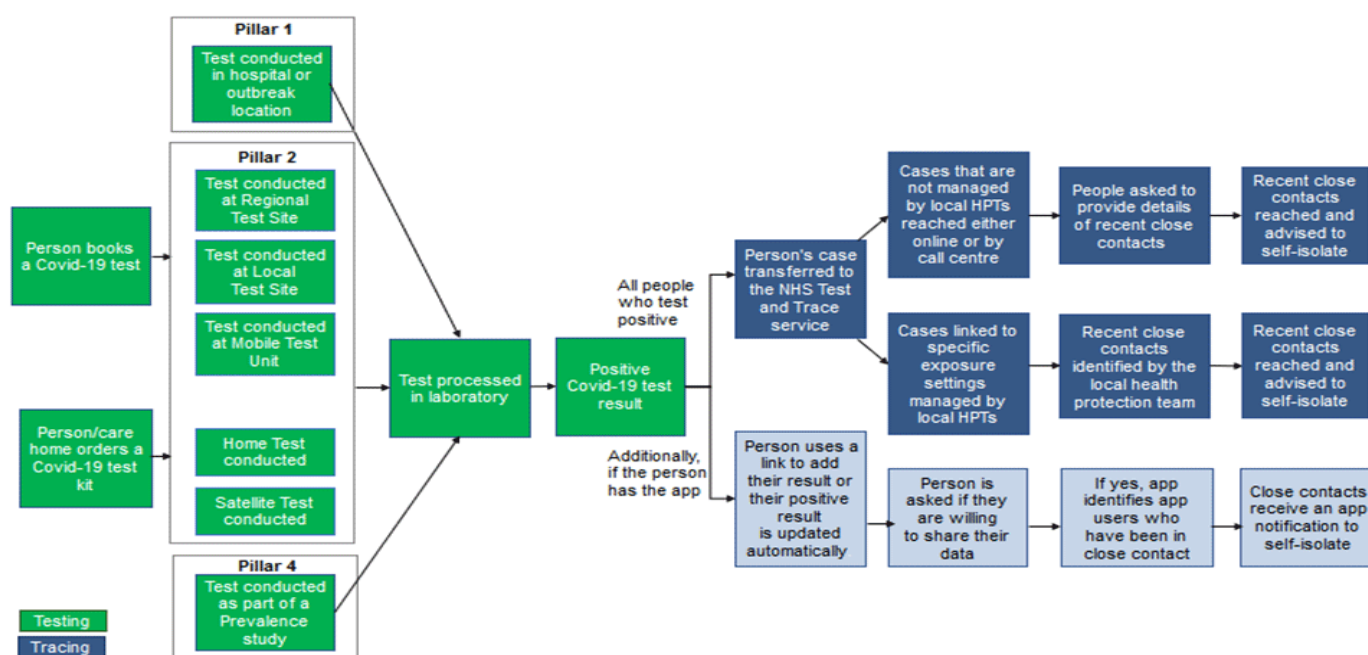
The COVID winter strategy is backed by an additional £7 billion for NHS Test and Trace to support increased testing, including community testing and ongoing improvements to tracing, taking the overall funding provided for Test and Trace this financial year to £22 billion. Government has provided resource allocations at £8 per head population directly to districts for prioritisation of spend in this area plus other streams of funding for COVID marshals.

3.1 National NHS Test & Trace Enhancements:

To improve Contact Tracing and Advice Service (CTAS) data flow between the national and local level for Local Tracing Partnerships in order to minimise delays to contact tracing, improve performance and performance monitoring the following enhancements are in progress or have been implemented.

•   Develop a CTAS view for LAs where cases can be transferred to LA directly in CTAS in real time. This will remove the need to use Power BI (business intelligence platform by Microsoft) dashboard for case listing, reduce delays associated with dashboard data transfer and help LA manage their cases in a timely manner.
•   Introduce a new CTAS outcome for local contact tracing, indicating local follow-up is needed by LA contact tracers. This will improve monitoring of progress and performance of contact tracing at local level.
•   Develop a return flag to enable records to be returned from local to national level.

Effect of change:
•   LA contact tracers will receive cases directly in CTAS in real time. Power BI dashboard will no longer be used for case referrals. LAs will manage and regulate their workload directly in CTAS including returning excessive cases.

