

## Lancashire County Council

### Health Scrutiny Committee

Tuesday, 14th September, 2021 at 10.30 am in Cabinet Room 'A' - The Tudor Room, County Hall, Preston

#### Agenda

##### Part I (Open to Press and Public)

No.	Item	
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- |    |  |                 |
|----|--|-----------------|
| 1. | <b>Apologies</b>   |                 |
| 2. | <b>Constitution: Chair and Deputy Chair; Membership; Terms of Reference of the Health Scrutiny Committee and its Steering Group</b>  | (Pages 1 - 10)  |
| 3. | <b>Disclosure of Pecuniary and Non-Pecuniary Interests</b><br><br>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. | <b>Minutes of the Meeting Held on 23 March 2021</b>  | (Pages 11 - 16) |
| 5. | <b>Mental Health Integrated Community Care Transformation (MHICC)</b>  | (Pages 17 - 26) |
| 6. | <b>Lancashire &amp; South Cumbria Pathology Collaboration Update</b>   | (Pages 27 - 44) |
| 7. | <b>Report of the Health Scrutiny Committee Steering Group</b>  | (Pages 45 - 54) |
| 8. | <b>Work Programme 2021/22</b>  | (Pages 55 - 62) |
| 9. | <b>Urgent Business</b><br><br>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 on Tuesday 2 November 2021 at 10.30am at County Hall, Preston.

County Hall  
Preston

L Sales  
Director of Corporate Services

## Health Scrutiny Committee

Meeting to be held on Tuesday, 14 September 2021

Electoral Division affected: None;
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### **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 2021/22.

#### **Recommendation**

The Committee is asked to note:

- i. The appointment of County Councillors David Westley and Caroline Haythornthwaite as Chair and Deputy Chair of the Committee for the remainder of the 2021/22 municipal year;
- ii. The new Membership of the Committee following the County Council's Annual Meeting on 27 May 2021; and
- iii. The Terms of Reference of the Committee.

#### **Background and Advice**

##### **Constitution and Membership of the Health Scrutiny Committee**

The Full Council, at its meeting on 27 May 2021, agreed that the Health Scrutiny Committee shall comprise 12 County Councillors (on the basis of 7 Conservative and 5 Labour) 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):**

J Burrows	J Oakes
L Collinge	L Pate
C Haythornthwaite	E Pope
M Iqbal	S Rigby
S Jones	K Snape
S Morris	D Westley

### **Non-voting co-opted members (12):**

Burnley Borough Council	-	Councillor Frank Cant
Chorley Council	-	Councillor Alex Hilton
Fylde Borough Council	-	Councillor Jayne Nixon
Hyndburn Borough Council	-	Councillor Jenny Molineux
Lancaster City Council	-	Councillor Gina Dowding
Pendle Borough Council	-	Councillor Mohammed Adnan
Preston City Council	-	Councillor Jennifer Mein
Ribble Valley Borough Council	-	Vacancy
Rossendale Borough Council	-	Councillor Barbara Ashworth
South Ribble Borough Council	-	Councillor David Haworth
West Lancashire Borough Council	-	Councillor Sue Gregson
Wyre Borough Council	-	Councillor Julie Robinson

The Full Council also appointed County Councillors David Westley and Caroline Haythornthwaite as Chair and Deputy Chair of the Committee for the remainder of the 2021/22 municipal year.

### **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 Collinge	E Pope
C Haythornthwaite	D Westley

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

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:

<b>Committee</b>	<b>Responsibility</b>	<b>Membership</b>
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.

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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

# Agenda Item 4

## Lancashire County Council

### Health Scrutiny Committee

Minutes of the Meeting held on Tuesday 23rd March 2021 at 10.30 am

### Teams Virtual Meeting

#### Present:

County Councillor Peter Britcliffe (Chair)

#### County Councillors

L Beavers	A Kay
S Charles	S C Morris
C Edwards	E Pope
N Hennessy	K Snape
M Iqbal MBE	D Whipp

#### Co-opted members

Councillor David Borrow, (Preston City Council)  
Councillor Paul Campbell, (Burnley Borough Council)  
Councillor Cynthia Dereli, (West Lancashire Borough Council)  
Councillor Gina Dowding, (Lancaster City Council)  
Councillor Margaret France, (Chorley 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 Susie Charles replaced County Councillor John Shedwick and Councillor Cynthia Dereli replaced Councillor Gail Hodson (West Lancashire Borough Council) for this meeting only.

County Councillor Lizzi Collinge attended the meeting under Standing Order D13(1).

#### 1. Apologies

Apologies were received from Councillor Bridget Hilton, Ribble Valley Borough Council and Councillor David Howarth, South Ribble Borough Council.

#### 2. Disclosure of Pecuniary and Non-Pecuniary Interests

None.

### **3. Minutes of the Meeting Held on 2 February 2021**

**Resolved:** That the minutes of the meeting held on 2 February 2021 be confirmed as an accurate record.

### **4. New Hospitals Programme**

The Chair welcomed the following people to the meeting:

From Lancashire and South Cumbria Integrated Care System (ICS):

- Jerry Hawker, Executive Director, New Hospitals Programme;
- Rebecca Malin, Programme Director, New Hospitals Programme; and
- Dr Sumantra Mukerji, New Hospitals Programme.

From Lancashire Teaching Hospitals NHS Foundation Trust:

- Dr Gerry Skales, Medical Director, Lancashire Teaching Hospitals Trust; and
- Louise Barker, Communications Programme Manager, Lancashire Teaching Hospitals Trust.

From University Hospitals of Morecambe Bay NHS Foundation Trust:

- Phil Woodford, Director Corporate Affairs.

NHS Clinical Commissioning Group representatives:

- Dr Lindsey Dickinson, Chair and Clinical Leader, Chorley and South Ribble Clinical Commissioning Group; and
- Dr Geoff Jolliffe, Clinical Chair, Morecambe Bay Clinical Commissioning Group.

County Councillor Shaun Turner, Cabinet Member for Health and Wellbeing was also in attendance.

Jerry Hawker, Executive Director of the New Hospitals Programme, presented a report which provided an overview of the Lancashire and South Cumbria Integrated Care System (ICS) New Hospitals Programme, a response to the Government's Health Infrastructure Plan to build 40 new hospitals by 2030.

During the presentation, the following points were highlighted:

- The programme, which provided opportunity to transform healthcare services across Lancashire and South Cumbria, was still in its earliest stages and was expected to proceed in line with the timeline of events, as set out Section 4 of the report. Full public consultation was expected to begin during Spring 2022.

- There existed strong reasons for the inclusion of the Royal Lancaster Infirmary and the Royal Preston Hospital in the scheme. Both were old facilities and in many instances were no longer fit for purpose, being neither accessible nor in keeping with the modern NHS.
- The programme allowed for a reimagining of healthcare provision in light of the new digital technologies available, particularly for specialist clinical services. A key focus of the programme was to facilitate better interaction with community facilities and to deliver complex care locally.

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

- The programme included the University Hospitals of Morecambe Bay NHS Trust and the Lancashire Teaching Hospitals NHS Foundation Trust. Whilst the programme focussed primarily on the need to refurbish and rebuild the Royal Lancaster Infirmary and the Royal Preston Hospital, the general hospitals in Kendal and Furness, and Chorley and South Ribble Hospital were also included in the scope of the project. The programme would result in improvements to other services and facilities too.
- At an earlier stage in the programme it had been decided that a better use of taxpayer money was to combine the Lancaster and Preston projects. As a result, it was regrettable that ideas of a "super hospital" had become the public's focus. It was not possible, at such an early stage, to rule out the possibility of merging the region's hospitals, as all affordable and clinical options had to be considered during the consultation process. Nonetheless, an open, honest, and transparent public consultation was guaranteed, aided by the programme's partnership with the Independent Consultation Institute and with local Healthwatch organisations. Although any decisions would be clinically led, a key focus of the programme was accessibility.
- The programme provided opportunities to collaborate with the region's universities and high-tech companies, to work towards zero-carbon strategies, and to align healthcare services with local planning arrangements, with the help of local authorities. Members could support the programme during its consultation process by connecting with local communities and encouraging their participation.
- The programme was part of a much bigger commitment to improve the long-term health and wellbeing of Lancashire and South Cumbria residents, of which adult social care, prevention, and integrated community services were a key consideration. However due to considerations of affordability, as required by the Department of Health and Social Care, it was not possible to guarantee that old hospital buildings would be maintained and repurposed for these

services. Questions around the funding and resources available for the programme would continue to be raised during the consultation process.

- West Lancashire Clinical Commissioning Group continued to be consulted and informed on the programme's progress. The Clinical Commissioning Group was part of the Lancashire and South Cumbria Joint Committee, so would oversee the consultation process and be included in the programme of work.
- Accessibility, in addition to affordability and improving services, was a focus of the programme, so links to public transport networks were a key consideration.
- Despite considering the views of a range of clinicians, from different settings and roles, a public health practitioner had not yet been engaged in the programme. The importance of collaborating with public health and mental health experts to shape the programme and future services was recognised.

It was suggested that the Health Scrutiny Committee Steering Group should continue to engage with the New Hospitals Programme. It was highlighted that the Health Scrutiny Committee should continue to receive regular updates from the Steering Group on the programme's progress.

**Resolved:** That;

- i) The information provided in the report, as presented, be noted;
- ii) Responsibility to engage with the New Hospitals Programme on a regular basis be assigned to the Health Scrutiny Committee Steering Group, and that the Health Scrutiny Committee Steering Group be asked to determine when the programme should be escalated to the full Health Scrutiny Committee for consideration; and
- iii) The need to establish a single, joint Health Scrutiny Committee for the New Hospitals Programme, involving all appropriate authorities, be noted.

## **5. Overview and Scrutiny Work Programme 2020/21**

Members considered the Overview and Scrutiny Work Programme for 2020/21.

It was noted that, following the Election in May 2021, a dedicated session would be held to establish the Overview and Scrutiny Work Programme for 2021/22.

**Resolved:** That the Overview and Scrutiny Work Programme for 2020/21, as presented, be noted.



**6. Urgent Business**

None.

**7. Date of Next Meeting**

It was noted that the next meeting of the Health Scrutiny Committee will be held on Tuesday 29 June 2021 at 10.30am. The venue of the meeting to be confirmed.

L Sales  
Director of Corporate Services

County Hall  
Preston



## Health Scrutiny Committee

Meeting to be held on Tuesday, 14 September 2021

Electoral Division affected:  
(All Divisions);

## Mental Health Integrated Community Care Transformation (MHICC)

(Appendix 'A' refers)

Contact for further information: Steve Christian Chief Integration Officer Lancashire and South Cumbria South NHS Foundation Trust

[Steve.Christian@lscft.nhs.uk](mailto:Steve.Christian@lscft.nhs.uk) Telephone - 01772 520810

### Executive Summary

This paper is to update the Health Scrutiny Committee on the Strategic Outline for the Community Mental Health Transformation Programme.

It sets out to:

- Provide information on the Community Mental Health Framework for Adults and Older Adults' and the ambition for an enhanced place-based community mental health model.
- Describe the aims for this programme in more detail and the engagement process that will be followed.
- Provide an overview of the plan and roll out including the governance for the Community Mental Health Transformation programme.

### Recommendation

The Health Scrutiny Committee are asked to:

1. Note progress and next steps.
2. Provide support to help deliver the ambitions of the programme – the engagement from colleagues at Lancashire County Council to date has been exemplar.

### Background and Advice

The Transformation programme is based on the 'Community Mental Health Framework for Adults and Older Adults' which sets out how a vision for a new place-based community mental health model can be realised. In particular, the aim is to drive a renewed focus on people living in their communities with a range of long term severe mental illnesses and a new focus on people whose needs are deemed too severe for Improving Access to Psychological Therapies (IAPT) but not severe enough to meet secondary care 'thresholds'. This includes eating disorders and



## Mental Health Integrated Community Care Transformation

### 1.0 Introduction

This paper is to update the Health Scrutiny Committee on the Community Mental Health Transformation programme across Lancashire and South Cumbria.

### 2.0 National Context and Background

*This programme is overseeing the single biggest investment in mental health services that we have seen in recent times; Lancashire and South Cumbria will receive £11.6m in NHS transformation funding. The aim is to develop a new model of care that is set out in the NHSE Community Mental Health Framework.*

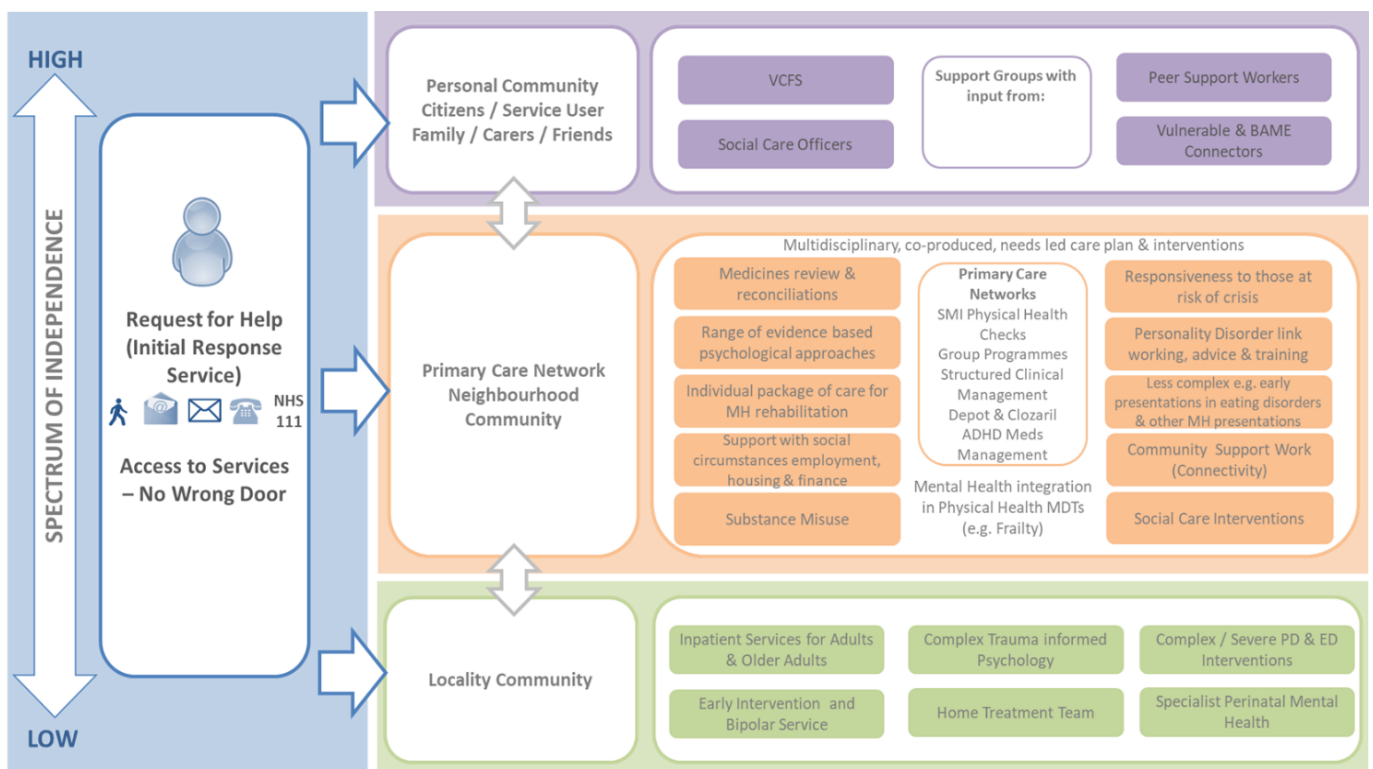
The NHSE Community Mental Health Framework sets out a model of care that enhances community based support for people living with moderate to severe mental illness and complex needs. The funding provides local NHS organisations the opportunity to focus on population health and reduce inequalities. Lancashire and South Cumbria NHS Foundation Trust (LSCFT) aims to deliver on this transformation programme through the strengthening of local partnerships with local authority-funded services and the Voluntary, Community, Social, Faith and Enterprise (VCFSE) sector.

Nationally there have been early implementer sites of the model and a new 4 week waiting time target is being piloted with the ambition that people moderately to severely affected by mental illness can expect to receive the right treatment at the right time within 4 weeks from 2023/24. The following principles are fundamental to the new community models:

- Removing the idea of thresholds and multiple assessments – if someone is unwell and in need of support, they should receive it, as they would in acute care. If that service turns out to not be quite right then the system should be flexible enough to offer other options and step up and step down care as
- A 'no wrong door' policy, or even a 'no door' policy
- People should be able to tell their story and experience just once
- A focus on specific, tailored and inclusive support needed for underrepresented groups – including the black, Asian and minority ethnic (BAME) population and people from lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) communities.
- Personalised health and social care support – including entitlements under the Care Act and personal health budgets.
- Joint commissioning of services for people and communities

### 3.0 Community Mental Health Model

The ambition is to improve the quality of person centred care by enhancing the multi-agency team working approach: with a shared practice model that is strengths based, trauma informed and solutions focused. The community model is designed to meet the changing needs of adults and older adults with serious mental illness, and those with very complex needs but who may not currently meet the thresholds for secondary care services. This programme provides a unique opportunity to invest in primary care, social care and VCSFE provision as areas where there has been historic under-development. The framework for the model is outlined below.



The access into the community model will be at a neighbourhood level within Primary Care Networks (PCNs); which are groups of GP practices that specifically focus on the needs of local populations. The plan is to create Community Hubs with aligned services and teams wrapped around a number of PCNs with close connections to a local network of community groups and VSCFE organisations.