Expected Benefits:
•   More timely receipt of index cases by LAs
•   Increased efficiency of LA contact tracers to manage their workload.
•   Reduced delays to transition of cases from national to local level and delays to potential return of cases to national level.
•   Improved monitoring of local follow-up progress and performance.

The change will be implemented in 2 phases:

1.   Phase 1: Creating a new status for Local Authority will be ready for deployment 2nd December
2.   Phase 2 will be ready for deployment on the 16th December and will cover
    a.   New local authority pages and records
    b.   Ability to download CSVs (comma-separated value file/spreadsheet) for Local Authority records

Household Segmentation (De-duplication):

With effect from Saturday 28th November 2020 an index case will be able to provide the required details of contacts in their households and take responsibility to advise the contacts to isolate – these contacts can then be marked as complete and will not need to be separately invited for the digital journey.

3.2 Local Enhanced Contact Tracing – Positive Case Completion:
Local Enhanced Contact Tracing is whereby Local Authorities voluntarily opt to have positive cases directed to local contact tracing teams after a period of 24 hours if the national Tier 2 NHS professionals call handlers are unable to make contact. This activity is positive case completion, and now index cases can provide details of their contacts and be marked as complete (national enhancements). Currently across Lancashire the two upper tier authorities (Blackburn with Darwen and Blackpool) and ten districts have local enhanced contact tracing arrangements. Fylde has agreed

a sub contractual agreement with Blackpool Council to carry out their local contact tracing for their residents and Ribble Valley is progressing well. Both Fylde and Ribble Valley are planned to go live early to mid December 2020 through a national assurance process. Communication on COVID information and data is available at: https://www.lancashire.gov.uk/health-and-social-care/your-health-and-wellbeing/coronavirus/ and districts have COVID pages for residents including self isolation support and testing locations.

Lancashire has been actively influencing the national NHS Test & Trace programme and national leads to make the best of our respective national and local synergies whilst recognising there are no plans to fully localise local contact tracing for Lancashire residents.

3.3 NHS Test & Trace – Lancashire Performance Data:

The latest performance data for NHS Test and Trace available at https://www.gov.uk/government/publications/nhs-test-and-trace-england-and-coronavirus-testing-uk-statistics-19-november-to-25-november - also see **Annexe 1**. The Lancashire data for NHS Test & Trace 28th May – 25th November 2020 shows the following performance:

	Total	Total reached	% reached
People transferred to contact tracing system	43197	37208	86
Contacts identified who were not managed by local health protection teams	90403	52348	58

The Government Scientific Advisory Group for Emergencies (SAGE) advice is that for NHS Test and Trace to be fully effective 80% of contacts of positive cases would have to be contacted within 48 hours. Provisional data analysis indicates the results below for Lancashire areas.

National NHS Test & Trace test turn around performance:

- Test Turn around no percentages are readily available but the Median Times are as follows for October and November.
  - All test channels:
    - October: 46.5 hours
    - November: 32.1 hours
  - In-person test channel:
    - October: 36.2 hours
    - November: 25.0 hours
- Time taken for test results to reach CTAS (No data available). This is a transfer between two data systems, this takes less than 24 hours, usually a few hours and occurs several times per day.

National NHS Test & Trace Lancashire performance:

- Time taken to complete cases from the point it reaches CTAS
  Cases Reached within 48hrs from being entered in to CTAS System:
    October 2020:
    - Lancashire Average: 67.7%
      - Min LA: 58.8%
      - Max LA: 76.3%
    November 2020
      - Lancashire Average: 74.8%
        - Min LA: 58.8%

- Max LA: 76.3%

Contacts Reached within 48hrs of being entered in to CTAS system:

October 2020:
  - Lancashire Average: 53.0%
    - Min LA: 47.9%
    - Max LA: 58.2%

November 2020
  - Lancashire Average: 57.7%
    - Min LA: 51.1%
   - Max LA: 64.0%

4. <u>Outline of current testing strands including the latest community (mass asymptomatic) testing</u>

Testing is a key pillar of the strategy to protect the NHS, social care and save lives. There are 2 types of tests:

- 'swab tests' for people with symptoms to see if they have coronavirus, and
- 'antibody tests', which test for the presence of antibodies that will demonstrate whether you have had the disease

There are five pillars of the Government COVID testing strategy (Figure 1), as follows:

Figure 1: COVID19 Testing – 5 Pillars
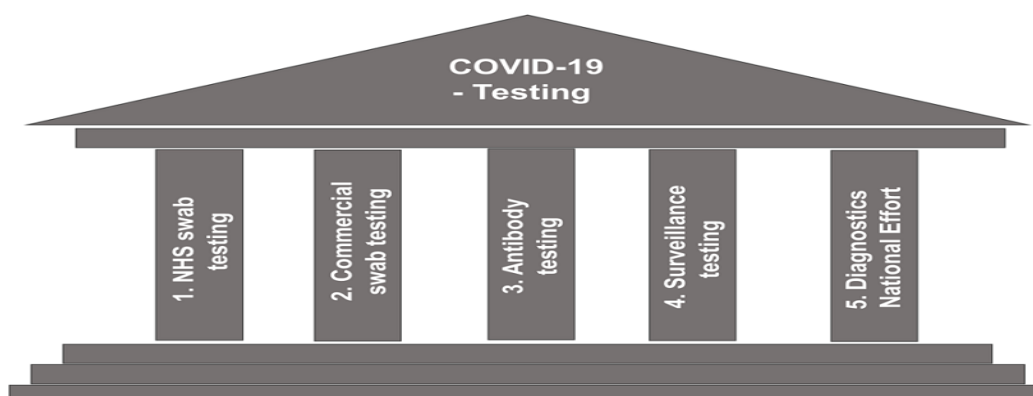
- Pillar 1 - Scaling up NHS swab testing for those with a medical need and, where possible, the most critical key workers
- Pillar 2 - Mass swab testing for critical key workers in the NHS, social care and other sectors
- Pillar 3 - Mass antibody testing to help determine if people have immunity to coronavirus
- Pillar 4 - Surveillance testing to learn more about the disease and help develop new tests and treatments
- Pillar 5 - Spearheading a Diagnostics National Effort to build a mass-testing capacity at a completely new scale

Information for clinical diagnostic laboratories regarding safety, sampling and packaging specimens associated with COVID-19 is available at https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories

4.1 Community (Mass Asymptomatic) Testing:

The community testing programme will offer Local Authorities in tier 3 areas the opportunity to participate in a six week testing surge using Lateral Flow Tests. This will enable Local Authorities to offer tests to the general population as well as targeting high-risk workplaces and industries, hard-to-

reach communities and schools in a coordinated effort to drive prevalence down. It will be delivered in partnership with Local Authorities to ensure it is tailored to local circumstances and need. The immediate priorities for the expansion in asymptomatic testing are laid out in Figure 2 below. They are based on areas where the most vulnerable in society need to be protected and where more positive cases are expected to be found.

A community testing guide for local delivery with details of the programme are available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/939957/Community_rapid_testing_prospectus_FINAL_30-11.pdf

Figure 2: **Expansion of testing** *Status of rapid testing workstreams*

Rapid testing Strand	Status
NHS patient-facing staff: increasing the testing offer to test high-contact staff twice a week	Already underway
Care homes staff and residents: Increasing the frequency of testing, to twice-weekly for staff and weekly for residents	To go live in December
Care home visits: testing will be available for up to two visitors per resident to be tested twice a week in all care homes.	Pilots underway, national rollout from early December
High risk extra care & support living staff and residents: twice weekly testing for staff and weekly for residents	To go live in December
Registered domiciliary care staff: testing available weekly	To start rollout immediately
Other social care settings: testing other home care workers including personal assistants.	Phased introduction from late December
Food manufacturing plants: beginning weekly testing for all staff	Pilots underway, national rollout in December
Closed settings including prisons and asylum centres: weekly testing for all staff and prisoners	Pilots underway, phased introduction to start in December
Vaccine/testing operational staff: weekly testing for key staff in operational delivery and the supply chains	To go live in December

To date, testing has focused on symptomatic testing, testing in areas with outbreaks and protecting those most at risk, for example in care homes. Those efforts will continue but the use of testing is now being broadened to identify those showing no symptoms who can infect people unknowingly. Regional testing pilots in Liverpool (over 100,000 people tested at asymptomatic test sites)[4] and Merthyr Tydfil have trialled offering rapid tests to a wider population and Government have indicated that are making a contribution to a fall in positive cases alongside other measures.

4.2 Care Home Visiting:

The launch of visitor testing is a crucial step to making that happen and this approach is currently being piloted in 20 care homes. The Government is committed, by Christmas, to providing twice weekly testing to enable all care home residents to have regular visits from up to two visitors. If a visitor has a negative test, is wearing appropriate PPE, and follows other infection control measures, then it will be possible for visitors to have physical contact with their loved one, such as providing personal care, holding hands and hugging.