The intention is that people will be able to access a multidisciplinary team (MDT) comprising:

- Mental health practitioners/consultants/support workers
- Social care staff
- VSCFE staff
- Primary care staff
- Substance misuse providers
- Housing/finance/employment support
- Peer workers

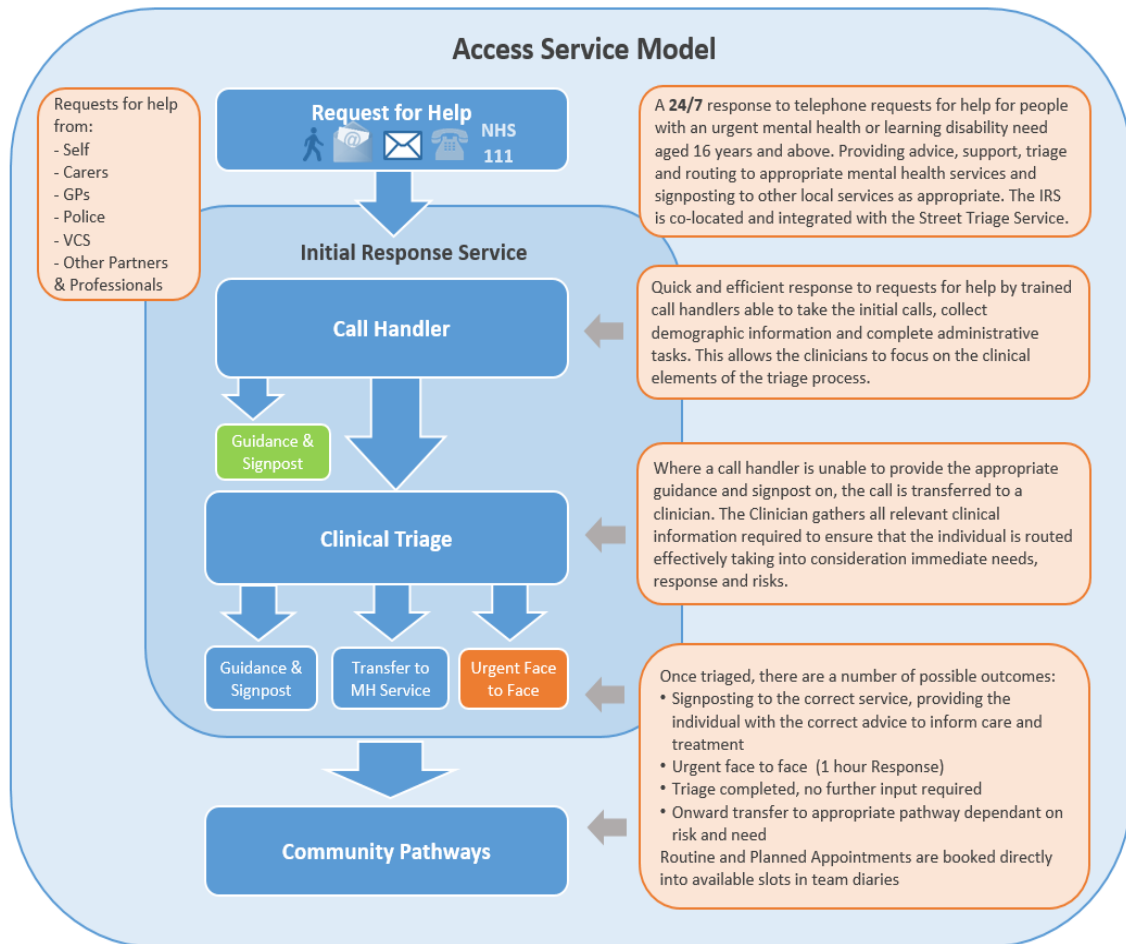
The programme will introduce a new trusted assessment and formulation model that is strengths based, and goal/solutions focussed. Assessment and formulation (with input from

the full MDT) will be delivered by both statutory staff, voluntary sector staff and peer workers trained to the same standard. Where appropriate, the same staff will coproduce a personalised care and support plan and provide a range of short-term clinical, social and community interventions designed to promote recovery and reduce risk of crisis. The below chart describes a visual illustration of the ambition.



#### 4.0 Urgent Care Pathway – Initial Response Service

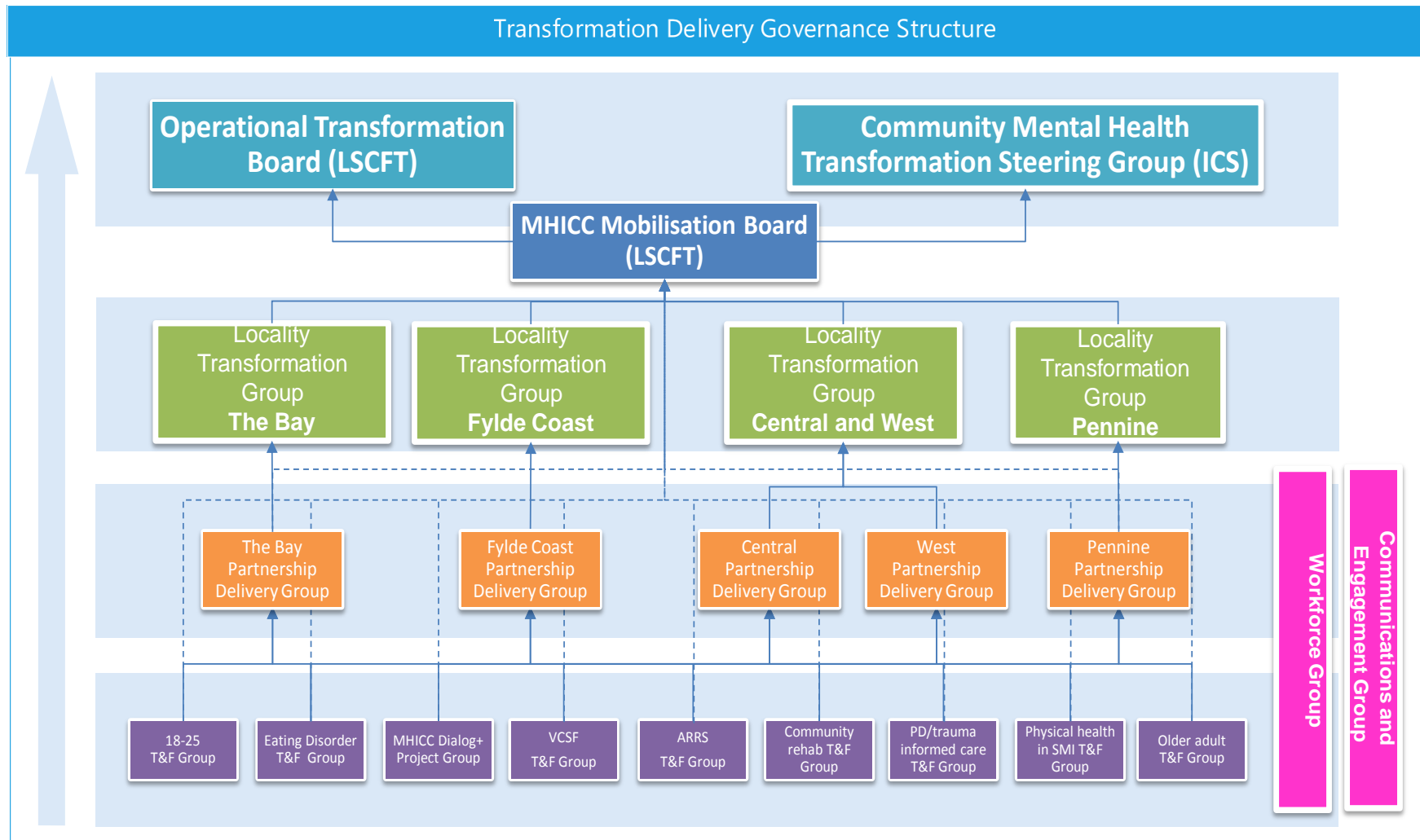
We are implementing a new Initial Response Service (IRS) in each locality to support people in crisis as part of the community model. The aim of the service is to provide a responsive single point of access for urgent and routine requests for help, including signposting to relevant services. The intention is that by April 2022 each Locality / ICP will have the IRS service in place.





### 5.0 Leadership and Governance

The programme has established a governance structure to support the mobilisation of the programme. The key element is that the programme has introduced Partnership Groups at ICP / locality level to ensure collaboration with NHS, Local Authority, Primary Care and VCFSE partners. The Partnership groups will work in collaboration to design the community model required for the population it serves.



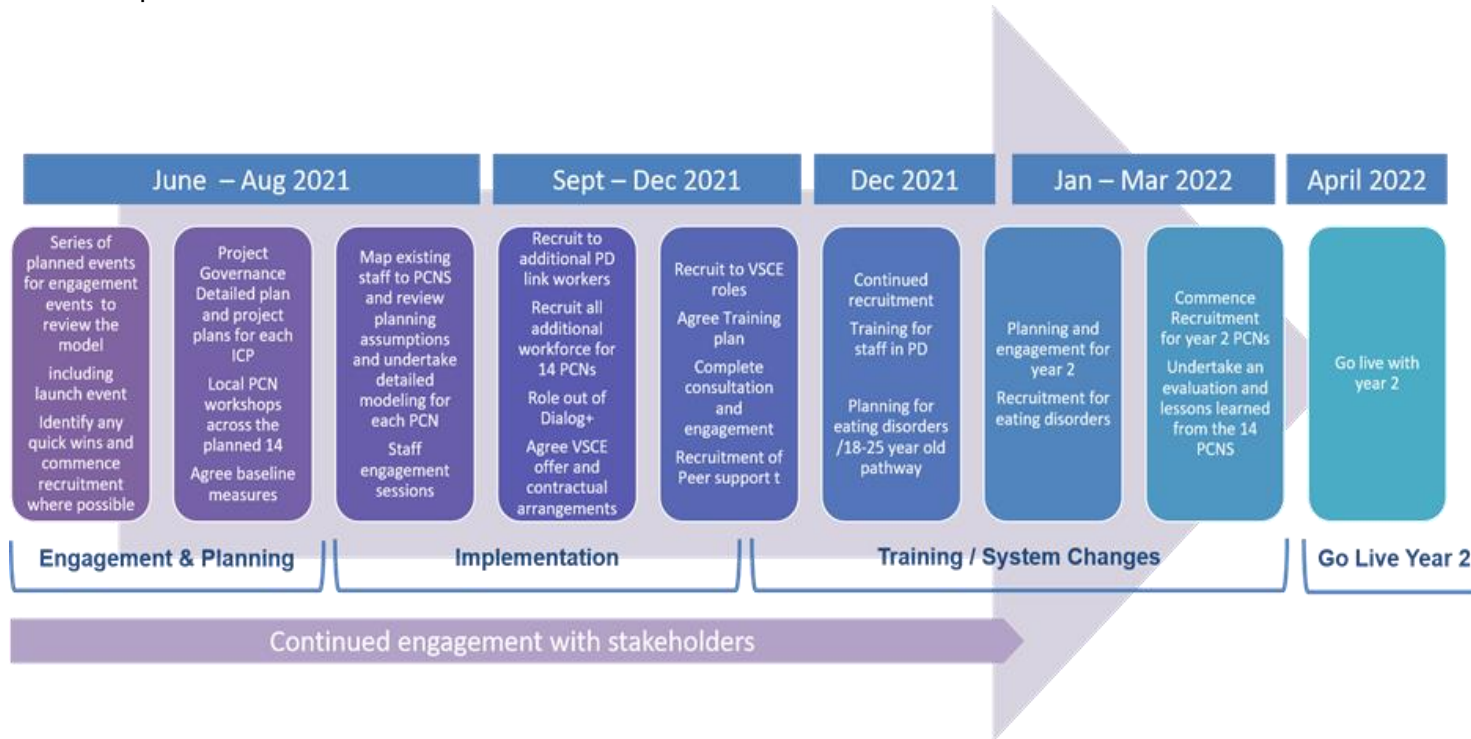
## 6.0 Engagement

The following activities have been planned across September to support wider participation of partners and stakeholders:

- Obtaining insights from representative groups of people with lived experience in different local communities. Ensuring we have diverse and representative and make it as easy as possible for everyone to participate (accessibility, including language and format).
- Obtaining insights from staff and peer support workers about what works well and not so well, and what's missing.
- Undertaking mapping of local assets with partners
- Planned workshops with partners in each locality to share insights, and develop the local model based on the Community Mental Health Framework.

## 7.0 Next Steps and Timelines

Our High Level Road Map is outlined below



The programme has a project plan and our next steps include:

- Agreement with all stakeholders and partners the community hubs for the three year transformation programme
- Locality planning events in each ICP area with all partners, stakeholders and service users. The engagement of Lancashire County Council to date has been exemplar.
- Recruitment to all posts across the partnership groups
- Asset mapping across all PCNs that are due to go live

## 9.0 The Health Scrutiny Committee is asked to

- Note progress and next steps
- Provide support to help deliver the ambitions of the programme – the engagement from colleagues at Lancashire County Council to date has been exemplar



## Health Scrutiny Committee

Meeting to be held on Tuesday, 14 September 2021

Electoral Division affected: (All Divisions);
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## Lancashire & South Cumbria Pathology Collaboration Update

(Appendices A and B refer)

Contact for further information:

Mark Hindle Tel: 01772 214471, Managing Director,

[mark.hindle@lthtr.nhs.uk](mailto:mark.hindle@lthtr.nhs.uk)

### Executive Summary

This report is provided to update members about the planned formation of a single pathology service for Lancashire and South Cumbria by 2023. The information provided serves to give an overview of the rationale for change, benefits, associated workstreams and timescales. Information as requested by the committee is also provided in the pack.

### Recommendation

The Health Scrutiny Committee is asked to:

1. Receive the update and note the timescales involved in this programme of work.
2. Seek assurance from the Managing Director that this work will benefit the health economy whilst achieving the best use of resources and improving outcomes for patients.
3. Receive further updates at agreed points in time to gain assurance that the programme of work remains on track.

### Background and Advice

Please see the appended stakeholder presentation slides for an overview of the programme, case for change, benefits, achievements to date and programme timescales.

Additional information is also provided below to give more detail to members about specific issues.

**Patient and patient safety perspective:** Pathology services are not patient facing; therefore there will be no change to the provision received as a result of this service transformation. A person's experience of having a test/diagnostic work in primary

care or an acute setting will not feel any different at the point of service delivery. However, there are a number of benefits to be achieved from this programme of work which have the potential to improve outcomes for patients across the health economy.

**Patient safety:** The Carter Reviews of 2006 and 2008 set out a case for pathology consolidation in order to 'improve quality, patient safety and efficiency.'

**Standardised Laboratory Information Management System (LIMS):** The nature of modern pathology services has become much more reliant on efficient and effective technology and this area is an absolute key enabler for the success of the collaboration. The ability to share results in real time will enable effective diagnosis for patients standardised across the whole of the ICS footprint. The IT infrastructure and an integrated LIMS is crucial to the clinical quality, patient safety and operational effectiveness of pathology collaboration and has been identified by NHSI as one of the critical success factors.

The collaboration has applied for national capital funding to support the deployment of a standardised LIMS and to progress aspirations relating to digital pathology.

**New equipment** – Standardising equipment will facilitate greater alignment of operating procedures, quality systems and training across all sites. This will lead to greater workforce flexibility, with staff more easily able to work across multiple sites and/or relocate permanently between sites.

Tests conducted in more than one laboratory will be performed on the same type of equipment, ensuring that results and reference ranges between laboratories are comparable. This is important to patients who regularly undergo the same tests, where healthcare professionals are making clinical decisions based on longitudinal trends. This includes patients living with a range of long-term conditions as well as oncology and renal patients and supports the direction of more collaboration of services across the region.

The ability to procure equipment and invest in technology at scale will support the provision of testing that is not currently available in the area. In the longer term, this could give some patients access to tests in the area that are not currently available, reducing their need to travel. Joined up IT infrastructure will reduce duplication of tests which releases a costs benefit and more importantly results in a smoother and more efficient pathway for patients. Exploratory work is on-going to reduce the number of 'send-away' tests with the aspiration of bringing as many tests in house as possible at the Hub. This could speed up turn-around times for some patients.

The proposed location of the Hub at the Enterprise Zone site in Samlesbury, will co-locate the service amongst like-minded scientific and technologically advanced partners which will support the on-going development of the service especially in regard to its aspirations for technology, innovation and research.

**Supporting information:** Please find the appended slides and route map at appendices A and B respectively.

**Route map** - please see the appended route map for information on the main workstreams within the programme, key decisions and associated timescales.

## **Consultations**

N/A

## **Implications:**

**Impact on patients:** As pathology services are not patient facing, there will be no adverse impact on patients. They will not experience any change in the provision of service that they receive. Please note the potential benefits for patients as outlined earlier in the paper.

**Impact on workforce:** It is anticipated that there will be reduction in jobs of approximately 7%, this equates to about 50 jobs. It is proposed that this reduction will be achieved through natural turnover of staff. The formation of a single service will serve to ensure that a regional workforce is developed with the diverse and innovative career paths able to attract, develop and retain the skills needed to deliver a modern pathology service.

**Impact on West Lancashire:** There is no impact as this area is not part of the Lancashire and South Cumbria collaboration.

**Estate:** The estate that pathology services is currently provided from is not fit for purpose and requires significant investment. The £30 million capital funding that is being made available for the programme will be utilised to build the Hub and to refurbish the Essential Services Laboratories on the acute hospital sites.

**Finance/return on investment:** The Comprehensive Investment Appraisal Model identified that the Hub and Spoke model represents the best return on investment with a return of £8.32 for every £1.

**Payback period** - cumulative savings will exceed the capital cost by 2027/28 which is within 5 years of the hub being operational. The return on investment is 102% after 5 years following completion of the project.

## **Risk Management**

Existing pathology services currently face a number of challenges and it is clear that delivering services on an individual Trust basis is not sustainable in the future as new technologies become more expensive, activity increases, workforce is increasingly scarce and value for money becomes a critical issue to commissioners.

Introducing a single pathology service across Lancashire and South Cumbria and investment at scale can produce a clinically and financially sustainable service for the future.

There is a national expectation and direction from NHSE/I that pathology services will form and work in networks. At this stage Lancashire and South Cumbria will be one of 29 networks nationally and it is likely that the number of networks will continue to grow.

Implications of not following the proposals:

- Pathology services in Lancashire and South Cumbria could be subsumed into a larger neighbouring network, i.e. Manchester
- If not utilised now, the £30 million capital funding that is currently available will be withdrawn
- Current pathology estate on acute hospital sites is not fit for purpose and it will not be possible to continue delivering services from this estate without significant investment which Trusts cannot afford locally
- Current equipment and existing IT infrastructure is of a variable quality and standard across Trusts. Investment is needed to ensure that this is fit for purpose and sustainable in the long term. This is not affordable at individual trust level and it is more efficient to procure at scale and through standardisation at health economy level.