4.3 Schools, Colleges, Universities:

The Government will continue piloting further rapid testing in schools, colleges and universities, and will deploy rapid testing for specific one-off events. This includes testing university students before they travel for Christmas, starting from 30 November, as well as supporting universities to establish sustained testing regimes.

For Universities to support all students being able to travel home in the window, face to face provision for the winter term should finish at every provider by 9 December. Those who do not return home by 9 December will be advised to undertake a further period of restricted contact either before or after returning home to minimise the risk of transmission. It is expected providers to stagger the end of face to face provision between 3 to 9 December between faculties.

Guidance on student movement at end of term is available at: https://www.gov.uk/government/publications/higher-education-reopening-buildings-and-campuses/student-movement-and-plans-for-the-end-of-autumn-2020-term

Lancashire CC Public Health is working with local Universities with the rollout of rapid testing from week commencing 30th November 2020 to allow safe return home of Lancashire University students.

4.4 International Travel:

It is also important to manage the number of cases seeded from abroad. The Government has introduced public health measures at the border including a 14-day isolation period for international arrivals, and introduced the travel corridors system to limit these requirements to those countries with higher prevalence.

A Test to Release scheme is now available from 15th December 2020 for international travelers returning to the UK - https://www.gov.uk/guidance/coronavirus-covid-19-test-to-release-for-international-travel. Under the scheme you can choose to pay for a private COVID-19 test. The earliest you can take the test is at least 5 days after you left a destination not on the travel corridor list. If the result is negative, you can stop self-isolating. The scheme is voluntary and applies to those self-isolating in England only.

4.5 Self Isolation:

The Government plans to introduce frequent testing as an alternative to the need for self-isolation for people who have had close contact with someone who has COVID-19. Instead, contacts will be offered regular tests as an alternative to isolation and only have to self- isolate if they test positive. This will be trialled in Liverpool first, then some institutional settings (e.g. the NHS, care homes, education, employers) before the end of the year, ahead of rollout across the country from early next year. Lancashire provides self isolation payments of £500 to eligible residents where a NHS Test & Trace ID number can be provided.

4.6 New Testing Technologies:

The Government has been working to validate new testing technologies, and there are now three main forms of test in addition to PCR (polymerise chain reaction) swab tests which are available for deployment: lateral flow devices, LAMP (Loop Mediated Isothermal Amplification) and LamPORE. Lateral flow devices are already available at significant scale, and so are the focus of our near-term expansion of rapid testing.

4.7 <u>Mass Vaccination</u>

The Joint Committee on Vaccination and Immunisation (JCVI) advises that the first priorities for any COVID-19 vaccination programme should be the prevention of COVID-19 mortality and the protection of health and social care staff and systems. Secondary priorities could include vaccination of those at increased risk of hospitalisation and at increased risk of exposure, and to maintain resilience in essential public services. The link to https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-2-december-2020 sets out a framework for refining future advice on a national COVID-19 vaccination strategy.

<u>References:</u>

[1] Public Health England & NHSX, Testing in United Kingdom, November 2020, https://coronavirus.data.gov.uk/details/testing

[2] Department of Health and Social Care, Test and trace weekly stats (19-25 November), November 2020 https://www.gov.uk/government/publications/nhs-test-and-trace-england-and-coronavirus-testing-uk-statistics-19-november-to-25-november

[3] Department of Health and Social Care, NHS Test and Trace Weekly statistics, November 2020 https://www.gov.uk/government/publications/nhs-test-and-trace-england-and-coronavirus-testing-uk-statistics-19-november-to-25-november

[4] BMJ, November 2020 https://www.bmj.com/content/371/bmj.m4460

Annexe 1: National COVID and NHS Test & Trace Data

NATIONAL DATA – PUBLIC ACCESS

Daily statistics on gov.uk - tests, cases, deaths – (pre release email to key recipients in place) – New version with R and Growth Rate, alert level, better navigation to local data by postcode, integrated map with UTLA (upper tier local authority), LTLA (lower tier local authority), MSOA (middle super output area)

Weekly NHS Test and Trace stats – people tested, positive cases (both by demographic characteristics), testing turnaround, contract tracing (UTLA), NEW includes testing in care homes & the NHS COVID-19 App