A process of due diligence is being undertaken to identify all of the risks and issues associated with the formation of a single pathology service. This is a requirement of NHSE/I and of the acute trusts within the collaboration. A report is being compiled and will be reported to the Pathology Collaboration Board before the end of the calendar year.

A Quality Committee will be formed as a sub-committee of the Board to manage and mitigate the risks associated with the formation of the single service and its on-going operation.

### Summary of Abbreviations

CIAM	Comprehensive Investment Appraisal Model
FBC	Full Business Case
ESLs	Essential Services Laboratories
ICS	Integrated Care System
LIMS	Laboratory Information Management System
NHSE/I	NHS England/Improvement
OBC	Outline Business Case
SOC	Strategic Outline Case

### 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		





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South Cumbria**

Appendix 'A'



**Lancashire & South Cumbria  
Pathology Service**

# **L&SC Pathology Collaboration**

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# Background and Current Delivery Model

- Each NHS Trust has an individual laboratory based on the hospital sites providing a diagnostic service for the individual NHS Trust and the GPs in the CCG catchment area. The Trusts involved are:
  - Blackpool Teaching Hospital Trust
  - East Lancashire Hospital Trust
  - Lancashire Teaching Hospitals NHS Trust
  - University Hospitals of Morecambe Bay
- Test results cannot be shared easily across the pathology laboratories in each Trust because they all have different IT systems so if a patient attends another Trust (for example for a specialist condition) their tests may have to be undertaken again which is time consuming for the patient and not cost effective
- Laboratories have different equipment providing the same tests but have different ways of interpreting tests (reference ranges) leading to inconsistencies

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# Why Change and Collaborate?

- **National policy** - for transformational change and expectation that labs will network. The response to Covid would not have been possible without networks
- **Sustainability** - some services have vacancy rates of 33% and an ageing workforce. There is currently a difficulty in recruiting specialised and highly trained staff across all four NHS Trusts
- **Resilience of service** - individual Trusts may not be able to afford modern diagnostic technologies which are only viable at scale
- **Fragmentation** – as the results can't be shared leading to duplication of tests; reference ranges can be different across Trusts
- **Duplication** - of testing, training, quality and administrative processes and fragmentation of procurement affecting the ability of the current services to deliver efficiencies
- **Estate** - Three of the four Trusts would have to update all or part of their pathology estate in the short/medium term as current estate is poor and no longer fit for purpose

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# Proposed Future Model

- The four Trusts in the ICS footprint will establish a formal partnership to deliver a single pathology service across the whole of Lancashire and South Cumbria
- A high quality and sustainable service will be delivered by co-locating 'cold' pathology together in one central hub location. Emergency/ Urgent activity will be processed on the Trust sites from essential service laboratories
- Patients will not notice any difference but will have a better quality service (reduction in duplication and turn around times of some tests). This applies to GP users of the service too
- IT systems and equipment are procured jointly standardising reference ranges and improving quality of service. Possibility of providing additional tests that are not currently available in the area, for example to improve cancer diagnosis

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# Benefits

- Increase in new technologies e.g. digital pathology, molecular
- Ability to deliver complex tests within the region
- Ability to procure modern equipment at scale & achieve financial benefit of this
- Common equipment platforms to support patient movement around the region
- Consolidate workforce to ensure future resilience, talent mapping, training and succession planning, making the best use of resources
- Broader and more diverse career opportunities for staff
- Cohort of staff trained in emerging technologies
- Reduce spend on tired estate - Trusts can re-use in future development plans

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## Progress to Date:

- Significant and effective collaborative working through Covid-19
- Strategic Outline Case agreed
- OBC drafted and at approval stage, green light to progress FBC
- Significant clinical engagement, variable clinical agreement
- Workforce models being identified
- Governance arrangements in place
- LIMs specification agreed and out to tender
- Commenced blood sciences equipment tender process
- Economic case (CIAM) and delivery framework agreed – hub & spoke
- Location for Hub identified – Enterprise Zone site in Sarnesbury
- Appointment of modular building contractor underway and the process of developing detailed designs for the Hub will commence in August
- Host organisation agreed at Board on 30 July
- Due diligence process started



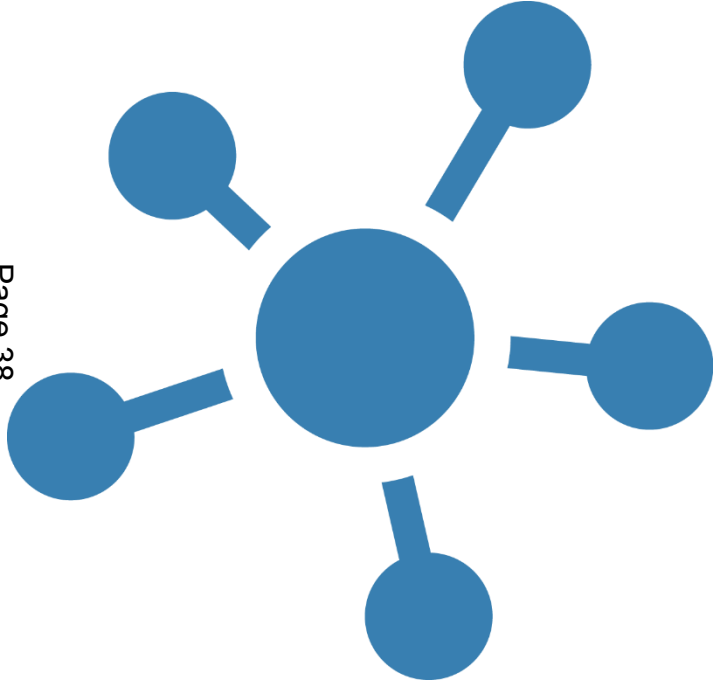
# Samlesbury Enterprise Zone Site



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# Why A Hub & Spoke Model

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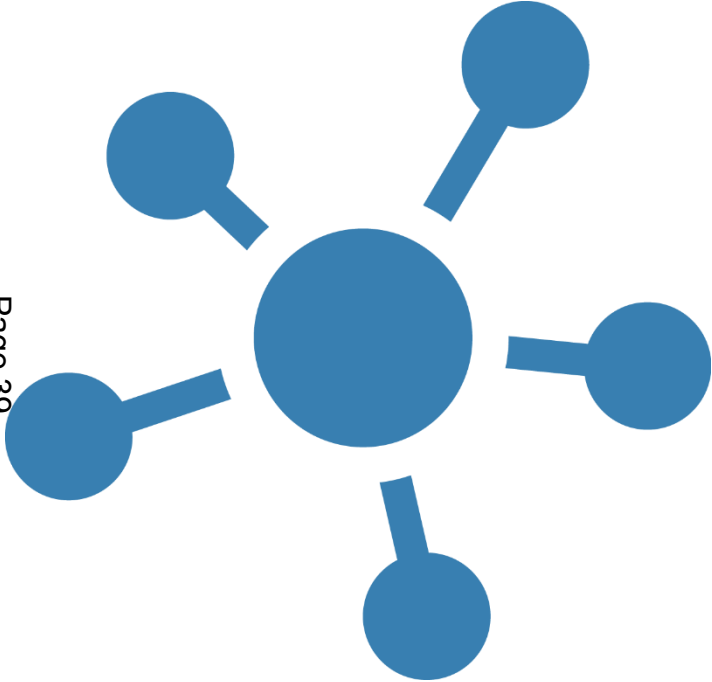
- Comprehensive Investment Appraisal Model (CIAM) identified Hub & Spoke as the best option
- For projects to be seen as viable by NHSI, the level of return needs to be at least 4:1
- Best use of resources and return on investment, this option gives a return of £8.32 for every £1 spent
- Best option for achieving the required transformation, quality and safety standards
- Endorsement from acute trusts for this option



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# About the Hub & Spoke Model

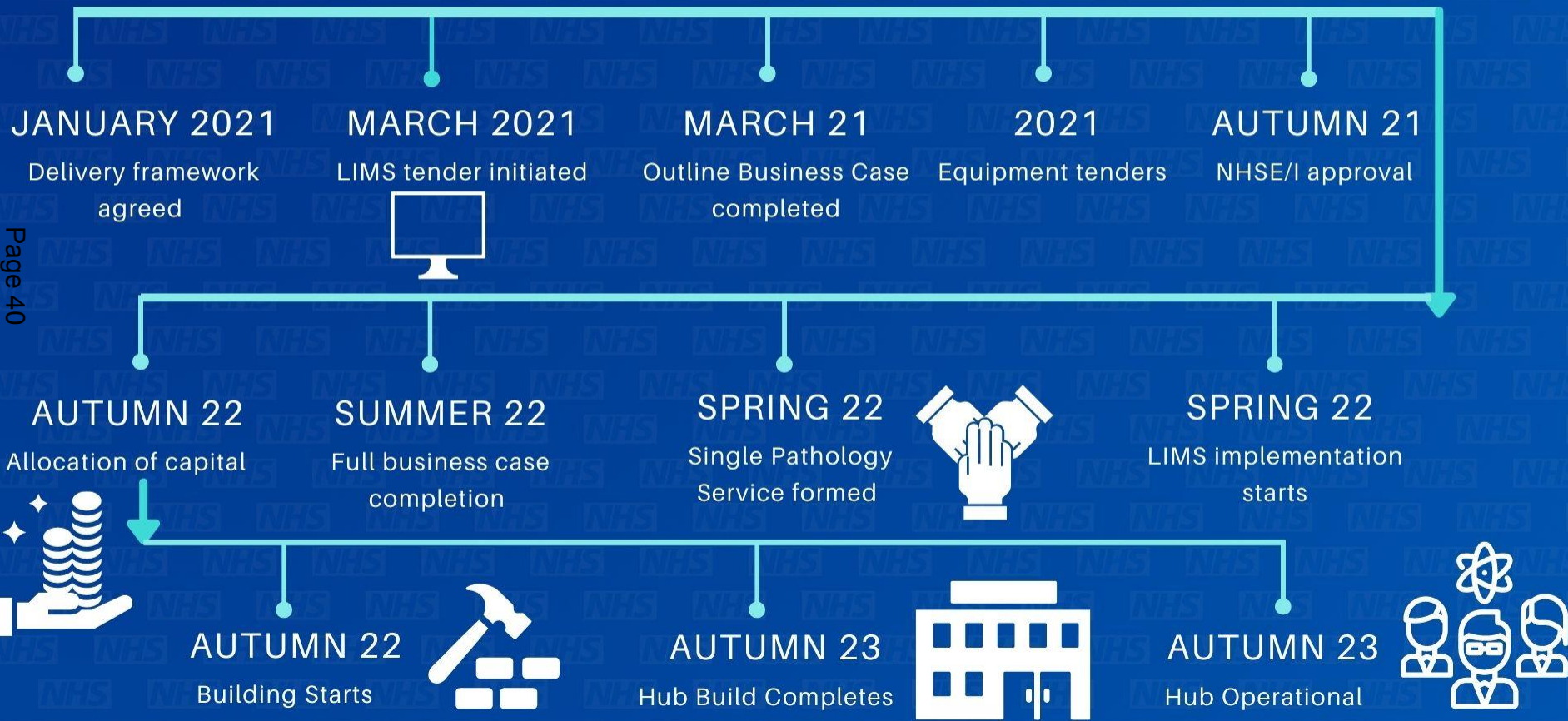
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- All routine work is undertaken in the central hub
- Emergency/urgent work will be undertaken in the Essential Services Laboratory (ESL) on each acute site
- The future model **will not be a one size fits all** and there will be a bespoke approach to designing ESLs to respond to geographical factors and to meet the clinical requirements and specialties of specific acute sites
- A Quality Committee is to be convened to ensure all issues/risks raised are considered and mitigated as the future model is designed.

# Key Project Milestones

Lancashire & South Cumbria  
Pathology Service





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Pathology Service**

**Thank You**

**Your Questions and Feedback**

**Pathology Service**



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# Route Map

## April 2021

- Revised Governance framework and Board composition



## May 2021

- Hosting arrangements drafted
- Pre-TUPE engagement process begins
- Outline management structure



## July 2021

- Updated Governance framework and Board composition to Board
- Decision on Host
- LIMS out to tender
- Appointment of preferred building contractor



## August 2021

- Start of detailed design process



## October 2021

- LIMS Business Case
- Formal ratification of Collaboration Agreement
- Formal agreement to financial arrangements
- Begin formal TUPE consultation
- Due diligence exercise complete
- Target operating model published



## November 2021

- Agree formation of single Pathology Service for Lancashire and South Cumbria



## January 2022

- Conclude formal TUPE consultation
- Finalise full business case



## February 2022

- Agree budgets for 2022/23



## April 2022

- Establishment of Lancashire and South Cumbria Pathology Service
- Transfer of staff following TUPE consultation
- Transfer of financial and other resources



## June 2022

- Finalise full business case for approval



## September 2023

- New pathology hub opens





## Health Scrutiny Committee

Meeting to be held on Tuesday, 12 September 2021

Electoral Division affected:  
(All Divisions);

## Report of the Health Scrutiny Steering Group

Contact for further information:

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

### Executive Summary

Overview of matters presented and considered by the Health Scrutiny Steering Group at its meetings held on 7 and 14 July 2021.

### Recommendation

The Health Scrutiny Committee is asked to receive the report of its Steering Group.

## Background and Advice

The Steering Group is made up of the Chair and Deputy Chair of the Health Scrutiny Committee plus two additional members, one each nominated by the Conservative and Labour Groups.

The main purpose of the Steering Group is to manage the workload of the Committee more effectively in the light of increasing number of changes to health services which are considered to be substantial. The main functions of the Steering Group are listed below:

1. To act as a preparatory body on behalf of the Committee to develop the following aspects in relation to planned topics/reviews scheduled on the Committee's work plan:
  - Reasons/focus, objectives and outcomes for scrutiny review;
  - Develop key lines of enquiry;
  - Request evidence, data and/or information for the report to the Committee;
  - Determine who to invite to the Committee;
2. To act as the first point of contact between Scrutiny and the Health Service Trusts and Clinical Commissioning Groups;
3. To liaise, on behalf of the Committee, with Health Service Trusts and Clinical Commissioning Groups;

4. To make proposals to the Committee on whether they consider NHS service changes to be 'substantial' thereby instigating further consultation with scrutiny;
5. To act as mediator when agreement cannot be reached on NHS service changes by the Committee. The conclusions of any disagreements including referral to Secretary of State will rest with the Committee;
6. To invite any local Councillor(s) whose ward(s) as well as any County Councillor(s) whose division(s) are/will be affected to sit on the Group for the duration of the topic to be considered;
7. To develop and maintain its own work programme for the Committee to consider and allocate topics accordingly.

It is important to note that the Steering Group is not a formal decision making body and that it will report its activities and any aspect of its work to the Committee for consideration and agreement.

- **Meeting held on 7 July 2021**

### **Review of Hyper-Acute Stroke Services across North Mersey**

The Steering Group considered a report presented by Carole Hill, Director of Strategy, Communications and Integration from NHS Liverpool Commissioning Group which provided an overview of the proposals regarding the review of hyper acute stroke services being undertaken by the Liverpool Clinical Commissioning Group (CCG) across North Mersey and West Lancashire.

The following points were highlighted:

- Transforming stroke care formed part of the NHS Long Term Plan to improve services, and similar proposals to this had already been implemented elsewhere in the country, such as in Manchester, resulting in clearly improved health outcomes;
- Currently, stroke services were provided at four different sites across the region: two hospitals under the control of the Liverpool University Hospitals NHS Foundation Trust, the Southport & Ormskirk NHS Hospitals Trust (Southport site), and The Walton Centre NHS Foundation Trust;
- The proposal established a set of clinical standards, in particular that the new Comprehensive Stroke Centre would deal with 500 to 600 admissions per year and that patients would be assessed by a specialist stroke consultant. Currently, workforce retention and recruitment remained a key issue, for example there was only one stroke consultant at the Southport & Ormskirk NHS Hospitals Trust;
- There had been encouraging advances in stroke treatment, which the proposal would take advantage of. For instance, patients treated with a thrombectomy within five hours of their stroke had significantly improved outcomes. Providing



this service at a specialist centre would improve access to and awareness of the treatment;

- The hyper acute element of the patient pathway covered the first 72 hours following a stroke. Following that, patients would be repatriated to a stroke unit close to home or discharged to home with Early Supported Discharge (ESD). The ESD services needed to be improved and standardised to ensure consistency in community care;
- The proposal, which had been worked on by clinical consultants, commissioners, patients with experience of hyper acute stroke services, and the Stroke Association, set out the development of a Comprehensive Stroke Centre on the Aintree Hospitals site and specialist services provided by The Walton Centre; and
- The proposal was ready for public consultation, part of which included presenting the plans to the Overview and Scrutiny Committees of the four relevant local authorities. Each committee would be asked to consider whether the proposal could be considered a substantial change to services and therefore whether a Joint Overview and Scrutiny Committee should be formed to review the proposal in detail.

In response to a question, it was clarified that the current admissions figures for stroke patients were 397 per year at the Southport & Ormskirk NHS Hospitals Trust, 524 per year at the Aintree Hospital; and 556 per year at the Royal Liverpool Hospital.

It was noted that the county council would need to wait to hear the views of the other consulted authorities before the process of forming a joint committee could be initiated. Cheshire and Merseyside councils already had a joint protocol on establishing joint health scrutiny committees, to which Lancashire County Council had aligned itself in the absence of its own protocol for the Lancashire and South Cumbria area.

In response to a question, it was confirmed that a joint committee could still be established if at least one of the four local authorities did not agree that the proposals constituted substantial change or variation. If a local authority did not agree that a proposal was substantial, then the relevant authority would not have a seat(s) on the joint committee and the ability to comment formally on the proposal and exercise other powers, such as the power to refer to the Secretary of State, would be removed.

**Resolved:** That the proposals in relation to hyper acute stroke services in North Mersey and West Lancashire, as set out in the report, be considered substantial change to services for Lancashire's residents.

### **Finalising the Health Scrutiny function work programme**

The Steering Group reviewed a list of topics proposed by officers and members of the Health Scrutiny Committee at its work programming session held on 29th June 2021 for inclusion in the Health Scrutiny Work Programme for 2021/22.