Weekly surveillance report – positive cases by various demographics plus NEW lower tier local authority watch list with epidemiological data added as a standalone product 23 October 2020

Gov. UK Coronavirus – current and beta	Daily COVID-19 Containment dashboard	PHE DPH and LA Portal
PUBLIC ACCESS	RESTRICTED AND AUTHENTICATED ACCESS TO LA LEADERS INCLUDING CXs, DPHs AND EXPANDING TO MAYORS, HEALTH LEADERS, DISTRICT COUNCILS	DATA SHARING AGREEMENT AS PERSONALLY IDENTIFIABLE
https://coronavirus.data.gov.uk/		Data uploaded daily by PHE
Data on tests, cases, healthcare and deaths published by PHE daily 4pm.	Pillar 2 Test Data, 111 telephony and online triage information and positive cases. Data is presented at combination of UTLA level LSOA level and Postcode level Data	Record level test, case and contact tracing data
Positive cases and deaths at UTLA/LTLA	*Launched 11 June 2020*	Schools Helpline data
Middle Super Output Area (populations 5-15k, average 6.5k homes. 7-day rolling cases *Updated daily*		Outbreaks, clusters and settings data
		Modelling and forward plans

- COVID data in the public domain - https://www.local.gov.uk/sites/default/files/documents/PHE%20-%20Data%20in%20the%20public%20domain.pdf
- Weekly NHS Test & Trace reports: https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports
- Local alert levels - https://www.gov.uk/guidance/local-restriction-tiers-what-you-need-to-know

Health Scrutiny Committee
Meeting to be held on 15 December 2020

Electoral Division affected:
(All Divisions);

Overview and Scrutiny Work Programme 2020/21
(Appendix 'A' refers)

Contact for further information:
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Executive Summary

This report provides information on the single combined work programme 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.

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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 including key officers/partners to invite 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

None

Reason for inclusion in Part II, if appropriate - NA

Overview and Scrutiny Work Programme 2020-2021

Month		Education and Children's Services	External	Health	Internal
		Scrutiny Committee			
June				• 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		• Education: - 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		• Adult social care – winter preparations (Supporting the social care sector including domiciliary care workers) • NHS 111 First	Covid 19 – what comes next? Including building pan-Lancashire working and Democratic involvement in resilience forums and maintaining democratic leadership during a crisis

Month	Month				
	October	Children's Social Care - protecting vulnerable/valuable children – plans in place to manage spikes in referrals. Child poverty increase and the impact on the demand on social care	• Universal credit – Citizens Advice • Decarbonisation pathway – Lancashire, Electricity North West and Cadent Gas		
	November	Education – digital poverty and lesson learned. Digital aspirational views – turning challenge into opportunity.		• Suicide prevention in Lancashire • LCC Adult Social Care Winter Plan	Speeding Traffic and the lack of enforcement
	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		NHS Test & Trace and Community Testing	
	January	Early Years sector – impact on private providers supporting vulnerable children and families (including update on the EY Strategy and School Improvement Model)	• Strengthening flood risk management and preparedness – update on implementing recommendations. • Universal Credit – Welfare Rights Service update (tbc)		Covid 19 – Further update following the update provided at the September 2020 meeting
	February	Lancashire schools attainment report (standing item) Schools causing concern task group - update on recommendations		• NHS 111 First – update (tbc) • Commissioning Reform (tbc) • The Future of Hospital Services in Central Lancashire	

				Task and Finish Group report (tbc)	
	March	**Family Safeguarding Model – update on implementation of model in Oct/Nov 2020		• The Future of Hospital Services in Central Lancashire Task and Finish Group report (tbc)	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)
	April	**SEND: Lancashire Breaktime update SEND Accelerated Progress Plan update Progress update on Pupils in special schools with medical conditions task group recommendations	Review of Community Safety Partnerships Governance arrangements	-	Scrutiny of the Council's response to the Government's call for local councils to invest in street safety

	Topics from work programmes 2019/20 not scheduled	Participation strategy update Road safety Independent children's homes Getting to Good plan update NEET SEN equipment in schools School transport Maintained nurseries update Parking at schools Childhood immunisation programme 0-19 Healthy Child programme	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 Canal & Rivers Trust (tbc) 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 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 Housing with Care and Support Strategy 2018-2025 – tbc 2021	Local Government Funding and Income Generation Task Group Update on Reducing Single Use Plastics in Lancashire
Other Topics					