It was noted that any topics scrutinised at joint committee meetings would be reported back to either the Health Scrutiny Committee or the Steering Group, and that the joint committee with Cumbria was currently focussed on services provided by the University Hospitals of Morecambe Bay NHS Foundation Trust.

Following a period of discussion, the following outcomes were agreed for each proposed topic:

- Winter planning and vaccination programmes – NHS England would be asked to provide the Health Scrutiny Committee with a briefing note on winter planning in the NHS, meanwhile a rapporteur would investigate winter planning by the county council's Adult Social Care (ASC) service and report back to the committee.
- Quality of services for high intensity users (patient experience of emergency care) – to be reviewed by Steering Group, in partnership with Healthwatch, a teaching hospital and the ambulance service and there was possibility for a themed review. It would be useful to investigate how use of A&E services varied before, during and after the pandemic.
- Mental health pathway and pandemic response – to be reviewed by the Health Scrutiny Committee.
- Shortage of GPs and (primary) healthcare – the report of a previous scrutiny inquiry day (2017) would be shared with the Steering Group for discussion at its next meeting. It would be useful to receive an update on progress against recommendations of the inquiry report and to assess the impact of the pandemic.
- Capacity and effectiveness of the county council's ASC workforce – the Steering Group would ask Louise Taylor, Executive Director of Adult Services and Health and Wellbeing, to present a report to the Steering Group during the Autumn of 2021.
- Early intervention and social prescribing development and effectiveness – to be considered by the Health Scrutiny Committee, with the aim of driving the agenda and encouraging it to become business as usual in Lancashire.
- The New Hospitals Programme; the Shaping Care Together Programme; and the stroke programme in Lancashire and South Cumbria – it was likely that the Health Scrutiny Committee would be presented with updates related to all three in the near future.
- Vascular service improvement and new model of care – to be reviewed by the Steering Group.
- Pathology collaboration – the Steering Group would be presented with further information at its next meeting to determine whether an additional report or committee briefing was necessary.

- Hyper acute stroke services across North Mersey – had already been considered by the Steering Group and was likely to be considered in the future by a joint committee.
- NHS 111 update – to be reviewed by the Steering Group, having been considered by the Health Scrutiny Committee at its meeting in September 2020.
- Health systems reforms – the Steering Group would be presented with further information at an appropriate time and would make a decision on further scrutiny work at a point when the Health Scrutiny Committee could have an effective influence. The Centre for Governance and Scrutiny was already advocating health scrutiny to the Department for Health and Social Care and the earliest possible date for new legislation was April 2022. A further Bite Size Briefing on the reforms could be provided at a later date.
- Disabled facilities grants – to be reviewed by the Health Scrutiny Committee.
- Housing with care and support strategy – to be reviewed by the Health Scrutiny Committee at a time agreed with officers.
- Annual Health Checks and LeDeR programme (learning from deaths of people with a learning disability) – the Steering Group would be provided with more information at its next meeting.
- Continuing healthcare assessments – the Steering Group would be provided with more information at its next meeting.
- NHSE Quality Surveillance Group – the Steering Group would be provided with more information at its next meeting, and initially the Chair of the NHSE Quality Surveillance Group would be invited to introduce the body's work to the Steering Group.
- Review of primary care networks and neighbourhoods – the Steering Group would be provided with the papers of its last review of the topic, since December 2019, and highlight issues that needed to be addressed as a result.

It was agreed that another meeting of the Steering Group dedicated to work programming was required to discuss the remaining proposed topics for the 2021/22 Health Scrutiny Work Programme. The additional meeting was scheduled to be held as a virtual meeting on Wednesday 14th July, at 9.00 am.

- **Meeting held on 14 July 2021**

### **Finalising the Health Scrutiny function work programme (continued)**

The Steering Group continued its review of a list of topics proposed for inclusion in the Health Scrutiny Work Programme for 2021/22, following its meeting held on 7th July 2021 and the Health Scrutiny Committee work programming session held on 29th June 2021.

It was noted that, since the last meeting, additional information had been shared with the Steering Group regarding a selection of agreed topics and the following outcomes were agreed for each of them:

- Shortage of GPs and (primary) healthcare – to be reviewed by the Health Scrutiny Committee at its meeting in November 2021 so that progress against the recommendations of the 2017 inquiry report could be assessed, including a review of the current numbers and shortages of GPs across Lancashire and the impact of the pandemic.
- Annual Health Checks and LeDeR programme – in considering the recommendation of the committee from its meeting in December 2018, it was felt this matter should be reviewed by the Steering Group. The Steering Group would ask for a written report and an updated action plan on the performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) as requested by the committee.
- NHSE Quality Surveillance Group – the Steering Group would be presented with further information on the role of the Quality Surveillance Group, particularly in relation to its review of NHS trusts' Quality Accounts and how the Steering Group could utilise its expertise. The Steering Group would look to establish a working relationship with the Quality Surveillance Group and, as a first step, would invite them to attend a future meeting.
- Review of primary care networks and neighbourhoods – this topic would not be added to the Health Scrutiny Work Programme for 2021/22.
- Pathology Collaboration – to be reviewed by the Health Scrutiny Committee. Information on the Lancashire and South Cumbria Pathology Collaboration that had been shared with the Steering Group would also be shared with the committee.
- Continuing healthcare assessments – to be considered by the Steering Group during the Autumn of 2021, with a focus on county council resources and understanding the delay to finalising policies, as well as on wider health outcomes.
- Mental health pathway and pandemic response – to be reviewed by the Health Scrutiny Committee at its meeting in September 2021, in light of new information about the Lancashire and South Cumbria community mental health transformation project.

Following a period of discussion, the following outcomes were also agreed for each of the remaining topics proposed during the Health Scrutiny Committee work programming session:

- Liberty protection safeguards – to be reviewed initially by the Steering Group and by the Health Scrutiny Committee at a later date if considered appropriate.

- CQC Assurance of local authorities' adult social care – initially Steering Group to receive a briefing note. CQC report to be reviewed by the Health Scrutiny Committee when published. An update on preparations should also be provided to all councillors in the form of a Bite Size Briefing.
- Assistive technology – this topic would not be added to the Health Scrutiny Work Programme for 2021/22.
- Intermediate care services – to be considered by the Steering Group which, with more information, would decide whether a review by the Health Scrutiny Committee was needed.
- Outbreak management and infection control (adult social care) – to be reviewed before the end of the calendar year by the Steering Group, with a report from Public Health. The Steering Group would decide whether to take the issue to the Health Scrutiny Committee.
- Workforce resilience, wellbeing and sufficiency (adult social care) – to be reviewed by the Steering Group, with the aim of identifying key issues to return to in more detail.
- Health inequalities (people with learning disabilities) – to be reviewed by the Steering Group, with the aim of identifying key issues to return to in more detail.
- Increasing vaccination uptake and addressing inequalities – to be reviewed by the Health Scrutiny Committee, as members and co-opted members of the committee would offer perspectives from across Lancashire. The committee would request a joint presentation/attendance from representatives of the NHS, the council for voluntary services, and the borough councils delivering the local vaccination programme.
- Building an enduring health protection function beyond COVID – to be reviewed by the Steering Group.
- Emotional health and mental health, including substance misuse and alcohol services – to be reviewed initially by the Steering Group, to gain a better understanding of issues that could be taken forward to the Health Scrutiny Committee in the future.
- Healthy weight and obesity – to be considered by the Steering Group, in connection with topics such as emotional health, mental health, and social prescribing.
- Healthy Hearts (NHS health checks) – to be considered by the Steering Group, in connection with topics such as healthy weight and obesity, mental health, and social prescribing.
- NHS White Paper opportunities for population health – to be included in any conversations about the government's White Paper on health and social care

reforms. A further Bite Size Briefing to provide members with an update should be arranged in consultation with Dr Sakthi Karunanithi, Director of Public Health and Wellbeing.

- Presentation from Ian Barbour, Lancashire Lead on Armed Forces, working on a programme to engage GPs and health services to identify ex-service personnel and ensure their access to specialist services locally – to be reviewed by a rapporteur, who would meet with Ian Barbour to gain a better understanding of the issue and report back to the Health Scrutiny Committee. It was agreed that the Chair would progress the review of this topic.

In addition to the topics discussed above and at the Steering Group meeting held on 7th July 2021, the Steering Group agreed to monitor the scrutiny work of Healthwatch Lancashire. This would include COVID recovery and restoration in primary and elective care services, the return to face-to-face engagement in primary care, the dental service shortage, improvements to day care services provided by the county council, and the promotion of community diagnostic hubs.

The Steering Group noted the value of establishing a good working relationship with Healthwatch Lancashire, and the benefits of Healthwatch's offer to bring expertise and grassroots perspectives to future meetings. Whilst the possibility of co-opting a Healthwatch representative to serve on the Health Scrutiny Committee could be considered, it was suggested that a representative from the organisation could be regularly invited to attend meetings of both the committee and the Steering Group.

It was agreed that the Steering Group would also make time to discuss the structure of the Health Scrutiny Committee, as well as the frequency of its meetings.

The Steering Group agreed that at the next meeting of the Health Scrutiny Committee, due to be held on Tuesday 14th September 2021, two topics would be reviewed, as follows:

- The Pathology Collaboration; and
- The Lancashire and South Cumbria community mental health transformation project.

It was noted that the next meeting of the Health Scrutiny Steering Group would take place on Wednesday 22nd September.

### **Implications:**

This item has the following implications, as indicated:

### **Risk management**

This report has no significant risk implications.

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

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II:

N/A





## Health Scrutiny Committee

Meeting to be held on Tuesday, 14 September 2021

Electoral Division affected: (All Divisions);
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## Health 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

The draft work programme for the Health Scrutiny Committee and its Steering Group is attached at Appendix 'A'.

The topics included in the work programme were identified at the work planning workshop held on 29 June 2021.

### Recommendation

The Health Scrutiny Committee is asked to:

- i. Discuss and agree the draft work programme for 2021/22.
- ii. Discuss any additional representation required from key officers/partners for future meeting topics.
- iii. Consider key lines of enquiry for future meeting topics.

### Background and Advice

A draft statement of the work to be undertaken by the Health Scrutiny Committee and its Steering Group for the 2021/22 municipal year is set out at Appendix 'A'.

The work programme will be presented to each meeting for consideration by the Committee.

Members are requested to discuss and agree the draft work programme, discuss any additional representation from key officers/partners and consider key lines of enquiry for future meeting topics.

**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

Reason for inclusion in Part II, if appropriate

NA

## Health Scrutiny Committee Work Programme 2021/22

The Health Scrutiny Committee Work Programme details the planned activity to be undertaken over the forthcoming municipal year through scheduled Committee meetings, task group, events and through use of the 'rapporteur' model.

The items on the work programme are determined by the Committee following the work programming session carried out by the Steering Group at the start of the municipal year in line with the Overview and Scrutiny Committees terms of reference detailed in the County Council's Constitution. This includes provision for the rights of County Councillors to ask for any matter to be considered by the Committee or to call-in decisions.

Coordination of the work programme activity is undertaken by the Chair and Deputy Chair of all of the Scrutiny Committees to avoid potential duplication.

In addition to the terms of reference outlined in the [Constitution](#) (Part 2 Article 5) for all Overview and Scrutiny Committees, the Health Scrutiny Committee will:

- To scrutinise matters relating to health and adult social care delivered by the authority, the National Health Service and other relevant partners.
- In reviewing any matter relating to the planning, provision and operation of the health service in the area, to invite interested parties to comment on the matter and take account of relevant information available, particularly that provided by the Local Healthwatch
- In the case of contested NHS proposals for substantial service changes, to take steps to reach agreement with the NHS body
- In the case of contested NHS proposals for substantial service changes where agreement cannot be reached with the NHS, to refer the matter to the relevant Secretary of State.
- To refer to the relevant Secretary of State any NHS proposal which the Committee feels has been the subject of inadequate consultation.
- To scrutinise the social care services provided or commissioned by NHS bodies exercising local authority functions under the Health and Social Care Act 2012.

- To request that the Internal Scrutiny Committee establish as necessary joint working arrangements with district councils and other neighbouring authorities.
- To draw up a forward programme of health scrutiny in consultation with other local authorities, NHS partners, the Local Healthwatch and other key stakeholders.
- To acknowledge within 20 working days to referrals on relevant matters from the Local Healthwatch or Local Healthwatch contractor, and to keep the referrer informed of any action taken in relation to the matter.
- To require the Chief Executives of local NHS bodies to attend before the Committee to answer questions, and to invite the chairs and non-executive directors of local NHS bodies to appear before the Committee to give evidence.
- To invite any officer of any NHS body to attend before the Committee to answer questions or give evidence.
- To recommend the Full Council to co-opt on to the Committee persons with appropriate expertise in relevant health matters, without voting rights.
- To establish and make arrangements for a Health Steering Group the main purpose of which to be to manage the workload of the full Committee more effectively in the light of the increasing number of changes to health services.

The Work Programme will be submitted to and agreed by the Scrutiny Committees at each meeting and will be published with each agenda.

The dates are indicative of when the Health Scrutiny Committee will review the item, however they may need to be rescheduled and new items added as required.

### Health Scrutiny Committee work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/organisations	Proposed Date(s)
Lancashire & South Cumbria Pathology Collaboration	Seek assurances from the patient's perspective, impact on workforce; service provision in west Lancashire.	LSCFT	14 September 2021
Community Mental Health Transformation programme	Early engagement on the programme - background/case for change; how this will affect methods of service delivery; changes to accessibility and pathways including urgent; which partners involved, next steps and timescales	LSCFT	
Increasing vaccination uptake and addressing inequalities	Joint report from the NHS, the council for voluntary services, and the borough councils delivering the local vaccination programme.	LCC Public Health, Lancashire & South Cumbria ICS, CVS and borough councils	2 November
Workforce GP shortage	Progress made in relation to recommendations of the 2017 scrutiny inquiry report	NHS England North West and Lancashire & South Cumbria ICS	
Early intervention and social prescribing	Review of development and effectiveness	LCC Public Health, Lancashire & South Cumbria ICS	14 December
Housing with Care and Support Strategy	Progress on the implementation of the strategy	LCC Adult Services	1 February 2022
Disabled facilities Grants	Report on the differing allocations of Disabled Facilities Grants to district councils in Lancashire with a focus on discretionary grants	LCC Public Health	22 March

#### Other topics to be moved on to the work programme at the appropriate time:

- New Hospitals programme
- Shaping Care Together programme
- Lancashire & South Cumbria - Enhanced Acute Stroke Services programme

## Health Scrutiny Steering Group work programme

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/partners	Proposed Date(s)
Lancashire & South Cumbria Stroke services Briefing	Update on Acute stroke centres (previously referred to as Hyper Acute Stroke Services)	Jack Smith, Elaine Day, NHS England and Improvement	22 September 2021
New Hospitals Programme Briefing	Tbc – update on the programme	Jerry Hawker and Rebecca Malin, New Hospitals Programme	
Substantial variation protocol for Lancashire	Consider the implementation of a written protocol for Lancashire.	Gary Halsall, LCC	
Healthwatch	Identifying collaborative ways of working	David Blacklock, Healthwatch (People First)	13 October
Continuing Healthcare assessments	Focus on county council resources, understanding the delay to finalising policies, and the effect on wider health outcomes	LCC Adult Social Care	
Quality Surveillance Group	Introduction and identifying collaborative ways of working	Tbc	
Outbreak management and infection control – adult social care	Report on the key issues	Louise Taylor, Tony Pounder, LCC Adult Social Care	10 November
Workforce resilience, wellbeing, sufficiency – adults social care	Report on the key issues	Louise Taylor, Tony Pounder, LCC Adult Social Care	
NHS 111	Findings and evaluation of the new NHS 111 First programme (resolution from committee's meeting held on 15 September 2020)	NWAS and Lancashire & South Cumbria ICS	

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/partners	Proposed Date(s)
Preventative healthcare – healthy weight and obesity; NHS Health Checks (Healthy Hearts) Emotional and Mental Health – substance misuse and alcohol services	Overarching report identifying the key issues.	LCC Public Health	1 December
High intensity user programme	Report on the programme	Healthwatch, NWAS, and relevant/specific NHS Trust	
Building and enduring health protection function beyond covid	Initial report on plans	LCC Public Health	5 January 2022
Intermediate Care Services	Report on the key issues	LCC and Lancashire & South Cumbria ICS	
Health inequalities – people with learning disabilities	Report on the key issues	LCC Learning disabilities, autism and mental health	9 February
Annual health checks and LeDeR programme	Written report and action plan on performance against the trajectory for discharge rates, annual health checks (AHC) and Learning Disabilities Mortality Reviews (LeDeR) targets.	Lancashire and Midlands Commissioning Support Unit/Lancashire & South Cumbria ICS	
NHS Trust Quality Accounts	Review of NHS Trust Quality Accounts – formulating comments	Healthwatch Lancashire	10 March
NHS Trust Quality Accounts	Review of NHS Trust Quality Accounts – formulating comments	Healthwatch Lancashire	6 April

Topic	Scrutiny Purpose (objectives, evidence, initial outcomes)	Lead Officers/partners	Proposed Date(s)
			4 May

#### Other topics to be scheduled:

- Liberty Protection Safeguards – review of preparations before go live (April/October 2022?)
- Update on appointing joint health scrutiny committees with neighbouring local authorities
- Strengthening health scrutiny arrangements
- Health and Care Bill 2021 – implications for health scrutiny
- Vascular Service improvement and new model of care and Head and Neck programme
- Healthwatch reports:
  - Covid recovery and restoration - primary and elective care
  - Primary care - face to face engagement
  - Dental service shortage
  - Day Care Service improvement (LCC)
  - Community Diagnostic hubs

#### Rapporteur activity

- CC D Westley - Ian Barber, Lancashire Armed Forces Covenant Hub, ex-service personnel programme of engagement with GPs and health services

#### Briefing notes and bite size briefings to be requested

- January 2022 - CQC Assurance of Local Authority Adult Social Care (CQC report to be presented to committee) – briefing note to Steering Group and bite size briefing for all members?
- Health and Care Bill – opportunities for population health – bite size briefing